UNISON Scotland

Violent Assaults on Public Service Staff in Scotland

Report launched at UNISON Scotland Safety Representatives Conference

September 2006

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1. AIMS OF REPORT

As a continuation of UNISON Scotland's Violence at Work campaign, statistics on assaults were obtained from health boards and councils across Scotland under the Freedom of Information Act. This report is based on an analysis of the information received during our survey.

The report is intended to discover information on the level of physical and verbal assaults on public sector staff in Scotland over the past three years, to discover what reporting mechanisms are in place for recording assaults and to analyse the types of policies that exist for preventing and dealing with assaults on staff.

UNISON has concerns that there is a high number of assaults carried out, but that there is not sufficient awareness of this amongst employers due to inadequate reporting and monitoring by local authorities and the NHS.

2. BACKGROUND

UNISON Scotland has been concerned at the level of violence reported by our members over a number of years. In 2002 research was commissioned and a survey of members carried out to ascertain the level of assaults, both physical and verbal, experienced by a group of workers that took part in the survey. The Trauma 2003 Report highlighted some horrific instances of assault, across all parts of the public sector, but most prevalent in the National Health Service.

Since that time, the issue of workplace violence has been higher up the public agenda and deliberate acts of violence on public service workers is, rightly condemned by most members of the public. However, there are reluctance on the part of some of the employers and even some members, to include 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.

Over the past three years, the Scottish Executive has been working with the trade unions, through the STUC, to examine ways to tackle the problem of workplace violence. In 2004 they published a report entitled "*Protecting Public Service Workers: When the customer isn't right",* which came out of a consultation exercise on the *"Protection of Emergency Workers".* The report laid out a package of initiatives to start to address the problem of attacks on public service workers, which included an awareness raising campaign, training and education courses, and a programme to monitor and evaluate

progress. A range of TV and newspaper adverts promoted the campaign, together with posters and leaflets, which were all well received. The campaign coincided with the introduction of the Emergency Workers (Scotland) Bill which also came about as a result of the consultation exercise.

The campaign organised a Safe at Work conference in March this year, at which Dave Watson from UNISON made a presentation on workplace violence, concentrating on Awareness, Workplace Monitoring, Legal Action and Criminal Law.

Despite the campaign to raise public awareness, and the introduction of the Emergency Workers Act, the level of assaults on workers has remained high and UNISON continues to work with the Scottish Executive, the STUC, the Health and Safety Executive and other interested parties to pursue ways of reducing assaults.

3. EMERGENCY WORKERS (SCOTLAND) ACT 2005

UNISON Scotland promoted and supported the introduction of the Emergency Workers (Scotland) Act, which came into force last year. The aim of the Bill was "to create a specific offence of attacking an emergency worker, or someone assisting an emergency worker, who is responding to emergency circumstances". In terms of UNISON's members, this would have limited the protections to ambulance personnel and nurses in Accident and Emergency Units. We argued all along that it was not just emergency workers who were assaulted in course of their employment, but that workers across the public services were all potential victims of attacks when at work.

In our response to the call for evidence from the Health Committee of the Scottish Parliament prior to the Stage 2 reading of the Bill, we argued for the scope of the Bill to be widened.

We highlighted several groups of staff we believed should have been added to the lists of emergency workers laid down in the Bill. In Health, we argued for the inclusion of nursing assistants, ancilliary staff, including security and porters, as well as Professions Allied to Medicines, who often work in A & E and other emergency settings. In social care, we included social workers who regularly respond to emergency situations in mental health and child protection roles, as well as a wide range of staff who could be called on in emergency settings, including some residential care homes staff, and staff who visit clients' premises. We also included environmental personnel, some utility workers and police support staff, such as community wardens.

As the definition of "emergency circumstances" was very difficult to clarify, we argued that this wording should be replaced by "in the performance of their duties", which would bring the provisions into line with those of the Police (Scotland) Act 1967.

UNISON argued that all medical staff in hospitals worked in potential emergency situations, not just those in A & E, and proposed that protection be given to these workers on duty in all parts of a hospital.

At Stage 2 of the Bill, UNISON proposed a series of amendments which would cover some of the issues outlined above, and several of these were accepted. The Bill, as passed, provides protection for police, fire and ambulance workers when they are on duty; it now includes protection to mental health officers and social workers enforcing child protection and provides protection to doctors, nurses, midwives, ambulance staff and all those assisting them in all parts of a hospital. This now covers a large number of UNISON members working in the National Health Service.

The Act also includes a provision for Ministers to extend coverage to other "emergency workers" by regulation. It is hoped that the data collected during this survey will help us to identify other groups of workers who should be included when the Act is reviewed later this year.

To date there have been 290 charges made under the Act, of which 98 have resulted in conviction with 122 prosecutions pending.

4. SITUATION IN ENGLAND AND WALES

There is no specific legislation covering violence at work in England or Wales, with various current laws offering some protections to staff, including the Health & Safety at Work Act 1974 and subsequent regulations as well as Employers' common law duties. In the public sector, the Department of Health has set up a National Task Force on Violence to Social Care Staff and the Counter Fraud and Security Management Service, an independent division of the NHS Business Services Authority has overall responsibility for strategic and operational matters relating to the safety and security of staff. It develops policies and provides information on health & safety issues. Levels of convictions of people involved on assaults of NHS workers in England have increased dramatically over the past couple of years, but this is still felt to be the tip of the iceberg.

5. FREEDOM OF INFORMATION SURVEY

Since the Emergency Workers Act came into force over 18 months ago, it was felt that there was a need to ascertain the current situation on the statistics collated by local authorities and health boards across Scotland. We decided to contact them to find out exactly what statistics were held on assaults, and whether they had policies in place to monitor and collate this information. Local government and health were chosen as we believed they were more likely to hold the information we required. We are aware that we have many members working in the private and voluntary sectors and that further surveys will be necessary across these areas.

5.1 Collection Of Information

A Freedom of Information request was sent to all local authorities and health boards in Scotland, asking for details on the of assaults on workers over the past three years, broken down by job title, or at least department worked in. We also asked them to provide details of any violence at work policies and procedures they had introduced.

5.2 Response

Out of 32 local authorities, we received 30 responses and 14 responses were received from the 15 area health boards. A small number did not include any policies.

5.3 Results

The quality of information received, however, was very inconsistent. In the main, health boards provided better quality information, often going back to 2000 but there was no consistency of reporting. Local authorities on the other hand could often not separate information into different years, and were less able to say which department was involved. Health boards had an advantage in that the Scottish Executive Health Department published Health & Safety PIN guidelines in 2003, which included a large section on preventing violence at work and provided model policies, but even here, several health boards had not attempted to follow the guidelines.

As there was no consistency of methods of collation and recording of the figures, it was very difficult to compare like with like. Some organisations used straight years or parts of years, others used April to March each year.

In addition, the recent merger of health trusts into area health boards in 2004 meant that most of the larger health boards were still operating with different policies and methods of recording for each of their divisions, making it impossible for them to have an overall picture of the situation within each board. NHS Lothian has recently revised its policy and Dumfries and Galloway Health Board is currently revising its policy to include previous trust policies. Forth Valley's policy was revised in December 2004, following the trust mergers.

In local government, some figures included teaching staff, others were able to separate them out. Some could not identify departments where assaults were taking place. Also authorities are all structured differently, meaning that in some, community staff, for example, could be in education departments, whereas in others they could be in social work departments. In addition, many did not even appear to add up the numbers, which were presented as a table of individual assaults, with

no totals attached. If nobody is even adding up the numbers, authorities can have no idea how many assaults are taking place.

An example of the latter point is shown in an extract from the City of Edinburgh's response:

> *"There is no corporate reporting requirement that necessitates the aggregation of specific details of the type of incident you are interested in. The detailed information you request is held in the manual file for each incident". They continue, "The cost of locating each of the 4209 files, extracting, aggregating and checking the files will require several weeks of work and this will greatly exceed the prescribed maximum cost of compliance [with the FOI request]".*

Some councils and health boards differentiated between deliberate assaults, and circumstances where the clients, possibly due to their illnesses, were unaware of what they were doing. One council initially sought clarification on whether we wanted examples of assaults on staff by "looked after" people.

These findings concur with a recent study carried out in local government, which concluded that it was impossible to make an accurate assessment of the level of assaults across Scotland, due to the lack of any coherent approach to the collection and recording of statistics

5.4 Findings

5.4.1 Numbers

As stated above, due to the variations of methods of collating statistics, there is no confidence in the accuracy of the figures, particularly those from local authorities; health statistics appear more stable. One local authority who responded to our request sent in their policy, but no figures, despite reminders.

In local government, the number of assaults recorded is:

2003	5,502
2004	6,550
2005	6,277

totaling 19,229 over the three years, plus an additional, 2,791 recorded over a three year period, making a grand total of 22,020.

In Health, the figures are:

2003	13,209
2004	14,863
2005	14,157
totaling	43,229

The findings are attached as Appendix I

5.4.2 Departments

In local government, the vast majority of assaults occur in education, including in some cases, teachers, with social work being the second largest group. Some authorities also highlighted a number of assaults on traffic wardens. Leisure services also had a sizeable number.

In health, the largest number of assaults is in the primary care/mental health/learning disability areas, with nursing being the main category of staff affected.

In addition, lone working in the community is a particular problem. (See para 5.4.6 Policies).

5.4.3 Areas

Obviously, due to their size the main conurbations have the greatest number of assaults, but some surprising results occur across the whole of Scotland, with some rural areas and island councils showing relatively high levels, mainly in schools. Shetland Council gave the most detailed accounts of assaults, giving an insight into the types of situations where assaults occurred. Borders Health Board recorded a particularly high level of assaults in all of the years, much larger than would be expected from such a small board, for example, being double that of Lothian Health Board, the second largest in Scotland.

5.4.4 Trends

Again, due to the reporting mechanisms and confidence in the figures, trends are not easy to identify. In health particularly, the numbers are reasonably static, but until more measurable data is available, it will not be possible to make an accurate identification of any trends across Scotland in either health or local government.

5.4.5 Policies

Again, a wide variety of policies were identified. Some very comprehensive, others were mere policy statements with no evidence of procedures, reporting forms, etc. Despite a reminder, one large local authority which responded did not attach a policy. Three of the health boards which provided statistics said they did not have a policy.

Many of the larger authorities provided a policy statement which required departments to draw up and implement policies and procedures for their own staff. This included the City of Glasgow, which sent a "Health, Safety and Welfare Standard" which was to be adhered to across all departments.

Most policies had been in place for several years, with few updated in the last few years. There was no evidence of authorities or boards updating their policies to take account of the Emergency Workers Act,

nor were many health boards producing new board-wide policies to incorporate previous trust ones.

NHS Lothian Health is about to launch a new board-wide resource for the prevention and management of workplace violence, through the Centre for Management of Aggression, Workforce and Organisational Development Department at the Royal Edinburgh Hospital. This will be available in hard copy and on intranets and will set out in detail how staff can be protected from violence and aggression through the application of risk assessment and reduction processes.

Good policies included prevention techniques, risk assessment procedures, training, reporting and recording procedures, monitoring and support mechanisms. They also attached a recording form.

Many policies included or were solely about lone working. Lone working is an area where employees can be particularly vulnerable, as they often have to visit clients in their homes. Good lone working policies include a risk assessment checklist to be used prior to any visits and some contained a penalty clause that if a sufficiently serious assault took place, home visits could be withdrawn from clients.

Some health policies also provided for services to be withdrawn from violent patients, who would only be given emergency treatment with security personnel in attendance.

5.4.6 Reporting Mechanisms

As highlighted above, there is no consistency in the collation of figures, even in health, with the PIN guidelines available for a model. There was not one occasion where two organisations collated identically, with only one or two similar, but with small variations.

Most policies included an incident reporting form which the assaulted person had to complete. Some were very complicated, with one being 16 pages long and requiring guidelines on how to complete it. A few were around 8 pages, with the majority up to 4 pages, although a few attached just a one-page form. Good policies required the forms to be signed by the line manager and the department head, who would keep the form on file. Some of the smaller authorities had no forms to complete.

Only a small number of policies asked for "near misses" to be recorded.

5.4.7 Monitoring

Less than half of the local government policies contained monitoring procedures. Those that did have monitoring procedures usually provided for the statistics to be collated in departments, and sent either on a quarterly or yearly basis to a central monitoring point, usually to

HR or Safety Officers. Some specified that statistics were then presented to a committee of the council which would assess them and introduce any necessary initiatives. In only very few instances, was sharing information with the trade unions mentioned. Dundee City had developed a Violent Persons Database and regular assessments were made of violent incidents to decide when to add a client to this list.

Several of the health boards that had policies included monitoring procedures. In Argyll & Clyde, for example, the Risk and Safety Department collated and monitored all reported incidents. They reported on a quarterly basis to local Health & Safety Committees and the Risk Management Steering Group on incident statistics and improvement measures which had been introduced. Annual reports were then made to the Board, Health & Safety Committees and Risk Management Groups. The Board then makes recommendations for the forthcoming year.

6. CONCLUSIONS

From the limited statistics it is clear that an unacceptable level of violent assaults against staff is occurring across both health and local government services.

The main conclusion from the limited analysis described above, however, is that it is impossible to make accurate, credible assessments from the information given.

For an accurate assessment, which will enable robust policies to be drawn up and put in place to counter the problem, central guidelines and monitoring together with enforcement of best practices in both local authorities and health boards must be introduced. Clearly this will not be the quick process that the situation demands.

7. NEXT STEPS

This report is being launched at UNISON's Scottish Health & Safety Conference on 13 September for delegates to consider the level of assaults recorded throughout Scotland and to highlight the problems involved in gathering credible statistics.

The report will inform the Safe at Work Campaign of the difficulties involved and will enable further pressure to be put on the Scottish Executive for more centralised monitoring of statistics in a compatible form from each local authority or health board.

The Executive will need to remind councils and health boards that it is not acceptable for violent assaults to be seen as "part of the job" and therefore,

unpreventable. Efficient use of risk assessments and monitoring procedures can ensure that any perceived risk is minimized. Sharing of information on violent clients is often not practiced between departments in an authority, far less across different authorities and health boards. This is a key requirement in the bid to reduce assaults.

UNISON Branches must work with employers to ensure that reporting of all incidents is encouraged, no matter how small and no matter how incapacitated a client. Health and Safety representatives must ensure that the statistics are monitored in an open way and presented to the highest level in the authority for assessment. All statistics should be considered at each health and safety committee and procedures put in place to prevent similar incidents occurring again.

Branches must also ensure that Health & Safety policies are regularly updated to take account of current legislation, for example the Emergency Workers Act, and to include examples of best practice as described in this report.

However, the introduction of excellent policies does not in itself make an improvement in the level of violence being experienced by our members, if it is not accompanied by vigorous monitoring both by management and safety representatives.

Top address these issues UNISON Scotland will be considering the following plan of action.

1. **Maintain awareness campaigns**. This includes the Scottish Executive campaign supplemented by employer level training and communication.

2. **Ensure policy implementation in the workplace**. This means ensuring that every employer has a policy, that it has been recently reviewed and most importantly implemented in practice.

3. **Effective monitoring of violence**. Ensuring that employers don't just collect statistics but that they are used to inform safety strategies. That statistics should be collated in a common format to ensure that wider lessons can be learned.

4. **Maintain civil and Criminal Injury Compensation Scheme (CICA) remedies**. Resisting the Home Office/SE proposals to remove large numbers of claims from the CICA. To maximise the use other civil remedies as a further deterrent.

5. **Strengthen criminal law**. Extend the scope of the Emergency Workers Act and maintain its effectiveness.

Following publication of this Report, a Bulletin will be prepared and circulated to all branches for action. It will include advice to branches, examples of model policies and checklists.

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