



**VIOLENCE AT  
WORK -  
A SURVEY OF  
UNISON  
EMPLOYERS and  
STAFF  
IN SCOTLAND  
2015**

October 2015



**UNISON Scotland**  
**Health & Safety Conference**  
**23 October 2015**

**Violent Assaults on Public Service Staff in Scotland**  
**Follow up Survey 2015**

**1. INTRODUCTION**

Since 2006, UNISON Scotland has carried out an annual survey of assaults to public sector workers by issuing a Freedom of Information (FoI) request to all employers of UNISON members in the public sector. The 2015 survey was carried out from August to October 2015 using e-mail addresses.

In addition, for this year, we carried out a Survey Monkey survey on a random selection of our membership, so that we could find out what the FoI statistics meant to our members, what they had suffered, how they had felt about it, and what – if any – action their managers had taken to try to make sure they were safer in the future.

Our analysis of the figures received for 2015 shows a total figure of **38,279** assaults - an increase of **1,227** compared with last year's figures. Over the year Local Government assaults have **decreased** by **2,465** from **15671** to **13,206**, but in Health there has been an **increase** of **3,579** from **15,057** in 2014 to **18,636**.

The decrease in council figures and the increase in health figures may be as a result of the changes which are taking place due to Health and Social Care Integration legislation, creating health and care partnerships which are made up of both local government and NHS staff, and although most are remaining with their original employers, there may be some changes in reporting systems.

Our first survey in 2006 identified just over 20,000 violent incidents in the NHS and local government, and the figures have steadily increased over the 9 years, remaining unacceptable. This may reflect greater awareness and better reporting, however, the problem is clearly growing, rather than decreasing.

The recording of incidents in the health service continues to improve, with a computer programme which appears to have made reporting much easier, although there is not as much breakdown into job categories or additional information given. This year, many did not appear to record verbal assaults in their totals, only physical assaults which is a concern, as studies indicate that repeated verbal assaults can cause equal amounts of damage, mainly mental, to those subjected to it on a regular basis.

Reporting in local authorities has improved in recent years, with more councils being able to produce proper information. However, there are still a few whose information is limited, e.g. they are still sending in a list of assaults, with no totals, and clearly no co-ordination between separate departments. In addition some have not recorded verbal assaults Overall monitoring of figures within an authority cannot take place if the statistics are kept in departmental silos and never collated centrally.

In addition, there is still a reluctance on the part of some employers and even some staff, to acknowledge assaults by “looked after people”, e.g. children, elderly people, or those with learning disabilities, as there are in some instances perceptions that these types of assaults are just part of the job and have to be tolerated. Some employers in both health and local government, continue to refer to “deliberate” and “unintended” physical violence. This gives the impression that the “unintended” assaults cannot be dealt with as they are made by patients or pupils who can’t help it as they may have mental health issues, dementia or learning difficulties. UNISON believes that if pupils, clients or patients have a known propensity for violence, whatever their difficulties, special measures, such as extra training, additional staffing or sanctions should be introduced by managers.

The work that UNISON instigated with the STUC, the Scottish Centre for Healthy Working Lives and representatives of Scottish local authorities to develop best practice guidelines came to an end when guidelines for local government were published in February 2010, entitled “**Managing occupational violence in the workplace**”. These guidelines are now used by several councils who have produced or are in the process of drafting new policies, based on the guidelines.

For the past few years, we have asked for breakdown of local authority figures to show assaults on support staff and again, this year, we also asked for information on assaults to social care staff.

The staff survey has provided very powerful examples of what kind of staff were experiencing abuse, often left to deal with the most vulnerable in society. The abuses staff are given are totally unacceptable and no employees should have to bear them. Whilst the statistics can give numbers, it is these examples by our members that show the unrelenting abuse being faced and unfortunately, some of the indifference shown by their management.

Whilst the Freedom of Information legislation does not cover all of the areas in which UNISON has members, e.g. councils’ Arms Length Bodies, charities, private care homes, etc, we are hoping to carry out a survey into our members in these areas later in the year.

## **2. LEGISLATION**

UNISON Scotland campaigned for and welcomed the introduction of the Emergency Workers (Scotland) Act (EWA) in 2005 and its subsequent amendments. We wanted to see legislation much wider in scope than the Bill as originally drafted. We favoured a Bill covering all public service workers and it still remains our view that the Bill should have given statutory effect to that guidance, recognising that workers providing a service to the public should be given specific legal protection.

There were significant objections to the Bill by the Law Society and Faculty of Advocates, amongst others, who argued that common law and other statutory provisions covered most of the Bill’s provisions. It was even claimed that there would be no successful prosecutions. However, the Act has been used extensively with 2149 prosecutions to date. The latest figures available show that in 2013/14 there were 289 convictions under the Act, a small decrease of 41.

<b>People with a charge proved in Scottish Courts for offences under the Emergency Workers (Scotland) Act 2005</b>									
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
<b>EWA 2005 - Total</b>	<b>54</b>	<b>200</b>	<b>275</b>	<b>301</b>	<b>281</b>	<b>323</b>	<b>356</b>	<b>330</b>	<b>289</b>
EWA Section 1(1)	11	44	40	74	113	136	159	139	126
EWA: Section 2(1)	14	74	90	76	37	39	34	36	29
EWA: Section 3(1)		3	2	4	2	4	1	2	1
EWA: Section 5(1)	29	79	143	147	129	144	162	153	133

S:1(1) - Assault, obstruct or hinder constable/fire officer/person providing assistance in terms of S:35 or S:36 of the Fire (Scotland) Act 2005/ambulance worker.  
S:2(1) - Assault, obstruct or hinder other emergency workers responding to emergency circumstances  
S:3(1) - Assault, obstruct or hinder person assisting emergency worker responding to emergency circumstances  
S:5(1) - Assault, obstruct or hinder health worker/ambulance worker/assistant to said workers on hospital premises

Although the issue of workplace violence has moved higher up the public agenda since the introduction of the EWA and deliberate acts of violence on public service workers have, rightly, been condemned by most members of the public, the prospect of further legislation has stalled over recent years and there appears to be no likelihood of any improvement in the near future. The Scottish Government opposed Hugh Henry's proposed Protection of Workers (Scotland) Bill in 2009 which then fell and to date have no plans to introduce similar legislation themselves.

However, the experience of our membership and the results of our surveys tell us that the most vulnerable workers are not necessarily those from the emergency services but that all workers who deal with the public are at risk. Care workers face twice the national average risk of assault and nurses four times. There has also been a huge increase in assaults in schools, both for teaching and support staff. Whilst there has been a focus over the years on assaults to teachers, support staff, such as classroom assistants, pupil support assistants, assistants for special needs pupils often deal with the most difficult pupils in a school and are more likely to experience physical assaults.

The current EWA with its emphasis on 'blue light' services has the consequence of providing protection to predominantly male groups of workers., rather than nurses, care workers and classroom assistants, who are mainly female. This continues to be an equal opportunities issue.

### **3. FREEDOM OF INFORMATION SURVEY 2015**

As in our previous surveys, the 2015 survey was sent to all local authorities and health boards in Scotland, as well as to other public sector areas in which UNISON organises which are subject to the Freedom of Information legislation, asking for details on the number of assaults on workers during the past year, broken down by job title or department and nature of assault.

In response to the survey, we received data from 30 local authorities, and most area and Special Health Boards, Fire Service Scotland and all Universities and some NDPBs. The use of email addresses had continued to provide positive information in local government and health. Two local authorities did not reply, although one

had asked for clarification and were, therefore granted extra time to reply under the legislation. One area health board and two special health boards did not reply.

Police Scotland refused to provide figures as they said it would prove too costly, despite having provided these for 8 years, as Police Scotland and the area forces.

For comparative purposes, the figures from 2014 have been counted for those organisations that did not respond in time, namely, Police Scotland, Aberdeen City and West Dumbartonshire Councils, Western Isles Health Board, Scottish Ambulance and the State Hospital, Carstairs, the latter for the second year running.

### **Local Government**

Local government figures had decreased by **2,465** over the previous year, to **13,206**. This year, of the 30 that responded, **16** councils had cut their assault levels, and **14** had shown increases and the two that did not respond were categorised as remaining the same. Over the past year, Argyll and Bute, City of Glasgow and Dundee City had decreased by a significant amount. No particular authorities had shown major increases. Improvements to the collation of figures had been made in several councils, with some preparing yearly reports for councillors to consider. Education continues to have the highest levels of assault, but social care continued to have high figures, especially in residential and home care settings.

Of the figures given, as would be expected, given the size of their workforces, Glasgow and City of Edinburgh have the highest number of assaults, with Dumfries and Galloway, Fife, Highland, Moray and North Lanarkshire all showing over 700.

Again councils were asked if they could indicate the levels of assaults on classroom assistants and other support staff who often deal with pupils who are excluded from their main classes. These mainly consisted of classroom assistants or pupil support assistants, but also included instructors, janitors, and admin staff. Some authorities only gave figures for support staff, others education as a whole and several did not break these down. There were **3943** assaults on specifically support staff, but differences with reporting systems means that the overall total will be a lot higher.

Social care figures added up to 1884 in those authorities that gave figures. The rise in elderly people being looked after in their own homes with the subsequent rise in home carers accounts for many of the above figures.

There were 65 assaults on parking attendants in East Ayrshire, Inverclyde and Perth & Kinross.

Much still continues to be made of the fact that many of the assaults are caused by children with special needs, or elderly people with dementia type illnesses. There continues to be an assumption that because some people have a reduced capacity, these kind of risks are therefore, part of the job. A few councils (and health boards) referred to deliberate and unintentional assaults. UNISON is aware that some people have illnesses which can lead them to hit out at staff for various reasons, however, this does not excuse employers, as there are many precautions and safeguards that can be implemented to protect their staff, which some have done, as is reflected in their figures.

### **Health Service**

In 2014-15 figures in the NHS increased by **3,579** over the year to **18,636**. Six boards had decreased their figures but seven had shown increases. Fife, Grampian,

Greater Glasgow and Clyde, Lanarkshire and Tayside had all increased their numbers, Grampian and Glasgow & Clyde by big numbers. As stated previously, this might be accounted for by the changes which are taking place due to Health and Social Care Integration legislation, and the creation of health and care partnerships which are made up of both local government and NHS staff, and although most are remaining with their original employers, there may be some changes in reporting systems. Scottish Borders who had increased by 2,409 to 4,370, in 2014 decreased considerably to 684 this year, although along with Forth Valley and Highland, they gave no figures for verbal assaults and Greater Glasgow & Clyde and Lothian did not break their figures down. Grampian showed the highest figure of 4809, although it was not clear whether this included some figures from 2013/14, followed by Glasgow with 4466.

Most boards are now recording digitally, but this appears to mean that they are not able to break down into types of assaults, or groups of staff, as they had previously done. Again, amongst those who did categorise staff groups, the majority of assaults were on nursing staff, both in acute hospitals and in the community and mental health settings.

Among the Special Health Boards, who reported, NHS 24's figures decreased from 71 to 38, all abusive phone calls. Several years ago, UNISON and the Scottish Government carried out research into phone rage and produced a protocol which is now part of the work of the Scottish Centre for Healthy Working Lives. NHS 24 has introduced a series of rest rooms where staff can go to take time out following abusive or difficult calls.

#### **Police Scotland**

Refused to provide information on the grounds it would be too costly. Last year's figures used for comparative purposes.

#### **Fire and Rescue Scotland**

Figures had increased to 225 from 88, which were mainly objects thrown at firefighters and applicances, with some verbal abuse recorded. There were no serious injuries.

#### **Universities and Colleges**

Most universities, with the exception of St Andrew's and West of Scotland provided figures this year, which amounted to 15 assaults in total, 5 in the University of Edinburgh, 3 during a student occupation, 3 in both Napier and the Royal Conservatoire of Scotland. St Andrew's refused to give figures as they said they were already reported to the trade unions.

Due to the changing situation with college mergers during 2013 and 14, it was still difficult for colleges to provide figures this year. None of the Glasgow colleges replied and these are being strongly followed up. Again, colleges showed very low numbers of assaults, but UNISON is concerned that this could be due to under-reporting and further work needs be done on this sector. Of those that did supply figures, there were 8 assaults.

#### **Non-Departmental Public Bodies (NDPBs)**

All NDPBs replied and provided figures this year. There were 26 assaults in total, 5 from SEPA, 7 from the Children's Reporters and 14 for Skills Development Scotland.

#### 4. SURVEY OF EMPLOYEES

This year, to try and find out the “human” story of what these statistics meant to our members, we carried out a survey amongst our members, using Survey Monkey, concentrating on areas where there had been repeated problems. The questions we asked included their job title, gender, whether they had been assaulted, what form the assaults had taken, how did they feel about it, did they report it, and if not – why not, did management take it seriously, was there any follow up, were they encouraged to report, did they get training, etc.

We received responses from health service workers, council staff, mainly from education and social work, some from the community and voluntary sector. We also had comments from librarians and parking attendants.

87.77% of our respondents were female, compared with 12.23% male and over 60% were aged between 45 and 65.

67.91% of those responding said they had been assaulted as opposed to 33.09% who had not. 39.05% had experienced physical violence, 42.86% had been threatened, 64.76% had been verbally assaulted and 54.29% reported they had received a combination of the above.

We asked the respondents to give a description of the incidents they had endured and give below a selection of their responses:

*“I have been threatned with scissors by a pupil, kicked by another pupil, verbally abused by both these pupils also other pupils verbally abuse playground staff”*

*“patient was not happy that he could not have what he wanted and began swearing at me/ another patient was verbally abusive and looming over me”*

*“Bitten, being threatened with and without ‘weapons’, head butted, kicked, things been thrown at me, verbal abuse, pushed and shoved, cornered with threatening behaviour”*

*“Grabbed, attempted strangle, punched, verbal abuse”*

*“Slapped Punched Glasses broken”*

*“leapt on by an irate male patient he ran across an office and jumped onto myself while I was seated at a computer”*

*“attacked, punched in face when supporting adult with acquired brain injury”*

*“Screamed and swore at. Items thrown at me. Kicked punched bitten scratched nipped. Hair pulled. Strangled. Pushed, walking sticked wacked across me.”*

*“Swipe to face, chest area, arm, attempted bites to arms. The above has happened on numerous occasions. Gentleman displays challenging behaviour both in and outside of the home.”*

*“Punch kicks bitten broken bones pulled hair spat on slapped Verbal”*

*“Bitten, bruised wrist, scratched, kick , sworn at, objects thrown at me , i.e. chairs, balls, books”*



*“Name calling, aggression, verbal threats, physical violence. Too many incidents to describe.”*

Some of our respondents qualified their responses by indicating that their clients had problems which they understood:

*“A service user with anger issues and aggressive behaviour also an alcoholic.”*

*“I work with people who have dementia who can become unsettled as they are scared and can become verbally aggressive or have challenging behaviour”*

*“In my line of work we are regularly verbally abused by patients and visitors too many to mention. have been physically abused by patients some with dementia which we understand but not always.”*

*“Working with children who have challenging behaviour.”*

*“No. I deal with challenging behaviour. It's what I get paid for”*

*“ I work in an autistic base and have been physically hurt on many occasions from the children*

*“I was escorting a service user home by bus when getting off bus he wanted to run across the road though it was very busy so for his own safety I asked him not to cross as it was dangerous. Service user punched me in the face and at this time his trousers fell down. So I was trying to protect his dignity this is when he hit me almost knocking me out.”*

We asked our members how some of this behaviour made them feel and set out below some of their answers:

*“undervalued disrespected frightened in case violent incident goes to far”*

*“afraid”*

*“that I didn't want to support the service user unless necessary, uneasy”*

*“sick - I was doing my job”*

*“Not valued at work”*

*“Really quite worried about being left so isolated, my particular care home is out in the country. The police have highlighted this when they have arrived, saying that staff working with young people who are prone to violent outbursts should not be left on their own with them in such isolated situations.”*

*“really upset and in tears most nights after work. my job is not enjoyable anymore”*

*“scared, angry and question my profession and role. There is no zero tolerance to violence within the work place despite the campaign”*

*“Extremely upset and awkward as I had to go back in the following night.”*

*“scared and sore”*

*“Frightened, sad, vulnerable, like your rubbish.”*

However, again many of our members felt sad or sorry for their clients and felt they had to get on with it as it was part of the job:

*“That it's our job so we just have to deal with it, however it can be scary, causing anxiety”*

*“not great obviously but its my job and sometimes these things happen, best approach is to leave the person till their mood has calmed”*

*“Helpless, especially for the residents witnessing this”*

*“A bit annoyed/angry/ upset but mostly sad for the young people that they have resorted to violence and will have to live with the consequences”*

*“Sad that a once placid amiable person could totally change with this disease”*

*“Fine. It's my job”*

*“It was an accident the patient was self harming, and was unwell”*

We asked whether our members had reported incidents and 85.25% said they had as opposed to 10.75% who had not. Those who had not indicated that there was no point, it wasn't an issue, it would make more work for managers, because the patients had dementia.

We then asked whether managers had taken any reports seriously. 77.73% said they had and 29.55% said they had not. Of those who said yes, 54.76% said their complaint had been followed up and 46.43% said it had not. Follow up had included: preventative measures, peer support, patients or pupils removed from the service, packages of support, doubled staff, training given, care plan put in place for violence. However, one respondent reported:

*“Was told it was my fault, I should have dealt with the situation different and I had to remember what a bad start in life they had”*

We asked staff if they were encouraged to report incidents and were pleased to find that 85% said they were, whilst only 15% said they were not.

Many of our respondents felt that their employers' policies were adequate for dealing with violent incidents, but some disagreed:

*“No I don't think (my council) deals with this the way it should be dealt with I feel the children who use physical violence or threat of this should be excluded from school and should get some sort of help to deal with what ever their issues are but staff should not be used as a punch bag”*

*“no. when I was strangled I had to say i wasn't going back to the person so they sent some other female. The service should have been withdrawn.”*

*“No I feel that most of these incidents are swept under the carpet. There is no training given to the support staff but the teachers are given the opportunity although they are only with the children in a classroom environment where most support assistants are with the child 24 /7 in the class, lunch and playtime”*

*“I think managers accept that violence is part of the job”*

*“Sometimes staffing levels are inadequate but \*\*\*\*\* are a private company who are all about profit so I don't think that it is going to change anytime soon.”*

*“Staff should not be left on their own with young people prone to violent outbursts.”*

*“No. We deal with lots of dementia sufferers who can become violent, but have never received training on how to deal with these types of situations”*

When we asked about training, about half said they had had some, but that it had not been adequate or kept up to date. Many working in mental health, for example, were trained on a regular basis, but those in care homes and in clients' own homes had not in most cases. Non teaching staff tended to feel that teachers were trained but that classroom assistants and pupil support assistants did not get the same training, and often had to deal with pupils that teachers had refused to teach.

## **5. CONCLUSIONS**

The main conclusion to be drawn from this report are the continuing increases in the numbers of assaults on public sector staff particularly in the NHS, although there has been a decrease in local government.

The reporting systems, particularly in local government have improved a lot, but still show no consistency. We need to urge all councils to put the guidelines produced in 2010 by the Scottish Centre for Health Working Lives into practice, in the hope that the level of assaults can continue to fall across Scotland.

The staff survey highlights the human cost to workers, mainly female, often very low paid, on zero hours contracts. It showed the types of jobs that our members carry out which others would not like to contemplate, let alone suffer the violence perpetrated on them. The respondents' answers give a powerful insight into the hurt and misery they have to endure whilst at their work and the effects it has on many of them.

As we continue to stress, however, whatever the figures, and however they are collated, it is still clear that there continues to be an unacceptably high level of violence being perpetrated against public facing staff in Scotland. UNISON Scotland believes that attacks on **any** staff delivering public services should be treated under the law as serious assaults.

**Diane Anderson**  
**October 2015**

**Further information/link:**

[http://www.unionscotland.org.uk/safety/ViolentAssaultsonPublicServiceStaff\\_UNISONScotandFollowUpSurvey\\_Oct2015.pdf](http://www.unionscotland.org.uk/safety/ViolentAssaultsonPublicServiceStaff_UNISONScotandFollowUpSurvey_Oct2015.pdf)

UNISON Scotland Health & Safety pages

<http://www.unison-scotland.org.uk/safety/aboutths.html>

UNISON Health & Safety Site – Anti -Violence Campaign

[http://www.unison.org.uk/safety/pages\\_view.asp?did=6077](http://www.unison.org.uk/safety/pages_view.asp?did=6077)

It's not part of the job: UNISON's guide to tackling violence at Work.

<http://www.unison.org.uk/file/4096.pdf>

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