

Partnership on Health And Safety in Scotland

Scottish Action Plan on Health and Safety

Protecting workers who serve the Public in the Voluntary Sector

Introduction

This paper outlines some of the continuing work to mainstream, into the Scottish Centre for Healthy Working Lives business model, measures to address the issue of verbal and physical abuse of workers who serve the public. As part of the Scottish Health and Safety Action Plan in 2007, the successful outcomes of the partnership awareness campaign between the Scottish Government and the STUC to raise awareness of issues surrounding verbal and physical abuse of staff were transferred to the Centre with a view to encouraging the implementation of effective measures to protect staff amongst its client base.

Research carried out during the awareness campaign demonstrated that many regard tolerating abusive behaviour as 'part of the job' and for a variety of reasons the issue is under reported or not taken seriously enough in the workplace by workers themselves or their employers. The Scottish Crime and Victimization Survey 2006 published last September confirmed campaign research that it is believed in a 12 month period 10% of workers serving the public are physically assaulted and 38% verbally abused by customers or clients.

In particular this short paper will identify some of the main challenges being faced in trying to address the issue within the voluntary sector, a key component of the Scottish Health and Safety Action Plan.

Definition

The UK definition of Violence at Work as defined by the HSE as '*any incident in which a person is abused, threatened or assaulted in circumstances relating to their work*'.

However a European Framework agreement on harassment and violence at work will bring about a change, effective from Spring 2009, as member states have agreed to adopt a new definition which will include harassment and bullying as well as third party violence.

This, in itself, will require the Centre to be proactive in providing advice and guidance for client organisations including those in the voluntary sector, many of whom it is believed currently deal with bullying and harassment as Human Resources issues and violence from customers or clients as a Health and Safety issue. The Centre's Violent Prevention Manager is currently working through the HSE Partnership on Workplace Violence to signpost appropriate guidance and materials as they become available.

Voluntary Sector Challenges

A number of issues have proved difficult to overcome when engaging with those in the voluntary sector and appear to be major obstacles to supporting change and greater protection for staff. These fall mainly into three main areas:

- Culture
- Apparent inconsistencies in approaches between inspecting organisations
- Misconceptions in relation to Data Protection

Culture

The culture within the sector has a number of areas of concern some of which are shared with those in other public services where support or care is provided for clients. The need to report all instances of abuse so that meaningful risk assessments take place is often ignored by staff in the mistaken belief that in the voluntary sector in particular, violence from clients is 'part of the job' and cannot be prevented.

Further to this many see reporting of abusive behaviour as stigmatising a client who may not be able to help lashing out either verbally or physically. Reporting of abusive behaviour is often seen as apportioning blame rather than promoting protective measures for the future.

Funding pressures (heads and beds) can mean managers feel they cannot take action as by denying a client a level of service or taking action to protect staff may mean the removal of funding.

Management boards are often made up of volunteers who can sometimes have limited experience or understanding of the issue which can cause setbacks.

Whilst some of these issues are shared with other sectors and therefore can hopefully be addressed through existing methods to help bring about some attitudinal change, it is clear that there are barriers to encouraging everyone involved to regard protection of staff as importantly as if they were working anywhere else.

Apparent inconsistencies in approaches between inspecting organisations

At a conference called for the purpose of examining how best to approach the issue within the sector in November 2007 it became clear that a major issue for staff and managers was the perceived inconsistencies in approach between the HSE, local authorities and the Care Commission. As the latter makes more frequent which can directly impact on funding, the view of this Inspector can be judged by managers to carry more weight and this can occasionally cause problems. Whilst the HSE are responsible for the workplace the Care Commission duties relate to the environment for the client and often these are seen as two entirely different entities rather than as a care establishment which is also a workplace. Whilst there is a Memorandum of Understanding between HSE and the Care Commission in the rest of the UK this appears to be not legally possible in Scotland.

Two approaches have since been made to the Care Commission to discuss this although no response has as yet been forthcoming.

Data protection

The last area which is proving to be a major challenge is that of data sharing. Many organisations believe they cannot legally share data on potentially violent clients and therefore place staff in a position where they are not only vulnerable but unable to make effective risk assessments on the hazards involved. This is particularly true of relationships between local authorities and voluntary organisations where often sharing of information can be refused even when it is known that a client has been violent in the

past. Guidelines which would help to reduce the problem are available through a number of sources but many appear to be unaware of them or are nervous that they might inadvertently break the law and therefore prefer not to share information at the expense of their duty of care to staff.

Conclusion

Whilst this paper has outlined some of the challenges or obstacles being faced there has also been some positive work done in identifying good practice within the Centre's client base.

Some have already agreed to work with the Centre as champions to promote in a positive way helpful measures to influence change.

However, the challenges remain and PHASS members may wish to consider how future activity within the Partnership and its constituent bodies might influence the promotion of the overall objectives by overcoming some of these issues.

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