

CAS Workers at Risk:

A Current Assessment of Worker Safety, Client Violence
and Child Protection in Ontario's Children's Aid Societies –
A System Under Pressure

**An Independent Study Conducted by SPR for the
Worker Safety Sub-Committee of the Joint Labour-Management Committee of
the Ontario Association of Children's Aid Societies
Funded by the Ontario Ministry of Children & Youth Services**

Appendix A: Best Practices Report

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Annex: Worker Safety Study Publications-Documents Inventory
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Staffing

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A. Introduction

SPR Associates was engaged by the Ontario Association of Children's Aid Societies (OACAS) to conduct a study of worker safety in Ontario Children's Aid Societies (CASs). This report summarizes one component of the project: "Research best practices in worker safety and risk reduction."

B. Scope and Methodology

In its proposal to OACAS, SPR outlined how it intended to identify and research best practices in worker safety. At the initial project meeting, it was agreed that the project would focus on safety issues related to violence and client contact. The major issue identified was client violence, which has been the primary focus of the research. Thus the scope of the study excluded a number of concerns in OHS more broadly, such as harassment by co-workers, managers or supervisors, hazards in offices, WHMIS, and safety when driving.

The following methodologies were applied in order to identify best practices:

1. A web-based search of research, standards and practices related to worker safety and client violence, with a focus on child service work but also encompassing social work in general and health services. A secondary emphasis was on other types of work where workers may experience risks due to isolation, for example, in policing and occupations such as repairing telephone or electrical lines. This review was international in scope, focusing on jurisdictions with social conditions and service models similar to those in Ontario. International sources were sought and the search revealed that the most readily available and relevant information originated in Canada, the United States, the United Kingdom, the European Union and Australia.
2. A search of academic literature using the Web of Knowledge database (a metadata base encompassing numerous other databases). Probing of promising sources revealed through the web and literature searches for additional sources of information. Interviews with leaders in the field of client violence and worker safety, and telephone and in-person focus groups with members of the Ontario Child protection sector (Human Resource managers, Executive Directors, workers, unions and some JHSCs).
3. Requests for program information from agencies responsible for child protection in other Canadian provinces/territories and Ontario's Children's Aid Societies. A letter prepared by SPR and OACAS was sent by the Ontario Ministry of Children and Youth Services (MCYS) to its counterpart in other provinces, and as a result, information was received from government agencies responsible for child welfare in Saskatchewan, Northwest Territories, Newfoundland/Labrador and Nova Scotia. (In these provinces, unlike Ontario, child protection services are directly operated by the government.)
4. Development of a proposed Best Practice Framework (described on the next two pages), and compilation of best (or better) practices within the organizing structure of the Framework. Compilation of information in an annotated document and literature inventory in table format, available as an addendum to this report.

While focused on best practices, this report also provides pointers towards standards and possible future directions.

C. Definition of Best Practices

In a search for best practices, it is useful to first define the term. While there is no consistent use of this terminology, the designation “best” implies that there has been some evaluation indicating effectiveness of the practice. Our review has revealed that there is a dearth of program evaluation research on practices intended to mitigate safety risks to child service and other social workers. Lipscomb and ElGhaziri¹ and Wassell² have reviewed the literature on workplace violence interventions and concur that there is a lack of good evaluation research. The evaluation research that does exist is concentrated in the health care sector, most commonly in fixed workplaces that are not comparable to the field settings that characterize most child protection work.

We therefore advise caution in designating the identified practices as “best.” We found the following to be a useful definition: “a continuum of practices, programs and policies that range from emerging to promising to those that have been evaluated and proven effective, i.e., *best practice*.”³

As few of the practices identified qualified as a “best” practice based on the strict criterion of rigorous evaluation, we will adopt a looser use of the term for the purposes of this report. Our judgment of the value of identified practices is largely based on how well they appear to meet standards, policies and programs recommended by authorities and experts, and/or address safety concerns raised by workers or documented in research.

D. The Best Practices Framework

The initial review focused on the jurisdictional and organizational context of worker protection, along with key standards, guidelines and recommendations put forward by credible authorities to protect workers from violence. The major elements of this initial review were synthesized into a Best Practices Framework (Figure 1), which provides a useful organizing structure through which to present detailed elements of worker protection programs.

This report provides a description of findings for each element of the Framework, presented in seven sections corresponding to the 7 hexagons in Figure 1 (next page). Within the description of each element, standards or guidelines are cited that describe good practice and provide examples of programs or interventions that may be worth consideration as best practice models. Interventions are cited based mainly on their value in exemplifying the framework elements. Due to the absence of evaluation research as described above, there are few interventions for which there is very clear evidence of effectiveness. Nonetheless, we have provided some suggestions about desirable measures in text boxes throughout, and in **E. Conclusion**. Many more references and examples can be found in the searchable bibliographic inventory provided as an addendum to this report.

Figure 1
Worker Safety Best Practices Framework



1. Jurisdictional & Organizational Context for Worker Safety

Child welfare services operate within organizations whose characteristics affect how those services are provided. The organizations in turn are affected by the policies, legislation, infrastructure and resources of the parent organization and/or jurisdiction in which they operate. While major organization and jurisdiction-level changes are beyond the scope of this project, it is noteworthy that some jurisdictions have introduced policies or legislation with intentions of major impact on the safety of child welfare and/or other social service workers.

1.1 Legislation

Occupational health legislation in Ontario, British Columbia, Nova Scotia and other Canadian provinces, requires most employers to establish and implement anti-violence policies and programs. Ontario also requires employers to assess workplace risks of violence and harassment, and to train workers on the violence program.

In ten Canadian jurisdictions (but not Ontario), there are specific legal obligations with respect to working alone, which often apply to child protection workers. For example, British Columbia requires an employer to identify hazards to workers working alone. It also requires written procedures that must include provisions for checking on workers who work alone.

Several states in the U.S. have introduced legislation specific to social worker safety, usually prompted by a murder of a social worker. For example, Kentucky passed the “Boni Bill” which provided funding for additional child protection staff, training and security measures.⁴ The Social Work Safety in the Workforce law in Massachusetts requires violence prevention and crisis response plans for social and human services workers. Kansas legislation requires social workers to have safety awareness training. Michigan’s Bill 4099 (“Lisa’s Law,” named for a murdered child protection worker), passed in 2001, requires that training be provided to all workers required to make home visits and that workers be accompanied by a co-worker or police where a risk is identified.

Some US jurisdictions have made assaults on social workers generally designated felony offences with more serious penalties. New York State, for example, classifies an assault as a Class D felony, punishable by up to 7 years in prison, when it is “with intent to prevent an employee of a local social services district directly involved in investigation of or response to alleged abuse or neglect of a child... from performing such investigation or response.”⁵ Similar laws, with different penalties, have been passed in Kentucky and West Virginia. As well, in the U.S., there have been calls for related legislation to better protect social workers in every state.⁶

A broad legislative framework –making violence unacceptable – is a first step in creating a climate for violence prevention. An example is the Saskatchewan Ministry of Social Service's strong policy on workplace violence. Other research shows that when such strong policies are echoed in the practices of specific agencies and sectors, the incidence of client violence is reduced.⁷

1.2 Parent Agency Policies and Standards

At the parent organization level, policies, standards and codes of practice that indicate commitment to worker safety can set the tone for all organizations in the system. An example is the Codes of Practice for Employers of Social Workers⁸ adopted by UK Councils that include provisions for worker safety. For example, the Codes of Practice for employers include the following provisions:

“As a social care employer, you must put into place and implement policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice. This includes:

1. Making it clear to social care workers that bullying, harassment or any form of unjustifiable discrimination is not acceptable and taking action to deal with such behaviour;
2. Establishing and promoting procedures for social care workers to report dangerous, discriminatory, abusive or exploitative behaviour and practice and dealing with these reports promptly, effectively and openly;
3. Making it clear to social care workers, service users and care providers that violence, threats or abuse to staff are not acceptable and having clear policies and procedures for minimizing the risk of violence and managing violent incidents;
4. Supporting social care workers who experience trauma or violence in their work;
5. Putting in place and implementing written policies and procedures that promote staff welfare and equal opportunities for workers; and
6. While ensuring that the care and safety of service users is a priority, providing appropriate assistance to social care workers whose work is affected by ill health or dependency on drugs and alcohol, and giving clear guidance about any limits on their work while they are receiving treatment.”

Research by the New York Emergency Nurses Association demonstrates that a strong and well publicized anti-violence policy significantly reduces client violence. Comprehensive supporting policies, procedures, training and oversight are emphasized.

In some jurisdictions, child protection services are directly provided by a government ministry, in contrast to Ontario, where they are provided by autonomous agencies. The centralization-decentralization continuum is an important aspect of the organizational context. In decentralized jurisdictions such as Ontario, the parent agency sets standards for programs rather than developing a single program that applies to all child protection workers.

For example, the Ontario Ministry of Children and Youth Services has established Child Protection Standards⁹ that require worker safety as well as child safety plans, policies and procedures. Worker protection measures in these standards include the following:

- Every Children's Aid Society will have written Policies and Procedures related to worker safety when providing child protection service.
- The investigative plan includes a plan that addresses any worker safety issues identified in the case information.
- The first step in ensuring a child protection worker's safety is to assess the risk level of the situation before the initial face-to-face contact, which occurs on the basis of information gathered by the referral screener. The second step involves developing a plan that addresses the worker safety issues identified in the case information.

1.3 Relationships with Other Agencies

Another important aspect of the jurisdictional context is the relationship of the CAS with other agencies. In particular, relationships with the public health and health care system, and with police are important both to child protection and worker safety. The MCYS Ontario Child Protection Standards requires that:

“Every Children’s Aid Society will have protocols with the society’s local Police Departments related to investigation of allegations that a criminal act has been perpetrated against a child, and covering situations in which the investigation of an allegation may endanger a child protection worker.”

While CAS-police protocols mainly address protection of children, they may also address worker safety; for example, the Kingston-Frontenac¹⁰ protocol states, *In the spirit of collaboration, it is important to recognize that there is a role for police in providing assistance to child protection workers for those investigations where the child protection worker has a concern about safety.”*

A different approach to policing for social services is taken by the U.S. State of New Jersey, which since the 1890's has had a special police department within the Department of Human Services to protect workers and clients.¹¹

There is a considerable literature on inter-agency collaboration in child protection services. While this has been geared to child and family protection rather than worker safety, recommended good practice is relevant to this project. For example, in its web page on Interagency Collaboration¹², the Child Welfare Information Gateway recommends the following features of collaboration. These are applicable, not only to collaboration with other services, but among CASs as well:

- “Governance structures that focus on visioning, strategic planning, policy and practice changes, monitoring, and financing...”
- Management structures that promote interagency collaboration at administrative and frontline levels both within and between organizations...
- Communication that creates an open and credible process and identifies and addresses challenges to implementing collaborative processes...”

1.4 Organizational culture and open communication

As stated in the National Association of Social Workers (NASW) *Guidelines for Social Worker Safety*,¹³ “agencies that employ social workers should establish and maintain an organizational culture that promotes safety and security for their staff.” Organizational culture is widely recognized as the keystone of workplace health and safety, in relation to violence and all other health and safety issues. A vast body of literature provides evidence¹⁴ that safety culture (and the related concept of safety climate) is strongly linked to successful safety outcomes. While creation of an overall safety culture is beyond the scope of this project, implementation of specific programs can help to build such a culture by engaging workers and demonstrating management commitment to their health and safety. A study by Zohar and Stuewe¹⁵ argues that safety culture can be changed if supervisors, backed by strong leadership, are actively engaged in promoting safety. A study by Hale¹⁶ reported that safety culture can be improved through interventions characterized by:

- Energy, creativity and support;
- Engagement and empowerment of the workforce in a learning/change process;
- Training and motivating managers;
- A planned and systematic approach.

2. Worker/Management Commitment & Worker Safety

A written worker safety/violence prevention program is required by Ontario law and is the foundation of violence prevention efforts. A number of key reference works set out standards and guidelines for essential elements and features of the program. These emphasize the importance of management commitment to safety and of worker empowerment and involvement.

A good safety culture begins with demonstrated commitment from senior management. It is a foundational factor for better worker safety, requiring open communication and support for workers. This requires management and supervisor readiness to listen to worker concerns and worker confidence that raising issues will not harm their job standing.

2.1 Standards, Policies and Programs

Resources that set forth the elements of a comprehensive worker safety/anti-violence program include the *NASW Guidelines for Social Worker Safety*, U.S. Occupational Safety and Health Administration (OSHA) *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*¹⁷ and the Occupational Health and Safety Council of Ontario (OHSCO) *Toolbox: Developing Workplace Violence and Harassment Programs*.¹⁸ Books by Weinger¹⁹ and Newhill²⁰ are acknowledged as leading references in overall violence prevention programs, and provide good details on key elements of safety program.

These resources set forth key principles of worker protection, providing standards, resources and examples. The NASW guidelines, for example, outline 11 standards specific to social work that cover the major elements of a worker safety program.

Examples of worker safety programs that address most of these elements can be found among Ontario CASs and child protection services in other provinces and jurisdictions. For example, the Children's Aid Society of Toronto's *Worker Safety Handbook* sets out a comprehensive health and safety policy encompassing roles and responsibilities, Joint Health and Safety Committees, health precautions, incident reporting, risk assessment, field visit protocols and emergency planning.

The first of the NASW safety standards, cited above in relation to organizational culture, calls for, among other things, "safety policies that provide an oral and written commitment by agency leadership to promote the safety of all staff, including support, paraprofessional, and professional staff." Saskatchewan's Ministry of Social Services Violence Policy provides a particularly good example in its unequivocal statements in support of worker safety, including the following:

1. "All incidents of workplace threats or acts of violence shall be taken seriously. Allegations of violent acts (direct, indirect or unintentional) shall be responded to promptly, fairly and effectively.
2. All employees have the right to be treated fairly, and work in a respectful workplace. As an employer, the Ministry expects that all employees shall interact respectfully with all clients, fellow employees, stakeholders and the public. Employees shall not cause or participate in a violent or potentially violent act against another person(s) or property.
3. When an incident occurs, the safety, security, and psychological well-being of the employee and others in the area shall be the prime concern.
4. Employees who are the subject of, or a witness to, a violent incident are required to immediately report the incident to their supervisor/manager."

2.2 Management Commitment and Supervision

The OSHA guidelines list management commitment, together with employee involvement, as one of the five components of an anti-violence program. As stated in these guidelines:

“Management commitment, including the endorsement and visible involvement of top management, provides the motivation and resources to deal effectively with workplace violence.” The guidelines go on to list seven ways in which this commitment should be demonstrated, three of which address ensuring accountability and managerial/supervisory responsibility:

- Assigning responsibility for the various aspects of the workplace violence prevention program to ensure that all managers, supervisors and employees understand their obligations;
- Allocating appropriate authority and resources to all responsible parties;
- Maintaining a system of accountability for involved managers, supervisors and employees.

As suggested by these guidelines, supportive supervision is a major indicator of management commitment and a determinant of a good safety culture. In a general health and safety context, Zohar and Luria (2003)²¹ have demonstrated that supervisors’ interactions with their staff on safety matters can significantly improve safety climate (a measure of safety culture).

Good examples of worker safety programs place clear expectations on supervisors for program elements. Given the important role of the supervisor in the child protection context, many of the safety resources reviewed were explicit in setting out requirements for workers to consult with their supervisors on key work activities.

The Saskatchewan Ministry of Social Services Violence Policy is particularly detailed in its expectations of supervisors to take specific actions related to elements of the safety program. Examples include the following:

“The supervisor/manager shall:

- Ensure all staff are informed of the Ministry’s Violence policy and local workplace violence protocols.
- Orientate new staff to the policy and other safety protocols in accordance with the On-Boarding Orientation checklist.
- Review the local workplace Violence Protocols at least annually with staff.
- Ensure that offices and interview rooms are inspected quarterly for safe exits and operating buzzers, ensuring they are easily accessible to staff.
- Ensure that reception employees have a copy the local violence protocols and that roles for unit staff and administrative/support staff are identified.
- Conduct a post-incident review to ensure that the incident is appropriately analyzed and a continuous learning and preventive approach is determined and to re-assure employees that support is available to them should they require it.
- Develop a plan for corrective actions to mitigate future incidents.
- Assessing the need and nature of post-incident follow-up support for the employee to determine if there are immediate psychological or physical needs, such as shock or injury.”

A program produced by the National Resource Center for Family Centered Practice at the University of Iowa (University of Iowa 2009)²² sets out supervisor competencies and useful training materials on child protection supervisors' responsibilities, including those for health and safety. The module on "promoting safety and resilience" includes the following supervisor competencies:

- Understands the origins and consequences of work-related stress and models coping skills to manage such stresses.
- Recognizes indicators of potential danger and employs strategies to enhance staff safety on-the-job.
- Coaches and models how to maintain professional boundaries when working with clients.
- Promotes peer support and team building with peers.
- Understands the importance of professional collaboration, as needed; and requests assistance appropriately.
- Promotes staff resilience and healing in managing the difficult work.
- Deals effectively with emotional needs around the many issues of crisis and utilizes the -`Crisis Response Protocol.

2.3 Worker Participation

Worker participation is widely recognized as key to successful health and safety programs and is a foundation of Ontario's Internal Responsibility System (IRS). In addition to employee involvement in program elements such as training and joint health and safety committees, participation of workers in program development creates a greater sense of ownership and buy-in, and has been demonstrably linked to better safety performance.²³

Making use of the experiential knowledge of front line workers has been identified in research literature as an important element in approaches to worker safety. Baines²⁴ has termed this "praxis" and "tacit skills" and describes how it may be lost in the transition to new management practices. In a different context, Green²⁵ describes how the local knowledge of rural workers in Australia helped them to deal with potential conflict. In their review of risk factors and interventions for violence to workers in the health care sector, Lipscomb and El Ghaziri also emphasize the importance of harnessing the knowledge of front-line workers, observing that:

"Several studies strongly suggest that a comprehensive and participatory approach to violence prevention in health care is necessary to reduce workplace violence. The importance of including front-line workers in violence-prevention programming and research cannot be underestimated...Front-line workers...are often in the best position to assess and evaluate behaviors and individual patient triggers. Their expertise is needed and therefore they should be actively recruited to serve on violence-prevention and health and safety committees."

A resilience program developed by the New York City Administration for Children's Services in partnership with New York University (ACS-NYU)²⁶ (whose content is addressed in Section 6), provides a good example of staff engagement at all levels in development and implementation. In their manual, the program developers describe how they prepared for their program by eliciting staff and management buy-in before program launch:

"Before the most recent Resilience Alliance cycle, we met separately with the Zone's supervisors and managers to brief them on the intervention and how our efforts would support their ongoing work. This framing is critical: given the workload-related demands on child welfare staff, anything that is perceived as a luxury, or as competing with other system demands, will not be successful... discussing the intervention with the supervisors and managers before the formal roll-out allowed us to address any questions or concerns they had and make adjustments as necessary.

...we held two pre-intervention meetings with all [staff] members...to introduce them to the concepts of secondary traumatic stress and resilience, describe the intervention, and give a high-level review of some of the main themes of the intervention. We also used this opportunity to talk about the data that we would be collecting before, during and after the intervention, and to answer any questions people had about the intervention or the research. We found these meetings to be very useful in preparing people for the intervention and helping them understand its relevance to their day-to-day work. By getting their support beforehand, we demonstrated respect for their time, questions and concerns, and began the process of providing support back to them."

The Internal Responsibility System (IRS) is a founding principle of Ontario occupational health legislation. It emphasizes resolution of OHS issues within the workplace, with key rights and responsibilities provided for workers and their unions, and management. A central mechanism for IRS is the Joint Health and Safety Committee, (JHSC) which has legislated rights and responsibilities for both worker and manager members.

2.4 Program Audits and Evaluation

Establishment of a worker safety program will accomplish little in the absence of systems to ensure the program is implemented, evaluated and modified in a cycle of continuous improvement. Program evaluation is important to a successful worker safety program, especially in the absence of good research evidence for best practices. As stated in the U.S. OSHA Guideline, "Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made."

Successful programs will emerge through a process of evaluation and continuous improvement. Benchmarking processes among similar organizations, such as that used by the Ontario Hospital Association,²⁷ have proven to be effective in continuous improvement programs and may prove useful in the child protection system. Some CAS's have participated in the Ontario Leading Indicators Project (Institute for Work and Health)²⁸ which provides organizations with benchmarking reports on a number of health and safety program elements such as health and safety practices, health and safety leadership, and health and safety management system.

There is a danger, however, that audits can become a paper exercise that obscure what is actually happening in practice. This was described well by Blewett and O'Keefe²⁹ in a paper with the intriguing title "Weighing the pig never made it heavier: Auditing OHS, social auditing as verification of process in Australia." Social audits, like financial and social audits, they warn, "are subject to failure: unintentional errors, deliberate fraud, financial interests causing undue influence, and undue influence from personal relationships between the auditor and client."

To these, they add five other factors:

"lack of worker participation; paperwork for the sake of the audit; goal displacement of audit scoring; confusion of audit criteria; and lack of auditor independence and skill. There has been a shift in focus [where]: the current demand and preparation for auditing distracts organizations from the primary goal of making the workplace healthy and safe."

While it is wise to heed Blewitt's caution, it is also very inadvisable to avoid all assessment of how well a program is working. It is especially important to evaluate innovative new programs so that best practices can emerge. The ACS-NYU resilience program provides a good example, not just of resilience programs and staff engagement, but of program evaluation efforts.

While written policies and procedures are important to a good safety program, they will be of little use if they are not rigorously implemented. Programs should be regularly audited and evaluated to ensure that policies and procedures are put into practice and working regularly as intended.

3. Risk Assessment for Worker Safety

Good worker safety programs entail rigorous analysis of hazards and assessment of risks at a system level. This is different from the situational analysis discussed in Section #5. Hazard is a condition or agent that may cause harm, while risk assessment is an evaluation of the degree of harm the hazard may cause and the likelihood that it will do so. Risk assessment requires calculations of two components of risk: the magnitude of the potential injury and the probability that the injury will occur. Risk assessment should be an ongoing process of learning from experience, to feed into a continuous improvement loop.

The Ontario Occupational Health and Safety Act requires employers to “assess the risk of workplace violence that may arise from the nature of the workplace, type of work or conditions of work.” With respect to the scope of this project, this requirement implies the need to assess the physical and social working conditions and potential for worker injury or client violence associated with work activities. Regular workplace inspections should be conducted and where applicable, identified deficiencies should be considered as part of the risk assessment.

Procedures for conducting a systematic hazard assessment are addressed in a number of resources, including the OHSCO violence prevention toolbox, and the OSHA guidelines. Both have several checklists that can be used to help with this assessment. Useful checklists are also appended to the Saskatchewan MSS Violence Policy.

The US OSHA guidelines recommend conducting periodic employee surveys, such as the one conducted for this current Ontario Worker Safety project, to aid in risk assessment.

Advice on risk assessment provided by these guides includes the need to:

1. Analyze incidents, including the characteristics of perpetrators and circumstances where violence may occur.
2. Identify jobs, procedures and locations with the greatest risk of violence. An example is provided by the Saskatchewan Ministry of Social Services (SMSS) Violence Policy³⁰ which classifies jobs into the following risk categories:

Low-Risk Jobs <i>(Minimal client contact)</i>	Medium-Risk Jobs <i>(Mainly verbal client contact)</i>	High-Risk Jobs <i>(Close physical client interactions)</i>
<ul style="list-style-type: none"> • Senior Management • Administrative/clerical office • Policy consultants • Office cleaning staff 	<ul style="list-style-type: none"> • Client Contact Centre • Dietary, Laundry and Housekeeping staff in residential facilities 	<ul style="list-style-type: none"> • Direct care workers • Child Protection workers and those conducting home visits/assessments • Income Assistance workers • Employees working directly with cash • Working in close proximity with children/adults with intellectual disabilities

3. Identify high risk client factors; these can be used to flag high risk situations, as discussed in Section 5 of this report.
4. Evaluate existing security measures and the physical environment:
A study by McPhaul³¹ describes a process for assessing the physical environment which can be a useful model for risk assessments. It included meetings and information gathering with staff and a list of environmental factors to assess.
5. Evaluate existing preventive measures including policies, procedures and training. Assess the extent to which employees are prepared to deal with threats and violence.

Data that should regularly be reviewed by health and safety staff and the Joint Health and Safety Committee include injury and incident reports, reports on near misses, and results of workplace inspections.

Risk assessments should be reviewed at least annually and whenever circumstances change, and updated as needed. These should incorporate information on an annual Health and Safety Review, such as the annual reviews conducted by Windsor-Essex CAS (WECAS).³²

The anti-violence program must provide for incident reporting, tracking and analysis. The Northwest Territories Health and Social Services (NWTSS) Child Protection Worker Safety Guidelines (Standard 2.5C), for example, require all incidents to be reported, stating that:

“Any incident that occurs while performing Child Protection Worker duties which results in a worker sustaining an actual or potential injury must be reported to WCB and recorded with Form 2.5C. Child Protection Worker Safety Incident Report (SIR). All Safety Incident Report Forms will be tracked and communicated to the Director of Child and Family Services on a monthly basis.”(In addition to the incident reporting form, NWTSS also has a form for the monthly incident summary.)

An important aid to risk assessment is a systematic and periodic review of data and incidents, including threats and “near misses.” This requires a good system of reporting, data retention and follow-up. A good example of a data collection system is an incident reporting system developed by the Toronto Board of Education.³³ Users can input the data online, resulting in a searchable and sortable data base that can be used to analyze hazards and flag potential dangers.

4. Physical Environment and Technology

There is a large body of literature on crime prevention through physical design, expressed through its own discipline, abbreviated as CPTED (Crime Prevention Through Environmental Design).³⁴ CPTED Guidelines cover issues such as natural surveillance, access, layout, and maintenance that may be relevant to agency offices. Much of the reference materials previous cited (e.g. Weinger, OSHA, Ontario toolbox, NASW, McPhaul) reference good material on other aspects of the physical environment important in preventing violence. These include avoidance of items that can be used as weapons, sight lines, visibility of worker-client interactions, and room placement of client and worker.

Communications and alarm technology are critical elements of worker protection. The NASW standards devote 2 of its 11 standards to technology:

- Standard 4. Use of Safety Technology: Organizations that employ social workers should use technology appropriately and effectively to minimize risk, and
- Standard 5. Use of Mobile Phones: Social workers should be provided with mobile phones to promote their safety in the field.

With regard to mobile phones, the NASW standards advise that wherever possible, social workers should use agency phones, rather than personal phones, to reduce exposure of their personal information. The NASW standards also list a number of practices to enhance safety when using mobile phones, such as keeping them fully charged (with a charger in the car), having emergency contacts on speed dial and keeping GPS enabled when in the field.

Child service workers are not alone in needing good communications while working alone, and often in remote areas out of cell phone range. Working alone legislation in some jurisdictions has helped stimulate demand for such technology. The health and safety literature reports new technologies coming on stream to enable alarms and checks on workers in remote locations, which has been of particular interest to Alberta's oil and gas industry.³⁵ The website of the Suzy Lamplugh Trust in Britain, formed in response to the murder of a real estate agent, lists a variety of smartphone apps to help workers who work alone, including several to enable check-ins and alarms.³⁶ Also, in an era of constantly evolving technology, a number of companies market panic button fobs and similar devices through which field workers can send emergency alarms.³⁷

Windsor-Essex CAS (WECAS) has implemented a package of technology solutions to safety problems. These include the REACH mobility system which enables closer contact between field workers and their supervisors in the office.³⁸ Other technology solutions implemented by WECAS include:

1. Video surveillance equipment on the exterior and interior of the buildings.
2. An LED lighting system around the exterior of the main office building.
3. Panic Stations located at strategic locations around the outside of the main building. If one of these stations is initiated, a Code Orange alarm will sound that can be heard in the building and the parking lot. Lobby doors are automatically locked to prevent entry to the building.
4. Workers are provided with an iPhone equipped with an emergency call button compatible with the Reach Mobility system.
5. Panic pendants for staff who are interviewing high risk clients/supervising high risk visits within the building.
6. Two-way radios are available for staff to use during access visits to call for back up when needed.
7. Emergency pull stations available around the designated areas of the building to initiate a Code White, which sounds an alarm that can be heard in the building and the parking lot.
8. All staff areas have restrictive access and require a swipe card to gain entry.

Our research has suggested that technology solutions can be highly effective, for example, in aiding workers in the field (where cell coverage is satisfactory). However, strong management buy-in and full participation from all workers and stakeholders is key to ensure that such technology is used effectively. Field testing and evaluation by users is essential to make sure that technology works as intended.

5. Work Practices

This element is the most extensive and complex, encompassing procedures, practices and protocols governing all aspects of client interactions. These have been grouped into four areas: Situational risk assessment; Client contact protocols; Incident response; and Field work precautions.

5.1 Situational Risk Assessment to aid the Safety of Child Protection Workers

This component of our framework relates to how the CAS and individual workers evaluate whether a given interaction presents a risk of violence. There is a vast amount of research and guidance available on this topic. Newhill is particularly valuable and has made useful distinctions between risk factors (predictive of violence), risk markers (associative indicators) and triggers (circumstances that may increase the likelihood that violence will flare up).

Systematic risk assessment, as discussed in Section 3 above, is an important precursor to identifying risk factors, markers and triggers that will alert staff to potentially violent situations. Organizations address this in a variety of ways, such as flags in client files and checklists to help assess violence potential for a particular visit or interaction.

Weinger urges that the risk assessment consider client signals, environmental signals and internal signals (from within the worker him/herself, i.e., 'gut feelings'). Client signals may include factors associated with client history and characteristics, and client behaviour. Weinger presents a literature review of client behaviour that may signal aggression. With respect to client signals, she and Newhill recommend a client interview process designed, in part, to elicit signs of violent potential. Both note that the single greatest predictor of violence is a history of violence. Other factors they cite as associated with increased risk are mental illness, substance abuse and having been a victim of child abuse.

Luck, Jackson and Usher³⁹ present a suite of signals with the acronym "STAMP" that they report are predictors of violent potential among hospital patients. These include prolonged staring, mumbling, and pacing.

Most of the safety protocols and manuals reviewed provided for client risk assessment before the worker enters a potentially risk situation. The MCYS Child Protection standards require an initial investigation based on referral screening to determine the risk level of a situation before face-to-face contact. Newfoundland/Labrador Child, Youth and Family Services (NLCYFS) requires a risk assessment for to be completed for each client prior to making a home visit.⁴⁰

Numerous organizations have aids and checklists to help assess environmental risk factors and signals, especially with regard to client home visits and transportation of clients. For example, Northwest Territories Health and Social Services (NWTSS) requires child protection workers to complete a *Community Visit Safety Assessment Tool* for every community visit they are required to perform. Some CASs have developed detailed risk assessments to aid in pre-home visit assessment, including factors such as fire, safety and chemical hazards and hazards impeding emergency response.⁴¹

Martin Smith⁴² discusses how what Weinger calls “internal signals” should be heeded: “The need for managers and supervisors to be mindful of inner processes which can have a far more profound impact than any outer visible event when attempting to support and help workers who have been threatened and/or traumatized is apparent.” He provides examples of highly experienced social workers who have “gut feelings” about the danger of situations they encounter, echoing a point made in Malcolm Gladwell’s *Blink*⁴³ that the “split second” decisions made by experts are often based on the unconscious processing of years of accumulated experience.

Lipscomb and El Ghaziri present evidence that electronic flagging of patients with a history of violence, combined with increased security measures for those patients, led to a 90% reduction in assaults in a health care institution. These results point to the importance of documenting and debriefing client history for case workers. The Child Protection Information Network (CPIN)⁴⁴ currently being instituted in Ontario will enable sharing client information that can be of assistance in flagging high risks.

5.2 Client Contact Protocols

Risk assessment is of little value unless practices and procedures are adopted to address the risks identified. A primary emphasis of safety and procedural manuals is the preparation of workers to deal with high risk situations.

Components of these procedures include: pre-planning and consultation with supervisor; precautions for high risk situations; safety precautions for client interactions; and client transportation procedures.

a. Pre-planning and supervisor consultation

Most manuals require that a safety plan be developed before proceeding with a high risk interaction. Workers are usually required to consult with their supervisor prior to a client visit or interaction if the risk assessment reveals any high risk factors. The Nwthss risk assessment form,⁴⁵ for example, states that if any risk factors are checked off, the worker is required to consult with the supervisor. The form includes a section in which the supervisor indicates the results of this consultation. The CAST safety manual states: “When you have determined that there is a risk to your safety, immediately consult with your supervisor to devise a safety plan for you before proceeding.”

A key element for effective collaboration between workers, supervisors and the CAS generally is open and 'fear free' communications – so workers do not need to fear retaliation for raising issues. This may point to a need for non-management mechanisms, such as peer support programs operated by the bargaining units or a third party.

b. Precautions for high risks

The safety precautions to be observed in a given situation are often at the supervisor's discretion although some of the manuals reviewed require specific procedures for high or unknown risks. Options for these precautions include avoiding the need for a home visit (e.g. requiring the client to come to the office), scheduling high risk visits only during regular business hours, co-teaming (two or more workers make the visit) or police accompaniment. NLCYFS guidelines require that unknown or new clients, or those known to be aggressive, not be seen alone outside of routine hours.

With regard to co-teaming or police accompaniment the CAST handbook is more explicit than many guidelines, stating:

“When considerable personal risk has been established, the supervisor will identify and direct another person to co-team with you... You must be accompanied when the following factors are in place: recent random violence in the area, recent evidence of drug dealing, evidence of active mental health concerns with the client, client with a criminal record (in the past 5 years) for violent offences, threats made by a client. “

Lone worker policies for UK National Health Service agencies, in following the NHS Lone Worker guidelines,⁴⁶ generally require accompaniment where there is a history of violence or a high risk is otherwise identified.

In contrast to most jurisdictions, the U.S. state of Michigan has a law requiring co-teaming or police escort in high risk situations. Its Bill 4099 states:

“If a department employee who is required to perform a field investigation or home visit has documented a risk that leads to a reasonable apprehension regarding the safety of performing a field investigation or home visit, that employee shall complete the field investigation or home visit with another department employee who has been trained as required in subsection (1) or with a law enforcement officer.”

Policy and research documents examined strongly recommended co-teaming in child protection, especially in high-risk situations. Co-teaming was recommended in the recent Ontario government inquest on the Jeffrey Baldwin death. The key challenge for agencies is obtaining better information on clients, and designing good criteria for co-teaming.¹

¹ Co-teaming is defined here to include accompaniment by other CAS workers, or police where appropriate. SPR recommends that a starting point is to defining criteria for co-teaming, for example, that it be applied where risk is known to be high (e.g. a client history of violence), where the level of risk is unknown and in child apprehensions generally.

c. Safety precautions for client interactions

i. Managing client expectations

One element of client interactions is to manage client expectations and inform them in advance what they may expect – a “no surprises” approach. Some child service agencies provide information brochures and materials for clients to aid in doing this. An example can be seen in CAST’s *Fact Sheet on CAST’s Responsibilities and Client Rights*.

ii. Safety precautions for home visits

Guidance on home visit procedures is a major element in worker protection and there are many guides advising safety precautions, such as the Pittsburgh “Safety tips for home visitors” and other resources listed on the web site of the Milwaukee Child Welfare partnership,⁴⁷ which cover topics such as clothing, vehicle preparation, physical safety tips within a client’s home, and dealing with pets. The CAST safety manual advises workers to leave the home under the following circumstances:

- Someone threatens you verbally or physically
- Someone is exhibiting irrational behaviour or questionable mental health
- Someone is under the influence of drugs or alcohol
- An animal, such as a dog, threatens your safety and the client refuses to contain the animal in another room while you are there
- Someone is inappropriately dressed
- Whenever you feel threatened

iii. Security for agency offices

A number of manuals, e.g. CAST, NLCYFS, mention contacting building security when problems are encountered during office contact with clients. However, no mention has been found in the materials about when security personnel are hired to provide protection in agency offices. Practices regarding office security personnel vary, and except for the New Jersey dedicated Human Services Police, there does not seem to be a systematic approach to hiring security personnel.

The study team found little information on how clients are informed about the role and powers of the child protection worker, suggesting this as an area for research and program development, to avoid client violence as a result of misunderstandings.

iv. De-escalating and avoiding conflict

Guidance for workers on defusing and de-escalating conflict is another important element in protecting worker safety. The Saskatchewan Violence Protocols and the resources listed on the Milwaukee web site mentioned above have suggestions on de-escalation, and Weinger's and Newhill's books offer extended discussion on de-escalating violence. A useful article on working with aggressive adolescents is presented in Children's Services Practice Notes,⁴⁸ published by the North Carolina Division of Social Services. The NASW has useful suggestions for de-escalation on its web site,⁴⁹ including advice on physical stance and gestures, and how to hold a "de-escalation discussion." "Janet Nelson, who offers courses in self-defense, sells a manual on *Everyday Self Defense for Social Workers*, which includes de-escalation and violence avoidance advice.⁵⁰

v. Controlling biological hazards

A non-violence-related aspect of client interaction is prevention of infection, infestation contamination which may result from contacts with some clients. This is addressed in a number of health and safety manuals and policies. The *Best Practice Guidance for Social Worker Well-Being*, by the North Carolina Division of Social Services,⁵¹ offers good advice on blood-borne pathogens. The NWT HSS has a Blood-borne Pathogens standard that states: "All Child and Family Services Authorities in the NWT must have protocols in place that provide direction and management guidelines for working with children living with HIV/Aids and other blood-borne pathogens. These protocols are set up in accordance with the Department of Health and Social Services HIV/AIDS Manual established March 2006." This is supplemented by a guidance document on preventing exposure to bloodborne pathogens.

It is important that children's services workers develop self-protection skills. Self-protection does not imply martial arts or fighting techniques. It entails a spectrum of responses to avoid violence, including risk assessment, de-escalation, leaving or avoiding dangerous situations and, where necessary, physical maneuvers to prevent injury.

d. Transportation of clients

Transporting clients is a child protection function that entails particular risks, as acknowledged in the NASW standards, whose Standard #7 states, “Social workers should acknowledge particular safety concerns when transporting clients.”The standard goes on to list precautions that should be observed during client transport.

Consistent with this standard, WECAS has a Transportation of Children policy⁵² that states:

“The Windsor–Essex Children’s Aid Society will take all appropriate measures to ensure the personal safety of every employee during the course of transporting children. The Society shall provide appropriate orientation and training to all those employees that transport children. The Society shall ensure that safety plans are developed with the employee to mitigate all potential risks. Factors to be considered in the safety plan include:

- All risk factors currently present;
- All historical risk factors;
- The use of more than one worker in the transportation;
- The seating in the vehicle of workers;
- The type of vehicle utilized in the transportation;
- Requests for police assistance;
- Consideration to alternative modalities of transportation;
- Length of driving time;
- Time of departure and arrival;
- Overnight stays for the worker if the driving time exceeds an 8-hour day.”

Similar provisions are required in an advice note on transporting children and families by the Victoria Australia Department of Human Services,⁵³ which has established a Secure Welfare Transport Service for the safe transport of young people placed in secure welfare service or who are being transported to court.

5.3 Incident Response

This component comprises the following: Emergency response, Response to threats and harassment, including stalking, email, internet and telephone, and post-incident response.

a. Emergency response

An Emergency Response Plan for responding to violent incidents or threatening situations is an essential component of a violence program and is covered in many of the safety materials reviewed. The CAST safety manual, for example, has a Crisis Safety Protocol and establishes procedures for reception areas. All reception areas and interview spaces are equipped with “panic” buttons that alert the branch to a situation when a worker is threatened. Codes are also established to signal a variety of threats. Regular emergency drills are held. The Saskatchewan MSS and Newfoundland/Labrador CYFS protocols also provide details on response to incidents and threats. The NLCYFS protocols require that police be contacted if there are fights, assaults, bomb threats, use of weapons or fights. Most organizations use alarm technology such as “panic buttons” to sound an alarm inside the office.

b. Response to threats and harassment

Most guidelines and manuals include procedures for responding to bomb and other telephone threats. Addressing email threats and internet harassment is less common, though the Saskatchewan Local Violence Protocols address threatening emails. None of the manuals we have reviewed have addressed how to deal with stalking or harassing web sites and Facebook pages.

c. Post-incident response

Manuals and policies, such as WECAS' Violence Policy and Saskatchewan's Local Violence Protocols, set out provisions for post-incident reporting and investigation. Guidance material stresses the importance of reviewing and analyzing incidents, in order to correct any gaps in the safety program.

Unlike some U.S. states such as New York, Canada does not have specific provisions regarding criminal charges for assaults on social service workers, and the Canadian manuals reviewed say little about criminal charges against perpetrators. *In contrast, on-line training for health-care workers offered by the U.S. National Institute for Occupational Safety and Health (NIOSH)⁵⁴ states that: "nurses are encouraged to consider filing criminal complaints with law enforcement against perpetrators when circumstances warrant. This will depend on the degree of injury and the perpetrator's cognitive status, as well as the injured person's willingness to testify, since a grueling court case might result in re-victimization."*

Post-incident response includes psychosocial supports to the worker, which are addressed in Section 6.

5.4 Field Work and Working Alone Precautions

A system for tracking scheduled visits and the location of field workers is a component of most agencies' safety plans. NWT HSS, for example, uses sign in/sign out forms that child protection workers must complete to inform a Designated Contact Person of their planned visits. WECAS uses the electronic REACH mobility system governed by its "sign-in, sign-out" policy to ensure that the whereabouts of workers are known. Workers are required to inform the office of their status at all times using the REACH system, or by telephone if the REACH system is not available. Administrative staff and supervisors must check that all staff is accounted for.

Road safety is another major concern, especially for agencies serving remote areas. Most manuals (e.g. NLCYFS) provide vehicle safety and travel guidelines. A particular concern is staff who are out of cell phone reach. A variety of companies provide technology solutions for GPS tracking and contact with lone workers.⁵⁵

The UK National Health Services guide, *Not Alone*, provides guidance on choosing an electronic communications/worker tracking or alarm system, as well as procedural measures to ensure that the location of workers can be traced.

“Buddy systems” have been proposed as one way of improving contact with (and thus potential supports for) lone workers. As described in U.K. NHS’ *Not Alone*:

“To operate the buddy system, an organization must [first] ensure that a lone worker nominates a buddy. This is a person who is their nominated contact for the period in which they will be working alone. The nominated buddy will:

- Be fully aware of the movements of the lone worker;
- Have all necessary contact details for the lone worker, including next of kin;
- Have details of the lone worker’s known breaks or rest periods;
- Attempt to contact the lone worker if they do not contact the buddy as agreed;
- Follow the agreed local escalation procedures for alerting their senior manager and/or the police if the lone worker cannot be contacted, or if they fail to contact their buddy within agreed and reasonable timescales.

The following are essential to the effective operation of the buddy system:

- The buddy must be made aware that they have been nominated and the procedures and requirement for this role;
- Contingency arrangements should be in place for someone else to take over the role of the buddy in case the nominated person is unavailable. For example, if the lone working situation extends past the end of the nominated person’s normal working day or shift, if the shift varies, or if the nominated person is away on annual leave or off sick.”

Placing responsibility on a “buddy” has its drawbacks, as the buddy may not be available or may encounter work conflicts between their own job duties and their obligations to the buddy. This system may be considered as a supplement to, rather than a replacement for, a worker tracking system monitored by the office and management.

Research suggests that the client home is usually the front-line in guarding the safety of child protection workers. Priority should be placed on finding ways – where co-teaming is not possible – to use technology to monitor the safety of workers when they visit client homes.

6. Psychosocial Support for Worker Safety

This element of the framework addresses supports to mitigate psychosocial effects of child protection work. Adverse psychosocial effects may arise as the aftermath of direct experience of a traumatic incident (post-traumatic stress disorder or PTSD), from witnessing or hearing about an incident (secondary or vicarious trauma, most severely from the death of a child), or from accumulated stressors such as overwork. Smith⁵⁶ points out that threats or perceptions of harm can be as hazardous to psychosocial health as an actual event.

The practice brief of the ACS-NYU Resilience Alliance offers the following description of stressors faced by child protection workers:

“Child welfare staff... must react to crisis situations with incomplete information about what may lie ahead. In addition to the very real personal physical risks associated with responding to a report of suspected child abuse or neglect, there are risks of psychological injury when responding to situations involving children and families that are experiencing abuse, neglect, family and/or community violence... Secondary traumatic stress (STS), also known as vicarious trauma or compassion fatigue, refers to the experience of people — usually professionals — who are exposed to others’ traumatic stories and as a result can develop their own traumatic symptoms and reactions. Child welfare staff have to deal with both direct and secondary exposure to dangerous situations. Child welfare staff are susceptible to STS and occupational stress because of the vulnerable nature of their clients, the unpredictable nature of their jobs, the culture of their workplaces and their relative lack of physical and psychological protection.”

Baines⁵⁷ reports on other stressors in social service work, concluding from a case study that overwork, stress and workplace violence emanate from the way that the work is organized. High rates of overtime and absenteeism, a sense of fear among staff due to management disciplinary models, and high levels of staff burnout create conditions in which clients are less likely to get dependable quality care and are more likely to lash out at child protection workers. The cycle of stress escalates when workers’ stress is unintentionally communicated to clients who react negatively. Baines advocates guidelines limiting the number of hours worked, and policies that promote self-care and taking vacation days.

Building workers' resilience – increasing their ability to cope effectively with threat or violence— should be integral to safety programs.

There are a number of good resources on secondary or vicarious trauma. Jon Conte⁵⁸ has written articles and offers a PowerPoint presentation on Managing Vicarious Trauma, highlighting “the importance of taking preventative measures to properly prepare trauma workers through continued education and support in how-to process and manage their work with trauma victims, as well as the need to maintain low trauma caseloads and a supportive work environment and to encourage self-care to avoid burnout...”Conte’s advice for management of vicarious trauma includes worker self-awareness, discharge (an outlet for expressing) feelings, balance in work roles, limiting exposure to trauma, and the supervisor’s role as a “container for the supervisees’ reactions.

Horwitz⁵⁹ surveyed traumatic response among child protection workers, citing “proximity” to traumatic events as a major risk factor and reporting that supervisors may be at even greater risk than front line workers due to greater proximity:

“The number of clients one learns about and the degree of responsibility one has for altering clients’ circumstances, each of which are greater for supervisors than for caseworkers, may be a more meaningful indicator of proximity to clients’ dilemmas than having a personal relationship with the clients.”

Horwitz advises addressing such trauma through “trauma interventions [that]focus on minimizing on-going exposure to the events and helping workers both to process the experiences and to identify and manage any lingering trauma effects.” In another survey on compassion fatigue among child protection workers by Hoeper,⁶⁰ respondents also reported that emotional debriefing and support networks in and outside of work were helpful.

The value of supervisor feedback was demonstrated in an evaluation study by Arnetz,⁶¹ who reports on a randomized control trial of 47 health-care workplaces where employees received “structured feedback” from supervisors following incidents. In comparison facilities, incidents were reported without structured discussion. They found that staff in the intervention workplaces reported better awareness of risk situations for violence, of how potentially violent situations could be avoided, and of how to deal with aggressive patients.

Most of the safety and violence manuals and policies reviewed provide for worker support after a traumatic incident, but few address secondary trauma and other sources of stress. Post-incident support includes de-briefing and counselling by the worker’s supervisor, and offers of help through the Employee Assistance or peer support programs.

Resources and programs on vicarious trauma and resilience include those offered by the Vicarious Trauma Institute,⁶² Headington Institute⁶³ and Health Canada’s *Guidebook on Vicarious Trauma*.⁶⁴

A number of organizations offer programs on resilience, which the Headington institute defines as “the ability to bounce back or return to normal functioning after adversity.” These include programs by the Headington Institute and the University of Iowa Supervisor Training Program.

Training to aid resilience will reduce the incidence of violence by allowing workers to better control client interactions. By reducing violence, it will also reduce instances of secondary trauma.

The Resilience Alliance project of ACS-NYU is one of the best documented programs reviewed. It appears to be a well-designed intervention, implemented through a collaborative staged process involving all levels of the organization. It is one of the only programs reviewed that has been evaluated through a case-control study design.

As described in the project's practice brief:

"The Resilience Alliance focuses on three core concepts — optimism, mastery and collaboration — and uses a combination of didactic and interactive components to first teach, and then help staff to apply, emotion regulation and other resilience-related skills. The intervention's structure allows participants to both have same-peer sessions and work unit-based sessions, which provide a safe space for staff to discuss challenges and concerns with their peers while maintaining a focus on the team. By using the work unit and larger work area as the context for learning and applying new skills and practices, the intervention fosters mutual social support and helps to improve the functioning and culture of the workplace."

The manual for the Resilience Alliance project, *Promoting Resilience and Reducing Secondary Trauma among Child Welfare Staff*, provides a detailed explanation of the program, including information on intervention delivery, facilitator preparation, stakeholder engagement and staff preparation, as well as program content. The practice brief provides an overview of secondary trauma programs offered by other child welfare agencies, and offers the following recommendations for addressing secondary trauma among child protection workers:

1. Prepare for the crises that will come;
2. Target both the individual and the organization;
3. Involve stakeholders at all levels of the organization;
4. Integrate the intervention into existing structures and activities;
5. Focus on concrete skills;
6. Think beyond self-care; and
7. Recognize success.

7. Training for Worker Safety

Implementation of most other elements of our safety framework involves training in some form. Training is needed for everyone in the workplace, including top management, to ensure they understand their rights and responsibilities, safe work procedures, and how to operate technology and implement systems. Training, however, is a necessary, but not sufficient element of worker safety. It will be ineffective if used as a substitute for supportive systems and adequate resources. This concern is voiced by Rosen⁶⁵ who, writing from a labour perspective, believes that many staff training programs put the onus on individual worker skill to protect against violence, to the neglect of a comprehensive anti-violence program.

The U.S. OSHA guidelines recommend that training include the following topics:

1. The workplace violence prevention policy;
2. Risk factors that cause or contribute to assaults;
3. Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults;
4. Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger, and appropriately use medications as chemical restraints;
5. A standard response action plan for violent situations, including the availability of assistance, response to alarm systems, and communication procedures;
6. Ways to deal with hostile people other than patients and clients, such as relatives and visitors;
7. Progressive behavior control methods and safe methods to apply restraints;
8. The location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures;
9. Ways to protect oneself and coworkers, including use of the "buddy system";
10. Policies and procedures for reporting and recordkeeping;
11. Information on multicultural diversity to increase staff sensitivity to racial and ethnic issues and differences;
12. Policies and procedures for obtaining medical care, counseling, workers' compensation or legal assistance after a violent episode or injury.

A distinction can be made between training designed to impart information, such as policies and procedures, and skill building, such as violence de-escalation techniques. Skill development, as noted in the OSHA guidelines, requires practical experience through role playing and exercises.

Lipscomb and El Ghaziri, writing on violence training for health care workers, point out that there is little empirical evidence of training effectiveness. They cite advice by the Irish National Health Service that "in the absence of...guidance on evidence-based education, training at all levels of prevention should be participant-centered and include learning outcomes that are informed by a thorough risk assessment about the patient population, the staff/provider population and the physical and social environment in which the interaction between them takes place."

The importance of worker participation in training and other prevention programs was reinforced in a teleconference on the ACS-NYC Resilience program, where the program lead noted that the program proved more effective than training-only programs, and attributed its success to a multi-faceted intervention that fostered collaboration and involvement of everyone in the workforce.

A project of the Kentucky Statewide Citizen's Review Panel on Social Work conducted a best practices review of worker safety programs in 24 U.S. states.⁶⁶ Most of the practices identified were training programs, though the review included many other practices covered in this paper. Training programs flagged as best practices were programs in New Jersey, Missouri, Minnesota, Indiana and Connecticut.

As noted in Section 1 of this report, some U.S. states such as Kansas and Michigan have legal requirements for safety training for social workers. "Lisa's Law" in Michigan mandates that "training is to include tactics to defuse threatening behavior, perform a safe visit and recognize a dangerous situation."⁶⁷ Michigan's Department of Human Services offers online interactive training through which social workers can fulfill this requirement. As mentioned above, U.S. NIOSH also provides an online violence training course for health care workers, including case studies and video.

Many organizations develop and offer their own training programs in-house. Numerous resources are available as aids to program development, including the books by Weinger and Newhill, which include participant exercises, case scenarios and discussion questions. Field⁶⁸ has compiled a broad range of useful resources on safety training for the prevention of violence to social workers.

As Lipscomb and El Ghaziri note, there are many commercially available anti-violence programs, both classroom-based and online, though few have been evaluated. CASs have used several of the commercial programs, including *Crisis Prevention Intervention* (CPI) training.⁶⁹ Nova Scotia's Department of Community Services has also used CPI's *Non-Violent Crisis Intervention Training Program*.

Saskatchewan's Ministry of Social Services(MSS) uses the *Professional Assault Response Training* (PART)[®] program to teach personal safety, as well as in-house training on the local workplace violence protocols. The web site of the Saskatchewan Association for Safe Workplaces in Health⁷⁰ describes the PART program as "designed to assist workers with a means of identification and appropriate response to potentially assaultive situations. PART principles support the emphasis on self-control, assessment skills and verbal crisis intervention." The SASWH web site reports that the PART program has been evaluated, but results are not available at this time.

MSS Saskatchewan identifies staff training needs based on the risk assessment and staff classification described in Section 3 of this report:⁷¹

"Training needs are determined based on whether an occupational group at a specific workplace was deemed low, medium or high risk. For example, if employees rate as:

- *Low Risk - only need training on the violence policy training and local protocols. No PART training is required.*
- *Medium Risk – need violence policy and protocol training, plus PART Basic (1 day). PART Basic teaches de-escalation skills.*
- *High Risk – need violence policy and protocol training, plus PART Intermediate (1.5 day). PART Intermediate teaches de-escalation skills plus evasion techniques."*

CAST offers a variety of training programs, all of which are provided in-house so that they are customized to the child protection context.⁷² These include:

1. Worker Safety Strategies for all administrative and support staff: crisis identification, defusing techniques and responding to physical aggression
2. Wellness and Self-care: a 2-day program on wellness and stress management
3. Secondary Traumatic Stress in Child Welfare: a half day course for child welfare staff on secondary traumatic stress, coping skills and social support strategies
4. Secondary Traumatic Stress in Child Welfare for Management Staff: a half day workshop on the effects and management of secondary trauma.
5. Understanding and Managing Aggressive Behaviour (UMAB): mandatory training for all child welfare staff on behaviour management, standards and physical restraints. Annual refresher training is required.

UMAB is also offered by a variety of institutions including Niagara and Humber Colleges and the Hincks Treatment Centre.

Christina Newhill recommends the Everyday Self Defense course for social workers offered by Janet Nelson. As described on Nelson's web site, this course is a participatory program covering personal safety awareness, conflict avoidance skills, stress reduction, pro-active personal safety measures, positive communication skills and the ABCs of self-protection. Some managers have expressed resistance to offering self-defense programs to workers, apparently from a belief that these involve training in martial arts and fighting techniques. Programs like Everyday Self-Defense for Social Workers, PART and UMAB, are better characterized as self-protection programs, emphasizing violence prevention and avoidance, including physical skills to be used if violence progresses past the point of verbal de-escalation techniques.

Supervisor and Manager Training

As described in Section 2 of this report, supervisors play a critical role in violence prevention programs. There is much research evidence for the importance of supervisor activities in reinforcing safe work procedures. Arnetz' study demonstrates the importance of supervisors' debriefing of employees following violent incidents. Training to prepare supervisors for these roles must be a high priority. Supervisors need the same training that all workers do, but in addition, must have special preparation for the following responsibilities:

1. Decision making for high risk activities, such as home visits where risk factors are present;
2. How to support and encourage safe practices on the part of their staff;
3. Supervisor responsibilities for tracking workers in the field;
4. De-briefing and supporting employees with post-incident, secondary trauma and resilience-building.

Few resources were found that specifically concentrated on supervisor training for violence prevention. One available program is the University of Iowa Supervisor Training, which has a module on safety and resilience.

In order to fulfill their responsibilities, supervisors in turn must be supported by more senior levels of management. It is important therefore, that all managers receive training on how to support violence prevention among their staff.-

There is a need for more comprehensive supervisor training in workplace violence prevention.

E. Conclusion

A range of measures and programs to address violence are available, many of which have been discussed in this report and listed in the bibliographic inventory. As few programs have been evaluated, it is difficult to identify “best practices,” although there are many that conform to recommended standards and guidelines for violence prevention. New technologies offer possible solutions for staying in contact with field workers, especially in remote areas.

While there are many good programs and measures that have been discussed in this report, the following are suggested as being particularly worthy of further consideration by Ontario CASs for improvement of worker safety practices.

1. ACS-NYU Resilience Alliance program, which addresses various sources of stress and secondary trauma: one of the few programs that have been formally evaluated and is consistent with principles described in the framework.
2. Saskatchewan Ministry of Social Services Violence Policy and Local Violence Protocols, which provide good examples of many elements of our worker safety framework.
3. Incident reporting and data sharing systems, including CPIN and the Toronto Board of Education’s online incident reporting system and database.
4. The Institute for Work and Health benchmarking program.
5. WECAS – REACH mobility and other technology programs.
6. University of Iowa School of Social Work supervisor training modules.
7. Review of leading CAS safety manuals and training programs, in particular home visit risk assessment form, secondary trauma training and UMAB, U.S. State programs customized for child protection workers, identified by the Kentucky survey of best practices, should also be considered for further exploration.

Pending more formal evaluation of the success of interventions, sharing anecdotal experiences among CASs will enable mutual support, learning and benchmarking. Further program development will benefit from an approach that incorporates worker and management participation in identifying good models, customizing programs to the specific needs of the Ontario child protection system, and then piloting and evaluating interventions to select the most successful as part of a continuous improvement process.

Improved safety program development is emphasized including strong anti-violence policies, client education, top-to-bottom training and scrutiny of safety programs, program evaluation, self-protection techniques, resilience-building and key elements such as co-teaming.

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Annex:
Worker Safety Study Publications-Documents Inventory
July 31, 2014

Worker Safety in Ontario Children's Aid Societies
A confidential study conducted by SPR Associates for the Child Welfare Sector in Ontario
Directed by the Joint Labour-Management Worker Safety Sub-committee
Funded by the Ontario Ministry of Children & Youth Services

THE PURPOSE OF THIS INVENTORY is to summarize relevant information from the literature which informs thinking about best practices in worker safety in child & social services. This is a technical document in support of the best practices component of the worker safety study.

COVERAGE: The inventory is not exhaustive, but rather selected samples of writings in various areas usually more recent research or writing in any given area. For example, there are dozens of "safety tips" articles available on-line, of which we have only selected a few to summarize. Because of our interest in identifying best practices which are validated by empirical research, we have tried to give priority to research papers. However, few best practices are validated by strong research, thus much of the material examined is expert opinion or administrative 'how to' guides. As well, we have included some opinion and newspaper reports on key issues.

CITATIONS: Each entry starts with the citation in more or less standard bibliographic form. The citation usually shows Author, Title, Journal, etc., followed by web-site, if any. Web-sites are only shown in a few cases as they are subject to change and many are a poor guide to actually finding the articles, as they must be purchased.

SPR SUMMARY & NOTES: Each entry is briefly summarized and outlines the document and its relevance to workplace violence and child service workers and, where relevant, best or better practices.

SPR'S OVERALL ASSESSMENTS are included in our updated *Best Practices Paper*.

ABSTRACTS of published articles (sometimes edited for length) have been provided, where available, to provide additional information as to the document's contents and key findings. The "abstract" may have been taken from the document's introduction or written by SPR.

Altogether, it is anticipated that the inventory will point readers at resources identifying best and better practices.

List of Items examined in the Inventory

Item	Page
ACS-NYU Children's Trauma Institute. <i>Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief</i> (May 2012).	1
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CITATION	YEAR	SPR SUMMARY & NOTES Abstracts – Author's Conclusions	Program & Experience Key Words	Country, State, Province
ACS-NYU Children's Trauma Institute. <i>Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief</i> . (May 2012).	2012	<p>SPR SUMMARY & NOTES: This brief document summarizes current learning on secondary traumatic stress and reports on a program (Resilience Alliance Intervention) to address occupational stress in child protection workers. Recommendations for key elements for mitigating secondary trauma are provided.</p> <p>ABSTRACT: A brief document which discusses what has been learned from various studies on the topic of secondary traumatic stress (STS).Examines research undertaken by various jurisdictions across the US and Canada and what has been learned in New York City. In particular, the authors (ACS-NYU) report on their implementation of the 'Resilience Alliance intervention' -- a project that focuses on proactively addressing occupational stress experienced by staff responsible for investigating allegations of child abuse and neglect and making decisions regarding child removal. Recommendations are provided which describe several key elements that should be seen as being essential to address secondary trauma:(1) prepare for the crises that will come; (2) target both the individual and the organization; (3) involve stakeholders at all levels of the organization; (4) integrate the intervention into existing structures and activities; (5) focus on concrete skills; (5) think beyond self care; and (6) recognize success.</p>	<p><vicarious trauma> <child service workers></p>	<p>US CAN</p>
American Federation of State, County and Municipal Employees (AFSCME). <i>Double Jeopardy: Caseworkers at Risk Helping At-Risk Kids</i> . (1998)	1998	<p>SPR SUMMARY & NOTES: A report on the findings from a 1998 survey that was sent out to AFSCME affiliates representing professional child welfare workers in 17 States. Describes overview of the survey, methodology and a summary of the findings, with numerous statistical tables outline key data.</p> <p>No abstract.</p>		<p>US</p>
Arrington, P. <i>Stress at Work: How do Social Workers Cope? NASW Membership Workforce Study</i> . Washington, DC: National Association of Social Workers (2008).	2008	<p>SPR SUMMARY & NOTES: While not directly related to violence, this survey examining stress factors and their effects in social worker's jobs has relevance to the stress caused by exposure to dangerous situations, and to post-incident stress both direct and secondary.</p> <p>ABSTRACT: The NASW Membership Workforce Survey examining how stress affects social workers was administered on-line in 2007 and received a total of 3,653 responses. Many work-related stressors were identified, with social workers providing mental health services reporting the highest percentages related to stress resulting from working with challenging clients and from being underpaid.</p>	<p><social workers> <stress> <Staff burnout></p>	<p>US</p>

		<p>Survey findings: Considering their experiences of insufficient time to complete day-to-day work tasks, heavy workloads, poor compensation, challenging and/or difficult clients, few resources, long work hours, and unclear job expectations, it is not surprising that social workers experience work-related stress. Under these less-than-optimal work conditions, social workers are often “pushed to the limit” when trying to complete their job requirements. Over time, work-related stress can result in burnout, increased risk for work place injury, impaired performance, poor mental health, impaired cognitive functioning, decreased concentration, and health-related problems for social workers. Additionally, these issues may cause these professionals to consider a career change. Re-establishing a sense of control, mastery, and competence in one’s work situation may seem, at first glance, a daunting task. However, with strategies like regular exercise, meditation/relaxation techniques, and therapy—identified by professional social workers as useful coping tools—alleviating work stress can be an attainable goal.</p>		
<p>B.C. Joint Committee on Preventing Violence in the Workplace. <i>Preventing violence in community social services: a review and survey in British Columbia.</i>(2001)</p>	<p>2001</p>	<p>SPR SUMMARY & NOTES: This report summarizes a policy and research review, and a workplace violence survey, conducted in 2001 by the Joint Committee on Preventing Violence in the Workplace. Findings from the survey and focus groups are also provided.</p> <p>No abstract.</p>	<p><experience> <organizational policy/process></p>	<p>BC</p>
<p>Baines et al. <i>Preliminary Report: Social Services: Stress, Violence and Workload Research Project: Site Two.</i> Case Studies, WSIB-Ontario Study, (nd).</p>	<p>ND</p>	<p>SPR SUMMARY & NOTES: This study of three social service work sites documents how difficult working conditions such as excessive overtime and a “sense of fear” vis-à-vis management leads to a “cycle of stress” which also affects client response, leading to increased disputes, violence, injuries, and absenteeism. Prevention strategies and best practices are recommended.</p> <p>ABSTRACT: This study sought to generate a detailed portrait of work life within three case study sites in order to identify factors that precipitate and contribute to injuries, stress and health problems in the social services. Recommendations were made to identify prevention strategies and “best practices” that could contribute to the reduction or elimination of injuries, stress and health hazards in social service workplaces.</p> <p><i>Conclusions/Recommendations:</i> Overtime, stress and workplace violence seem to be issues that emanate from the way that the work is organized in Site Two. Large amounts of overtime and absenteeism, a sense of fear among staff due to management disciplinary models, and high levels of staff burnout create the conditions in which clients are less likely to get the dependable, quality care they require and are more likely to lash out and cause unintended injuries. The cycle of stress then escalates with workers experiencing higher levels of stress which is inadvertently communicated to clients who react increasingly negatively, stress increases which leads to higher levels of absenteeism and exhausted staff filling in extra shifts, etc. Decisive interventions are required. In negotiation with the union, management should establish reasonable guidelines for number of hours worked and number of hours in which one cannot be called into work and hire a reasonable number of full-time, full benefit workers to cover all shifts. While funds are very tight in</p>	<p><causal factors in injuries> <stress><workload> <staff burnout></p>	<p>CAN - ON</p>

		<p>this sector, we have made recommendations that can save --money such as caps on over time and policies that promote self care and the taking of vacation days. These measures can lower the rate of injuries and lost time which saves money. These measures should also reduce management & legal costs relating to disputed claims, union grievances, potential arbitrations, etc.</p>	
<p>Baines, D. et al. "Self-monitoring, Self-blaming, Self-sacrificing Workers: Gendered managerialism in the non-profit sector," <i>Women's Studies International Forum</i>, Vol. 35, No. 5, pp. 362-371, Sep-Oct 2012. ISSN 0277-5395.</p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: While not directly dealing with worker safety, this study examines the organizational culture – particularly with regards to changing gender patterns and managerial styles – that helps form the context for worker safety and well-being.</p> <p>ABSTRACT: The findings discussed in this paper are drawn from a larger study of the changing work experience of front-line workers in four comparable, restructured, liberal welfare states (Canada, New Zealand, Australia and Scotland/UK), in a subsector of the economy known as the nonprofit social services (NPSS). Older practices such as collectivist ethics, relationship building, care and social justice are being displaced by the new technologies of performativity such as self-monitoring, target setting, outcome measures and technocratic solutions. In addition, changes in labour markets have produced high numbers of unemployed men in some countries, some of whom have moved into jobs in this traditionally female sector, reshaping aspects of the work and its mission-based ethos. <i>This paper suggests a continuum of masculinised and feminized strategies exist in the NPSS.</i> The latter depend on idealized, female self-sacrifice and reinforce social justice ethics while most of the former challenge non-profit ethics and alter work practices to be more consistent with managerialist aims.</p>	<p><Organizational culture><gender><management role></p> <p>CAN NZ AUS UK (Scotland)</p>
<p>Becker, Deborah, Maggie Mulvihill, and Rachel Stine. "Gaps found in care, safety in Massachusetts group homes," WBUR and the New England Center for Investigative Reporting, December 18, 2012. http://wbur.fm/UNTubB</p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: A brief article reporting on the aftermath of the murder of social worker Stephanie Moulton in a Massachusetts group home in which underfunding is speculatively linked to increased worker danger. The murder led to a campaign for a State law equipping all social workers with "panic buttons" to call 911.</p>	<p><communications technology></p> <p>US (MA)</p>
<p>Beddoe, Liz. "External Supervision in Social Work: Power, Space, Risk, and the Search for Safety," <i>Australian Social Work</i>, Vol. 65, No. 2, June 2012, pp. 197-213.</p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: This article highlights the importance of supervision to worker safety. Supervision of social workers is examined as entailing both compliance-oriented managerial supervision and clinical supervision focused on reflection and professional development. Tension exists between these two goals, and while using external supervisors for clinical supervision may relieve some of this tension by creating a power-neutral space for reflection, in the author's view, it also creates new problems.</p> <p>ABSTRACT: Over the past few decades there has been a trend to separate "clinical" or "professional" supervision of social workers from "line" supervision provided in social services. Professional or clinical supervision is often sourced externally through a private arrangement or contracted out by agencies to individual practitioners of supervision. A number of factors underpin the development of this external supervision including: the perceived imposition of managerial</p>	<p><supervision> <social workers></p> <p>NZ</p>

		<p>agendas on supervision; the problem of power dynamics within organizations; and a growing “risk” conceptualization of practitioners’ wellbeing. A potential negative impact of this separation of supervision from the “field” of practice is that it privatizes supervision in a manner that in itself poses risks. This exploratory paper examines the impact of discourses of risk and safety, space and place within social work supervision and draws links between these aspects. Some material drawn from a small qualitative study of the experiences of six expert supervisors in New Zealand illuminates these themes. A significant finding was that the dominance of compliance and surveillance activities within the public sector was linked to the pursuit of external supervision and that four dominant forms of supervision can be discerned in the current discourse</p>		
<p>Blewett, Verna and Valerie O’Keefe. "Weighing the pig never made it heavier: Auditing OHS, social auditing as verification of process in Australia." <i>Safety Science</i> 49 (2011) 1014–1021.</p>	<p>2011</p>	<p>SPR SUMMARY & NOTES: In this article the authors comment critically on the reliance on audits to assess their OHSMS. They note that the current demand and preparation for auditing distracts organizations from the primary goal of making the workplace healthy and safe, and conclude that auditing OHSMS has become a ritual rather than a means of improving workplace health & safety.</p> <p>ABSTRACT: South Australian organizations assess their OHSMS through audits as evidence of risk control and to help make workplaces healthy and safe. Auditing is an evaluative process regarded as an important step in the cycle of continuous improvement in OHS. Auditing began with financial audits conducted for reasons of corporate governance: for accountability, to inform management decisions and to provide market confidence. Society expects audits to be a tool of regulation, governance and accountability, but celebrated failures of audits to warn of impending financial collapse in organizations in recent years appears to have led to an increased fervour for auditing, rather than a decline. Social audits, including auditing of OHSMS, are intended to determine that an organization is meeting its corporate social responsibilities; but what is audited is often contested and requires subjective analysis. Financial and social audits are subject to failure: unintentional errors, deliberate fraud, financial interests causing undue influence, and undue influence from personal relationships between the auditor and client. Five further categories are also identified: lack of worker participation; paperwork for the sake of the audit; goal displacement of audit scoring; confusion of audit criteria; and lack of auditor independence and skill. There has been a shift in focus: the current demand and preparation for auditing distracts organizations from the primary goal of making the workplace healthy and safe. We argue that auditing OHSMS has become a ritual rather than a means of improving workplace health and safety and should at least be treated with caution.</p>	<p>AUS</p>	
<p>Boston University School of Social Work, Field Education Department. <i>Safety Policy and Procedures.</i></p>	<p>ND</p>	<p>SPR SUMMARY & NOTES: This is a brief policy statement outlining the responsibilities of the (university) department, the student and the hosting agency for student safety during field placements. This document is to be supplemented with a safety training workshop, pre-placement consultation with instructor, and briefing by the agency.</p> <p>ABSTRACT: The Field Education Department oversees the students’ experiences in their field placements and their safety in the field. The following guidelines, procedures and tips were</p>	<p>US (MS)</p>	<p><protocol> <organizational policy/process></p>

			created in recognition of the fact that physical vulnerability of professional social workers and violence in the lives of clients/consumers/communities are current realities. This policy clarifies the respective roles of the School, the agency and the student with the goal of collaboration to maximize safe practice. While social workers may be more aware of these issues in inner-city areas, we believe issues of safety are relevant in all communities and settings.		
Bragg, H.L. and Fayko, D., Mecklenburg County Department of Social Services, North Carolina, <i>Domestic Violence Protocol for Child Protective Services Intervention</i> , 38 pages (2003).	2003		<p>SPR SUMMARY & NOTES: This is a protocol for child protective service staff whose client families are experiencing domestic violence. While the focus is on reducing risk for family members, it also addresses way of ensuring worker safety.</p> <p>ABSTRACT: This protocol was developed by the Mecklenburg County (North Carolina) Department of Social Services to guide child protective service practice with families that are experiencing domestic violence as well as child maltreatment. Based on the Massachusetts Department of Social Services' Domestic Violence Protocol, the guidelines are intended to reduce risk for all family members dealing with domestic violence. Procedures for intake, investigation and assessment, safety planning, documentation, and intervention are described. The protocol also addresses considerations for interviewing mothers, children, and batterers and for ensuring worker safety. Appendices provide information about domestic violence resources, the effects of domestic violence on children, and sample safety plans.</p>	<protocol><child service workers><domestic violence>	US (NC)
Buell, <i>Does Safety Trump Services-Kansas (POWERPOINT)</i> (2012).	2012		<p>SPR SUMMARY & NOTES: This is a training presentation re: personal safety issues for social workers (family services workers). It reviews risk factors, attitudes, home visit guidelines. Some key slides are not legible because of small size or background shading. A number of home visit handouts were part of the original presentation and would be a useful adjunct.</p>	<case management> <risk assessment> <safety planning>	US
<i>California Agencies. Standards and Values for Public Child Welfare Practice in California</i> (2005).	2005		<p>SPR SUMMARY & NOTES: Sets general standards of practice and principles of care for child welfare professionals at all levels. .</p> <p>ABSTRACT: These Standards and Values were revised and updated in 2005, and adopted by the Cal SWEC Board of Directors in collaboration with the County Welfare Directors Association (CWDA) and the California Department of Social Services (CDSS). They are intended to guide practice, training, and education for child welfare professionals, including social workers, supervisors, and administrators.</p>		US
Catholic Children's Aid Society of Toronto. <i>Workplace Safety Guidelines.</i> (nd)	ND		<p>SPR NOTES & SUMMARY: This is a 4-page leaflet summarizing the agency's personal safety measures and guidelines, and offering tips for workers to help them protect their safety.</p> <p>No abstract.</p>	<child service workers> <protocol> <organizational policy / process>	

Catholic Children's Aid Society of Toronto. <i>Workplace Safety Guidelines</i> . (ND)	ND	<p>SPR SUMMARY & NOTES: A brochure describing worker safety in the workplace. Contains key reminders for CAS staff, such as: always notifying your supervisor when you are late and ensuring that you have your supervisor's telephone # at hand; leaving the name, address and telephone number of the family you're visiting and your expected time of return; letting someone know if your plans happen to change; having a plan of action in place before going out on potentially dangerous situations; co-teaming; conducting office interviews where possible; alerting colleagues in the vicinity of the interview; making telephone contact with your supervisor if you are making a visit alone; and having access to a cell phone or pager.</p> <p>No abstract.</p>	<p><protocol> <organizational policy/procedure> <case managements> <communications></p>	CAN (ON)
Center for Advanced Studies in Child Welfare, CW360: <i>Secondary Trauma and the Child Welfare Workforce</i> (University of Minnesota, Spring 2012).	2012	<p>SPR NOTES & SUMMARY: This is a 40-page magazine-like publication full of articles all relating to secondary trauma in child welfare workers. The articles are organized into three sections: Overview, Best Practices, and Perspectives & Collaborations. A substantial bibliography is included.</p> <p>ABSTRACT: Because STS is experienced on such an individual level, the tendency is to deal with it on an individual basis. But, as the authors throughout this publication suggest, STS is a much more pervasive issue throughout the child welfare workforce that is going to require systemic changes at the organizational level. Recognizing and encouraging discussion of workers' experiences with STS is an important first step in making this change.</p> <p>In the overview section, articles focus on how secondary trauma impacts on the practice of professionals and advocates in the child welfare system, from research on secondary traumatic stress and its causes, symptoms, and potential interventions, to outside influences, such as negative media and reactionary policies. The practice section includes articles on evidence-informed and promising practices for preventing and intervening in instances of secondary traumatic stress. The perspectives and collaborations section presents articles from a variety of child welfare stakeholders, highlighting innovative examples of cross-system collaborations and offering practical suggestions and strategies for system and practice improvements.</p>	<p><child service workers> <vicarious trauma></p>	US
Children's Aid Society of Toronto. <i>Human Resources Manual</i> , Chapter 9: Employee Health and Safety, (2012).	2012	<p>SPR SUMMARY & NOTES: Comprehensive H&S policy encompassing roles and responsibilities, JHSCs, health precautions, accident reporting, emergency planning, etc. Of special interest are procedures related to critical incident response, p. 27; and section 9.21, <i>Workplace Violence Prevention Policy & Program</i> (p. 62).</p> <p>Readers are referred to the <i>Society's Safety Handbook for Employees Working in an Office or in the Community</i> for specific safety procedures and tools.</p>	<p><organizational policy/process> <protocol> <communications> <training> <post-incident> <organizational culture> <child service workers> <workplace violence prevention program></p>	CAN (ON)

<p>Commission to Promote Sustainable Child Welfare. <i>Realizing a Sustainable Child Welfare System in Ontario: Final Report</i> (September 2012).</p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: This is the report of a recent Commission to make recommendations about the future development of Ontario's child welfare system. While worker safety is not specifically given priority, some recommendations will impact on worker safety practices and conditions.</p> <p>ABSTRACT: In late 2009, the Government of Ontario established the Commission to Promote Sustainable Child Welfare to develop and implement solutions to ensure the long-term sustainability of the child welfare system for Ontario's vulnerable children and families. Reporting to the Minister of Children and Youth Services, the three-member Commission was given a three-year mandate ending in September 2012.</p> <p>The Commission engaged the expertise of stakeholders throughout the child welfare sector, the Ministry of Children and Youth Services and other organizations. This final report examines: A Vision and Strategy for Realizing Sustainable Child Welfare; Actions, Progress and Recommendations; Advice on the Child and Family Service Act; and Managing Change in the Child Welfare Sector.</p> <p>The following recommendations and future priorities were put forward: Reconfigure the organization of CAS structures and service delivery; change the approach to funding child welfare; implement a new approach to accountability and system management; strengthen and improve direct service delivery; advance Aboriginal approaches to child welfare; and advance broader integration of children's services.</p>	<p><protocol><organizational policy/process> <case management> <child service workers></p>	<p>CAN (ON)</p>
<p>Conte, Jon R. <i>The Foundations for Understanding Vicarious Trauma (POWERPOINT)</i> (nd).</p>	<p>ND</p>	<p>SPR SUMMARY & NOTES: A PowerPoint presentation with a focus on the conceptual foundations for understanding and managing vicarious trauma. Defines <i>counter transference</i> and how to identify <i>counter transference</i>; discusses issue of <i>empathy</i>; defines <i>traumatic transference</i>; and factors leading to <i>burnout</i>; and definition of <i>vicarious trauma</i>. Also provides a checklist for symptoms of vicarious trauma/empathetic strain.</p>	<p><vicarious trauma></p>	
<p>Conte, Jon R., and Shauna Donfeld. American Professional Society on the Abuse of Children. "Vicarious Trauma and its Management." <i>APSAC Alert</i>, Vol. 1, Issue 3 (Fall 2010).</p>	<p>2010</p>	<p>SPR SUMMARY & NOTES: The author discusses the concept of vicarious trauma or "empathy strain," symptoms, and basic strategies to alleviate vicarious trauma. Awareness (of signs of VT), discharge (of traumatic thoughts and feelings), balance (in types of work and personal/professional life) and supervision (in which supervisor provides as "therapeutic container") are presented as the four pillars of VT self-care.</p> <p>Abstract: These studies highlighted the importance of taking preventative measures to properly prepare trauma workers through continued education and support in how to process and manage their work with trauma victims, as well as the need to maintain low trauma caseloads and a supportive work environment and to encourage self care to avoid burnout, high turnover, and the stressors that can arise from working with victims of trauma.</p>	<p><vicarious trauma></p>	<p>US</p>

<p><i>Cultural Safety in Child Protection: Applying Cultural Safety to the Child Protection Workplace Environment and Casework Practice, Aboriginal Australia (POWERPOINT)</i> (nd).</p>	<p>ND</p>	<p>SPR SUMMARY & NOTES: This presentation deals mainly with cultural literacy and appropriateness when dealing with Aboriginal clients and workers. The point is made that personal safety can be compromised when workers interact with clients in culturally inappropriate ways or are unable to 'read' culturally different signals that would alert them to an escalating situation.</p>	<p><language and culture></p>	<p>AUS</p>
<p>Emergency Nurses Association of New York State, <i>Zero Tolerance: Assault of a Nurse is a Felony</i></p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: This paper examines the impact of a zero tolerance policy for assault on nurses, and related changes in New York State, making such assaults a Class D Felony. A large scale research study examined the impact, and found that combined with strong implementation by institutions, rates of violence experienced by nurses declined significantly.</p>	<p><Impact of zero tolerance policies></p>	<p>US (NY)</p>
<p>Engholm, Hannah Jean. <i>Impact of Domestic Violence Trainings on Attitudes and Belief of CWS Fieldworkers: Thesis Presented to the Faculty of San Diego State University</i> (Spring 2013).</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: This thesis study examined the impact of domestic violence training and the attitudes of child welfare workers, and found it had little impact. This study does not deal directly with issues of worker safety.</p> <p>ABSTRACT: The purpose of this study was to look at the impact of domestic violence trainings on attitudes and beliefs of child welfare services (CWS) social workers. The investigator administered a written survey to measure beliefs about domestic violence. Research subjects included participants of the Public Child Welfare Training Academy (PCWTA) Core training, which included a one-day training on domestic violence. Analysis of the survey questions measured participants' attitudes about reporting child abuse, removal of children exposed to domestic violence, and victim blaming. Overall, data analysis revealed no significant change in attitudes after the DV trainings. However, the change in attitudes about victim blaming was significantly greater for participants identifying as White/Caucasian than the rest of the participants, and participants identifying as Hispanic/Latino reported a slight change in the opposite direction than the rest of the participants. These differences in responses by race and ethnicity call for further research and for trainers to re-look at the cultural application of their DV trainings. Finally, further research is needed to investigate the impact of these attitude changes upon the decision-making behaviors of the CWS workers in the field.</p>	<p><child abuse> <training> <child service workers></p>	
<p>Field, Rita Anne. "Safety Training for the Prevention of Client Violence Towards Social Workers." MSW Research Practicum, University of Regina Faculty of Social Work, 2011.</p>	<p>2011</p>	<p>SPR SUMMARY & NOTES: This report emphasizes the role of training in social worker safety. The report was developed for the Provincial Crisis Coalition (SK) as part of a MSW program. It provides an overview of risk factors and safety strategies that should be part of a social worker safety training program as well as some broader recommendations concerning organizational policy and protocols.</p> <p>ABSTRACT: Social workers are employed in a broad range of human service work settings. Safe working environments and conditions that are free from client violence towards social workers is a real concern for social workers and employers alike. Many aspects must be considered when creating a safe work culture including staff training and the development of safety training</p>	<p><risk assessment> <training> <transportation> <communications> <physical environment> <post-incident> <organizational policy/process></p>	<p>CAN (SK)</p>

		<p>materials.</p> <p>The Provincial Crisis Coalition, comprised of the three Mobile Crisis Units in Regina, Prince Albert and Saskatoon, requested assistance with creating a training manual and materials for their use and to share with other interested individuals or groups.</p> <p>This <u>safety training report</u> was based on the literature reviewed, information from the Provincial Crisis Coalition and their Crisis Critical Incident Reports. This report includes references to ethics, social worker rights and occupational health and safety. Definitions and predictors of violence are provided in addition to a description of detailed techniques and skills for the social worker to utilize when preventing or diffusing violence. Reference is made to the challenge of providing mandated services and the recommended processes for supporting social workers who are victims of client violence.</p> <p>Other Notes: Some AV training materials and sample forms are identified.</p>		
<p>Government of Newfoundland and Labrador, Child, Youth and Family Services. <i>Occupational Health and Safety Program</i> (October, 2012)</p>	<p>2012</p>	<p>SPR NOTES & SUMMARY: A complete OHS policy/program covering the full range of health and safety issues, including (and of particular relevance) a lengthy section on Violence Prevent and Threat Protocol and a shorter one on Working Alone/Isolation.</p> <p>ABSTRACT: Main topics covered:</p> <ul style="list-style-type: none"> • Leadership & administration • Occupational health & safety committee • Education & training • Communication • Safe work practices and procedures • Hazard recognition, evaluation and control • Workplace inspections • Accident/incident investigations • Emergency preparedness response • Violence prevention and threat protocol (sample topics include: response to verbally abusive clients; preparation for potentially volatile meetings; panic buttons procedures; response to physical assault of an employee; procedures for contacting police; etc.) • Attendance support/disability management • Working alone/isolation 	<p><workplace violence prevention program> <Organizational policy/process> <protocol></p>	<p>CAN (NL)</p>

<p>Government of Nova Scotia, Department of Community Services. <i>Core II Training: Personal Safety (Training PowerPoint)</i> (nd)</p>		<p>SPR NOTES & SUMMARY: A solid basic outline for personal safety training, but without the accompanying full information difficult to assess.</p>	<p><risk assessment> <planning> <protocol> <training></p>	<p>CAN (NS)</p>
<p>Government of Saskatchewan Ministry of Social Services. <i>Violence policy for the prevention and response to violence in the workplace.</i>(May 2013)</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: This is the violence prevention policy of the Sask. Ministry of Social Services intended to reduce the incidence of violence and abuse against it employees. Essentially a workplace violence prevention program for the Ministry.</p> <p>ABSTRACT: A government policy statement that is intended to provide strategies regarding the prevention or reduction of the occurrence of violent or abusive incidents against employees and minimize their effects on the well-being of employees and the operation of the workplace. Sections address: (i) definitions of violence, assault, verbal abuse; (ii) application of the policy (whom the policy applies to); (iii) roles & responsibilities of senior management; managers/supervisors; employees; local OHC members or representatives; OH&S Management Committee; (iv) prevention -- a description of the preventive strategies that have been implemented in Ministry workplaces to reduce or eliminate the risk of violence to employees; (v) intervention -- ensuring that all staff are trained and educated on what to do if an employee finds themselves involved in a potentially violent situation; (vi) follow-up -- incident reporting procedures, ensuring that there is employee support after an incident is reported, and police involvement -- ensuring that employees contact the police if they feel threatened.</p>	<p><workplace violence prevention program> <organizational policy/process></p>	<p>CAN (SK)</p>
<p>Green, Rosemary et al. "It's No Picnic: Personal and family safety for rural social workers." <i>Australian Social Work</i>, Vol. 56, No. 2 (June 2003).</p>	<p>2003</p>	<p>SPR SUMMARY & NOTES: This study notes the particular safety concerns experienced by rural social workers, including lack of reliable cell phone service on field visits and the intimacy of living in small communities. Of note was the degree to which job risk impacted on workers' private lives, leading them to fear for their children's safety and restrict their public activities. Useful strategies are identified.</p> <p>ABSTRACT: This paper reports the key research findings related to personal and family safety of rural welfare and social workers, from a study conducted in rural Victoria, Australia. Significant findings included concerns about personal and family safety, frequency of episodes of work related violence and harassment, and the resultant impact on personal and family activities.</p> <p>A range of useful strategies were identified to combat and cope with both the risk and experience of violence and harassment for the worker, and for their families. Workplaces, professional associations and educators need to recognize the impact of this occupational hazard and respond with sensitivity to these issues, which have particular relevance for rural practitioners where anonymity and privacy are frequently compromised.</p>	<p><case management> <risk assessment> <safety planning> <remote areas> <social workers></p>	<p>AUS</p>

		<p>Additional notes: The paper references a potentially useful resource: "The National Health and Medical Research Council (NHMRC) has recently developed a draft manual for health care workers, managers and employing organizations to assist workers in rural and remote communities to better manage episodes of violence. (NHMRC 2002)."</p>	
<p>Hawranick, Sylvia, et al. "Worker Safety in the Child Welfare System." <i>Journal of Contemporary Rural Social Work</i>, Vol. 1, No. 1, Spring 2009.</p>	<p>2009</p>	<p>SPR SUMMARY & NOTES: This is a <i>literature review</i> of key studies and findings regarding child welfare worker safety in rural settings. The author stresses repeated findings that child welfare work is dangerous; that rural settings entail additional risks; and that safety training for workers is largely inadequate or non-existent. The author concludes: "Social work schools, field education agencies, and child welfare agencies need to take responsibility for safety training within their respective environments." A key implication is that the scope and effectiveness of such training should be assessed in all child welfare agencies.</p> <p>Abstract: The tragedy of a rural child welfare social worker meeting her death during the process of carrying out her job duties is an unfortunate reality. Recently a child welfare worker in rural Kentucky was killed as she was in the process of providing supervised visitation for a young child and her family. It is understood by those who decide on the pursuit of child welfare social work career that interactions with angry and sometimes violent clientele can and often will happen. While attempting to protect children and support families, child welfare social workers face a growing threat to their safety. Child welfare social workers charged with the task of questioning clients about private family and personal matters are at greater risk of personal injury. To date there is no tool to assist in the assessment of danger to child welfare workers who are intervening in the lives of high risk populations.</p> <p>Factors contributing to increased concern for worker safety are a collapse of family structure; poor housing conditions or homelessness; unemployment; lack of affordable health care; and substance abuse. Economic status also had an independent effect on the urgency or "risk status" of child abuse cases.</p>	<p><Risk assessment> <training> <remote areas> <child service workers></p> <p>US</p>
<p>Haynes, Mark, Workplace Violence "Why Every State Must Adopt a Comprehensive Workplace Violence Prevention Law" — Cornell HR Review, 2013.</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: in this article, Haynes argues that there is a need for workplace violence legislation in every state in the U.S. context, to aid full implementation of OSHA guidelines intended to curb violence.</p>	<p><legislation></p> <p>US</p>
<p>Health and Safety Unit, Ontario Public Service Employees Union. <i>Violence and Harassment at Work. Violence against workers is the direct consequence of an unsafe workplace.</i> (Toronto: March 2011)</p>	<p>2011</p>	<p>SPR SUMMARY & NOTES: OPSEU's guide to understanding violence and harassment in the workplace, the steps required to address it, the relevant legal and legislative requirements of employers, and the union's role in preventing/addressing workplace violence/harassment.</p> <p>ABSTRACT: The following topics are addressed:</p> <ul style="list-style-type: none"> • The union's objectives in workplace health and safety; 	<p><workplace violence prevention program> <organization policy/process> <risk assessment></p> <p>CAN (ON)</p>

		<ul style="list-style-type: none"> • Definition of workplace violence and harassment, their health effects and their frequency; • Factors contributing to risk; • The employer's obligations with respect to workplace violence and harassment; • Assessing and controlling workplace violence -- what a risk assessment should include (a comprehensive review of the steps involved). • What measures can be put in place to control violence? • Legal rights and protections of workers; employers' responsibilities, and steps that can be taken if legal protections are violated (e.g. filing claims, charges or grievances); • The role of unions in ensuring employers complies with the legislation; and when an assault occurs. <p>A sample incident report form is provided at the end of the report.</p>	<planning>	
<p>Hooper, Jessica. "Mitigating Compassion Fatigue among Child Protection Social Workers." MSW clinical research paper, St. Catherine's University/University of St. Thomas, 2013.</p>	2013	<p>SPR SUMMARY & NOTES: While this study (literature review and survey) does not deal directly with worker safety, it notes that child welfare workers are at increased risk of compassion fatigue, which can result from worker trauma or vicarious trauma, or from the cumulative constant interaction with maltreated children. Key mitigating factors to increase worker resilience were identified as: supportive work relationships, emotional debriefing, adequate training and supervision.</p> <p>Abstract: The purpose of this research project was to illuminate possible mitigating factors of compassion fatigue for child protection social workers. The level of trauma that child protection social workers intervene at increases the likelihood that the social worker will experience compassion fatigue. Past research has pointed out mitigating factors of compassion fatigue such as: learning about compassion fatigue, developing supportive relationships and emotional debriefing, to name a few. Very little research has been done specific to this phenomenon in child protection.</p> <p>This study surveyed six Southern Minnesotan county child protection units, asking about respondents' understandings of compassion fatigue, what mitigates it and how their workplaces can help support this process in the future. The mitigating factors that the majority found helpful were developing and maintaining support networks inside and outside of work as well as emotional debriefing.</p>	<training> <supervision> <vicarious trauma> <organizational culture> <child service workers>	US (MN)
<p>Horwitz, Mark. "Work-Related Trauma Effects in Child Protection Social Workers." <i>Journal of Social Service Research</i>, Vol. 32, No. 3, 2006, pp. 1-18.</p>	2006	<p>SPR NOTES & SUMMARY: This article examines whether negative workplace events were associated with workplace trauma effects amongst child welfare workers, and whether job support or job satisfaction moderated the influence of events on effects. Opportunities for increasing worker safety and supporting workers in managing negative effects are discussed.</p> <p>ABSTRACT: Child welfare workers are exposed to a variety of workplace events that could overwhelm them. This study examined whether negative workplace events were associated with workplace trauma</p>	<vicarious trauma> <PTSD> <Post-incident> <child service workers>	

			effects amongst child welfare workers, and considered whether job support or job satisfaction moderated the influence of events on effects. Vicarious events were more highly associated with trauma effects than were direct events, and neither job support nor job satisfaction moderated the relationship. Workplace trauma events accounted for substantial variability in workplace trauma effects ($R^2 = 0.344$) in the final regression model tested. The discussion addresses opportunities for increasing worker safety, methods for supporting workers in managing negative effects and implications for future research.		
Johnson, Stephen E. "The Predictive Validity of Safety Climate." <i>Journal of Safety Research</i> , 38 (2007), 511-521.	2007		<p>SPR SUMMARY & NOTES: This study supports "safety climate," as measured by the Zohar Safety Climate Questionnaire, as being a valid and effective predictor for safety-related outcomes: safety behaviour and accident incidence.</p> <p>ABSTRACT: <i>Problem:</i> Safety professionals have increasingly turned their attention to social science for insight into the causation of industrial accidents. One social construct, safety climate, has been examined by several researchers, who have documented its importance as a factor explaining the variation of safety-related outcomes (e.g. behaviour, accidents). Researchers have developed instruments for measuring safety climate and have established some degree of psychometric reliability and validity. The problem, however, is that predictive validity has not been firmly established, which reduces the credibility of safety climate as a meaningful social construct. The research described in this article addresses this problem and provides additional support for safety climate as a viable construct and as a predictive indicator of safety-related outcomes.</p> <p><i>Methods:</i> This study used 292 employees at three locations of a heavy manufacturing organization to complete the 16 item Zohar Safety Climate Questionnaire (ZSCQ). In addition, safety behaviour and accident experience data were collected for 5 months following the survey and were statistically analyzed to identify correlations, associations, internal consistency, and factorial structures. <i>Results:</i> Results revealed that the ZSCQ: (a) was psychometrically reliable and valid; (b) served as an effective predictor of safety-related outcomes (behaviour and accident experience); and (c) could be trimmed to an 11 item survey with little loss of explanatory power.</p> <p><i>Impact on Industry:</i> Practitioners and researchers can use the ZSCQ with reasonable certainty of the questionnaire's reliability and validity. This provides a solid foundation for the development of meaningful organizational interventions and/or continued research into social factors affecting industrial accident experience.</p>	<organizational culture>	
King, Colin B., et al., <i>Child Protection Legislation in Ontario, Past, Present and Future?</i> University of Western Ontario, 2003	2003		<p>SPR SUMMARY & NOTES: This review examines the history of child protection legislation, including a number of episodic reforms which have been implemented every few years. More recently this included a number of inquests in 1996, reviews in 1997-98, and a variety of recommendations for reform and improvement of the CAS system. Then changes to the Child and Family Services Act, 1998.</p>		Can (ON)
Koritsas, Stella et al. "Workplace Violence Towards Social Workers:"	2008		<p>SPR SUMMARY & NOTES: This study of workplace violence experienced by social workers in Australia concluded that verbal abuse and intimidation were the most common forms of violence</p>	<social workers> <types of violence>	AUS

<p>The Australian Experience." <i>British Journal of Social Work</i> (2010) 40, 257–271 (Advance Access publication September 26, 2008).</p>		<p>experienced. Factors predicting violence were identified for all forms of violence examined, and the authors suggest these factors can be used to develop preventive interventions.</p> <p>ABSTRACT: Workplace violence is common in health-related occupations that involve substantial contact with clients, such as nursing, general practice, pre-hospital care and emergency medicine. Research has also been conducted that explores violence in social work; however, the majority has emerged from the UK and USA, and is limited due to definitional shortcomings and the scope of violence. In Australia, there is a paucity of research that has explored the prevalence of violence in social work. Thus, the aim of the research was to determine the prevalence of six forms of workplace violence, and determine factors that may predict the occurrence of violence towards social workers. A questionnaire was developed that focused on social workers' experiences of six forms of violence (verbal abuse, property damage/theft, intimidation, physical abuse, sexual harassment and sexual assault). The questionnaire was randomly distributed to 1,000 social workers across Australia. Participation was voluntary and social workers completed the questionnaire anonymously. Analyses revealed that the majority of social workers (67%) had experienced at least one form of violence in the past twelve months. The most common form of violence was verbal abuse, followed by intimidation; sexual assault was the least common form of violence experienced. Factors that predicted violence emerged for all six forms of violence examined. Based on the results of this research, it can be concluded that workplace violence is common in social work, particularly verbal abuse and intimidation. Factors that predict violence can be used to develop interventions aimed at preventing and managing workplace violence.</p>	<p><risk assessment></p>	
<p>Kowalenko, Terry et al."Development of a Data Collection Instrument for Violent Patient Encounters against Healthcare Workers." <i>Western Journal of Emergency Medicine</i>, Vol. XIII, No. 5, pp. 429-433 (November 2012).</p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: The author developed and tested a tool for collecting data about health workers' experience of, and evaluation of the severity of, various kinds of workplace violence.</p> <p>ABSTRACT: Introduction: Healthcare and social workers have the highest incidence of workplace violence of any industry. Assaults toward healthcare workers account for nearly half of all nonfatal injuries from occupational violence. The goal was to develop and evaluate an instrument for prospective collection of data relevant to emergency department (ED) violence against healthcare workers.</p> <p><i>Methods:</i> Participants at a high-volume tertiary care center were shown 11 vignettes portraying verbal and physical assaults and responded to a survey developed by the research team and piloted by ED personnel addressing the type and severity of violence portrayed. Demographic and employment groups were compared using the independent-samples Mann-Whitney U Test.</p> <p><i>Results:</i> There were 193 participants (91 male). Fewer statistical differences were found when comparing occupational and gender groups. Males assigned higher severity scores to acts of verbal violence versus females (mean M,F=3.08, 2.70; p<0.001). While not achieving statistical significance, subgroup analysis revealed that attending physicians rated acts of verbal violence higher than resident physicians, and nurses assigned higher severity scores to acts of sexual,</p>	<p><health care workers> <experiences></p>	

		<p>verbal, and physical violence versus their physician counterparts.</p> <p><i>Conclusion:</i> This survey instrument is the first tool shown to be accurate and reliable in characterizing acts of violence in the ED across all demographic and employment groups using filmed vignettes of violent acts. Gender and occupation of ED workers does not appear to play a significant role in perception of severity workplace violence.</p>		
<p>Lamont, Alister et al. <i>Intake, Investigation and Assessment - Background Paper</i>, Australian Institute of Family Studies, National Child Protection Clearinghouse (Melbourne: 2010), Appendix 7.2.</p>	<p>2010</p>	<p>SPR SUMMARY & NOTES: This paper examines the strengths and weaknesses of different approaches to three elements of child protection: intake, investigation and assessment. It does not directly deal with worker safety or protection.</p> <p>ABSTRACT: A background paper which examines three interrelated elements of the process of protecting vulnerable children: intake into child protection services, child protection investigation, and the use of assessment instruments in child protection. Drawing on both Australian and international research, it identifies themes and issues emerging from these areas and provides a critical review of different approaches to structuring and conducting child protection services. The paper examines a range of different models and approaches to:</p> <ul style="list-style-type: none"> • Referring vulnerable families into child protection and family support services; • Screening families' risks and needs; • Conducting investigations; and • Creating and utilizing risk and/or needs assessment instruments. <p>The aim of the paper is to provide an overview of the evidence on the strengths and weaknesses of different approaches to intake, investigation and assessment. The paper closes with a discussion of the potential applicability of alternate approaches to the Northern Territory context.</p>	<p><protocol> <case management></p>	<p>AUS</p>
<p>Lasalvia, Antonio et al. "Influence of Perceived Organisational Factors on Job Burnout: survey of community mental health staff." <i>The British Journal of Psychiatry</i>, 195:537-544 (2009).</p>	<p>2009</p>	<p>SPR SUMMARY & NOTES: While not directly related to worker safety, this study, which examined staff burnout and job distress in mental health workers, makes the link between staff burnout and work performance/treatment outcomes.</p> <p>ABSTRACT: Staff burnout is a critical issue for mental healthcare delivery, as it can lead to decreased work performance and, ultimately, to poorer treatment outcomes. This article aims to explore the relative weight of job-related characteristics and perceived organisational factors in predicting burnout in staff working in community-based psychiatric services. A representative sample of 2,000 mental health staff working in the Veneto region, Italy, participated in the survey. Burnout and perceived organisational factors were assessed by using the Organizational Checkup Survey.</p> <p><i>Results:</i> Overall, high levels of job distress affected nearly two-thirds of the psychiatric staff and</p>	<p><mental health workers> <social workers> <staff burnout></p>	<p>ITALY</p>

		<p>one in five staff members suffered from burnout. Psychiatrists and social workers reported the highest levels of burnout, and support workers and psychologists, the lowest. Burnout was mostly predicted by a higher frequency of face-to-face interaction with users, longer tenure in mental healthcare, weak work group cohesion and perceived unfairness.</p> <p><i>Conclusions:</i> Improving the workplace atmosphere within psychiatric services should be one of the most important targets in staff burnout prevention strategies. The potential benefits of such programmes may, in turn, have a favourable impact on patient outcomes.</p>	
<p>Lipscomb, Jane A. and Mazen El Ghaziri. "Workplace Violence Prevention: Improving Front-Line Health-Care Worker and Patient Safety." <i>New Solutions</i>, Vol. 23(2) 7-313, 2013.</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: In this research review of workplace violence in health care settings, the authors note that while risk factors are well documented, the effectiveness of various violence reduction strategies (staff training, comprehensive violence reduction programs, legislation and participatory action) has not been decisively established.</p> <p>ABSTRACT: There is perhaps no workplace hazard for which front-line health-care workers and patient safety are more closely linked than workplace violence. When workplace violence occurs, there are direct and indirect consequences for both staff and patients, including compromised patient care. The purpose of this article is to review risk factors for and interventions to reduce front-line health-care worker risk of injury, as well as overall strategies to improve worker and patient safety through comprehensive and participatory workplace violence-prevention programs. Numerous studies have documented risk factors and preventive factors for violence in the health-care setting. Considerably fewer have evaluated interventions designed to reduce these risks and subsequent injury. Front-line health-care workers should actively participate in developing and implementing programs to reduce the risk of injury to staff and patients.</p> <p>Additional notes: One finding of interest concerns the introduction by the VHA system of an electronic mechanism for "flagging" the file of patients who had committed violence against a staff person within the past two years. This led to a 90% reduction in assaults by these high-risk patients. The patient flag allowed workers to take measures such as security stand-by, search for weapons, or patient confinement to one area of the hospital. <u>These results point to the importance of documenting and debriefing client history for case workers.</u></p>	<p>US</p> <p><risk assessment> <training> <communications technology> <organizational policy/process> <health care workers></p>
<p>Liss, Gary M. and Lisa McCaskell. "Violence in the Workplace." <i>Canadian Med. Assoc. J.</i> 151 (9), pp. 1243-1246 (1994).</p>	<p>1994</p>	<p>SPR SUMMARY & NOTES: This editorial on violence in the workplace addresses several questions: How significant is workplace violence as a cause of injury and death? To what extent has the problem been recognized? What preventive measures can be recommended?</p> <p>ABSTRACT: An editorial on violence in the workplace which addresses several questions: How significant is workplace violence as a cause of injury and death? What preventive measures can be recommended? Does violence in the workplace involve a significant burden of suffering? It examines the overall costs resulting from assaults and discusses whether violence in the workplace has been recognized as a health and safety problem. Existing provincial legislation and</p>	<p>CAN</p> <p><organization policy/process></p>

		<p>its limitations are reviewed.</p> <p>The authors argue that <i>prevention strategies</i> should involve professionals from several disciplines and should include legislative and non-legislative measures, such as: improvement in data collection; strategies for health care workers; and general preventive measures such as environmental control measures, training measures, policy and research). They conclude that recent regulations to prevent workplace violence are encouraging; however, given the significance of workplace violence, the burden of suffering and the lack of data on the problem, other measures are needed. Recognition of workplace violence and action to prevent it should become critical health and safety issues.</p>		
<p>Littlechild, Brian. "The Effects of Client Violence on Child-Protection Networks." <i>Trauma, Violence & Abuse</i>, Vol. 3, No. 2 (April 2002), 144-158.</p>	<p>2002</p>	<p>SPR SUMMARY & NOTES: This article examines the literature and research evidence concerning the impact of threatened and actual violence on social workers' well-being, assessments, and interventions in child-protection work, and recommends this effect be taken into account in a systematic manner.</p> <p>ABSTRACT: This article examines the literature and research evidence concerning the impact of threatened and actual violence on social workers' well-being, assessments, and interventions in child-protection work. It is proposed that client violence can have serious effects on the child-protection worker themselves, as well as having specific effects on child-protection assessments and the management of interventions. It is argued that client violence toward child-protection staff and others in the violent client's networks needs to be taken into account in a systematic manner, which may affect the protection of children involved. The potential for increased recognition of such elements within risk assessment, case planning and policy development and review is addressed. The article draws mainly on sources of evidence in England, North America, and Australia, but the findings are applicable to child-protection work in different countries.</p>	<p><case management> <risk assessment> <planning> <organizational policy / process></p>	<p>U.K. U.S. AUS. CAN</p>
<p>Littlechild, Brian. "Working with Aggressive and Violent Parents in Child Protection Social Work." <i>Practice</i>, Vol. 15, No. 1, pp. 33-44 (nd).</p>	<p>2003</p>	<p>SPR SUMMARY & NOTES: A further examination on the effect of violence against child protection workers, with a discussion of the challenges to providing effective support and supervision.</p> <p>ABSTRACT: This article examines the findings from research into the effects of parent service user aggression and violence against child protection social workers. First, the types of violence that are most prevalent, and the effects on workers are discussed. Next, the problematic areas to be addressed in order to provide the most effective forms of support and supervision are set out. The links between risks to workers and risks to abused children within violent families are also examined.</p>	<p><post incident> <child service workers> <supervision></p>	
<p>Littlechild, Brian. "Child Protection Social Work: Risks of Fears and Fears of Risks – Impossible Tasks from Impossible Goals?" <i>Social</i></p>	<p>2008</p>	<p>SPR SUMMARY & NOTES: This article looks at the basis and validity of risk assessment in the social professions and particularly child protection, and argues that the "risk agenda" itself can increase fear and anxiety in social work professionals and place unrealistic expectations on them.</p>	<p><risk assessment> <organizational policy/process></p>	<p>UK</p>

<p><i>Policy & Administration</i>, Vol. 42, No. 6, December 2008, pp. 662–675.</p>		<p>ABSTRACT: This article examines the relationship between the causes and effects of fear in child protection social workers, and the effects of risk assessment and risk management policies on this area of work. The focus on risk assessment and risk management has become a major area of attention within practice, policy and management of child protection work in the UK in recent years. Concepts of risk as constructed by the media, government and the public are increasingly impacting upon professional practices. This article examines the basis and validity of risk assessments in the social professions field, and particularly within the child protection arena. The article goes on to examine the experiences of fear arising from the risk agenda, which affects frontline workers, managers and child protection agencies. This agenda arises from centrally produced risk assessment frameworks, alongside unrealistic expectations from central government of prediction of risk by the use of current risk assessment tools. Such controlling policies from central government can lead to fear and anxiety in social work professionals of not assessing and eliminating risk, as the government and their employing agencies are expecting them to do. The article also proposes that this risk agenda fails to address a key element in the assessment of risk – how social workers experience threats and stress in their work, and the pressures they can be subject to within it, particularly in relation to violence and threats from parent service users where their children are being investigated for possible child abuse.</p>	<child service workers>	
<p>Littlechild, Brian. "The Nature and Effects of Violence Against Child-Protection Social Workers: Providing Effective Support." <i>British Journal of Social Work</i>, 35, 387-401 (2005).</p>	2005	<p>SPR SUMMARY & NOTES: This is essentially the same article as the one above.</p> <p>ABSTRACT: This article examines the literature and research evidence concerning the impact of threatened and actual violence on social workers' well-being, assessments, and interventions in child-protection work. It is proposed that client violence can have serious effects on the child-protection worker themselves, as well as having specific effects on child-protection assessments and the management of interventions. It is argued that client violence toward child-protection staff and others in the violent client's networks needs to be taken into account in a systematic manner, which may affect the protection of children involved. The potential for increased recognition of such elements within risk assessment, case planning and policy development and review is addressed. The article draws mainly on sources of evidence in England, North America, and Australia, but the findings are applicable to child-protection work in different countries.</p>	<case management> <risk assessment> <planning> <organizational policy / process> <post-incident>	U.K. U.S. AUS. CAN
<p>Littlechild, Brian. "The Stresses Arising from Violence, Threats and Aggression Against Child Protection Social Workers." <i>Journal of Social Work</i>, 5(1): 61–82 (2005).</p>	2005	<p>SPR SUMMARY & NOTES: This article finds that how violence affects child protection workers is impacted by various factors, including some that can be controlled such as managers' focus on worker safety, staff support strategies, and using workers' experiences to improve risk management.</p> <p>ABSTRACT: This article examines the effects of violence by service users in England and Finland against child protection social workers. Proposals derived from analysis of research findings for improved policies and practice in agencies, with particular reference to England, is discussed. In addition, results and implications of a smaller number of interviews with social workers in Finland are explored.</p>	<child service workers> <post-incident> <organizational policy/process> <supervision>	U.K. FIN

<p>Macdonald, Grant et al. "Violence in the Social Work Workplace: The Canadian Experience." <i>International Social Work</i> (2003).</p>	<p>2003</p>	<p><i>Findings:</i> The research found that there are a number of different effects resulting from violence on child protection social workers, depending on the particular configuration of factors involved in any particular situation. These include concerns about the effects of user violence on the ability of social workers to protect children; the importance of managers keeping a focus on workers' safety, particularly when threats are not always obvious to others; staff support strategies; responses to violent service users; and how workers' experiences can be employed to improve risk assessment and risk management.</p> <p><i>Applications:</i> This article suggests that the experiences of and learning by social workers derived from incidents of violence need to be more systematically included in policy development and review. In addition, attitudes and procedures need to be in place which allow social workers to report their concerns and have them dealt with effectively.</p>		
		<p>SPR SUMMARY & NOTES: This survey found a similar incidence of violence experienced by social workers in Canada as is reported in the US and previous Canadian literature. The authors attempt to go further and explore social workers' attitudes and perceptions of client violence. They note that while most respondents reported feeling reasonably safe, front-line workers expressed more feelings of vulnerability than supervisors or managers. The authors also note that social workers may be reluctant to confront client violence due to their ethic of care (see excerpt, below).</p> <p>ABSTRACT: Few studies have been undertaken that examine social workers' experiences and concerns about client violence and workplace safety. The purpose of this study is to begin to obtain Canadian data on the experiences and attitudes of social workers working with violent or potentially violent clients. The paper explores social workers' personal experience of client violence and their assessment of client violence as a safety concern within their workplace. The findings are based on a <i>random survey of 171 Canadian social workers</i> who completed a questionnaire on workplace safety issues. The data demonstrate that most social work professionals have experienced some type of client violence both over the course of their career and within the previous two years. The data support the conclusions of previously cited studies which suggest that client violence against social workers is pervasive.</p> <p>Excerpt: Client violence is an unpopular topic that makes many clinicians uncomfortable. Social workers seek to help those in distress and do not want to be "on guard" when attempting to bring relief to a client. Furthermore, even discussing the issue of client violence may seem for some to betray the sense of partnership that workers try to establish with clients. Social workers may have difficulty talking about client violence because, in so doing, they may feel that they are contributing to the oppression that their clients experience as a result of the inequities of our social and economic structure and by virtue of their clients' age, race, ethnicity, gender, class, sexual orientation and physical or mental ability...Ledbetter has suggested that discussion of violence from clients, especially those who are disadvantaged, desperate or ill, sits uneasily with the profession's client-centred service ethic.</p>	<p><social workers> <worker attitudes></p>	<p>CAN</p>

<p>Marin, André, 'Who Oversees Ontario's Children's Aid Societies?' Toronto Star, June 21, 2011.</p>	<p>2011</p>	<p>In this paper, The Ombudsman of Ontario argues for a higher level of oversight over Children's Aid Societies, and a higher degree of centralization.</p>	<p><oversight></p>	<p>Can (ON)</p>
<p>McPhaul, Kathleen M. et al. "Environmental Evaluation for Workplace Violence in Healthcare and Social Services." <i>Journal of Safety Research</i>, Vol. 39 (2008), pp. 237-250.</p>	<p>2008</p>	<p>SPR SUMMARY & NOTES: This article demonstrates how facility design and maintenance can create, exacerbate or minimize risk of client violence, and describes a process of conducting an environmental risk assessment. It is relevant to the safety of CAS offices and satellite locations, and may also be useful in pointing out some dangers in field (home) locations.</p> <p>ABSTRACT: <i>Problem:</i> Federal policy recommends environmental strategies as part of a comprehensive workplace violence program in healthcare and social services. The purpose of this project was to contribute specific, evidence-based guidance to the healthcare and social services employer communities regarding the use of environmental design to prevent violence. Method: A retrospective record review was conducted of environmental evaluations that were performed by an architect in two Participatory Action Research (PAR) projects for workplace violence prevention in 2000 and, in the second project in 2005. <i>Ten facility environmental evaluation reports along with staff focus group reports from these facilities were analyzed to categorize environmental risk factors for Type II workplace violence.</i> Results: Findings were grouped according to their impact on access control, the ability to observe patients (natural surveillance), patient and worker safety (territoriality), and activity support. Discussion: The environmental assessment findings reveal design and security issues that, if corrected, would improve safety and security of staff, patients, and visitors and reduce fear and unpredictability. Impact on industry: Healthcare and social assistance employers can improve the effectiveness of violence prevention efforts by including an environmental assessment with complementary hazard controls.</p>	<p><risk assessment> <physical environment></p>	
<p>Mueller, S.; Tschan, F. "Consequences of Client-Initiated Workplace Violence: The Role of Fear and Perceived Prevention." <i>Journal of Occupational Health Psychology</i>, Vol. 16, No. 2, pp. 217-229, Apr. 2011. ISSN 1076-8998.</p>	<p>2011</p>	<p>SPR SUMMARY & NOTES: The authors examine how "fear of future violence" contributes to negative consequences following the experience or witnessing of workplace violence, and how employer response can mitigate negative effects and support worker resiliency. The study involved a lower-risk group than child protection workers; however, findings that workers' fear levels are reduced when they perceive that their risk is taken seriously by employers and that preventive measures have been put in place, are relevant.</p> <p>ABSTRACT: The authors suggested and tested a model of the consequences of client-initiated workplace violence, introducing perceived prevention of violence and perceived coping ability as factors that reduce fear of future violence and mitigate negative personal and organizational consequences. <i>Survey data from 330 frontline staff from job centers and social security offices</i> were analyzed using structural equation modeling. The data supported the model and confirmed the central role of the fear of violence with regard to outcomes such as psychological and physical</p>	<p><post-incident> <vicarious trauma> <supervision></p>	<p>*</p>

		<p>well-being or irritability. Results point further to perceived prevention of violence as an important factor that influences fear levels in different ways, predicts turnover intentions, and should therefore be considered when managers aim to address the consequences of client-initiated violence and threats.</p> <p>Excerpt: Our findings suggest that perceived prevention reduces fear levels and other unwanted consequences.... Even a preventive device that may fail in the case of an emergency serves a purpose if it improves employees' sense of security at work and enables more relaxed contacts with clients. It is, therefore, vital that managers inform their employees about any existing measures and crisis plans or, ideally, involve them actively in a transparent risk-management approach.</p>		
<p>National Association of Social Workers, Child Welfare Specialty Practice Session. "Social Work Safety (public statement). (nd)</p>	<p>ND</p>	<p>SPR NOTES & SUMMARY: This is a statement issued following the murder of a social worker in Mass. Its value is primarily in the list of resources and articles provided.</p> <p>No abstract.</p> <p>Excerpt: Three entries stand out as especially relevant:</p> <p>Security Risk, Preventing Client Violence against Social Workers NASW Book http://www.naswpress.org/publications/books/policy/security_risk/3215toc.html</p> <p>Committee for the Study and Prevention of Violence against Social Workers: Safety Guidelines, Revised March 1996 http://www.socialworkers.org/profession/centennial/violence.htm</p> <p>Double Jeopardy: Caseworkers at Risk Helping At-Risk Kids <i>American Federation of State, County and Municipal Employees Web Site</i> http://www.afscme.org/publications/1331.cfm</p>	<p><social workers> <child service workers> <workplace violence prevention program></p>	<p>US</p>
<p>National Association of Social Workers, <i>Guidelines for Social Worker Safety in the Workplace</i>, 2013.</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: This document outlines guidelines for safety and thus is one of many potential templates for best practices. Areas covered include: organizational culture; prevention; office safety; use of safety technology; use of mobile phones; risk assessment for field visits; transporting clients; comprehensive reporting practices; post-incident reporting and response; safety training; student safety.</p> <p>ABSTRACT: Social workers provide services in an increasingly complex, dynamic social environment and have a broadening client base. Unfortunately, the number and variety of people to whom social workers provide services and the variety of settings in which these services are provided have contributed to an increasingly unpredictable, and often unsafe, environment for social work practice. Social workers have been the targets of verbal and physical assaults in</p>	<p><workplace violence prevention program> <case management> <Risk assessment> <Planning> <Transportation> <Communications technology> <Communications procedures> <Physical environment></p>	<p>US</p>

		<p>agencies as well as during field visits with clients. Tragically, some social workers have also been permanently injured or have lost their lives “in the line of duty.”</p> <p>Establishing safety guidelines for the profession is timely as the profession is expected to grow by 25% before 2020 (U.S. Department of Labor, Bureau of Labor Statistics, 2012). These guidelines are important to the retention and recruitment of a professional social work force. Moreover, NASW guidelines may be a helpful resource to communities; private and public agencies; and local, state, and federal policymakers invested in creating a safer work environment for social workers.</p>	<p><Post-incident> <organizational culture> <organizational policy/process></p>	
<p>Newhill, C. E. “Client Violence Toward Social-Workers - A Practice and Policy Concern for the 1990s.” <i>Social Work</i>, Vol. 40, No. 5, pp. 631-636, Sep. 1995. ISSN 0037-8046.</p>	<p>1995</p>	<p>SPR SUMMARY & NOTES: The author points to the need for large-scale research to establish a “critical knowledge base” to better understand client violence towards social workers and effective approaches to training, prevention and incident response. Pending such study, three immediate strategies to enhance social worker safety are offered: education and in-service training; precautions such as emergency buttons on staff phones and mandating workers to conduct home visits in teams, and a philosophy that encourages asking for support in risky situations.</p> <p>ABSTRACT: Recent anecdotal evidence and limited empirical data suggest that physical and emotional violence by clients toward social workers is increasing in all settings. Using case examples, this article examines client violence and illustrates the ways in which such violence is manifested, the risk factors for violent behavior, and the ways in which incidents psychologically and physically affect clinicians. Systematic information to guide constructive action on this issue is lacking, and there is a critical need for a large-scale investigation of the incidence, prevalence, and nature of violence toward social workers. This article presents several recommendations for strategies and policies that social workers and agencies can institute now to protect frontline workers from violence without compromising client services.</p>	<p><training> <risk assessment> <protocol> <social workers></p>	<p>US</p>
<p>Newhill, Christina E. and Sandra Wexler. “Client Violence toward Children and Youth Services Social Workers.” <i>Children and Youth Services Review</i>, Vol. 19, No. 3, pp. 195-212 (1997).</p>	<p>1997</p>	<p>SPR SUMMARY & NOTES: Based on a survey of US social workers’ experiences with client violence, this article discusses the prevalence and effect of such violence and makes recommendations for enhancing safety.</p> <p>ABSTRACT: Client violence toward social workers is a serious issue for the profession, social service agencies, and those with whom we work. Few studies have explored the safety risks encountered by these practitioners. The present study describes social workers’ experiences of client violence, using data from a survey of randomly selected National Association of Social Workers members from two states. Children and youth services social workers were compared with practitioners from other fields and were found to be significantly more likely to have experienced either a threat, property damage, or an attempted or actual attack, with fully three-quarters reporting at least one incident. In the children and youth services respondents’ depictions, client gender (male) and age (younger) appear to be risk factors for violence. The data suggest that client violence exacts a high cost from individual social workers, including negative</p>	<p><experience> <social workers> <child service workers></p>	<p>US</p>

		<p>emotional reactions, changes in feelings about work, and changes in how practice is conducted. Respondent comments are provided for illustration. Recommendations are made for agency and individual actions to enhance safety. "At the end of the day, many Children and Youth Services caseworkers go home with scabies on their skin, cockroaches in their pockets or the stuff of nightmares weighing on their minds... They go alone into neighborhoods where police only go in pairs."</p>		
<p>Newhill, Christina E. <i>Client Violence in Social Work Practice</i>, Chapter 5. The Guilford Press (2003).</p>	<p>2003</p>	<p>SPR SUMMARY & NOTES: This chapter provides an overview of the risk factors associated with violent behaviour and includes a discussion of how and why each factor is associated with violence. The author also discusses risk assessment of violent clients and intervention strategies.</p> <p>ABSTRACT: This chapter provides an overview of the risk factors associated with violent behaviour and includes a discussion of how and why each factor is associated with violence. The author also discusses risk assessment of violent clients and intervention strategies. All of the risk factors illustrated with examples of actual incidents related to each factor.</p> <p>Risk factors for violence:</p> <ul style="list-style-type: none"> • <i>Individual risk factors:</i> demographics (age, sex, gender, race and socio-economic status); • <i>Clinical factors</i> (whether mental illness is associated with violent behaviour); • <i>High- risk psychiatric symptoms and violence</i> (clinical symptoms that have been shown to have a positive association with violence: delusions; hallucinations; and certain personality features); • <i>Personality disorders;</i> • <i>Substance abuse;</i> • <i>Biological risk factors</i> (low intelligence quotient, neurological impairment); • <i>Historical risk factors</i> (a history of violence, social and family history, work history); • <i>Environmental/contextual risk factors</i> (level and quality of social support; peer pressure; influence of popular culture). • The issue of access to lethal weapons is seen as an important part of violence risk assessment. <p><i>Conclusion:</i> Risk factors associated with violent behaviour can be organized into 3 major domains: individual and clinical risk factors, historical risk factors, and environmental and contextual risk factors. All must be considered when conducting a risk assessment or providing treatment to violent clients. Also, identification of risk factors must be paired with identification of protective factors that can mitigate violence.</p>	<p><risk assessment> <social workers></p>	
<p>Newhill, Christina E. "Client Threats Toward Social Workers: Nature, Motives and Response." <i>Journal of Threat Assessment</i>, Vol. 2(2), pp.</p>	<p>2002</p>	<p>SPR SUMMARY & NOTES: Based on a survey of social workers, this article examines the prevalence and nature of client threats, and offers recommendations for intervention and management.</p> <p>ABSTRACT: Client threats toward social workers are a common occurrence in practice</p>	<p><social workers> <experience></p>	<p>US</p>

1-19 (2002).		and a difficult challenge for clinical intervention and management. This paper reports on results from a survey of 1,129 randomly selected members of the National Association of Social Workers from two states. The prevalence, nature, motives for, and responses to client threats was examined. More than half the sample reported one or more threats, with certain settings and practitioners more at risk than others. The majority of threats were initiated by adult male clients and involved a range of motives and situational contexts. Recommendations for intervention and management are provided.	
Newhill, Christina E. "Client Violence Toward Social Workers: A Practice and Policy Concern for the 1990s." <i>Social Work</i> , Vol. 40, No. 5, pp. 631-636 (September 1995).	1995	<p>SPR SUMMARY & NOTES: Noting the lack of systematic information, the author discusses the risk factors and effects of client violence, and suggests strategies and policies that can offer better protection for frontline workers.</p> <p>ABSTRACT: Recent anecdotal evidence and limited empirical data suggest that physical and emotional violence by clients toward social workers is increasing in all settings. Using case examples, this article examines client violence and illustrates the ways in which such violence is manifested, the risk factors for violent behavior, and the ways in which incidents psychologically and physically affect clinicians. Systematic information to guide constructive action on this issue is lacking, and there is a critical need for a large-scale investigation of the incidence, prevalence, and nature of violence toward social workers. This article presents several recommendations for strategies and policies that social workers and agencies can institute now to protect frontline workers from violence without compromising client services.</p>	<p><risk assessment> <causal factors> <post-incident> <organizational policy/process></p> <p>US</p>
Newhill, Christina E. "Prevalence and Risk Factors for Client Violence Toward Social Workers." <i>Families in Society: The Journal of Contemporary Human Services</i> , pp. 488-495 (1996).	1996	<p>SPR SUMMARY & NOTES: This study is based on a large survey of over 1,000 social workers. The author found that "children and youth services" was one of the areas of practice most likely to experience violence, just after criminal justice and drug/alcohol services. Like other studies, young males were the most frequent perpetrators.</p> <p>ABSTRACT: The author reports findings from a random survey of National Association of Social Workers members from two states examining the prevalence, nature, and risk factors of client violence toward social workers. A majority of persons surveyed experienced client violence, with gender and setting as significant variables in determining risk implications for practice and policy are discussed.</p> <p>Additional notes: The author also notes that while a majority of respondents had received specialized training on prevention and management of client violence, just over half noted that it mostly met their needs and a strong majority said that they would like additional training. Of those who had not received training, most said they would like to.</p>	<p><risk assessment> <training> <social workers> <experience> <child service workers> <causal factors></p> <p>US (CA, PN)</p>
NHS Security Management Service. <i>Not Alone: A Good Practice Guide for the Better Protection of Lone Workers in the NHS</i> . (London, UK: March 2, 2005)	2005	<p>SPR SUMMARY & NOTES: A document designed to provide guidance to National Health Service (NHS) health bodies and their staff to help them address the safety needs and minimize the risks faced of the many different groups of staff that may have to work alone in a diverse range of environments. This guidance will also help NHS employers and staff to meet their responsibilities under the 1974 H&SW Act.</p>	<p><health care workers> <workplace violence prevention program></p> <p>UK</p>

		<p>ABSTRACT: The report contains:</p> <ul style="list-style-type: none"> • examples of good practice already in use by NHS health bodies; • information concerning Lone Worker safety devices and systems that are presently available, as well as guidance on what should be considered when looking to purchase such equipment, systems and support services (e.g. monitoring services); • lists of the main systems that can be used or purchased; and • a checklist summarizing the key points for managers and staff. <p>Other topics discussed:</p> <p><i>Pro-security culture;</i></p> <p><i>Prevention</i> (understanding how and why incidents occur in lone working situations and to learn from that understanding);</p> <p><i>Deterrence</i> (using publicity and the media to promote what the NHS is doing to protect those who undertake lone working);</p> <p><i>Detection</i> (gathering the necessary information to identify the problem, assess and manage the risk, and develop solutions). It is essential that staff report incidents that have occurred or where the potential for incidents is identified to ensure that any lessons learned can be fed back into risk management processes, further preventive measures to be developed, sanctions taken (where appropriate). This fosters a pro-security culture amongst NHS staff and professionals.</p>	<p><communications technology></p> <p><communications procedures></p> <p><organization policy/process></p>	
<p>North Carolina Division of Social Services and the Family and Children's Resource Program. <i>Children's Services: Practice Notes</i> (Newsletter), Vol. 3, No. 2 (nd).</p>	<p>ND</p>	<p>SPR SUMMARY & NOTES: A quarterly newsletter for North Carolina's child welfare workers, published by the N.C. Division of Social Services and the N.C. Family and Children's Resource Program. This issue examines the issue of Safety in Social Work. It makes practical suggestions for assessing potentially dangerous situations and provides strategies for maintaining personal safety. It also discusses ways of integrating safety precautions in a way that won't send the wrong message to families.</p> <p>ABSTRACT: Topics covered include:</p> <ul style="list-style-type: none"> • Maintaining Safety in the Field (Before Your Visit; Making a Safety Assessment; Developing a Safety Action Plan (a sample action plan is also provided)); • Promoting Safety in the Agency (stresses that 'all human services agencies should have safety policies and protocols'). A list of suggestions for making agencies safer is also provided. • Predicting and Dealing With Violence (Discusses factors such as: <i>prior violence, certain (client) feelings, physical factors, situational factors, and forced removal.</i>) • Working with Aggressive Adolescents 	<p><child service workers></p> <p><risk assessment></p> <p><planning></p> <p><case management></p> <p><protocol></p>	<p>US</p>

Occupational Health and Safety Council of Ontario (OHSCO). <i>Developing Workplace Violence and Harassment Policies and Programs: A Toolbox</i> . Workplace Violence Prevention Series (2013).	2013	<p>SPR SUMMARY & NOTES: This is a comprehensive OHS resource covering virtually all aspects of a workplace violence prevention program. It deals with both internal workplace violence and violence from clients/the public. The toolbox contains risk assessment/planning worksheets for risk situations relevant to the child protection field, such as Working in a Community-Based Setting, Working Alone, and Working with Unstable or Volatile Clients.</p> <p>ABSTRACT: This Toolbox supports <i>Developing Workplace Violence and Harassment Policies and Programs: What Employers Need to Know</i>, which outlines steps that will help you protect the workers in your workplace from the hazard of violence. This Toolbox contains information, tools, and assessments that can be useful to employers as they develop a workplace violence policy and program, a workplace harassment policy and program, or a domestic violence program. See: http://www.labour.gov.on.ca/english/hs/pubs/vwvps_guide/index.php</p> <p>It contains: a workplace violence survey; a policy, program and training review tool; workplace violence assessments; general physical environment assessment; risk factor selection tool; assessment for specific risk: direct contact with clients; assessment for specific risk: handling cash; assessment for specific risk: working with unstable or volatile clients; assessment for specific risk: working alone or in small numbers; assessment for specific risk: working in a community-based setting; assessment for specific risk: mobile workplace; assessment for specific risk: working in high-crime areas; assessment for specific risk: securing/protecting valuable goods; assessment for specific risk: transporting people and/or goods; a sample form for an Action Plan; example workplace violence policy; example workplace harassment policy; tips on how to recognize domestic violence in the workplace; description of how to create a safety plan; what to do if the abuser and the victim belong to the same workplace; a comprehensive listing of resources, including web-sites, government and private sector publications on workplace safety.</p>	<p><workplace violence prevention program></p> <p><organizational policy/process></p> <p><protocol></p> <p><training></p> <p><risk assessment></p> <p><planning></p>	ON
Ontario Association of Children's Aid Societies. <i>Modernizing Our Child Welfare System: Marking Our Progress: Moving Forward</i> . Child Welfare Report 2013.	2013	<p>SPR SUMMARY & NOTES: A report describing the OACAS, its purpose and members (composition), and the mission, values and responsibilities of CASs. Provides an overview of Ontario's child protection system over the past 5 years and recommendations for the future.</p> <p>ABSTRACT: A report describing the OACAS, its purpose and members (composition). The mission, values and responsibilities of CASs are also described. Graphics include: a summary of child protection services and trends in child care over the past 5 years. The report examines the efforts of CASs to improve the child welfare system define the markers of success. Looks at how changes in funding have impacted on child welfare services. Describes the Commission to Promote Sustainable Child Welfare's 3-year mandate -- to develop and implement changes to ensure a sustainable child welfare system in Ontario. Provide recommendations the need for structural changes; the importance of funding stability; accountability; service delivery (especially for Aboriginal clients); need for improved Aboriginal services (i.e., development of a comprehensive strategy for Aboriginal child welfare recognizing unique cultural needs of Aboriginal communities); and the need to provide a seamless system for children's services).</p>		ON

<p>Ontario Ministry of Community and Social Services, <i>Inquest Touching the Death of Jeffrey Baldwin, Jury Verdict and Recommendations</i>, February 2014.</p>	<p>2014</p>	<p>SPR SUMMARY & NOTES: This verdict made a number of recommendations for the improvement of Child Protection in Ontario, including discussion of improved information, funding, amalgamation of the CASs, information for clients, training, and co-teaming.</p>	<p><standards in child protection></p>	
<p>Ontario Public Service Employees Union (OPSEU), <i>Violence and Harassment at Work</i>, 2011</p>	<p>2011</p>	<p>SPR SUMMARY & NOTES: OPSEU's comprehensive guide to workplace violence, explaining employers' obligations for workplace violence programs, reporting incidents, assessing risk, and providing training and post-assault support measures.</p> <p>ABSTRACT: This guide provides an overview of topics such as recent critical incidences of violence experienced by Ontario public services workers, definition of violence and harassment, health effects, and factors contributing to the risk of workplace violence (such as work in risky areas, high workload, and population factors such as propensity to violent behaviour, drug use etc.)</p> <p>The guide also addresses the employer's obligations, and details of workplace violence programs, for measuring, reporting, protecting workers, and assessing and controlling workplace violence. Notes are also provided on risk assessment including; review of incidents and WSIB claims, surveys of workers, program reviews, design of the workplace, assessment of organization of work, staffing levels, client assessment processes, security systems, education and training and post-assault counselling and assistance.</p> <p>Emphasis is placed on preventive measures.</p>	<p><workplace violence prevention program> <risk assessment> <planning> <organizational policy/process> <training></p>	<p>ON</p>
<p>Regehr, Cheryl and Graham D. Glancy. "When Social Workers Are Stalked: Risks, Strategies, and Legal Protections." <i>Clinical Social Work Journal</i> 39:232-242 (2011).</p>	<p>2011</p>	<p>SPR SUMMARY & NOTES: While the authors stress the importance of reporting and seeking advice immediately when signs of stalking appear, they also conclude that "Threatening or harassing behavior is notoriously difficult to manage and in most cases few legal remedies exist to end the behaviour. As such, social workers must take personal responsibility to monitor potential risk situations, seek early assistance from others, and ensure their own safety and security."</p> <p>ABSTRACT: By virtue of their work, social workers are at risk of becoming victims of stalking. This is because social workers assist individuals who suffer from major mental health problems that may cause them to develop delusional beliefs about their therapists, and because social workers may need to exercise authority against individuals with personality disturbances that present a risk to others. Surveys suggest that 16% of social workers have been stalked at one point in their career by a client. Stalking of social workers by clients has far-reaching personal and professional implications, potentially affecting all aspects of an individual's life. This paper reviews the nature and incidence of stalking of social workers, the legal remedies available to social workers who are victims of stalking, and strategies for protection.</p>	<p><case management> <risk assessment> <protocol></p>	<p>CAN</p>

<p>Ringstad, Robin. "Conflict in the Workplace: Social Workers as Victims and Perpetrators." <i>Social Work</i>, Vol. 50, No. 4 (Oct. 2005), pp. 305-313.</p>	<p>2005</p>	<p>SPR SUMMARY & NOTES: This survey of violence in the social work professional (including verbal assaults) confirms high levels of worker victimization, but also investigates the incidence of violence. While the reported incidence of worker violence towards clients is low, it appears to be associated with higher levels of client assaults, and may point to the need for training around the potential for "triggering" client assaults through aggressive language or behaviour. The fact that social workers may provoke or exacerbate violence in some cases points to training needs which may not have been met.</p> <p>Abstract: Conflict and violence in the workplace have emerged as a real but inadequately explored concern in the social work profession. The present study surveyed a national random sample of 1,029 NASW members about their experiences with client violence and with physical and psychological assault in relationship to practice setting, age, gender, and experience. Although results cannot be generalized due to response bias in the sample, 62 percent of social workers in the study reported they had been victims of physical or psychological assault and 14 percent reported they had committed such an assault on a client within the past year. Most incidents were psychological in nature (primarily verbal aggression), although physical violence was also documented. Male social workers were more likely to be both victims and perpetrators of aggression, and these conflicts were more common in inpatient, correctional, and school settings. Training implications are discussed</p> <p>Excerpt: "Sensitivity, self-awareness, and preparation of social workers for encounters with potentially dangerous situations should be a standard part of social work education both in schools of social work and in university and agency-based continuing education programs. The use and misuse of power, empowering clients in all practice settings, and the use of supervision and consultation should be central features of these educational efforts."</p>	<p><training> <social workers></p>	<p>US</p>
<p>Ringstad, Robin. "CPS: Client Violence and Client Victims." <i>Child Welfare</i>, Vol. 88, No. 3, pp. 128-144.</p>	<p>2009</p>	<p>SPR SUMMARY & NOTES: While this paper is limited to estimation of incidence of violence (which needs to be better monitored), it also raises questions about social workers' responses to violence, and the need for training to reduce violent exchanges back and forth between client and social worker.</p> <p>Abstract: This paper describes a study that explored the extent and nature of workplace violence in child protective services (CPS). A total of 68 workers and clients reported on their experiences. Of workers, 70% reported being the victim of client violence, and 22% reported they had perpetrated a violent act toward a client. Of clients, 55% reported being a victim of assault by a CPS worker, while 42% acknowledged perpetrating violence. Future research needs and recommendations for practice including training, reporting, and policy development are discussed.</p> <p>Other notes: "Violence" in this study is defined to include potentially minor non-physical abuse</p>	<p><child service workers> <training></p>	<p>US</p>

		<p>such as shouting, swearing, and "stomping away during a disagreement," as well as physical violence and threats. The dynamic and circumstances around mutual exchanges of violence were not explored.</p>	
<p>Rosen, J. "A Labor Perspective of Workplace Violence Prevention - Identifying research needs." <i>American Journal of Preventive Medicine</i>, Vol. 20, No. 2, pp. 161-168, Feb. 2001. ISSN 0749-3797.</p>	<p>2001</p>	<p>SPR SUMMARY & NOTES: While urging further research, the author offers some key observations for progress towards protecting workers from violence:(1) enforceable standards, rather than voluntary guidelines, have a track record of effecting real change; (2) staff training alone puts the entire onus on individual worker skill and does not meet the holistic approach outlined in OSHA guidelines; (3) there is no "quick fix"; rather a safer workplace is achieved through "a continuous process of identifying factors and making corrections"; and (4) short staffing needs to be considered in risk factor identification.</p> <p>ABSTRACT: Background: During the past decade, labor unions have contributed to efforts to increase awareness of the importance of workplace violence as an occupational hazard. Research by the National Institute for Occupational Safety and Health and the U.S. Department of Justice have bolstered these efforts. This research revealed that workplace violence is the second leading cause of traumatic-injury death on the job for men, the leading cause of traumatic-injury death on the job for women, and accounts for some 2 million non-fatal injuries each year in the United States. <i>Labor Perspective:</i> Ten years ago, the debate focused on whether workplace violence is an occupational hazard or strictly a police and criminal justice issue. Labor unions have joined with occupational safety and health professionals in recognizing that workplace violence is a serious occupational hazard that is often predictable and preventable. They have advocated that employers establish multidimensional violence-prevention programs. <i>Conclusion:</i> Although the nature of workplace violence varies from industry to industry, implementation of the federal Occupational Safety and Health Administration (OSHA) Violence Prevention Guidelines for Health Care and Social Service Workers and for Late-Night Retail Establishments is a high priority to unions in the affected industries. Labor wants employers to invest in protecting workers from violence through voluntary programs and state legislation, and it supports the promulgation of a mandatory federal OSHA standard. To that end, intervention research can play a key role in demonstrating effective, technically and economically feasible prevention strategies.</p>	<p><organizational policy/process> <risk assessment> <planning></p> <p>US</p>
<p>Saskatchewan Ministry of Social Services, <i>Violence Training Information</i> (2013)</p>		<p>SPR NOTES & SUMMARY: This short document details Saskatchewan's violence training program for Social Services employees, beginning with training on the Ministry's Violence Policy and local workplace violence protocols. For personal safety training they use The Professional Response Assault Training (PART) program – Basic for employees who are unlikely to come into physical contact with clients; and Intermediate (which includes methods of evasion if they are grabbed) for those with closer contact.</p>	<p><training> <Organizations policy/process></p> <p>CAN (SK)</p>

<p>Saskatchewan Ministry of Social Services, <i>Violence Training Information</i>. (November 2013)</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: A notice for employees describing the Province of Saskatchewan's (Ministry of Social Services) revised violence policy, specifically as regards training.</p> <p>ABSTRACT: This publication deals with violence training information. In particular, it describes how the government will be utilizing the Professional Assault Response Training (PART) program as the standard for violence skills training. The three stand-alone PART courses (basic; intermediate; and advanced) will be provided to Ministry employees according to their level of occupation risk of exposure to violence. Training needs are determined based on whether an occupational group at a specific workplace is deemed to be low, medium or high risk.</p>	<p><training></p>	<p>CAN (SK)</p>
<p>Saturno, Sherry, "Violent Crime and Social Worker Safety." <i>Social Work Today</i>, March 2011</p>	<p>2011</p>	<p>SPR SUMMARY & NOTES: This article discusses the growth of demands for legislation to create serious and required penalties for violence against US social workers.</p> <p>ABSTRACT: The article focuses on the Terri Zenner Social Worker Safety Act, which was before the U.S. Congress between 2007 and 2011. The act was supported by the National Association of Social Workers, and recognized a number of brutal murders of social workers in various U.S. stages over the past decade. In Kansas, it was noted legislation was passed requiring the provision of safety training for child welfare workers.</p>	<p>US</p>	<p>US</p>
<p>Shina, Daniella O. "Social Work Safety." (THESIS) (May 2010).</p>	<p>2010</p>	<p>SPR SUMMARY & NOTES: This thesis includes a literature review, followed by the field placement experience of a small sample of students. While data is restricted to one school of social work, the finding that nearly 70% of respondents felt they were not trained to handle verbal abuse, and fully 90% did not feel trained on what to do should a client attack them, does raise questions about the adequacy of pre-service education in this area.</p> <p>ABSTRACT: Social work involves working in high risk areas and with high risk clients. This quantitative research analyses students in the Master of Social Work (MSW) program in relation to feelings of fear, and concern for safety in their field placement. The research consisted of 32 quantitative surveys which measured level of fear, experience with violence, attitude, and training.</p> <p>Findings: Participants who experienced violence had increased fear regarding their safety while working in the social work field. Additionally participants who were fearful about their safety were also fearful about speaking to a supervisor about it. Furthermore, preparation on safety issues in the MSW program and in field placements is limited to none. As far as attitude is concerned, it was found that most participants feel that social work is a dangerous job, and that encounters with violence should be expected.</p> <p>Applications: These findings have implications for the prevention of violence in the field of social work. If communication is not established between a student and his or her advisor due to fear of a negative evaluation, safety issues cannot be addressed and training may never take place.</p>	<p><training> <supervision></p>	<p>USA (CA)</p>

<p>Sioco, Maria Carmela. <i>Safety on the Job: How Managers Can Help Workers</i>. March/April 2010.</p>	<p>2010</p>	<p>SPR SUMMARY & NOTES: Recent initiatives to reduce workplace violence against child welfare workers in Massachusetts, Florida and Kentucky are described in some detail in this report.</p> <p>ABSTRACT: A report on several initiatives involving workplace violence against child welfare workers in the U.S. The author notes how improved legislation that has been enacted since the recent deaths of several social workers has been an important step, however, more funding is needed to ensure that up-to-date information and technology is in place in every organization to keep workers safe. Examples of newer initiatives are described:</p> <p>In Massachusetts, the Dept. of Children and Families (DCF) has improved their worker training and education, and has established safety committees that meet on a monthly basis. They also participate in a state-wide safety committee that meets quarterly to "cross-fertilize" effective protocols and procedures. The safety committees keep track of any threats that caseworkers experience and recording them into an incident reporting system. When reports are filed in the system, the safety committees devise a safety plan for the caseworker and the families that they visit. Management enacts the safety plans after careful deliberation, and offers services such as employee assistance programs to staff. Staff are equipped with a personal safety handbook that talks about safety protocols, and a Core and Investigations training teaches them how to handle a potentially volatile situation. They have a 'buddy system' for potentially violent visits, Every social worker is equipped with a cell phone to ensure immediate communication with supervisors or the police.</p> <p>Other safety features include fortified glass in the reception areas in most field offices to increase worker security; working closely with the police department, and having one officer in the reception area once a week; DCF has a "violent client" protocol where they schedule potentially violent clients when an officer is onsite. An interview room is used that has an extended view to others, with the entrance to the offices barred with a coded entry.</p> <p>Technology: "Our Kids of Miami Dade-Monroe" has implemented the 'OK Connect' program. Through the use of cell phones and laptops, management is aware of where their workers are and can better monitor a child's well-being. While conducting in-home visits, "Our Kids" staff use their camera phones to take pictures of the children and immediately upload them onto Florida's statewide automatic child welfare information system. The device has a GPS tracker and stamps photographs with the times and dates they were taken. This new technology heightens the efficiency of visits, as social workers can have access to files and make updates to their cases while in the field. The camera phones also have a built-in alarm button that staff can utilize should a situation occur, which immediately alerts their supervisors and management. The GPS system pinpoints their exact location.</p> <p><i>Laws on Safety: The Boni Bill:</i> Following the fatal stabbing death of a social worker, Kentucky created this Bill that stipulated that \$6 million of budget funds be directed to the Department of Community Based Services, to enhance staff security. DCBS equipped staff with a web-based</p>	<p><child service workers> <organizational policy/process> <communications> <protocol> <workplace violence prevention program></p>	<p>US</p>
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			critical incident warning tracking system, a desktop alert system, access to criminal records, and cell phones. Boni Bill funding also hired more caseworkers, so that a single worker's caseload is not too much that it compromises health and safety. Due to budget constraints, only one-third of the \$6 million was provided by lawmakers and a new version of the <i>Boni Bill</i> is being produced in Kentucky's legislature.		
Skolnik-Acker, Eva, LCSW, "Verbal De-Escalation Techniques for Defusing or Talking Down an Explosive Situation." Developed for NSAW-MA (2011)	2011		SPR SUMMARY & NOTES: This is a practical 2-page guide to de-escalation techniques, covering three components: (1) The worker in control of him/herself; (2) The physical stance; and (3) The de-escalation discussion. The author ends with "If you assess or feel that de-escalation is not working, STOP! You will know within 2 or 3 minutes if it's beginning to work. Tell the person to leave, escort him/her to the door, call for help or leave yourself and call the police."	<case management> <de-escalation techniques>	US
Stalker, Kirsten. "Managing Risk and Uncertainty in Social Work: A Literature Review." <i>Journal of Social Work</i> , 3(2): 211–233 (2003).	2003		SPR SUMMARY & NOTES: The focus is primarily on client risk, not risk to the workers themselves; however, the discussion of the theoretical underpinnings and assumptions of our attitudes and policies regarding risk, the tension between the desire to protect and avoid risk, and the acknowledgement of human autonomy and complexity, is germane to worker risk as well. ABSTRACT: <ul style="list-style-type: none"> • <i>Summary:</i> This review, which draws mainly but not exclusively on UK material, explores the social work literature on managing risk and uncertainty, with emphasis on community care. Risk has become a major, if not over-arching, preoccupation in social work, reflected in a huge upsurge of written material. • <i>Findings:</i> The article briefly traces the historical development of the concepts of risk and uncertainty and identifies a number of theoretical frameworks, noting that the risk society is marked by change, uncertainty, and a reduced faith in experts. Some commentators have drawn out the implications of these ideas for social work. At present, however, we lack a social model of risk. The article describes a continuum of risk management, marked by controlling attitudes at one end and more empowering approaches at the other. The former is evident in risk avoidance strategies, the latter in positive risk-taking; the literature on each is reviewed. • <i>Applications:</i> The views of service users are largely absent from the literature but their role in taking and managing risks on an everyday basis should not be overlooked, nor their potential to play a more significant role in the process. Pointers for future research are identified. 		UK
Syracuse University, College of Human Ecology, School of Social Work. <i>Social Worker Safety Tips</i> (nd).	ND		SPR SUMMARY & NOTES: Two-page bulletin for social workers on how to stay safe while at work, travelling to, and during site visits. Includes tips for preparing for the site visit (planning); travelling to the work site; safety during the visit; safety precautions which should be used while working alone in the office; and how to diffuse a potential problem situation/confrontation.	<protocol> <planning> <risk assessment> <case management> <social workers>	US

<p>The Partnership for Children and Families Project. <i>A Workplace Study of Four Southern-Ontario Children's Aid Societies</i>. Wilfrid Laurier University, 2000.</p>	<p>2000</p>	<p>SPR NOTES & SUMMARY: This survey of four Ontario CASs looked at workplace satisfaction and stresses and is based on 403 returns (49% response rate). It does not address safety concerns; however the study did find high levels of stress, emotional exhaustion, and depersonalization. Other problems included a perception of an agency culture that does not care for the wellbeing of employees. Personal safety risk could be a factor in both these concerns.</p> <p>ABSTRACT:</p> <ul style="list-style-type: none"> - 46% of all employees who responded to the survey indicated high levels of overall job satisfaction. - 43.5% of direct service workers (39% of all employees) also reported being highly emotionally exhausted. - 29% of all respondents scored in the high range on a scale measuring an unfeeling or impersonal response to clients; 39% of direct service workers were high on this scale, and 49% of direct service workers in intake departments. <p>Employees emphasized the importance of a solid team, collegial support, and supervisory support in counterbalancing dissatisfaction with the work itself. A perception of inadequate support from the organization and a lack of resources (both within the organization and in the broader community) were identified as problems. Employees reported needing more equitable distribution of caseloads, improved communication between departments and from management, and the establishment of an agency culture that cares for the well-being of all employees.</p>	<p><experience> <child service workers> <stress> <staff burnout> <organizational culture></p>	<p>CAN (ON)</p>
<p>Tullberg, Erika, "Building Resilience in Child Welfare Workers" (PowerPoint). ACS-NYU Children's Trauma Institute.</p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: This PowerPoint outlines key factors in building resilience against secondary trauma for child welfare workers.</p> <p>ABSTRACT: The presentation relates to a course on secondary trauma, including topics such as exposure to secondary traumatic stress, related occupational stressors; relationship to colleagues and supervisors; organizational stress and interactions with clients. The course also considers impacts on staff and system level impact.</p> <p>The presentation outlines goals of the Resilience Alliance, focus of sessions and outlines exercises in areas such as reactivity, optimism, self-care, integrating resilience into practices, program evaluation, lessons learned and key contacts.</p>	<p><vicarious trauma> <post-incident></p>	<p>US</p>
<p>Tullberg, Erika, ACS-NYU Children's Trauma Institute. <i>The Resilience Alliance: A review of a secondary trauma intervention for child welfare staff</i> (PowerPoint). University of Minnesota School of Social Work, 2012.</p>	<p>2012</p>	<p>SPR NOTES & SUMMARY: A very informative PowerPoint about the symptoms and effects of secondary trauma and the components of the Resilience Alliance program, aimed at increasing resiliency skills and mutual support among child welfare staff. The PP stresses the costs of secondary trauma, not only to the individual suffering from it but to child welfare outcomes, and that building resilience is not just the work of an individual but require a work culture committed to supporting staff with trauma and policy and practice change.</p>	<p><child service workers> <PTSD> <vicarious trauma> <organizational policy / process></p>	<p>US</p>

<p>http://nctsn.org/search/luceneapi_node/resilience%20alliance</p>		<p>The website provides links to the participant handbook and training manual.</p>	
<p>Tullberg, Erika.(PowerPoint Presentation). "The Resilience Alliance: A Review of a Secondary Trauma Intervention for Child Welfare Staff." Presented at University of Minnesota School of Social Work, 13th Annual Child Welfare Conference (May, 2012).</p>	<p>2012</p>	<p>SPR SUMMARY & NOTES: A PowerPoint presentation intended as a training tool. Deals with such topics as: how to recognize symptoms of trauma (e.g. PTSD); how to deal with it through exercise; and how to build up one's 'resilience' and prevent traumatic experiences from impacting on one's daily life. No abstract.</p>	<p><post-incident> <PTSD> <Vicarious trauma></p>
<p>U.S. Occupational Safety and Health Administration, <i>Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers</i> (2013). https://www.osha.gov/Publication/s/OSHA3148/osha3148.html</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: A comprehensive report and guidelines for workplace violence prevention programs for health care and social service workers. Covers risk factors, OSHA guidelines, and elements of a proper violence prevention program. ABSTRACT: The report describes how workplace violence affects health care and social service workers. Discusses the extent of the problem and the risk factors faced by health care workers. An overview of OSHA guidelines is provided (e.g. which professions are covered). Describes violence prevention programs, how they should be implemented, by whom, and their purpose. Other topics discussed: value of a worksite analysis (including screening surveys); hazard prevention and control; safety and health training (for managers, supervisors and employees). Contains OSHA contact information for employers. Workplace Violence Program Checklists; Violence Incident Report Forms; and a bibliography are appended. CONFIDENTIAL NOT FOR REDISTRIBUTION OR QUOTATION</p>	<p><workplace violence prevention program> US</p>
<p>U.S. Occupational Safety and Health Administration. <i>Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers</i>, 3148-01R (2004).</p>	<p>2004</p>	<p>This is a previous version of the 2013 U.S. OSHA <i>Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers</i>. No abstract.</p>	<p><workplace violence prevention program> US</p>
<p>University of Iowa School of Social Work – National Resource Center for Family Centered Practice. <i>Supportive Supervision Strategies to Promote Worker Safety</i> (2009).</p>	<p>2009</p>	<p>SPR SUMMARY & NOTES:A brief paper with tips on how to ensure workers are well prepared/well informed regarding worker safety, covering topics including client risk factors, defusing potentially violent situations and worker safety best practices. ABSTRACT: Topics cover: • Supportive Supervision Strategies to Promote Worker Safety, which addresses: administration, education, consultation, counselling, and evaluation.</p>	<p><supervision> <risk assessment> <case management> <planning> <de-escalation techniques> US</p>

		<ul style="list-style-type: none"> • Client Factors in Propensity for Violence • Individual Risk Factors • Worker Risk Factors for Victimization by Clients • Phases of Assault Cycle: Interventions, describing how to deal with the various phases of assault • Preventive Interview Pointers for Defusing Potentially Violent Situations, a list of 17 tips for alleviating potentially dangerous situations and ways of de-escalating a dangerous situation • Safety Best Practices, taken from Massachusetts NASW Safety Guidelines (1996), describes how to develop a written safety plan and what should be in it. • Agency Checklist for Worker Safety <p>Other topics include: Thinking Safety During A Home Visit; and Personal Staff Safety Training Points All Staff - IM, Clerical, and Social Work Staff.</p>		
<p>University of Iowa School of Social Work National Resource Center for Family Centered Practice. <i>Committed to Excellence Through Supervision: "Module V – Worker Safety,"</i> 2009</p>	<p>2009</p>	<p>SPR SUMMARY & NOTES: Detailed information for recognizing signs of escalation in a client, defusing and personal protection strategies, and management policies/ procedures to enhance worker safety.</p> <p>No abstract.</p>	<p><case management> <risk assessment> <safety planning> <protocol> <communications procedures> <social workers></p>	<p>US (IA)</p>
<p>Van Hook, Mary P. et al. <i>Quality of Life and Compassion Satisfaction/ Fatigue and Burnout in Child Welfare Workers: A study of the child welfare workers in community based care organizations in central Florida.</i> (Botsford, CT: North American Association of Christians in Social Work, 2008).</p>	<p>2008</p>	<p>SPR NOTES & SUMMARY: This report, based primarily on a survey of 182 child welfare workers, found that young female workers and case managers were at highest risk for burnout. While some remedies are suggested, they are not well developed and thus not all that helpful.</p> <p>ABSTRACT: Given the high rates of turnover in the child welfare field and the previously identified roles of compassion satisfaction, compassion fatigue/secondary trauma, and burnout, a study was conducted to identify the levels of these issues with child welfare workers in Central Florida, an area with important needs and that has experienced a major change in service delivery from public auspices to contracts with nonprofit organizations. The study also explored how demographic variables of age, gender, education, length in the field and in the agency, and the nature of the position were associated with different levels on these dimensions. The study also sought to discover the methods that child welfare workers were using to handle their stress and to learn their suggestions for the organization to reduce the stress of workers.</p>	<p><child service workers> <experience> <staff burnout> <stress></p>	<p>US</p>

<p>Virkki, Tuija. "The Art of Pacifying an Aggressive Client: 'Feminine' Skills and Preventing Violence in Caring Work." <i>Gender, Work and Organization</i>, Vol. 15, No. 1 (January 2008).</p>	<p>2008</p>	<p>SPR SUMMARY & NOTES: A rather complicated discussion of the reliance on traditionally gendered emotional skills in female-dominated helping professions to defuse potential violence. The author concludes: "While they may be proud of their emotional skills, they are often required to use their skills for defending themselves. To state that these skills are valuable is different from claiming that they should be the basis of violence prevention ... [which] places the responsibility of reducing or accommodating violence on the workers, instead of suggesting that the management should remove the root causes of workplace violence (for example, the larger organizational settings that structure the relationship between the employee and the client and the way the work is organized)."</p> <p>ABSTRACT: This article explores the complex interconnection between gender and emotion in the context of client-perpetrated violence at work, focusing on interviews with and writings by Finnish nurses and social workers to discuss the 'feminine' emotional skills that are supposed to prevent violence. The social formation of these skills is analyzed with the concept 'emotional habitus': emotional skills derive from the socially acquired disposition to manage emotions according to the gendered values of caring work. Emotional habitus, based on the internalized, second-nature sense of emotional management, is shown to both persuade and enable employees to use emotional skills as assets for negotiating violence. This article discusses the potentiality for active agency enabled by skilful emotional management in violence prevention, bearing in mind the gender inequalities and internal contradictions connected to the social formation and practice of those skills.</p>	<p><health care workers> <social workers> <case management> <de-escalation techniques></p>	<p>FIN</p>
<p>Whitaker, T., Torrico Meruvia, R. & Jones, A. <i>Child Welfare Social Workers' Attitudes Toward Mobile Technology Tools: Is There a Generation Gap?</i> National Association of Social Workers (Washington, DC, 2010).</p>	<p>2010</p>	<p>SPR SUMMARY & NOTES: This report on worker attitudes to mobile technology is based on a survey of 283 members of the NASW. The information gained is very general and somewhat contradictory. However, the majority of child welfare case workers agreed that mobile technology tools could make fieldwork safer, though some felt it was dangerous to take technology tools to a client site.</p> <p>ABSTRACT: There are a wide array of tools that can increase the efficiency of workers including but not limited to, laptops, digital cameras, and mobile phones with email access. In addition to increasing efficiency, the use of these tools can also help to increase the supervision and safety of workers. Some child welfare systems are using mobile tools such as digital pens to take pictures of notes and download them onto a computer for editing. This tool has been reported to save social workers between three and five hours a week in documentation. In addition, other child welfare administrators have also begun using notebook and tablet PCs to access to Statewide Automated Child Welfare Information Systems (SACWIS) databases. The Center for Technology in Government found an increase in the amount of case notes per day and increase in the amount of cases closed with 60 days from the New York Office of Children and Family Services' pilot of mobile computing.</p>	<p><communications technology> <social workers> <child service workers></p>	<p>US</p>

Windsor-Essex Children's Aid Society. "Summary of Technology Used at WECAS for Worker Safety." (ND)	ND	<p>While the information base is growing about the use of various technologies in child welfare, less is known about child welfare workers' attitudes about these new tools. Even less is known about factors, such as age, that influence these attitudes. Assumptions about a generation's acceptance of or resistance to technology abound; however, these assumptions remain largely unexplored.</p> <p>SPR SUMMARY & NOTES: A one-page listing of security features which have been implemented/made available to workers by the WECAS. Some of the key safety features include: video surveillance; exterior lighting of the CAS office; panic stations connected to lighting and doors in the building; iphones provided to workers; panic pendants for workers dealing with high risk clients; two-way radios for workers; emergency pull stations located throughout the office building; restricted access to the building, with access via a swipe card.</p> <p>No abstract.</p>	<p><protocol> <physical environment> <communications technology></p>	ON
Working Safe, Working Smart: Targeting Safety for DHS Staff https://jjolt.famcare.net/coursefiles/wsws/Index.html	2001	<p>SPR SUMMARY & NOTES: This website is an online worker safety training program designed in response to "Lisa's Law," a law introduced as a result of the 1998 murder of a child protective service worker on a home visit. The site contains several training modules plus "quick sheet" reminder lists and DHS policies & forms.</p> <p>ABSTRACT: The Michigan Legislature passed House Bill 4099 in 2001, which requires DHS to provide training for its Children's Protective Services workers and a "buddy system" in riskier situations. Training is to include tactics to defuse threatening behaviour, perform a safe visit and recognize a dangerous situation.</p> <p>"Working Safe Working Smart" (Field Safety and Office Safety) is an online training program on workplace safety. Employees who make home calls and field visits are mandated by law (Lisa's Law) to take either the online course or attend a live classroom course. Managers and supervisors are also encouraged to attend.</p> <p>Program Objectives: (1) to increase the knowledge, skills, and attitudes of staff in the recognition and early detection of emotionally charged situations (reports or cases) and teach them brief risk assessment techniques. This would: increase the assessment ability during early contact; prevent exacerbation in some cases; allow appropriate further referral in other cases (for example, team field visits and the use of law enforcement and security personnel); and (2) to improve the knowledge, skills and attitude of staff members in the use of crisis intervention methods to defuse or channel client's aggressive or hostile behaviours into more productive and therapeutic non-physical actions.</p>	<p><organizational policy/process> <protocol> <training> <Risk assessment> <planning></p>	US (MI)

<p>Zelnick, Jennifer R. et al. "Part of the Job? Workplace Violence in Massachusetts Social Service Agencies." National Association of Social Workers, pp. 75-85 (2013).</p>	<p>2013</p>	<p>SPR SUMMARY & NOTES: This study based on a survey of social service agencies compiled incidence data on workplace violence and found significantly more risk for direct care versus clinical staff.</p> <p>ABSTRACT: Workplace violence is a serious and surprisingly understudied occupational hazard in social service settings. The authors of this study conducted an anonymous, Internet-based survey of Massachusetts social service agencies to estimate the incidence of physical assault and verbal threat of violence in social service agencies, understand how social service agencies collect data on workplace violence, and identify disparities in who is at risk in terms of staff education and training level and the work setting. The study gathered general descriptions of each agency and compiled incidence data on workplace violence that were collected by agencies in fiscal year 2009. The key findings of this descriptive study showed high rates of workplace violence against social services providers and a pattern of risk disparity, with significantly more risk for direct care versus clinical staff. These results are based on data routinely collected by social service agencies that typically remain unexamined. A research agenda that is sensitive to potential occupational health disparities and focuses on maximizing workplace safety in social services is needed.</p>	<p><risk assessment> <training> <experience> <social workers></p>	<p>US (MA)</p>
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