IMPACT Evidence Review:  
Reducing violence, discrimination and abuse faced by social care staff

**Prepared by Obert Tawodzera, IMPACT Project Officer July 2024**

**Executive Summary:**

The social care sector faces significant challenges related to violence, discrimination, and abuse directed towards its workforce. This issue affects staff well-being, job satisfaction, and the quality of care provided to service users. Key points from the review include:

1. Prevalence: A substantial portion of social care staff regularly encounters violent incidents, often perpetrated by those receiving care or their family members.
2. Risk Factors: Professionals working with individuals with learning disabilities, autism, dementia, mental health issues, and substance abuse are particularly vulnerable. Domiciliary care workers face unique risks due to isolated work environments.
3. Consequences: Violence and abuse lead to increased burnout, job dissatisfaction, harm to self and others, disruption to care, and decreased feelings of safety among staff.
4. Underreporting: Many incidents go unreported due to fear of repercussions, lack of supportive mechanisms, or the belief that reporting won't lead to change.
5. Interventions and Best Practices:
   * Training and Development Programs: Equipping staff with skills in handling challenging behaviour and de-escalation techniques.
   * Management Support and Supervision: Regular supervision sessions and strong managerial support.
   * Reporting and Recording Systems: Clear systems for documenting incidents and follow-up actions.
   * Supportive Policies and Procedures: Comprehensive policies addressing workplace violence and abuse.
   * Practical Support and Counselling: Immediate and long-term support for affected staff.
   * Use of Technology: Implementing alarm systems, surveillance cameras, and mobile applications to enhance safety.
   * Collaborative Approaches: Multi-agency partnerships to develop comprehensive strategies.
6. Legal Requirements: Employers have legal obligations to assess and minimise risks related to workplace violence under various health and safety laws.
7. Guidance: Organisations like the Health and Safety Executive (HSE) and Skills for Care provide comprehensive guidance on managing risks associated with violence in social care settings.

Addressing this issue requires a multi-faceted approach involving training, policy development, technological solutions, and cultural change within organisations. Continued research and implementation of evidence-based practices are crucial for improving the safety and well-being of social care staff.

*Box1; Note on methodology*

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| In conducting this evidence review, we employed a targeted approach to literature synthesis rather than a full systematic review. Our methodology involved identifying key articles that had systematically reviewed the literature on violence, abuse, and discrimination faced by social care staff, both in the UK and internationally. These systematic reviews provided a solid foundation for understanding the current state of research on the topic.  To supplement and update the findings from these systematic reviews, we incorporated recent articles that addressed emerging trends and interventions in the field. We also included articles that we deemed to be of high quality based on their methodological rigor, relevance to the social care context, and potential impact on practice.  Our search encompassed both academic and grey literature, allowing us to capture a broad range of perspectives and evidence. Grey literature, including reports from regulatory bodies, professional organisations, and government agencies, provided valuable insights into current practices and recommendations that may not yet have been reflected in peer-reviewed academic publications.  This approach allowed us to synthesise a comprehensive overview of the current understanding of violence, abuse, and discrimination in social care settings, as well as potential interventions and best practices. While not exhaustive, this methodology provided a balanced and up-to-date perspective on the topic, incorporating both established research and emerging insights. |

# What is the issue?

The social care sector is increasingly confronting significant challenges related to violence, discrimination, and abuse directed towards its workforce. Social care staff, who play a crucial role in supporting vulnerable populations, often encounter various forms of mistreatment in their daily interactions (Denney, 2010; Harris and Leather, 2011; Zelnick et al, 2013). Violence, abuse, and discrimination can lead to serious injuries and psychological repercussions for both people who draw on care and support and care workers (Emerson and Hatton, 2000). For social care staff violence, discrimination and abuse is associated with increased burnout, job dissatisfaction, harm to self and others, disruption to care, and decreased feelings of safety (Okechukwu, 2014; Keogh and Byrne, 2016). This issue not only affects the well-being and job satisfaction of social care staff but also compromises the quality of care provided to service users (Colton and Robert, 2007; Keogh and Byrne, 2016).

The definition and scope of workplace violence, discrimination, and abuse can vary significantly across different countries, jurisdictions, and research purposes. In the UK, the Health and Safety Executive (HSE) defines workplace violence as

*“Any incident in which a person is abused, threatened, or assaulted in circumstances relating to their work.”* (HSE, 2014)

Given the diverse and multifaceted nature of services provided by the health and care sector, a more encompassing definition is often necessary. The World Health Organisation (WHO) offers a broader perspective, defining violence and abuse as:

*“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”*

This broader definition is crucial for understanding the full impact of violence and abuse within the health and care sectors, where staff may face threats from patients, clients, their families, or even colleagues.

Violence and aggression in social care settings differ from those in other workplaces due to the close and often challenging interactions between social care workers, people who draw on care and support, and their families. Unlike other environments where physical barriers or counters might provide some level of protection, social care workers frequently operate without such controls (Mech-Butler and Swift, 2019). They must assess and deliver care in these open and sometimes volatile situations, increasing their exposure to potential violence (Keogh and Byrne, 2016; HSA 2014). Violence against social care staff manifests in various forms, ranging from verbal aggression to physical assaults.

Recent studies indicate that a significant portion of the social care workforce regularly encounters such incidents, often perpetrated by those receiving care or their family members, creating a hostile work environment for social care professionals (Gerberich, 2019; Saloniki et al., 2022). The repercussions of this violence are far-reaching, contributing to high turnover rates, burnout, and a diminished capacity to provide effective care (Quilliam, 217; Mech-Butler and Swift, 2019). During the recent Covid-19 pandemic, the long-term care workforce experienced high levels of abuse, decreasing staff wellbeing and leading to an increase in the likelihood of leaving not only their current job but also to leave the sector entirely ([Saloniki et al., 2022](https://www.sciencedirect.com/science/article/pii/S0277953623008158" \l "bib30)).

A 2012-13 study conducted by the Institute of Public Care (IPC) for Skills for Care highlighted the prevalence and diversity of violence within the social care sector (see Cairncross and Crick, 2014). The research underscored the urgent need for targeted interventions and support strategies, especially for high-risk groups. The study identified professionals working with individuals with learning disabilities, autism, dementia, mental health issues, and substance abuse as particularly vulnerable to incidents of abuse or violence. Verbal abuse emerged as the most commonly reported form of violence across different groups. However, physical assaults were notably more prevalent in specific contexts, such as among individuals with autism and older people with dementia. These incidents often stemmed from misunderstandings, frustration, and specific triggers like personal care activities or refusals of services.

Studies have highlighted various causes of workplace violence in social care settings. A significant factor is the lack of specific policies addressing workplace violence (Cairncross and Gardner, 2014).). Poor communication with patients, their family members, and close friends also contributes to these incidents (McCabe, 2020). High levels of anxiety among both social care professionals and those who draw on care and support can exacerbate tensions, leading to violent encounters (Keogh and Byrne, 2016; HSE, 2024) Additionally, carelessness and malpractice by social care workers are noted as contributing factors. Other researchers have identified substance abuse, and inadequate security systems as key issues (HSE, 2024; Phoo and Reed, 2022).

Most research has primarily concentrated on health care and the little research available in social care focuses more on residential settings. Most of the research in social care settings indicates that residential care workers face greater risks of violence and abuse compared to those in domiciliary care (Harris and Leather, 2012; Lovell and Skellern, 2013). Recent research, however, highlights that domiciliary care workers also face higher levels of violence, abuse, and discrimination due to the isolated and intimate nature of their work (Karlsson et al. 2019; Phoo and Reed, 2022). An international systematic review of the literature on violence towards care workers in domiciliary settings by Phoo and Reed (2022) found that violence against home care workers is notably prevalent and distinct from other care settings due to unique challenges. Home care workers frequently operate in isolated, unsupervised environments within clients' homes, which increases their vulnerability to violence. Unlike in institutional settings where there is immediate access to colleagues, supervisors, and security personnel, home care workers are often alone and must manage volatile situations without immediate backup.

Moreover, the nature of home care involves providing personal care activities that can trigger frustration and aggression, particularly among individuals with conditions like dementia or mental illness. These tasks often include intimate and potentially invasive procedures, which can provoke reactions. The lack of a controlled environment and the variability of each home setting also contribute to the unpredictability and risk of violence. Additionally, home care workers may face higher levels of abuse from family members who are present and involved in the caregiving process (Mech-Butler and Swift, 2019). Family dynamics, including stress, guilt, or disagreement over care methods, can exacerbate tensions and lead to hostile interactions with the care workers.

Also, female care workers and those from racially minoritised groups face disproportionately higher levels of violence, discrimination, and abuse compared to their white counterparts (Funk et al., 2021; Brockman, 2001; 2022; Saloniki et al., 2022). A Skills for Care (2023) study assessing the performance of 23 local authorities in England against a set of race equality measures regarding their social care workforce found that Black, Asian, and minority ethnic social care workers were 20% more likely to experience harassment, bullying, or abuse from individuals receiving care and their relatives. This disparity highlights the intersection of race and workplace violence, revealing that systemic racism exacerbates the risks faced by minority ethnic workers in social care (Saloniki et al 2022; Hussein, 2022).

Despite the frequency of violent incidents, discrimination and abuse faced by social care staff in the sector, a significant portion remains unreported or under reported (Mech-Butler and Swift, 2019). This underreporting can be attributed to various factors, including concerns over potential repercussions, a lack of supportive mechanisms, and a belief that reporting will not lead to meaningful change (Schenelli et al, 2020). Such underreporting masks the true extent of the issue, making it challenging to develop effective policies and interventions. Also, the literature shows that many care workers do not report violence, abuse, or discrimination they face because they view it as ‘part of the job’ (Schnelli et al.,2020). A scoping review on aggressive behaviour of individuals living with dementia towards home care workers by Schnelli et al (2020) revealed that care staff frequently minimised and normalised the aggression and violence directed at them. Care staff often downplay and accept the aggression and violence they face, viewing it as an inherent part of their job rather than recognising it as an expression of the individuals' unmet needs or reactions to stressful caregiving situations.

A wide range of incident types and a lack of confidence in the reporting and support systems in place contribute to the underreporting. While some staff receive robust support from colleagues and managers, there is a notable demand for more substantial managerial support, training, and counselling to prevent and manage incidents effectively. Most employers have policies on abuse and violence towards staff, but reports indicate inconsistent implementation and limited use of sanctions, such as warnings or service withdrawals. This inconsistency highlights the tension between providing care to vulnerable individuals, who may not fully comprehend the consequences of their actions, and protecting staff from harm.

*Box 2 Legal requirements and Guidance to preventing violence abuse and discrimination faced by social care staff*

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| Health and safety laws encompass risks associated with workplace violence, similarly to other occupational hazards. According to the Health and Safety at Work etc. Act 1974, employers are legally obligated to assess workplace risks, including those related to violence, and to implement reasonable measures to prevent and minimise these risks wherever possible.  Reasonable actions that employers might take include:   * Consulting with staff and safety representatives to develop appropriate policies addressing aggression and violence at work. * Establishing specific procedures for cases that may involve criminal prosecution. * Implementing measures to ensure the safety and welfare of lone workers. * Taking proactive steps to combat bullying and harassment in the workplace. * Providing assistance and support to staff who experience assault, threats, or abuse at work. * Seeking expert advice from external agencies or consultants when necessary.   A variety of guidance materials are available to support these efforts  **HSE Guidance**  The Health and Safety Executive (HSE) provides essential guidance and statistics on work-related violence. Key guidance is available in INDG69 Violence at Work: A Guide for Employers, which emphasises that employers must implement systems to prevent or reduce the risks of workplace aggression wherever possible.  The vulnerability of lone workers, particularly those in domiciliary care, is addressed in updated guidance INDG73(rev.4) Protecting Lone Workers: How to Manage the Risks of Working Alone (March 2020). This guidance is especially pertinent for care staff working alone in clients' homes.  Additionally, the HSE provides a range of online resources, including:   * Work-related Violence: General advice, links, FAQs, and case studies. * Violence in Health and Social Care: Online guidance specific to the health and social care sectors.   These resources include case studies addressing risks such as verbal and physical abuse, including sexual harassment, across various sectors and businesses, including health and social care, public sector provision, and customer service. Specific case studies cover:   * Health centres * Drop-in centres * Community mental health staff * Social workers/personal care assistants   For residential settings, Chapter 11 of HSG220 Health and Safety in Care Homes provides specific guidance. The HSE urges adult social care employers and staff to take workplace violence seriously and advises against accepting aggression or violent behaviour as a “normal part” of the job. Staff are encouraged to report all incidents, and managers are advised to take appropriate action.  **Skills for Care Guidance**  Skills for Care has released comprehensive guidance and resources to help social care organisations manage the risks associated with violence and aggression. One key resource is [Work Smart, Work Safe: Combating Violence Against Care Staff](https://www.skillsforcare.org.uk/), published in 2011 as a guide for employers. This guide highlights the significant concern of violence against social care staff and underscores that it must not be ignored. It updates material originally produced by a National Taskforce on Violence Against Social Care Staff, first published by the Department of Health and Social Care in 2001.  The guidance emphasises employers' duty to manage risks to staff health and safety, including the risk of violence. It also advises employers to ensure that workers have access to adequate technology, such as alarms and panic buttons, to enhance their safety.  In 2014, Skills for Care published [Supporting Social Care Employers to Prevent and Manage Abuse and Violence Toward Staff](https://www.skillsforcare.org.uk/), which outlines several key recommendations for adult social care employers:   * Develop and implement comprehensive policies on abuse and violence at work. * Review or establish systems for reporting and recording incidents of violence and abuse. * Ensure effective management support and supervision for staff who might experience abuse or violence. * Provide practical assistance to staff following an incident, including additional training or counselling.   **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13**  Regulation 13 is designed to protect individuals receiving care from any form of abuse or improper treatment. This regulation encompasses discrimination and unlawful restraint, including the inappropriate deprivation of liberty as defined by the Mental Capacity Act 2005.  To comply with this regulation, care providers must adopt a zero-tolerance approach towards abuse, unlawful discrimination, and restraint. This includes addressing:   * Neglect * Degrading treatment * Unnecessary or disproportionate restraint * Deprivation of liberty   Providers must implement robust procedures and processes to safeguard service users from abuse by staff or others they may encounter while using the service, including visitors. Abuse and improper treatment are defined as care or treatment that is degrading or significantly neglects the needs of the individual, or that involves inappropriate restraint. Restraint encompasses the use or threat of force, as well as physical, chemical, or mechanical methods to restrict a person's liberty in order to overcome their resistance to treatment.  In cases where abuse is suspected, occurs, is discovered, or reported by a third party, providers are required to take immediate and appropriate action. This includes conducting an investigation and/or making a referral to the appropriate authority, regardless of whether the report is made by someone within or outside the organisation.  The Care Quality Commission (CQC) holds the authority to prosecute for breaches of specific parts of this regulation (13(1) to 13(4)) if such failures result in avoidable harm to a service user or expose a service user to significant risk of harm. The CQC can proceed with prosecution without issuing a Warning Notice and may also take other regulatory actions as necessary. |

# Determinants of violence faced by social care staff

#### Client Factors

Client-related factors significantly contribute to the likelihood of violence towards social care staff, with specific medical conditions or disorders playing a crucial role in predicting such incidents. Studies, including those by Yoshida et al. (2022), and Gerberich, (2019), consistently underscore the heightened risk associated with clients facing cognitive impairments, dementia, mental illnesses, and substance abuse disorders. These conditions often impair clients' ability to regulate their behaviour, increasing the potential for outbursts of violence towards caregivers.

For instance, clients with dementia may experience agitation or confusion, which can lead to aggressive behaviours during personal care activities (Gerberich, 2019). Similarly, individuals with mental illnesses or substance abuse disorders may exhibit unpredictable and sometimes hostile reactions due to their condition's impact on emotional regulation and perception.

Research by Galinsky et al. (2018) specifically highlights that home care workers attending to clients with dual diagnoses of mental illness and substance abuse are at notably higher risk of experiencing assaults. This underscores the compounding effect of multiple diagnoses on the likelihood of violent incidents occurring in home care settings. Understanding these client factors is crucial for implementing targeted interventions and providing appropriate training to mitigate risks and enhance safety for social care staff.

#### Worker Factors

Worker-related factors significantly influence the risk of violence within social care settings, highlighting several critical aspects that contribute to this occupational hazard. According to Yoshida et al. (2022), fear of violence among social care workers emerges as a pivotal factor associated with increased incidents of abuse. Magin et al. (2019) further elaborate on this point, noting that workers who harbour heightened apprehensions about violence during or after work hours are more susceptible to experiencing various forms of abuse, including verbal assaults, property damage, threats, or slander.

Moreover, the nature of the worker-client relationship plays a crucial role in determining the risk of violence. Research indicates that both overly familiar relationships and new relationships pose distinct challenges that can escalate into violent incidents (Yoshida et al., 2022). Overly familiar relationships may lead to boundary violations or heightened emotional reactions from clients, while new relationships may involve uncertainties and adjustments that can trigger misunderstandings or resistance from clients.

#### Organisational Factors

Organisational factors significantly influence the occurrence of violence against social care staff, impacting worker safety across various care settings (Mech-Butler and Swift, 2019; Karlsson et al., 2017). According to Karlsson et al. (2017), the clarity and adequacy of care plans are crucial organisational determinants linked to violence. When care plans do not align with client expectations or lack adherence, misunderstandings can escalate, potentially leading to violent incidents. This emphasises the need for comprehensive communication channels between caregivers, clients, and their families to minimise such risks effectively.

Moreover, the employment structure—whether workers are employed through agencies or directly by clients—significantly shapes the risk landscape in social care settings. Research highlighted by Quinn et al. (2015) reveals that agency-employed workers encounter distinct challenges compared to those directly employed by clients. Agency workers often navigate diverse work environments and client demographics, which can introduce additional complexities and uncertainties. These factors contribute to heightened vulnerability to violence due to varying client expectations, unfamiliarity with specific care environments, and potentially less personalised client-worker relationships.

# Review of Interventions and Best Practices

Despite the prevalence of violence, abuse, and discrimination faced by social care staff, the literature reveals a notable gap in research on specific interventions to address these issues. While there is a wealth of recommendations and best practices proposed, empirically evaluated interventions tailored to the social care sector are relatively scarce. Much of the guidance on addressing workplace violence in social care settings comes from regulatory bodies and health organisations such as the Care Quality Commission (CQC), Health and Safety Executive (HSE), and the National Health Service (NHS). These organisations offer guidelines and recommendations that, while not always specific to social care, can be adapted to the sector. The following review examines both the limited interventions that have been implemented and studied, as well as the more abundant recommendations and best practices suggested in the literature and by regulatory bodies. It is important to note that many of these recommendations, while grounded in expertise and experience, often lack rigorous evaluation within the specific context of social care settings.

**Training and Development Programs**

Implementing structured and sustained training and development programs is one of the most critical interventions for preventing and managing incidents of abuse and violence effectively (Mech-Butler and Swift, 2019; Keogh and Byrne, 2016). These programs equip staff with essential skills and knowledge, focusing on areas such as handling challenging behaviour, de-escalation techniques, and conflict resolution strategies (Cairncross and Gardner, 2014). Early research by Allen and Tynan (2000) found that staff who have received training on prevention and managing incidents of abuse, and violence are more likely to report incidents. This training is especially beneficial for those working with individuals with autism, dementia, or learning disabilities, where the risk of violent incidents is inherently higher. A new legal requirement introduced by the Health and Care Act 2022, effective from 1 July 2022, mandates that all registered health and social care providers train their staff in learning disability and autism. This training must include appropriate interaction techniques for autistic individuals and those with learning disabilities, tailored to the staff's specific roles (CQC, 2023).

Research indicates that staff who undergo specialised training feel more confident and prepared to handle potentially violent situations (Caincross and Gardner, 2014; Wirth et al, 2021). This increased confidence can lead to a significant reduction in both the number and severity of violent incidents. For instance, training on de-escalation techniques can help staff defuse tense situations before they escalate into violence. Understanding how to recognise early warning signs of agitation or distress in care recipients allows staff to intervene proactively, preventing potential violence.

Moreover, training programs should be ongoing rather than one-time events. Regular refresher courses and updates on the latest best practices ensure that staff skills remain sharp and relevant. Incorporating real-life scenarios and role-playing exercises into training can also enhance learning by providing practical experience in a controlled environment. This hands-on approach helps staff internalise the techniques and apply them confidently in real-world situations (McCabe, 2020).

In addition to managing immediate threats, training should also cover the psychological aspects of dealing with violence. This includes coping strategies for stress and trauma, recognising the signs of burnout, and understanding the importance of self-care (Cairncross and Gardner, 2014; McCabe, 2020). Providing staff with tools to manage their own mental health is crucial in maintaining their overall well-being and effectiveness in their roles.

Organisations should also consider the diverse needs of their workforce when designing training programs. Tailoring content to address specific challenges faced by different groups, such as those working in home care versus institutional settings, can enhance the relevance and impact of the training. Including input from staff in the development of these programs ensures that the training addresses real-world challenges and is well-received by participants.

Investing in robust training and development programs not only improves staff safety and competence but also demonstrates an organisation's commitment to their well-being. This investment can lead to higher job satisfaction, lower turnover rates, and a more positive work environment overall. Ultimately, well-trained staff are better equipped to provide high-quality care, which benefits both the care recipients and the organisation.

**Management Support and Supervision**

According to the CQC (2020), effective training must be complemented by robust support systems, including supervision and reflective practice, to truly embed changes in practice. Integrating training into daily activities through consistent reflection and supervision is crucial for nurturing a positive staff culture and promoting ongoing professional development. Therefore, effective management support and supervision are crucial in mitigating violence, abuse and discrimination faced by social care staff (Mech-Butler and Swift, 2019; Keogh and Byrne, 2016). Regular supervision sessions offer a vital platform for staff to discuss their concerns, share experiences, and receive guidance on managing difficult situations. These sessions create a structured environment where staff can openly communicate about the challenges they face, allowing managers to provide timely advice and support (Mech-Butler and Swift, 2019).

Strong managerial support fosters a culture of openness and safety, which is essential for encouraging staff to report incidents without fear of reprisal. When staff feel that their concerns are taken seriously and that there is a genuine commitment from management to address issues of violence, abuse and discrimination, they are more likely to report incidents promptly (Allen and Tynan, 2000). This proactive reporting is critical for identifying and addressing potential problems before they escalate (BASW, 2021). Studies have consistently shown that organisations with robust supervisory frameworks and visible managerial support tend to have lower incidences of violence and higher staff morale (Christie, 2015; HCPC, 2024). Managers who are actively involved in the day-to-day experiences of their staff can identify early signs of distress or dissatisfaction, enabling them to intervene and provide necessary support. This visible presence reassures staff that they are not alone and that their well-being is a priority for the organisation (Bogo et al, 2011; Carpenter et, 2012).

A rapid review of the literature on reflective supervision in social work indicates that effective management support includes providing ongoing training and resources to staff (Rvalier et al., 2023). This entails ensuring supervisors are well-trained in conflict resolution and de-escalation techniques so they can model and reinforce these skills within their teams. Regularly updated training programs and resources help staff stay informed about the latest strategies for preventing and managing workplace violence (Shier et al., 2021). Additionally, effective management support involves developing and enforcing clear policies and procedures related to workplace violence. Managers should ensure these policies are well-publicised and consistently applied so all staff understand the steps to take when an incident occurs. This clarity reduces uncertainty and anxiety, empowering staff to act confidently in the face of potential violence. Providing practical support, such as access to counselling services and mental health resources, is also essential (Cairncross and Crick, 2014). Managers should encourage staff to utilise these resources and ensure they are readily available, supporting staff in coping with the immediate impact of violence and contributing to long-term resilience and job satisfaction.

Compassionate leadership can play a crucial role in preventing violence, abuse, and discrimination faced by social care staff. By fostering an open and supportive culture, compassionate leaders create an environment where staff feel comfortable reporting incidents, leading to better identification of patterns and more effective interventions. Research in healthcare settings suggests that this leadership style is associated with lower staff burnout and higher job satisfaction, which could translate to improved resilience and coping mechanisms in social care (West et al., 2017). Compassionate leaders are more likely to prioritise staff wellbeing and safety, potentially resulting in more robust policies, increased investment in training, and better support services. Furthermore, by modelling compassionate behaviour, leaders can set a tone of mutual respect throughout the organisation, potentially reducing incidents of aggression or discrimination. While specific research on the impact of compassionate leadership in social care settings is limited, these potential benefits suggest it could be an effective approach in creating a safer work environment for social care staff.

**Reporting and Recording Systems**

Clear and well-publicised systems for reporting and recording incidents are fundamental in addressing workplace violence (HSE, 2024). These systems are essential under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), mandating that employers, specific self-employed individuals, and those in control of work premises report workplace injuries, dangerous occurrences, and occupational diseases to the Health and Safety Executive (HSE). By ensuring incidents are documented promptly and comprehensively, these mechanisms facilitate appropriate follow-up actions. Effective reporting enables the collection of data crucial for identifying patterns and triggers of violence, thereby supporting the implementation of targeted interventions and preventative measures.

However, the effectiveness of these systems is often compromised by low reporting rates. Research conducted by Cairncross and Gardner (2014) on behalf of IPC revealed a substantial discrepancy in the reporting of workplace violence and abuse within social care settings. According to their findings, fewer than 30% of respondents reported their most recent incidents of abuse or violence to their managers. This significant underreporting underscores several underlying concerns. Firstly, there is a notable lack of confidence in the current reporting mechanisms, as staff question whether their reports will result in meaningful action. Secondly, there exists a fear of potential repercussions or social stigma, which dissuades staff from coming forward with their experiences (Cairncross and Gardner, 2014). Finally, there is a perception among some that such incidents are an accepted part of the job, which contributes to their normalisation and further reduces reporting rates as reported by Schenelli et al, (2020).

To address the challenges of violence, discrimination, and abuse faced by social care staff, it is imperative to enhance the visibility and accessibility of reporting systems. Employers must ensure all staff are thoroughly trained in using these systems and understand the importance of reporting every incident, with assurances of confidentiality and protection against retaliation (Cairncross and Gardner, 2014; HSE, 2004). Building trust in these systems is crucial and can be achieved by demonstrating that reports are taken seriously and lead to tangible actions, such as policy reviews, increased support measures, and appropriate disciplinary actions against perpetrators (HSE, 2004). Providing regular feedback to staff on how their reports have been addressed further builds confidence (Mech-Butler and Swift, 2019). Additionally, fostering a supportive workplace culture that encourages openness and transparency is essential. Managers should actively promote the importance of reporting incidents and regularly remind staff of the procedures in place (HSE, 2024). Regular monitoring and analysis of reported incidents should be conducted to identify emerging trends or hotspots of violence, enabling proactive and informed interventions (Meh-Butler and Swift, 2019). By improving reporting and recording systems and building a culture of trust and support, organisations can better protect their staff and ensure a safer, more supportive working environment.

**Supportive Policies and Procedures**

According to various sources, emergency procedures are a crucial component of any crisis management plan, serving as the first line of defence in protecting lives and minimising damage to assets (Colton and Robert, 2007; Mech-Butler and Swift, 2019; NHS Scotland, 2019; HSE, 2024). The primary objective of having clear cut and coherent policies and procedures is to address and contain incidents promptly, preventing them from escalating into more severe situations. Implementing well-defined emergency procedures is particularly important in the context of social care, where staff frequently encounter volatile situations and potential threats of violence and abuse (Colton and Robert, 2007). Social care policies and procedures must be kept up to date, regularly reviewed by management, and must comply with current legislation such as the ‘Care Act 2014’, and the latest regulations from national regulators like Care Quality Commission in England, Care Inspectorate Scotland, Care Inspectorate Wales, and Regulation and Quality Improvement Authority in Northern Ireland. Additionally, they should reflect best practices in their respective areas.

A comprehensive literature review looking at approaches to reduce workplace violence faced by emergency staff by Ramacciati et al. (2016) found that having comprehensive policies and procedures in place is fundamental to protecting staff from violence and abuse in health, social care settings. These policies should clearly outline the steps to be taken when an incident occurs, ensuring that all parties involved are aware of the process. Immediate support for affected staff is crucial, including access to medical care, psychological support, and time off if needed. The policies should also detail investigation procedures, ensuring a thorough and unbiased examination of the incident. This includes collecting statements from all involved parties, reviewing any available evidence, and determining the root causes of the incident. Additionally, having a flowchart for assessing and responding to emergency situations is essential, as are post-incident procedures and services that include trauma-crisis counselling, critical-incident stress debriefing, and employee assistance programs

De Raeve et al (2023) argue that policy initiatives to prevent violence and abuse in health and social care should be put in place and these sanctions against perpetrators should be clearly defined within these policies. Sanctions may include warnings, suspension, or, in severe cases, the termination of services. It is important that these consequences are consistently applied to maintain a safe and respectful environment for all staff and care recipients. However, the policies should also consider the complexities of dealing with vulnerable individuals who may not fully understand the consequences of their actions due to cognitive impairments or mental health issues.

Consistent implementation and understanding of these policies by all stakeholders are essential. Employers must ensure that staff, care recipients, and their families are educated about the policies and procedures. This can be achieved through regular training sessions, informational materials, and clear communication channels. Staff should feel confident that reporting an incident will lead to appropriate action and support, without fear of retribution or being ignored (Somani et al, 2021).

Employers should also regularly review and update these policies to reflect current best practices and legal requirements. This involves staying informed about new research, changes in legislation, and evolving industry standards. Engaging with external experts, such as legal advisors and mental health professionals, can provide valuable insights and ensure that the policies remain relevant and effective de Reave et al., 2023).

Additionally, employers should establish mechanisms for monitoring the effectiveness of these policies. Regular audits, feedback from staff, and incident analysis can help identify any gaps or areas for improvement. By continuously refining their policies and procedures, social care organisations can create a safer and more supportive environment for their staff, ultimately leading to better care outcomes for recipients.

**Practical Support and Counselling**

The literature emphasises the critical importance of providing practical support and counselling to staff who have experienced violence in social care settings. Many studies have found that such interventions are crucial for ensuring staff well-being and safety (Mech-Butler and Swift, 2019; Cairncross and Crick, 2014; Harris and Leather, 2011). Research consistently highlights the significance of immediate support in the aftermath of a violent incident. Mech-Butler and Swift (2018) and Keogh and Byrne (2016) found that allowing staff time off to recover, both physically and emotionally, and providing access to counselling services to address immediate psychological impacts are essential. These studies indicate that such support reassures staff that their well-being is a priority and provides them with necessary resources to cope with trauma.

Long-term support has been identified as equally important in the literature. Cairncross and Crick (2014) and Richard (2003) emphasise the need for readily available access to mental health resources, including ongoing counselling and therapy sessions. These researchers suggest that such services help staff process their experiences over time and develop coping strategies to deal with any lasting effects of violence. Their studies also advocate for regular mental health check-ins and wellness programs to support staff in maintaining their mental health and resilience.

Several studies have reported positive outcomes for organisations that prioritise staff well-being through comprehensive support programs. Richards (2003) and NHS (2000) found that such organisations often experience lower turnover rates, as staff are more likely to remain with employers who demonstrate a commitment to their safety and mental health. Research by Richards (2003) also indicates that practical support measures, including training staff on handling violent situations and de-escalation techniques, can empower staff with skills and confidence to manage potentially dangerous scenarios more effectively.

The literature consistently emphasises the importance of creating a supportive workplace culture. Studies suggest that fostering an environment where staff feel safe to speak up about their experiences without fear of stigma or retaliation is essential. Researchers have found that regular team meetings, peer support groups, and open-door policies can facilitate communication and support among staff.

**Use of Technology**

The integration of technology in managing workplace violence has emerged as a best practice that can significantly enhance safety in social care settings (Grigorovich et al., 2023). As the sector grapples with challenges related to workplace violence and risks to lone workers, various technological solutions have been proposed and implemented. Studies have found that these technologies play a crucial role in both preventing and addressing incidents of violence, abuse, and discrimination in social care environments (Ferron et al., 2022; Burkoski et al., 2019). However, researchers emphasise that these technologies should be part of a comprehensive approach rather than standalone solutions.

Several studies have emphasised the value of incident tracking software in monitoring and analysing patterns of violence. This technology enables systematic documentation of incidents, making it easier to identify trends and recurring issues. By leveraging data analytics, organisations can pinpoint specific triggers and high-risk areas, enabling them to implement targeted interventions. For instance, if the software reveals a high frequency of incidents in a particular setting or during certain activities, additional training or staffing adjustments can be made to mitigate these risks. Furthermore, the data collected can inform policy changes and the development of best practices, ultimately leading to a safer work environment.

Research indicates that alarm systems, particularly portable panic alarms, can enhance the safety of social care staff, especially those working in isolated environments (Ferron et al, 2022; Grigorovich et al.,2023). These systems provide immediate assistance in emergency situations, ensuring that help is just a button-press away. Portable panic alarms can be particularly beneficial for domiciliary care workers who operate in isolated environments (Schall et al., 2018; Morphet et al 2018). In case of an emergency, these alarms can alert nearby colleagues or security personnel, enabling a swift response. This not only provides a sense of security for the workers but also acts as a deterrent to potential perpetrators.

Studies have shown that surveillance cameras serve dual purposes in social care settings. The presence of cameras can deter individuals from committing acts of violence or abuse, knowing they are being recorded (Grigorovich and Kontos, 2020; Morphet et al, 2018). In the event of an incident, the footage can be reviewed to understand what transpired and to hold perpetrators accountable. This is especially useful in disputes where the details of an incident are unclear. Surveillance footage can also be used in training sessions to illustrate real-life scenarios and teach staff how to handle similar situations effectively.

Recent literature has focused on the potential of mobile applications designed for health and social care workers. These apps can include GPS tracking, allowing supervisors to monitor the location of their staff in real-time, which is particularly useful for lone workers. Some apps also offer check-in/check-out features, ensuring that workers are safe at the start and end of their shifts. Furthermore, these applications can facilitate instant communication with supervisors and colleagues, providing an additional layer of support (Wirth et al., 202; Morphet et al, 2018).

The literature indicates that while personal alarms, panic buttons, and mobile phones are often suggested as safety measures, they have limitations (Grigorovich et al., 2023: Unison, 2013) . UNISON (2013) argues that these devices are not a replacement for a well-planned systematic approach and can, at best, only be part of a solution. These devices may inadvertently shift the responsibility for safety onto individual workers. While personal alarms do not prevent violence, they can be useful in summoning help quickly. However, the effectiveness of these systems depends on the supporting procedures, and they may create a false sense of security among staff (Grigorovich et al, 20230). Mobile phones, while seemingly useful for lone workers, have limitations such as poor reception in certain areas and reliability issues. Moreover, they may introduce additional risk as workers could be targeted for the devices themselves (UNISON, 2013).

Despite the potential benefits of these technologies, researchers stress the importance of addressing privacy concerns and ensuring staff comfort with their use. Clear guidelines on how data will be collected, stored, and used are essential. Training sessions on the proper use of these technologies can help staff understand their purpose and how they contribute to their safety.

**Collaborative Approaches**

The Public Health England (2019) report, while not specifically targeted at social care, offers valuable insights that could be applied to address violence, aggression, and discrimination in social care settings. The report proposes a practical approach to facilitate partners' understanding and response to serious violence in local communities, advocating for a whole-system multi-agency approach that incorporates public health principles. This approach, although developed for broader community violence prevention, presents potential applications for the social care sector.

Central to this approach are five key principles, referred to as the 5Cs: collaboration, co-production, co-operation in data and intelligence sharing, counter-narrative development, and community consensus. In the context of social care, collaboration could involve fostering partnerships among care providers, local authorities, health services, and community organisations to enhance violence prevention strategies. Co-production might entail engaging care staff, service users, and their families in developing and implementing interventions, ensuring that diverse perspectives are considered. The sharing of data and intelligence between social care organisations could help identify patterns and risk factors specific to care environments, leading to more targeted prevention efforts.

The report emphasises that these principles can be tailored to address the specific needs of local populations, reflecting local geographies, operating systems, existing partnerships, community assets, resources, and needs. This flexibility suggests that social care organisations could adapt this approach to their unique contexts, potentially developing innovative solutions to prevent and tackle violence in care settings. For instance, a social care provider might use the community consensus principle to engage with local residents, service users, and staff to develop a shared understanding of the challenges and potential solutions related to violence in care environments.

While the resource is not explicitly designed for social care, its whole-system, multi-agency approach based on public health principles could provide a valuable framework for addressing violence and aggression in social care environments. The counter-narrative development principle, for example, could be applied to challenge stereotypes and misconceptions about social care work that might contribute to aggressive behaviours. By adopting and adapting these principles, social care organisations might be able to create more comprehensive and effective strategies for violence prevention, potentially improving the safety and well-being of both care staff and service users.

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