Client Violence and Social Worker Safety

Lunchtime Series Webinar

These notes have been taken from a Webinar presented by Dr. Newhill that you, as a NASW member, may take for free: http://www.socialworkers.org/en ONLINE/lunchtime/courses/ohome.aspx. NASW, OH chapter has also added comments in this overview obtained from findings from formal and informal data collection in regards to workplace safety over the past two years.

The Lunchtime Series Webinar presenter on Client Violence and Social Worker Safety is Dr. Newhill, associate professor at the University of Pittsburgh, who has over 10 years of psychiatric emergency and inpatient practice experience. Dr. Newhill has conducted research on risk assessment and social worker safety and is the author of the Client Violence in Social Work Practice, Prevention, Intervention and Research. She currently chairs the NASW mental health specialty practice section.

In her workshop Dr. Newhill stated, "Preventing client violence is one of the best things that we can do for our clients because as (Andrew Slayable), psychiatric emergency psychiatrist commented one time, once a client strikes you, from that point on, that client is going to be labeled a violent client... Many clinicians won’t be willing to work with them. Violence affects how clients are treated. Help they get.

As we, the NASW-OH Chapter, have heard from social workers there is an increasing concern about violence in the workplace. Dr. Newhill supports this perception stating that she has found a number of indicators that support the perception that there is a rise in physical and verbal violence across settings.

What are the causes?
Potential factors discussed by Dr. Newhill are the following:

- We as a society perpetuate violence, where significant societal problems, such as unemployment, poverty, and lack of health and mental health services support violent reactions to those who may become hopeless and angry.

- Emotions that precede violence.

social workers are in a position of power.

- Possibly our role as a social worker, where we have significant power over the client especially in situations where we have a job that involves interpreting government regulations and mandates and dispensing resources that clients desperately need and sometimes are not able to provide.

- What about the power we have over parental rights or personal rights and making decisions that distress and anger the client.

- There are political issues and policy shifts that have created conditions that increasingly place social workers at risks. For example, as our economy has tanked and our government has cut back on certain types of institutional support that we use to rely on and our clients use to rely on, the number of those needing public assistance and other social services have increased.

- Budget cuts in our agencies, the ensuing understaffing of social services and rising case loads, have also led to increased vulnerability for social workers.

- A number of indicators also suggest that the settings of violence are varied; there still remain some settings that have a higher risk but let’s assume that you are safe just because it has not happened in your workplace. We can no longer assume it only occurs outside of the office, in the home or community of the client. In Ohio we have heard of safety issues from those serving children to the aged, from agency based to community based service providers.

- With our current economy and the significant cuts in resources we are seeing social workers carry significant client loads at a rate where the social worker no longer knows their client. Organizations are limiting supports for workers such as providing panic buttons, safety courses, and the ability to go out as a team in a potential unsafe environment are just a few of the impacts.

An alarming finding from Dr. Newhill was the number of agencies “using male social workers as sort of an informal security force but without providing them with adequate training or hazard pay.”

Where to begin to address this issue:

The first place Dr. Newhill suggests to start is with information such as understanding risk factors for violent behavior.

- Understand that client violence toward social workers is not a rare event.

- The risk varies according to where one works - area

- Male social workers are at a significantly greater risk of experiencing client violence than female social workers.

- Experiencing an incident of client violence exacts an emotional toll on the social workers involved.
Take a systems approach:
- Recognize that violence is not a static individual attribute, rather, violence is an attribute of individuals within certain situations and environmental contexts, i.e. the person-in-the-environment;
- Always interpret the client's emotional status and behavior within the context of his/her social/environmental system.

- Demographic Risk Factors
  - Young Age
  - Male Gender

- Clinical Risk Factors
  - High Risk Psychiatric Symptoms (delusions, hallucinations, violent fantasies)
  - Personality Features (anger, emotion dysregulation, impulsivity)
  - Personality Disorder (antisocial, borderline)
  - Substance Abuse (especially alcohol)

- Biological Risk Factors
  - Low Intelligence Quotient (IQ)
  - Neurological Impairment

- History of violence:
  - Social and family history (early exposure to violence):
    - Experiencing severe abuse by a parent or other caretaker or being a witness to domestic violence;
    - Being severely neglected or rejected by parent/caretaker;
    - Parental psychiatric illness and/or drug or alcohol abuse;
    - Tacit parental approval of cruelty toward other people or animals.

- Work history (economic instability, unemployment);

- History of psychiatric treatment and/or hospitalization, especially if involuntary;

- Level and quality of social support

If you have not had training on how to handle a potentially violent client, seek out that training, which may be in a workshop or through the literature. Newhill suggests the following: utilize your clinical skills to deescalate the situation, remain calm, show respect, and never make promises you cannot keep. Above all listen and seek to understand.
# Everyday Self Defense

## Personal Safety Tip Sheet for Human Service Workers

### The Basics

#### In Your Client's Home
- Make sure you understand that you are on their turf -- a natural safety dilemma.
- When you schedule a visit, if possible, let the client be your safety partner by letting them advise you about any concerns in their area. Ask them to watch for you as you arrive and when you leave.
- Drive past the home and around the area. Stop back and observe the home. Look for it's hiding places, vulnerable points, blocked exits and escape routes.
- Listen at the door before knocking and climb to the side before the door is opened.
- If you enter the home, notice the layout, walls and phones. Position yourself for an easy exit should you need to leave quickly. Avoid the kitchen and other tight quarters.
- Wear comfortable shoes and clothes that allow you to move easily.
- Keep your purse locked in the trunk unless you really need it. Keep keys, a little money, and your phone in your pockets, a small cross-body bag or wrist pack (on your person).
- Play off games to mentally prepare for various situations (threats by a client, suspicious comments, stranger threats, and out-of-control family or neighbors).
- Look around and think of what objects could be used as weapons.
- If anything looks or smells out of the ordinary in or around the dwelling, or if you feel uneasy about your situation, leave and call your supervisor or the police/911.
- Travel with a cell phone. Keep it on and programmed to call 911 for help in any emergency or threatening situation.
- Take a buddy or law enforcement with you on potentially dangerous home visits. Have a safety plan.

#### On the Job
- Tune in to your surroundings and be aware of possible safety threats.
- Use confident body language and verbal skills.
- Know the location of all safety aids and systems.
- Avoid impolite behavior. Be calm, courteous and gracious.
- Listen more than you talk.
- Identify and avoid potentially dangerous locations or situations, if possible.
- Dress sensibly to allow for comfort and ease of movement.
- Anticipate how you would respond to threatening events and stay alert.
- Attend training on conflict resolution, personal safety, teamwork and stress reduction.
- Use a job site phone, a call-up system, a laser beam, or an electronic device.
- Keep your distance (safe space) from strangers and be aware of boundaries with clients.
- Avoid questioning and personal information within earshot of people you don't know.
- Access possible weapons (books, scissors, clip board, keys, pen, umbrella) you may have at your disposal, or that could be used against you.
- Seek peer support. Ask peers to share their successful reactions to threatening incidents.
- Have a post-incident protocol to assist victims and witnesses.

#### In the Car
- Make certain your car has gas, water, a spare tire with jack, a working horn, spare change, a flashlight, jumper cables and a first aid kit.
- Ask to see identification of anyone stopping to assist you. Law enforcement too.
- If you have a flat tire and cannot change it, call for help or try to keep driving slowly until you reach a safe stopping point.
- Park for a quick check and avoid getting blocked in. Use extra caution in parking garages. Scan the garage as you enter and spot the exits.
- Have your car keys in hand as you approach your car. Use the remote panic button if needed.
- If stranded and you accept assistance, pretend that someone else will soon be arriving. Stay alert and prepared to not be the victim of a "Drive-by Stabbing" play.
- Car Hijacking is a threat. Keep your keys on the dashboard, pressing the horn, stopping suddenly, getting out and running.
- If someone approaches your car to force entry, stay in the car and drive off quickly. If you have windows open, be aware of what's going on around you.
- Keep car doors locked while in or away from your vehicle.
- Scan the area as you approach your parked car, honking around it and checking the window/seat belt.
- If being forced into your car, throw away the keys (distracting the attacker) and run.
- Be careful about who you let in your car. Display your car alarm. Avoid valuables or items that indicate your personal information.

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**I would put this as a new code as suggested.**

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**Phil Quinn, Ph.D., Director, SSMH, EAP**

**Ray Mason, Director, SSMH, Metro-Suburban Outreach**
We must remain continually aware of safety issues in our daily clinical interactions

Some Statistics

- 2006 study of 5000 workers surveyed indicated that 55% said they faced safety issues on the job.
- 2002 survey of 800 workers 19% had been victims of violence and 63% had been threatened.
- Another study-50% of psychiatrists reported an act or threat of violence in past year.
- Mental Health profession- 2nd highest rate for risk of violence.
Areas of Personal Safety

- In your clinic office.
- In your outreach to the community (i.e. home-based).
- In your interactions with your clients.
- In your documentation (legal).
- In transportation.
- In your own home.

Observe and Plan

- Set up of your office.
- Do a safety assessment.
- Pay attention to signs of danger.
- Don’t become complacent.
Knowledge

- Review any documentation
  1. Is there any history of violence?
  2. Have there been issues with previous therapists?
  3. Is drug or alcohol abuse an issue?
  4. Have there been psychiatric hospitalizations?
  5. Is client medicated?

Initial Evaluation

- Past violence – is best predictor
- Drug and alcohol use and abuse
- Explore history with other helpers
- Access to weapons
- Psychiatric hospitalizations and history
Observe Client

- Do they appear clear?
- Are they pacing or over anxious?
- Are they mumbling or swearing?
- Any other signs of agitation or confusion?

Client Appears Impaired

1. Alert a colleague of your concerns
2. Ask if anyone is available to sit in, at least until you assess the situation.
3. Leave door open during session, if there are others around who could come to your aid.
Working order:
- Make sure car has gas and is in good
  - Be specific about appointment time.
  - until you know the area and the client.
- Make first appointments for early in
  - Go with a team member.
  - Learn about the area before you go.

Home Based Outreach

Your Judgment and cancel:
- If you see a potentially dangerous

Use Your Judgment
- Introduce yourself clearly.
- Apartment.
- Listen before you enter house or
- Be observant of building or house.

Outreach

Outreach Cont.

- Carry a Flashlight.
- Call to alert family you are on the way.
- Pre-Programmed.
- Make sure cell phone is working and
- Dress Appropriately-no Jewelry.
- Area.
- Park car in highed area or accessible
During the Visit:

- Control where meeting takes place.
- Unsafe items, weapons, drugs - leave.
- Too much activity, other people, party - leave.
- Don't allow for confusion.
- Be clear about who you are and purpose.
- Not available, leave.
- If person or persons you made visit with are not consistent, leave.

Always Pay Attention:

- Your instinct tells you it may not be safe.
- Concern.
- Gathering of strangers or teens that cause concern.
- Can't park close enough to feel comfortable.
- Dark.
- Street lights are out or area appears too.

When to be concerned:
Transportation

- If client is agitated or aggressive-do
to trip.

- Discuss concerns with supervisor prior
status of client.

- Continually remain aware of mental

Transportation

- Use traditional 10 and 2 position.

- Drive in right hand lane.

- Seating-behind passenger seat.

- Prior-Greet client assess risk.

- When no one is in car.

- Keep keys with you and lock doors.
Don't violate or bend your own rules
Be observant
Don't get lax in your vigilance
Explain consequences
tolerance (intoxication, violence, TIA)
Set clear limits: on what you will not
Always be respectful.

Ongoing, office or home

Situations: Record that you consulted
Consult with others about difficult
(unsual)
Record everything (particularly
Make sure they are legible
Keep records up to date

Legal
De-escalation Skills

- Allow extra space
- Invite criticism
- Agree with the truth
- Apologize
- Acknowledge the anger
- Remain non-defensive and supportive
- Listen, reflect their anger for them

When Escalation Occurs

- Stand up also
- Encourage client to be seated. If they
- Don’t personalize the situation.
- Speak in a quiet, slow manner.
- Stay calm and self-assured.
- With fear or hurt.
- Remember violence is often associated
- Leave or call for help
- Suggest time out or break
- Distract – offer candy, gum, candy
- Offer choices

**Action Steps:**

- Be clear and direct
- State your desire to help
- Get to yes
- Use your clinical skills
- Be firm – but not challenging

**What Action Steps**
If Attacked:
- Do not turn your back on the person.
- Don't show fear.
- Don't get into staring contest.
- Don't block exit.
- Don't give ultimatum.
- Don't touch.
- Don't challenge or demand "calm down."
- Help.
  - Use any means to get free and get away.
  - Use knee to groin, twist fingers, etc.
  - Grab onto client, hang on them.
  - Use object, phone, lamp, etc.
  - Defend yourself.
  - Yell for help.

Things Not Advised:
-
allow us to better serve our clients. Promote awareness and reduce fear to promote action plans and assessments.

- Safety to our safety.
- Provide treatment to are not a threat.
- Majority of the clients and families we remember most of our work is safe. A

**Final Note**

- End session if you have real concerns.
- Use supervision.
- Pay attention to your own feelings.
- Don't see client in isolation.

**Some Common Sense**
Michael Smith
and
Orlando Cuadrado, MSW

WORKER SAFETY

Questions / Comments

Thank You
Objectives:

- Develop skills to utilize in crisis situations
- Relate the four phases of dangerous situations working in potentially dangerous levels of awareness
- Recognize three levels of issues
- Identity potential safety

Goal:

- Safety of social workers
- Definition of situations that impact potentially dangerous situations and safety in stressful and working skillfully有效地
Do you see what I see?

Objectives:

- Reporting a safety incident
- Describe the process of
- To avoid dog bites
- Relate some techniques utilized
Reality Check

Workers that practice good casework skills can diffuse most crises and deliver services without jeopardizing the worker or the client's safety.

Values

- Strength Based
- Dignity
- Respect

What's yours?
What is the best response I can give?

And:

- What are their overall needs?
- What are their disclosures?
- Be selective about personal self-awareness:
  - What am I feeling?

3 Levels of Awareness:

- Cognitive coping skills.
- Constructive coping.
- Rational or effective learned or developed.

- equilibrium - the status quo.
- Behavioral - a change in the order.

This means a crisis is more likely to escalate.

Dealing with potentially dangerous people:

Crisis Intervention Theory:
3 Levels of Awareness

- Should you wear jewelry?
- Should you wear high heels?
- Should I “buddy up”?

3 Levels of Awareness

Transference - implies a psychological component to dealing with clients. SW should be aware of this.

The reproduction of positive or negative feelings that were at one time associated with another person (unconsciously transferred to a new individual (typically someone who is in charge or an authority figure)).
3 Levels of Awareness

1. Counter-Transference
   The same dynamic only in reverse. It occurs in the authority figure towards the client.

2. Environmental Awareness
   Before you leave the office you should fill out a field safety form:
   - Name and address of clients you are visiting
   - The specific directions you are taking
   - Rural setting
   - Estimated time of arrival and departure
   - The nature of your visit
   - Your cell number

3 Levels of Awareness
3 levels of awareness

- Park in well lit visible areas.
- Place any valuables out of sight.
- The vehicle you are driving does it have enough gas?
- Is it in good driving condition?

When selecting a car to use in the field:

- Transportation could also
- Be a code of of if relates
- What kind of transportation could also
- A.m. appointments.

- With the neighborhood plan early
- If there are any safety concerns
- Is it in a high crime area?
Always respect their personal space

Absolutely necessary

Avoid the client's bedroom unless

Keep a clear path to the exit door

Establish the goal of the visit

In the field...

3 levels of Awareness

Possible removal

Mental illness

Past criminal history

Guns in the home

Substance abuse history

History of violence (DV, etc.)

Is this case high risk?

3. Client Awareness

3 levels of Awareness
3 Levels of Awareness

Four different levels of space:

1. Intimate space - 0 to 1 arm
2. Personal space - 1 to 2 arm
3. Social space - 4 to 12 feet
4. Public space - 12 feet and more

3 Levels of Awareness

- Lice
- Communicable diseases/illnesses
- Dogs
- Sexual threat and innuendo
whistle, tap, call out
... Don't surprise a dog.
before entering the yard
Look for signs of a dog
Any dog can bite!
Getting Bit Hurts!
Dogs bite!

\[ \text{Canine Considerations} \]

\[ \text{Canine Considerations} \]

* but the threat of an animal...
* not pertaining to threat by other humans.
Don't Run

Bite

Other Than Your Hand

Give the Dog Something

Use Firm Commands

Don't Turn Your Back

Canine Protection Techniques

Observe the Dogs "Body Language"

Don't Stare at the Dog's Eyes

Speak Softly

Stand Sideways

Stand Still - Let the Dog Approach

Take off Sunglasses

Canine Approach Techniques
Defense Against Dog Attack

- Maintain Self-Defense Stance
- Shield Your Neck & Face
- Feed the Dog Your Notebook
- Vulnerable Parts of a Dog: (nose, throat, chest & ribs)

THE FOUR THINGS
Anxiety Phase

- Autonomic Body Responses
- Speech
- Motor Activity

Anxiety Phase

Worker Skills During This Phase
- Culture
- Empathy
- Building rapport
- Active listening
- Be Supportive
understand their feelings
Let the clients know you
Inform the parents of their rights
Investigate
Explain your responsibility to
there
Explain your reason for being
Identity yourself and agency

TECHNIQUES
CRISIS INTERVENTION

Communication
Verbal/Non-verbal

Volume
Tone
Cadence
Defensive Phase

They challenge your authority.
They begin "pushing buttons".
Important than the content.
Your affective delivery is more.
Process messages differently.
Focus on feelings and behavior.
They are beginning to lose control.

Defensive Phase
Psychologically, don't corner the client physically or psychologically. Questions tend to increase anger for specific answers, if the happiness happens a peaceful end no matter what you will see the situation through to project a calm assured feeling that.

TECHNIQUES
Crisis Intervention

- History
- Gender
- Relationship
- Size
- Culture
- Personal Space Boundary Factors

Defensive Phase
Hyperactivity?

- Behavior?

Is there a dramatic change in

Observation

Worker skills during this phase

Discharge their tension.

The stage in which the person will

Aggression Phase

Don't take client's anger as a personal

Don't become defensive

I don't give a damn attitude

Appears bossy, arrogant, nor assume an

Appears afraid or unsure of yourself

Don't...

Techniques

Crisis Intervention
Embarrass the client
Terminate in a way that will not
(Discuss policy)
Take actions to ensure your safety
Get away ASAP

Terminating the interview

Aggression Phase

Fixed stare
Posture, clenching of jaw or fists
Shortness of breath

Aggression Phase
Tension Reduction Phase

Characterized by a noticeable decrease in the tension level.

Intervention Strategies:
- Process the incident

Video Exercise
When should I bring the Five-O?
New MSA Worker: Washington, DC

Lawmakers introduce bipartisan bill to improve social worker conditions

The new measure would expand eligibility for social workers to participate in the state’s paid family and medical leave program. The bill was introduced by Sen. Lisa Brown, a Democrat, and Rep. Kaia Krilchak, a Democrat.

The bill would also create a task force to study the social worker profession and make recommendations to improve conditions for social workers.

Social workers have been working to improve conditions for the profession, but they say more needs to be done.

"We need to address the disparities that exist in the social workers’ profession," said Brown. "This bill is a step in the right direction."
The National Association of Social Workers is proud to support the introduction of the Workforce Violence Prevention for Health Care and Social Service Workers Act. This bill, or the Health Care and Social Service Workers Act (H.R. 1309), provides support and addresses the importance of the workforce violence prevention and protection. It also focuses on support and the need for protection and education to address the workforce violence.

Thank you, Chairman Adams and ranking Member Strange, and members.
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The Massachusetts Women's History Memorial Committee has been working to commemorate the history of Massachusetts women. The committee issued a report based on H-010-12, which outlines the conditions and experiences faced by women workers and transportation workers.

The committee's recommendations addressed the need to improve the conditions for women workers and transportation workers. The recommendations included the provision of safe and healthy working conditions, the enforcement of labor laws, and the promotion of women's rights.

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Although policies exist that focus on the protection of workers, and social workers, NASW also seeks to enhance the working of medical, family, and community services. NASW is the national association of social workers (NASW) in Washington, DC, in the United States. By working with NASW, social workers can enhance the Federal and Whiting M. Young Jr. Social Work Reimbursement Act. and the Department of Education. The Social Workers' Assistance Program (SWAP) in the Social Work Service, a New Era seen by many. SWAP provides the services necessary to address the needs of social workers in the nation. Congress passed the bill in 1992. The Social Work Service, a New Era. SWAP provides the services necessary to address the needs of social workers in the nation. Congress passed the bill in 1992. The Social Work Service, a New Era. SWAP provides the services necessary to address the needs of social workers in the nation. Congress passed the bill in 1992.
III. Safety Guidelines for Students in the Field

Policies and Procedures

1. Policy - Requirements

The School of Social Work Field Education Department has

2. Procedures

(a) Procedures

(b) Procedures

(c) Procedures

(d) Procedures
VI. Post Incident Protocol

A. Procedure

1. After the incident, the school should conduct an investigation to determine the cause of the incident. This investigation should include interviews with witnesses, the victim, and any other relevant individuals.

2. The investigation should be conducted in a professional and confidential manner.

3. Any findings from the investigation should be documented in a report.

4. The report should be shared with all relevant parties, including the student, the student's parents, and any other individuals who may have been affected by the incident.

B. Disposition

1. If the investigation determines that a student engaged in a violation of the school's code of conduct, appropriate disciplinary action may be taken.

2. If the investigation determines that a student did not engage in a violation of the school's code of conduct, the investigation should be considered closed.

C. Follow-up

1. After the investigation, the school should conduct a follow-up to ensure that all necessary steps have been taken to prevent similar incidents from occurring in the future.

2. The follow-up should include measures to address any gaps in the school's policies or procedures.

D. Confidentiality

1. All information related to the investigation should be kept confidential.

2. Only those individuals who need to know about the investigation should be informed.

E. Support Services

1. The school should provide support services to students who have been affected by the incident.

2. Support services may include counseling, advocacy, and other resources.

F. Reporting

1. If the investigation determines that a student engaged in criminal activity, the school should report the incident to the appropriate law enforcement agency.

2. The school should report the incident to the state's department of education.

G. Review

1. The school should conduct a review of the investigation and the school's response to the incident.

2. The review should include recommendations for improving the school's policies and procedures.

H. Training

1. The school should provide training to all staff members on how to prevent and respond to incidents.

2. Training should include information on how to identify and respond to situations that may escalate.

I. Communication

1. The school should communicate effectively with all stakeholders, including students, parents, and faculty.

2. Communication should be clear, transparent, and consistent.

J. Enforcement

1. The school should enforce its policies and procedures to ensure that all students are treated fairly.

2. Enforcement should be consistent and fair, and should be based on evidence and facts.
their safety policy which was used in developing the SSW safety policy.

Simmons SSW thanks Boston University School of Social Work for sharing any other issues relevant to the situation.

Together, they will assess the student's readiness to return to the field and take in providing regular feedback as necessary. The Director of Field Education will document the incident and the steps being taken to address it.

The School of Social Work should be made aware of the student's physical and emotional well-being. The Director of Field Education immediately to discuss what actions the agency
organizing for office safety

leadership lessons:

stepping into a great career in social work:

the door is always open. it's the hinges of common sense.
Safety Tips for Home Visits From a Veteran NVC Social Worker.

1. Always be visible and assess the surroundings—both inside and outside a client's home.
2. Never stand too close to an open door or near a sliding glass door.
3. If you come home with a new person, you can go in the kitchen immediately and introduce yourself.
4. If you feel unsafe due to an interview and believe you may be in danger, consider seeking help from a colleague.
5. If you're in a home with more than one person, you can always call out the name of the person you're with.
6. Be sure to inform your supervisor and someone else of your presence.
7. If you're staying in your vehicle while a police officer questions you, always keep your keys and phone within reach.
8. Always carry a safety card to show law enforcement that you are a social worker.
9. Always carry a record of the client's name, address, and phone number.
10. Don't let a client see you off the premises.

Tips for Home Visits:

- Secure the doors and windows.
- Be sure to inform your supervisor and someone else of your presence.
- Always carry a record of the client's name, address, and phone number.
- Always carry a safety card to show law enforcement that you are a social worker.
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Guidelines for
National Association of Social Workers

Social Work
Safety

In the Workplace

Visit www.payscale.com for more information on career Me. Gender, please:

1. Always wear comfortable clothes and shoes when working in the office.

2. Field trips are regularly scheduled. Standing and climbing stairs.

3. Wear comfortable shoes and dress shoes.

4. Always take breaks.

5. Field trips are regularly scheduled. Standing and climbing stairs.

6. Wear comfortable shoes and dress shoes.

7. Eat and drink within the guidelines.

8. Avoid eating and drinking in the guidelines.

9. If you have any magic items, put them in a box.

10. Wear your hand to keep:

11. Keep a box of soap and water handy:

12. Wash your hands regularly:

13. Keep a box of soap and water handy:

14. Wear your hand to keep:

15. Keep a box of soap and water handy:

16. Wear your hand to keep:

17. Keep a box of soap and water handy:

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38. Wear your hand to keep:

39. Keep a box of soap and water handy:

40. Wear your hand to keep:

41. Keep a box of soap and water handy:

42. Wear your hand to keep:

43. Keep a box of soap and water handy:

44. Wear your hand to keep:

45. Keep a box of soap and water handy:

46. Wear your hand to keep:

47. Keep a box of soap and water handy:

48. Wear your hand to keep:

49. Keep a box of soap and water handy:

50. Wear your hand to keep:
Introduction

...
Guidelines for Social Worker Safety in the Workplace

1. Workers should be informed of potential hazards in the workplace.
2. Workers must be given adequate opportunity to practice safe work habits.
3. Workers must be allowed to consult with health and safety experts.
4. Workers must be adequately trained in safety.

Residents should:

1. Report any incidents to their immediate supervisor.
2. Report any incidents to the Safety Committee.
3. Report any incidents to the Social Worker.

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Standard 6. Risk Assessment for Field Visits
Social workers should assess and take steps to reduce their risk for violence prior to each field visit.

Interpretation
Social workers who make visits to clients in the field may be subjected to a range of safety risks. Prior to each field visit, social workers should conduct a risk assessment that includes the following:

- **Assessment of environmental factors**
  - Does the worker have a complete and exact address of the visit, to avoid appearing lost or confused?
  - Does the neighborhood pose risks for violence?
  - Is the visit scheduled at a time of day that is more risky than other times?
  - Are there other factors that may pose a risk for violence or danger (weather or disaster conditions, extreme heat or cold, icy roads)?
  - Have any events occurred in the neighborhood within the last 48 hours that might increase risk (for example, homicides, abductions, robberies, drug raids)?
  - Does the area have reduced reception for mobile devices (for example, tunnels, rural areas)?
  - Will identification of the social worker's agency (for example, vehicle logo) increase risk?
  - Are there groups or individuals in the path to the home or near the location of the visit?

- **Assessment of client's living space**
  - Does accessing the space require the use of an elevator or flights of stairs?

- Are common spaces well-lit and clean?
- Are exits easily accessible?
- Who is likely to be in the client's home during the visit?
  - children
  - parents
  - other relatives or friends
  - pets, including guard dogs
- Is the client, family members, or friends of the client known to engage in criminal or dangerous activities in the home?
- Is there an increased risk of disease, infection, or pests in the home environment?
- Is the family known to have weapons?

- **Assessment of proposed work activities**
  - Will the social worker engage in high-risk activities during the visit (for example, removing a child, notifying of reduction in benefits, terminating parental rights, executing a civil commitment procedure, helping a domestic violence victim to a safe house; delivering other potentially unwelcome information)?

- **Assessment of increased risk due to client's condition**
  - Does the client have an active substance abuse problem, particularly with alcohol?
  - Does the client have a mental illness or personality disorder, particularly if untreated?
  - Does the client have a history of or frequent violence or threatening behavior?
  - Does the client have a communicable disease?

- **Assessment of worker vulnerability**
  - Working alone
  - Visible physical conditions that may increase vulnerability (pregnancy, disabilities, use of cane or walking aid)
The document contains an image with text that appears to be a diagram or flowchart related to social work practice during their student years. The text is not legible due to the quality of the image.
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Social Worker Safety: Tips and Training for Social Workers

February 16, 2021

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Social workers help people overcome personal challenges, from homelessness and poverty to domestic violence and children’s behavioral issues. Although the career can be deeply rewarding, social workers can be at risk of physical and emotional violence, threats, and verbal abuse in their work.

Knowing the potential risks involved in the profession is essential. Equally important is an understanding of the laws and regulations designed to protect social workers. For example, a key aim of the Protecting Social Workers and Health Professionals from Workplace Violence Act of 2019 is to fund safer workplace measures for social workers. Promoting social worker safety in the workplace plays a critical role in attracting individuals to be part of a rewarding career that helps society’s most vulnerable.
Why Is Social Work a Potentially Dangerous Profession?

Social workers must remain level-headed even in high-stress encounters, such as emotionally charged situations, to minimize conflict. However, sometimes difficult circumstances can lead to physical acts of violence against a social worker. The National Association of Social Workers (NASW) reports that social workers and related occupations are "nearly five times as likely to suffer a workplace violence injury than workers in other sectors."

Is social work dangerous? It can be. Consider examples of potentially hazardous scenarios.

Removing a Child from an Unsafe Environment

Social workers may be involved in cases of physical and mental abuse, neglect, or mistreatment of children. After conducting investigations and interviews with family members, they must assess whether a home environment endangers a child's health and welfare. If an environment is determined to be unsafe, a social worker may recommend that a child be separated from the family. Parents may react with violence, insults, or threats upon hearing that decision.

Working with Individuals with Mental Illness

Although most people with mental health issues are nonviolent, some may react to what they see as a social worker's interference with their lives with threats of violence or abuse.

Visiting Clients in Risky Environments

Vulnerability, driven by socioeconomic concerns, can create potentially dangerous situations for social workers. For example, social workers may need to visit clients alone in at-risk neighborhoods. Social workers may also work in environments such as prisons and juvenile detention facilities where they can be exposed to violence.

Keeping People Healthy

A key part of a social worker's responsibility is to support people with their health care issues. From helping individuals navigate the complex health system to providing lifesaving information during outbreaks such as the COVID-19 pandemic, social workers regularly interact face-to-face with clients in their efforts to help keep people safe. Social workers may place themselves in danger of contracting transmissible diseases.

What Types of Violence Do Social Workers Encounter?

Social workers may face physical assault, including getting kicked, punched, or being attacked with a weapon. Additional acts of violence endangering social workers' safety include attempted assault, property damage, and threats. Verbal abuse may include being made fun of, getting cursed at, or receiving relentless insults.

Social workers working with children and families can experience a higher rate of violence than those in other fields. Child welfare caseworkers have to make difficult decisions about children's safety, potentially putting them at risk. For example, parents with a history of domestic abuse may react violently to a social worker's assessment. Abuse can also come from teenagers with a history of violence, putting social workers at risk of being hurt physically, psychologically, and emotionally.

Safety Tips for Social Workers

The laws that protect social workers from various types of violence combined with pre-visit planning and strategies to de-escalate dangerous situations can help social workers' safety.

Pre-visit Planning

Social workers should inform supervisors before meeting with clients. It may be necessary to alert security or law enforcement professionals for clients known for their unpredictability and violent history. Additional pre-visit plans include the following:

1. Ensure that clients know your arrival time and be specific about the purpose of your visit to prevent them from being surprised or startled.
Get to know the neighborhood of the home you plan to visit. Before arriving at your appointment, use Google Maps to familiarize yourself with the area, including locating the nearest police station.

Provide clear information to your employer about your whereabouts. Share details about who you'll be visiting, specifying the time and the planned length of your visit.

Be prepared with code words or phrases that alert your employer and colleagues to an emergency or a dangerous situation.

Use a mobile phone app such as BSafe that by touch or voice activates an SOS alert, including your location and live GPS tracking.

De-escalation Tips

Even with the best-conceived plans, a sudden conflict may arise. Strategies for de-escalating stressful, confrontational, or violent scenarios may not control others' reactions, but can lead to a peaceful resolution. Social workers are focused on empowering individuals to overcome some of life's biggest challenges. With patience, a calm demeanor, active listening, and compassion, social workers can also help clients respond to a crisis mindfully. Below are examples of strategies that can be used to de-escalate tense encounters with clients:

- Stay calm and listen actively. Sometimes clients just need to be reminded that social workers are there to help.
- Demonstrate empathy and be nonjudgmental. Clients under immense pressure and with traumatic experiences may not always respond reasonably. Nonetheless, instead of pointing out flaws in their reactions, understand where they come from rather than judging them, and show grace under pressure.
- Keep a safe distance. In a high-pressure situation, the space between two people at odds gets smaller. By creating space, you not only protect yourself but also improve the chances of avoiding an escalation.
- Be aware of body language. Kind and empathetic words can be useful in de-escalating a situation. By matching your words' thoughtfulness with your voice, body language, and facial expressions, you help diffuse defensiveness.

The Importance of Personal Safety Training for Social Workers

Social workers make difficult decisions, such as denying benefits that may impact a client's financial well-being. This can lead to physical acts of violence or verbal abuse against them. Personal safety training for social workers can help social workers prevent and address the challenges. The following sections contain examples of safety tips for social workers.

Building Resilience

Social workers receive training to help them handle emotionally charged situations. However, stress can take a serious toll. According to a study in the journal Child Abuse & Neglect, the consequences for child protection workers can be psychological, manifested as fear or nightmares, organizational, causing low motivation or sick leave, and clinical, which can result in avoidance and emotional detachment from clients.

Problem- and emotion-focused coping strategies are "significant predictors of resilience," according to a study in the journal International Social Work. Problem-focused coping strategies help alleviate stressors, while emotion-focused coping strategies help individuals manage their emotions. The study found that education programs can help social workers manage stress more effectively using these coping skills.

Social Worker Safety Policies and Training

Agencies and organizations that hire social workers can implement policies, procedures, and systems to promote safety. For example, agencies can provide easy access to alarm systems that alert colleagues of a safety risk. Other strategies include requiring open meeting spaces visible to more than one other person in the office and restricting access to objects that can be used as weapons.

In addition to providing safe environments for social workers, workplace safety training adds another layer to social worker safety. Personal safety training helps social workers understand and prepare for dangerous scenarios.

Training programs can cover communication-related concepts, such as speaking calmly with a clear and direct approach. Often, clients who become violent are angry at the situation, not the workers, and social workers who react without becoming defensive are more likely to successfully navigate an encounter. Training may emphasize that telling a client to calm down may trigger a negative response, so a calm demeanor is more likely to successfully de-escalate a situation.

Risk assessment is another critical part of safety training. For example, situational awareness can include assessing a client's history, including previous social workers. Other areas covered in training may consist of engaging in crisis communication, identifying rage and triggers, and treating violent clients.
Social Worker Home Visit Safety Strategies

Social workers should approach adults and children differently. Rapport building is vital to establishing trust with parents. The strategies for establishing rapport include the following:

- **Approaching adults with an open mind**
- **Finding out what's important to adults**
- **Listening to an adult's explanation of the situation without correcting them or being argumentative**
- **Asking open-ended questions in which adults are allowed to offer their perspectives**

Straightforward communication, setting visitation expectations, and describing their role in the family dynamic help clarify the process's ambiguities. Social workers must also provide parents with a sense of control by inviting them to participate in planning and scheduling.

Building trust is also at the heart of a social worker's approach to children, especially those who have faced violence, abuse, or neglect in the home. Children experiencing adversity such as abusive or incarcerated parents or families struggling with substance abuse may have feelings of anger, shame, and trauma. Social workers must validate children's emotions and encourage them to share their feelings in an open, honest environment, offering:

- **Clear and honest interactions**
- **Respect**
- **Opportunities to share concerns and wishes**
- **Clear options and choices, which reduce anxiety and opposition when children are asked questions**

Another vital aspect of social worker home visit safety strategies is cultural competence. Successful social workers are committed to cultural understanding and respecting the diversity of their clients. This understanding helps social workers earn their clients' trust, resulting in improved outcomes.

Consider additional safety strategies and techniques when visiting a client at home.

Dress Appropriately with Minimal Jewelry

Wearing proper attire facilitates ease of movement, and minimal jewelry makes social workers less of a potential target. Placing valuables in the car's trunk before driving to a client's home means not attracting attention.

Be Mindful of Pets

Social workers should call ahead of an appointment to check if a family has pets. If a social worker is allergic, alternative plans can be made. In some homes, pets can also be victims of violence, abuse, or neglect, increasing the chances that they can be dangerous.

**Keep a First-Aid Kit in Your Car**

A first-aid kit can be useful if a social worker is physically harmed during a visit. In the case of a bruise, cut, or injury, this handy health resource can help a social worker care for themselves and avoid infection or further injury.

**Trust Instincts When Sensing Danger**

Social workers should be mindful of their surroundings, familiarize themselves with clients' neighborhoods, be sensitive to warning signs, and trust their instincts.

**Ask Permission to Hold or Handle a Child**

Parents often feel vulnerable during visits, and feeling a lack of control may make them aggressive toward a social worker. A social worker should never assume that parents are OK with others holding a child, but should always ask permission.

**Keep Personal Information Private During a Home Visit**

Part of building rapport includes sharing information that makes others feel comfortable, but it's never a good idea for a social worker to share personal information that can put them and their loved ones at risk. Social workers should ensure that their personal information is kept private.

**Carefully Approaching Important Situations**

Throughout the U.S., communities, especially in rural areas and inner cities, lack access to critical social services and health resources. Social workers work in schools, hospitals, prisons, government agencies, and nonprofits to help individuals, families, and communities overcome adversity.

While social work is rewarding, it is potentially dangerous. The Centers for Disease Control and Prevention (CDC) reports that of the 20,790 workers who experienced traumatic workplace violence in 2018, 73% of them worked in health care and social assistance roles. Social worker safety is worth considering when pursuing a career in the field.
Ohio University’s online Master of Social Work program prepares graduates to understand how social needs and policies affect populations. It also prepares them with a comprehensive awareness of the impact of social work values and ethics. Graduates receive real-life experience in helping individuals from rural and marginalized communities overcome life’s biggest challenges. Learn more about how Ohio University can help you pursue a meaningful career as a social worker.

Recommended Readings

Career Spotlight: Marriage and Family Therapist
The Complicated Role of Alcohol in Crimes of Abuse and Domestic Violence
Social Workers Reducing the Impact of Poverty

SOURCES:

BBC, “Social Work: ‘I Had a Parent Screaming Foul Names at Me’”
B3Safe, Features
Centers for Disease Control and Prevention, Occupational Violence
Child Welfare Information Gateway, Domestic Violence and Worker Safety
Crisis Prevention Institute, “How to Stay Safe During Home Visits”
National Association of Social Workers, Infectious Diseases
National Association of Social Workers, Social Work Safety
National Association of Social Workers, Social Worker Safety
National Association of Social Workers, Massachusetts Chapter, Workplace Safety
SAGE Journals, “Do Stress and Coping Influence Resilience in Social Work Students? A Longitudinal and Comparative Study from India”
ScienceDirect, “Violence Against Child Protection Workers: A Study of Workers’ Experiences, Attractions, and Coping Strategies”
Social Work Today, “Violent Crime and Social Worker Safety”
U.S. Bureau of Labor Statistics, Social Workers
Washington State Department of Social and Health Services, Cultural Competence

ISSUE BRIEF

Protecting Social Workers and Health Professionals from Workplace Violence Act of 2019 (S. 2880/H.R. 5138)

BACKGROUND

Tragic incidences of violence against social workers and health professionals in the workplace are increasing. Between 2011-2013, there were 23,000 workplace assaults, and nearly 75% of these were in healthcare and social service settings. In 2015, the Bureau of Labor Statistics found that health and social service workers were nearly five times as likely to suffer a workplace violence injury than workers in other sectors. Social workers and health care professionals provide essential mental health and social services to individuals in need of services, particularly in out-patient and in-patient settings such as hospitals, home care agencies, child welfare departments, community-based clinics, and schools. Social workers face unique pulls of violence at work, as they typically provide services outside the four walls of an office, such as in client homes and community-based settings.

For too many social workers and health professionals, their jobs cost their lives.

The alarming statistics do not capture the substantial number of nonreported assaults, which, according to some surveys, are as high as 85% of all assaults. A 2014 national study by the National Association of Social Workers of 10,000 licensed social workers found that 44% of the respondents reported facing personal safety issues in their primary employment setting, and 30% felt that their employers did not adequately address safety issues.

Addressing this growing epidemic of workplace violence is a key success factor in reducing provider burnout and increasing retention. Promoting workplace safety is also crucial to ensuring a sufficient mental health and health workforce. This issue is especially acute in the many geographic areas where there is a severe shortage of qualified mental health providers or health professionals. As our nation strives to build a skilled workforce to meet client and patient needs in shortage areas, promoting workplace safety will play a long way in attracting social workers and health care professionals to be a part of this workforce. Finally, preventing workplace violence is also essential in providing a healing environment for clients. When clients witness violence in these settings, it can set back treatment months, if not years.

POLICY SOLUTION

The bipartisan Protecting Social Workers and Health Professionals from Workplace Violence Act of 2019 (S. 2880/H.R. 5138) will promote safer working conditions by establishing a grant program within the Department of Health and Human Services to fund the implementation of workplace violence measures. The grants may be used by States, Indian Tribes, Tribal organizations, and urban Indian organizations to deploy safety equipment (such as security cameras and GPS locators), make facility improvements, implement safety training programs, and provide support services for professionals who have been victims of violence. The bill provides $10,000,000 per year to be awarded over 5 years.

This legislation was introduced by Senator Kirsten Gillibrand (D-NY) – who is also a social worker – and Senator Lisa Murkowski (R-AK), as well as Representatives Julia Brownley (D-CA), and Elise Stefanik (R-NY).

For more information contact:
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**SOCIAL WORKER SAFETY TIPS**

## WORK ARRIVAL:
- Organize before leaving home
- Visually check parking lot when you arrive
- Are suspicious vehicles or persons in the lot?
  - Obtain plate number if possible
  - Vary your parking
  - Do not park next to van or truck
  - Do not unlock the door to admit stranger
  - Sound your horn if menacing stranger remains around your vehicle
  - Cellular phone – call 911 assistance
  - Be alert and aware of surroundings
  - Visually check building when arrive
  - Have key or swipe card ready
  - Do not converse with strangers

## TRAVELING TO SITE:
- Do not keep things out in open in car
- Lock purse / valuables in car prior to leaving for visit
- Keep car in working order with at least 1/2 tank of gas
- Drive with doors locked
- Park in well-lit, visible area and lock the car doors (do not park in the driveway or directly in front of the house)
- Observe the premises for suspicious activity; listen for threatening sounds
- Listen to your body language, if you feel unsafe at anytime, LEAVE
- Do not slam car doors
- Do not walk on lawns
- Knock and use doorbell
- Give eyes a chance to adjust to light (before entering)
- Carry as little as possible into home
- Return to car with key ready, check front and back seat and floor before getting in
- If you are being followed, do not drive home; drive to nearest police or fire station and honk your horn or drive to open gas station or business where you can safely call the police
- Do not leave the car unless you can walk into the building safely
- If possible, have a cellular phone in your car for emergencies; it may save your life!
- Always carry small flashlight with you (in purse or car)

## DURING THE VISIT:
- Visually check others present during visit
- Assess person’s emotional state
- Avoid sitting in the kitchen (many possible weapons; boiling water, knives)
- Always wait to be invited to sit
- Sit in straight-backed chair (easier to rise from chair in a hurry)
- Be aware of all possible exits in the house
- If there are dogs in house, ask client to remove them due to your allergies
- Ask to turn the TV off, as “I have trouble hearing
- Restate the goal of the visit
- Maintain a respectful and courteous attitude
- Respect the individual’s personal space (maintain an appropriate distance)
- Keep a clear path to the door
- Avoid positioning self so that you become trapped if needed to make quick exit
- If situation escalates, LEAVE
- Avoid giving out personal information, such as address or phone number
- Visually check the surrounding area or parking area when leaving
- ALWAYS carry car keys in same place where they are readily accessible

## OFFICE VISITS:
- Plan an emergency escape route
- Beware of how to gain help and to call law enforcement
- Know if 911 can be called directly or if other numbers must be called first
- Arrange furniture in office to prevent entrapment (sit where you have quickest access to the doorway)
- Avoid working alone in office after regular working hours; notify someone you are working late and keep all exterior doors locked
- Avoid seeing clients alone after hours
- Have co-worker attend meeting when interviewing possibly threatening clients or if you feel your personal safety might be threatened
- Keep desk and office clear of objects that could be used as a weapon (store letter opener in desk drawer)
- Avoid giving personal information during interview
- Keep your automobile locked at all times

## DEFUSING TECHNIQUES:
- Keep it from escalating; try to stay calm and listen attentively
- Avoid sudden movements
- Avoid confrontation
- Maintain eye contact and personal space
- Keep situation in your control
- Use calm tone when speaking
- Do not argue with person
- Signal a co-worker or supervisor that you need help (try not to let angry client see this, as it may escalate situation)

*Information collected from:
Joe McAnally, Montana Department of Public Health and Human Services; AMRIG Associates Limited, Investigation and Security Consulting.
De-escalating Volatile Situations Seminar presented by Carolyn Miller*
Safety Awareness for Social Workers: Tips Learned Along the Way
by Veronica Hardy, Ph.D., LCSW, CCTP

It was the 1990s, a time when cell phones barely existed and I had just transitioned from using a typewriter to a word processor. It was my second field placement in the graduate social work program. One of my responsibilities was engaging in home visits with an adolescent male who was court committed to a residential facility for delinquent behaviors. During that first home visit in Philadelphia, PA, my field supervisor gave me a few tips while we were pulling into a parking space. He told me to avoid placing my bag on the floor, to view my surroundings upon entering the home, and never to sit with my back to the door. I was to always position myself in a way that I could get out in case of an emergency or a threatening situation.

These are tips that I practiced for each subsequent home visit.

This field placement eventually became a job offer when I graduated. Over my time there, I received more tips. For example, I was taught to “listen” with my community in the field. I learned to hold back and avoid walking with a noticeable gait that would signal I was off to do something. I was encouraged to sign out the company car. Other than using my own, the agency would know my whereabouts if the car did not return by the end of the workday, that was a signal that something was wrong.

A couple of years later, I moved to a different residential facility as a social worker/therapist. The children were ages six through 18. They were there for multiple reasons, such as serious behavioral concerns, mental health diagnoses, or traumatic family events. I had the role of providing individual counseling, case management, and home visits to help facilitate reintegration. I enjoyed working with this age group and learned more tips for safety along the way.

I was again encouraged to use the agency vehicle. This agency had cell phones with original bulky gray versions that could sign out. We were also encouraged to pair up with a colleague and combine home visits on the same day. This way, we would have support. These tips were great for a novice master’s level social worker.

Over the years, I kept collecting and practicing tips—ever those that would increase my safety within my office space. These included returning and keeping doors locked, leaving only one exit open, not leaving work on the refrigerator, and not leaving the office when it was empty. I was also encouraged to keep my desk clear of objects that could be grabbed by another person and used as a weapon against me, such as scissors. Another tip was to avoid wearing a layered keychain around my neck, as someone could easily grab it and cut off my breathing. In addition, I was advised to request panic buttons on phone offices to enhance workplace safety. The list of tips kept growing, and each had a valuable role as I practiced social work.

When I reflect back, I realize that the knowledge of my field supervisor and colleagues strengthened my safety awareness while engaging in social work practice. As social workers, we are encouraged to practice self-care methods, and I have found safety practices to be an important self-care component. Now that I am a social work educator, I have taken steps to prepare students through integrating safety topics into their classes. This has included discussing experiences that other social workers have had regarding violence in the office, at parking lots, or during home visits. Although rare, it is important for students to know what has happened, what could happen, and ways to decrease the chances of experiencing harmful events.

One semester, a student even jokingly asked, “Dr. Hardy, are you trying to get us to leave the program?” This was followed by a “thank you” for sharing such information so they could be prepared for circumstances that they had not previously considered.

Another semester, I had the opportunity to invite a self-defense expert to a social work practice class. The students were very engaged as he taught them multiple techniques for transitioning out of a threatening situation, including ways to de-escalate by using their words. It was great to see students in their first semester of an MSW program gain knowledge about safety measures in the early phase of their education. This knowledge could then be used in their upcoming field placements and careers in social work.

I tend to encourage students to self-educate, ask questions, and read articles outside of class requirements. Their semesters are often busy with balancing coursework, family, employment, and other life responsibilities. I empathize with this through my own educational transitions and questions, “What would have prompted me to learn more about social worker safety throughout my education?” More than likely, it would have taken one of my professors prompting me to learn about the topic through sharing social worker safety experiences. Considering this question has been an influential factor toward integrating this topic into courses I facilitate, posting information on the bulletin boards in the social work department, and using the announcement feature of online course systems to provide news and practice updates.

I have also found that one of the most valuable sources of information is

Social Worker on the Shelf
According to her Instagram account, Social Worker on the Shelf is sent by the state board every December to magically show the skills, knowledge, and ethics of a competent social worker.

“Linda” started as an idea I had one day after class talking with my wife. I started her in response to the “Elf on the Shelf” trend. I wanted a way to distract my students from finals and to do something kind of silly to reinforce some of the things we had discussed all semester. Linda actually turned into something a little more meaningful. First of all, she has become a catalyst for discussion on social media between people who may not have the same values as social workers. Second, she has helped educate people, both social workers and non-social workers, about what social work is and what we do. I think Linda will become a mainstay in December for years to come.

Read more about the Social Worker on the Shelf project on THE NEW SOCIAL WORKER’s website at: http://www.newsocialworker.com/future-articles/article-social-worker-on-the-shelf-what-backs-teach-me-about-feminism/ 

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The New Social Worker Winter 2016
Instrumental, Interpersonal or Holistic: Social Work Managers' Conceptions of Safety in the Psychosocial Work Environment

Kettil Nordesjö

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Social work managers need to acknowledge potential tensions between these logics, since they may be in conflict with each other. Regulating the psychosocial work environment according to a logic of regulation may create calculation and suspicion and hinder trust in accordance with the logic of security, which is difficult to reestablish when violated (cf. Webb, 2006). This resonates with the increase of proceduralism and bureaucratization of social work practice that may lead to a more top-down controlling approach, which, impedes bottom-up participation, constrains the relationship between social workers and clients, and almost always result in more procedures to regulate practice (Jones, 2010). Similarly, risk management procedures may leave relational aspects of social work practice under-emphasized and under-theorized (Broadhurst, Hall, Wastell, White, & Pithouse, 2010). Also, focusing on conforming to external rules and routines for safety may affect social work practice by hindering flexibility and innovation, increasing a fear of making errors and creating distrust between managers and employees (Jerk-Zuidereit, 2012; Lawler, 2015; Törnér et al., 2013). How social work managers deal with safety in the psychosocial work environment may also be influenced by different logics that may thus have implications for social work practice as well as the relationship with clients. In the remainder of this introduction, literature relevant to the management of risks and safety in social work is discussed. The introduction ends with the article’s aim and research questions.

**Literature Review**

The management of safety in social work implicitly relates to risks. The traditional quantitative risk analysis assumes an objective and true level of risk that can be assessed through standardized techniques. But what is seen as dangerous and an acceptable risk in the psychosocial work environment might vary between contexts and is influenced by social processes and cultural patterns (Antonsen, 2009). For example, risks can be relevant to a self-identity as a part of the social work profession (Kernbühl, 2010) where one has to "take it as a fact of life and not as a competition, or as a way of living it up in any way."

This article investigates how social work managers in the social services deal with safety in the psychosocial work environment to handle such risks, in the presence of two different logics (Webb, 2006). In the first logic, the logic of regulation, social work managers enforce and implement external pressures of auditing and standardization, which regulate risk through tasks and procedures that are fundamental for an organization to operate, and are deeply embedded in the organizational culture and values that set the rules and routines for safety (Dollard & Bakker, 2018). Supportive management is important for social workers' retention (Frost, Hojer, Campanini, Sicora, & Kullberg, 2018), trust between managers and employees (Törnér, Elkoft, Larsman, & Poussette, 2013) and implementation of safety measures is best carried out bottom-up through the involvement of employees (Kwik & Rickfors, 2018).

**Keywords**

social work management; safety management; psychosocial work environment; phenomenography
The two perspectives of the safety literature resonate with the character of social work management, where managers are forced to deal with both organizational and professional ideals and tasks. A results-based, task-oriented leadership needs to be balanced with a process and people-oriented leadership where professionals are supported (Schmid, 2010). There are thus two sides to safety management. On the one hand, management is broadly associated with efficiency, regulation, bureaucratic processes and administrative duties (Shanks, 2016). Consequently, while social work practitioners value professional individualized judgement for its flexibility and responsiveness to individual factors, social work managers value predictable knowledge for its consistency and accountability (cf. Halford-Letchfield & Lawler, 2013; Kernshall, 2000; Webb, 2006). On the other hand, social work managers will not necessarily show loyalty and commitment to the organization rather than the profession. They often have a social work background, see themselves as social workers rather than managers (Evans, 2011), and are as much recruited and valued by their employees for their social work competence as for their managerial skills (Shanks, 2016). Like their employees, they have discretionary space and may be considered street-level bureaucrats with “a certain leeway in defining the organizational conditions of policy work achieved by street-level workers” (Hupe, Hill & Buffat, 2015, p. 325). This is also suggested to hold true for senior managers (Evans, 2016).

Hence, social work managers are not necessarily characterized by, and limited to, managerial levels and may take different positions (cf. Shanks, Lundström, & Wiklund, 2015). In the context of safety in the psychosocial work environment, these positions may allow them to manage safety corresponding to stability or adaptability, a compliance or participatory safety behavior, and more generally, the logics of regulation and security.

**AIM AND RESEARCH QUESTIONS**

Although research has highlighted duality in safety management and how social work managers may take different managerial positions, little research has combined the two research strands and addressed how social work managers approach the management of safety in the psychosocial work environment in organizations with potentially conflicting logics of regulation and security. One way to investigate this issue is to study social work managers’ conceptions of safety. Depending on these conceptions, managers may differ in approaches to and implementation of safety management, and subsequently social workers’ strategies (cf. Lambkin, 2010). Exploring managers’ conceptions is essential for elucidating what support is required in implementation (cf. Mosson, Hasson, Wallin, & von Thiele Schwarz, 2017).

The aim is to understand how social work managers deal with safety in the psychosocial work environment in social service organizations with potentially conflicting logics of regulation and security. This is done by interviewing 27 social work managers on different levels in the social services in a large Swedish municipality. The research questions are:

1. How do social work managers conceptualize safety in the psychosocial work environment?
2. What are the implications of different conceptions of safety in the psychosocial work environment for social work management?

Next, the research methods are described and the results are presented. Social work managers’ conceptions of safety in the psychosocial work environment. These three conceptions are then discussed in relation to the presented dualities and logics, followed by a conclusion.

**METHODS**

In order to describe how managers conceptualize safety in the psychosocial work environment, a phenomenographic approach was used (Marton, 1981). It starts from the understanding of a problem or the situation to be dealt with in order to understand how people deal with it — in this case safety in the psychosocial work environment (Avby, Nilsen, & Abraham Dahlgren, 2014). There are a limited number of qualitatively different ways to understand and make sense of a phenomenon. These conceptions signify the relationship between what is conceived and how it is conceived (Sandberg, 2000). Phenomenography involves description rather than interpretation, aims to achieve conceptual rather than topological description, and investigates differences rather than similarities (Dahlgren & Fallsberg, 1991).

**Sample**

The study was carried out within the social services departments of two city districts in a Swedish municipality. In each district, managers from two different units of the departments were interviewed: child welfare and social assistance. In one of the districts, managers working with addiction and debts were also interviewed. The units are both people-processing and people-changing (Hasenfeld, 1983), meaning they both categorize clients for other parts of the social services and work with face-to-face social work to improve clients’ situations. Particular to the Swedish context is the way in which the Social Services Act does not give much guidance in individual cases, giving managers and case-workers extensive discretion in individual assessments. Similar to an American (Kim & Kao, 2014), European (Frost, Højer, Campanini, Sicora, & Kulbarg, 2018) and Swedish (Tham & Meagher, 2009) pattern for social workers, both areas have a high caseworker turnover, indicating potential work environment problems.

The districts were chosen due to their shown interest in the standardization of social work and managers’ psychosocial work environment in an earlier research project. Department managers were contacted and an invitation to an interview was sent to 32 managers on all levels in the districts’ units, of which 27 agreed. As other phenomenographic studies have shown, 20 interviews is an adequate target in order to find varying conceptions (e.g. Sandberg, 2000). Managers differed in level and years of experience (see Table 1). In general, the higher the managerial level, the longer the experience. All interviewees had a bachelor in social work and experience of social work practice. It should be noted that deputy heads of units do not formally have staff liability but supervise professionals and are a link to professional practice. Still, several managerial duties and tasks are delegated to them, which makes them both qualified and significant to contribute to the overall aim of the study. In all, the variation in units, districts, managerial levels and experience ensured a variety of social service managers.

**Instrument**

A semi-structured interview guide was used with the themes background, management and leadership, psychosocial work environment and risks and safety. For this phenomenographic article, three questions were essential:

- “What does safety in the psychosocial work environment mean for you in your workplace?”
- “How do you manage and influence safety in the psychosocial work environment?”
- “What are the challenges to managing safety in the psychosocial work environment?”

The questions were thus open-ended in order to leave it to the interviewee to define, reason and reflect, but structured in order to capture both definitions and action in relation to safety in the psychosocial work environment. The interview guide was pilot tested and adjusted in another municipality prior to the study.

**Procedure**

Managers were interviewed individually by the author during one month in early 2018. Interviews took place...
in interviewers’ workplaces and lasted 40–90 minutes. They were recorded, transcribed verbatim, and organized in the NVivo 11 software. The study has been subject to ethical review and approved by a Swedish regional ethical review board (Ref. 2017/318). Information about the study and interview was sent in advance, and informed consent was obtained from all interviewees.

Data analysis

The seven-step process of phenomenographic analysis by Dahlgren and Fallsberg (1991) was used (cf. Avby et al., 2014):

1. The transcripts were read in their entirety to get acquainted with them.
2. Significant statements by the interviewees relating to the research question were marked.
3. The statements were then compared in order to find similarities and differences. This resulted in four different aspects of safety in the psychosocial work environment, i.e., different individual ways to describe the phenomenon: basis for safety, the relationship between risks and safety in social work, managing safety, and when, where and how questions of safety are discussed.
4. Statements with similarities were then grouped in empirically based categories as conceptions of safety in the psychosocial work environment.
5. Similarity between statements was explored and described in tandem with the aspects from step three.
6. When sufficiently clear, the categories were labeled the instrumental, interpersonal and holistic category. They are delimited conceptions of managing safety in the psychosocial work environment and do not represent individual qualities among interviewees.
7. Categories were hierarchically ordered in an outcome space by searching for relationships between them. The hierarchy indicates that a higher category encompasses the lower categories. There is thus an increasing comprehensiveness from the instrumental to the interpersonal and finally the holistic conception, where the latter contains elements of the former two.

The seven-step process is not to be followed strictly but allows for an interplay between the steps (Dahlgren & Fallsberg, 1991).

Results

The phenomenographic analysis resulted in three categories, i.e., qualitatively different conceptions of safety in the psychosocial work environment (see Table 2). The three categories are described in the remainder of this section, starting from the lowest category, the instrumental.

The Instrumental Conception

The first category emphasizes rules and regulations to handle risks and ensure safety. Managers’ primary concern is to make sure employees follow routines for safety. The relationship between risks and safety in social work is the unpredictability and lack of knowledge of new clients, which demands safety measures in terms of physical surroundings and alarms. Managers’ signatures on diverse documents make them more visible, and some managers have been physically hurt some time during their careers. A characteristic experience is that threats and violence have become more common and have come closer, not least through social media:

It’s easier to send threats today through emails and post something on Facebook. [Clients] record conversations with [caseworkers] and post them on the web and make fun of them [...]. Caseworkers find it uncomfortable. […] this just didn’t exist before. Or they post entire investigations that you’ve written. People read them online and say, “Oh, such worthless investigations, this caseworker is incompetent, she does bad assessments” and so on… it didn’t happen before. (H01e)

Managing safety is about having employees inform and reminding them about wearing personal alarms from the reception in client meetings and during home visits in child welfare.

It is crucial for employees to be updated on policies, plans, rules and routines concerning threats and violence. The individual responsibility is emphasized:

I can remind them constantly, but it is still the responsibility of the employee to know about these routines that apply in the workplace on safety, privacy, safety and risk assessments. Constantly checking that they are doing their thing is impossible. I’m thinking they are adults working here who should be aware of these routines when it comes to these very serious things and follow them. I expect everyone to follow them. I might be stupid but I can’t expect less because then I would have to walk around and be worried all the time, you understand what I mean? (D10u11)

One senior manager who takes this view is aware that not all employees follow the routines that make managers responsible for incidents:

We’ve said that now people have to sign agreements so that we know they’ve read [the routines]. Should anything happen, as managers are responsible for everyone having read them and understood them. That’s something you have to continue to work with, when you deal with threats and violence. (H01e)

Joint discussions on questions of safety in this category take place at workplace meetings where updated routines or plans against threats and violence are presented. If something happens, routines are revised. Managers can use introductions to show how physical surroundings and technology work in practice to minimize risks:

Today I had a new employee and we went down to the reception and into a visitor room and talked about how to act when you have a [client] visit. How should you be placed? Your visitors should sit here and then you take that chair and then you have the door there and then you have the alarm there. On a very practical level. […] I’m clear with the fact that I give the conditions, but if you don’t wear your protective clothing and something happens… my responsibility ends here. I can’t control anything beyond that. (H10u 19)

In sum, safety in the instrumental category starts from the idea that there is little knowledge about new clients. They can get violent, so it is important to use routines and technology in the physical surroundings to carry out social work. Since safety is based on individual conformity to rules, managers need to remind employees and even obtain written agreements of the acknowledgment of rules and routines.

The Interpersonal Conception

In the second category, relationships between people are the basis for maintaining safety. Managers must be attentive of their employees’ stress levels and have an open dialog in case something happens. As this category encompasses the previous category, rules and routines are not absent. But they are seen as a safety net and a structure to be toned down, since it in itself can contribute to threats and violence. For example, the relationship between risks and safety in social work is described as people becoming pressured and unpredictable due to social workers’ interventions in their lives. One manager relates clients’ unpredictability to a lack of communication between caseworkers and clients and between caseworkers and other public actors that could lead to denied applications:

We’ve worked a lot with communicating to the client that if you don’t go to the [municipal job center] and
you get a rejection, you need to call the client and ask how it happened. "We have talked about this, if you don’t participate, you don’t have the right to social assistance." To communicate more, it’s safety thinking, the importance of the client’s understanding so that a rejection does not come as a surprise. If you become flustered and afraid of being clear, then you will create unnecessary situations. (HoU 15)

Safety in the psychosocial work environment is thus not as much a question of prediction and regulation of external threats, but of good relations with clients. One manager in social assistance relates safety to a climate of trust where employees are not afraid to speak out but feel safe with each other and with their managers. Burnout is not only a result of high caseloads, but of relationships:

If you have very good relationships, in a workplace then the risk of burnout is reduced. Because you are somebody who catches you when you fall. The feeling of safety and comfort at work. And especially when working with vulnerable people as we do. That’s why you need to have a feeling of safety. I also think that it’s the situation of threats and violence ... the worst part is when you don’t dare to talk about what you have experienced because it is expected of you to handle certain things. That you should be tough and so on. It is important to me that you do not end up in such a climate. (dHoU 13)

Managers should be attentive to the work environment and excessive demands among employees. The characteristic way to discuss questions of safety is in the dialog between manager and employees, mostly informally but also in staff appraisals. Some managers describe how they can sense that something is wrong and that it is important to be able to adjust the workload if caseworkers show signs of emotional stress:

I try to keep track, and I tend to be pretty good at noticing ... I can notice when someone seems to be down, and I try to say, "How’s it going?" - "No, it’s nothing." - "Okay", I just want to ask, because I get a feeling, maybe there’s something, but if you say it’s nothing, it’s completely okay. I have no problem backing off if someone says so, but it’s important to try to read your employees. (HoU 16)

In sum, in the interpersonal category, social work intervenes in people’s lives, and they can become pressured and unpredictable. Safety needs to be based on relations and dialog whether it concerns clients, employees or managers. Rules and regulations are not trivial but are a safety net rather than something that handles daily risks.

The Holistic Conception

In the third category, safety in the psychosocial work environment starts from the idea that some people are unpredictable, so social work organizations must be prepared and have support structures in place. Unpredictability is not something that can be regulated in detail as in the institutional category, but has to be accepted and handled through support structures, joint responsibility and social work professionalization. The relational aspect of social work is complemented by unpredictability:

There are things that I can’t influence ... which are risks. And it’s because we are working with people. And they may be erratic and unpredictable in their behavior. And I think that we work with the most delicate issues that people don’t want to share with anyone else. And it’s our task to talk about those things. Or to be curious about them and how the client ended up in this situation. And that’s where I think of safety. When people are cornered, it results in aggression or threats or such things. It’s an interaction. Some get scared, don’t. (dHoU: 3)

There is also an ambivalence to the conflict between relations and regulations, since the unpredictability still must be handled in some rule-based way:

I think that social work, where you think good about people and want to see what’s positive in everyone, can tone down threats. You might think that wasn’t that dangerous?, or that you are uncomfortable asking someone entering behind you at the staff entrance: "Can I see your card because I don’t recognize you?", or: "It’s just us two at this meeting, I don’t need any alarm", And there I must, while endeavoring to see people’s possibilities and have a positive attitude towards service users, not only be a realist but also a pessimist with regard to safety. If something is going on, then we should have done everything we could to prevent it [...]. But it’s partly in conflict with the social change work ... not in conflict with the exercise of authority ... but with being caring and having a relationship. (HoU 18)

Similarly, there are statements where managers reflect on the counterproductive effects of rules and regulations, such as whether caseworkers should show their personal alarm that they wear in client meetings or not, since showing them might provoke the client. A characteristic of this category is thus the presence of both regulations and relations that makes managers ambivalent to how safety should be approached. However, the holistic conception is more than the sum of the previous two categories. The basis for safety is different support structures which permit managers to handle the unexpected. One is to create a sense of shared responsibility. Besides following rules and routines, they should actively participate in the improvement of safety. One manager speaks about anchoring issues among employees, "to discuss how things should be done and how work should be organized" (HoU 9). A frequently discussed way to do this is to address safety during "case meetings" where caseworkers discuss current cases, thus providing a stress-reducing structure to caseworkers. Another manager describes the importance of weekly group meetings where every caseworker has a chance to tell the group about case difficulties and other work-related problems. Even if caseworkers do not speak out about work environment problems, "I get a sense of how they cope" (dHoU 4). Safety must be kept alive not only through ad hoc dialo- 
glog or updated regulatory measures; as in the previous two categories, they presuppose and enhance each other:

I think the questions of safety is alive, but people must be reminded of it constantly; just as with all obvious routines, one must keep talking about them. We often react in completely different ways than we thought we would, especially in the case of threats and violence. Something that has happened to you that didn’t affect you much in the moment may return months later, and then it’s important for me that I, as a manager, step in at the beginning and exaggerate the support, rather than let it drop. (HoU 16)

Support structures for social workers can also be seen as competency built through ongoing vocational training and introductions. This is especially important since half of one unit’s caseworkers got their social work degree in the last year. Integrating issues of safety in introductions thus relates safety issues to social work professionalism.

In sum, the holistic conception starts from the idea that people are unpredictable, so employees must be anticipative through participation and support structures.

Discussion

The results have shown how social work managers conceptualize safety in the psychosocial work environment in three different ways. In this closing section, the three conceptions are discussed through the logics of regulation and security, as well as what their implications are for social work management.

Conceptions between the Logics of Regulation and Security

Where the instrumental category has ties to the logic of regulation, the interpersonal category lies closer to the logic of security. And at the top of the hierarchy, the holistic category may be understood as the interaction of the two logics. It is also here that tensions between logics are most visible.

In the instrumental category, the way to handle the unpredictability of social work is to calculate and plan the work environment in a way that minimizes risks, most often conceptualized as external threats and violence. Managers implement safety measures top-down and it is important to remind, and demand written approval from, individual employees to conform to the prescribed procedures. This resonates with features of the logic of regulation such as the proceduralization and standardization of social work where the aim is to promote uniformity and predictability of tasks and procedures (cf. Ponner & Svensson, 2016; Timmermans & Epstein, 2010). The category represents the risk assessment side of safety management where there is an assumption of risks "out there" that can be estimated using standardized techniques (cf. Antonsen, 2009). A notable unintended consequence is that the discovery of risks, as the potential provoca-

highlights new aspects of the workplace that can be modified and regulated.

In contrast to the instrumental conception, the interpersonal conception is based on the reflection that the social services in themselves play a role in potential threats and violence from clients. Safety in the psychosocial work environment must therefore begin in the relationship and trust between manager and employee, and employee and client. Managing safety in this category is not primarily about calculating risks, but creating trust and safety in relationships with other people. This resonates with the logic of security where managers provide security for their employees through trust in social relations. However, risk prevention is related to interperson- nal dialog and the managerial observation of employees, making the conception ad hoc rather than anticipating, ex post rather than ex ante. In a safety management perspective, there is thus a lack of prevention through formal structure, participa- tion and bottom-up strategy in this cate- gory, making it vulnerable to the contingencies of social work. It is noticeable that even though the interpersonal conception encompasses the instrumental conception, there is little built-in conflict between the two in the interpersonal conception. While rules and routines are a safety net and taken for granted structure, they are not the decisive way for handling safety and should instead be toned down.

Conflict between logics is instead most notice- able in the holistic conception. As the highest category encompassing the former two categories, the holistic conception of safety relates to both logics. On the one hand, there is a focus on cre- ating and regulating structures of different kinds to handle the unpredictability of social work. On the other hand, these structures operate through relations and trust. Although it may seem like the "best of both worlds", there is an ambivalence and discussion in this category relating to the fact that regulations and relations can be in conflict with each other. As Webb (2006) argues, regulation creates calculation and suspicion and hinders trust, which is difficult to reestablish when violated. The ambivalence in the holistic category points to a reflective yet fragmented stance that leaves a manager undecided on whether what you are doing as a manager is the right way to go in a social work context where the relationship with the client is often seen as fundamental to success. However, Webb also argues that the logics can reinforce each other, as when mechanisms of trust, such as discussions of safety among colleagues, are integrated in formal structures or social work professionalization such as introductions. If done in a participatory man- ner, this resonates with research on safety man- agement and climate (e.g. Dollard & Bakker, 2010; Törner et al., 2013).

In sum, social work managers' conceptions of safety in the psychosocial work environment can be understood in the increasing comprehensiv- eness from a logic of regulation to a logic of security, and finally in the interaction and poten- tial conflict between them. The tension between logics is thus increasing with the comprehensiv- eness of social work managers' conceptions. This has implications for social work management.

**Social Work Managers and Safety Management**

The conclusion that the tension between logics increases with managers' comprehensiveness, implies that managers with a more holistic and reflective stance towards safety in the psychosocial work environment may be more aware of the potential contradictions involved in the implementation of safety management. As seen in the holistic conception, the question is not whether to regulate or not, but rather how different aspects of safety management can harmonize with actual social work practices. Safety manage- ment in social work thus requires a continuous discussion on social work professionalism. In light of the recent debate on standardization where social work is said to have become prac- ticed in line with the goals and values of the organization rather than the professional (Evetts, 2010; Ponner & Svensson, 2016), it could there- fore be argued that questions of safety could also risk being dealt with in an organizational top- down perspective. From a safety research perspective, such a development would be unpro- ductive. Since not all aspects of all possible situa- tions can be regulated, and would be too complex to grasp, there is a need to give professionals decision-making skills within their discretionary space in order to take on the unpre- dictability of everyday social work. This resonates with an adaptive perspective of safety manage- ment implementation where safety measures are developed and adapted to the actual practice per- formed by employees (Wilkan & Rickfort, 2018).

Furthermore, a feature of the holistic concep- tion is the way safety management is integrated with social work professionalization such as introductions. This raises the question whether risks and safety are a valid part of social work managers' and professionals' curricula. On the one hand, topics relevant to the everyday practice of employees in human service organizations are relevant for social work education to problem- atize and put in perspective. For example, in the leadership literature, it is acknowledged that developmental practices should be adapted to the needs and roles of managers (Day, Fleenor, Atwater, Sturm, & McKee, 2014). On the other hand, integrating questions of safety in social work management and professionalization implies the institutionalization of thinking in terms of risks and safety in social work practice. This may be a form of self-regulation of social work, an integral feature of the logic of regula- tion and the audit society, where actors eventu- ally do not need externally imposed rules to conform to certain behaviors, but instead regulate themselves (cf. Power, 1997; Webb, 2006). In management practice, it takes the most compre- hensive conception of safety to reflect on this dilemma. In this sense, critical ongoing reflection regarding the relationship between regulations and relations may be of benefit to social workers and managers when engaging with safety issues in the psychosocial work environment.

**Limitations and Strengths**

Another result is that safety in the psychosocial work environment is most often associated with avoidance of clients' threats and violence. Indeed, the social services has traditionally been exposed to threats and violence in the workplace due to the face-to-face work with vulnerable clients in exposed situations (e.g. Padyab & Ghazinour, 2015; Robson, Cossar, & Quayle, 2014). However, this may also be a limitation in the research design. Clients' threats and violence were often the first things interviewees associated with safety, possibly leaving other problems in a broader psy- chosocial work environment unmentioned. Another limitation is that the results do not depict an actual social work management prac- tice. Although the phenomenographic approach starts from conceptions in order to understand how people deal with the problem being conceptu- alized, the research design sheds little light on how social work managers manage safety in prac- tice. Nonetheless, since understanding is a funda- mental factor for successful implementation (Lundquist, 1987), the description of conceptions and how they relate to each other is an important part of analyzing conditions of implementation.

**Conclusion**

In conclusion, social work managers conceptual- ize safety in the psychosocial work environment as instrumental, interpersonal or holistic. As the conceptions increase in comprehensiveness, they also increase in terms of contradictions and potential conflicts between the logics of regulation and security. A holistic conception challenges manager to reflect on and critically assess the way in which regulations for safety may con- flict with relations in a social work organization. This has two implications for social work man- agement. First, safety management must be dis- cussed in a dialog with social work professionalism in order to harmonize with actual social work practices. Second, as safety management may become integrated with social work professionaliza- tion such as introductions and create self-regu- lation elements, it may take the most comprehensiveness of safety to critically reflect on the relationship between regulations and relations when engaging with safety issues in the psychosocial work environment. These key findings resonate with research on safety and social work management. The duality and ambiguity of social work management (Schmid, 2010; Shanks, 2016; Shanks et al., 2015) may contribute to different conceptions that range from the top-down regulatory management
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Introduction
Social Workers are subject to risks of violence in various health and human service disciplines including child welfare, behavioral health, criminal justice, adult protective services, and domestic violence (NASW, 2013). Workplace violence is defined as harmful or disturbing acts or threats including physical assaults, badgering, or bullying at a place of occupancy (OSHA, 2015). Violence in the workplace against social service workers may occur in a variety of settings including hospitals, nursing homes, residential treatment centers, group homes, community care settings, non-residential treatment centers, and field work settings (OSHA, 2015). Health and human service workers may face increased risk for workplace violence due to a number of reasons including the large number of individuals in need of social services, a decline in funding for services, limited staff, expanding caseloads, public disapproval of social services, fearful or angered clients, and a lack of understanding from the public of the purpose of social services (Newhill, 2012).

In addition to the physical pain from physical harm, subjects of workplace violence may also experience mental and emotional trauma, alterations in co-worker communications and connections, anxiety or concern to return back to work, worry of supervisor’s judgement, or feelings of inadequacy, shame, depression and inferiority (Kim & Hopkins, 2015; OSHA, 2015). While employees experience trauma associated with workplace violence, incidents of violence in a workplace cause negative effects for health and human service agencies which may include a reduction of clients or consumers, heightened expenses regarding medical treatment for victims, diminished service capacity, and a risk for a poor or reduced reputation. It is essential for health and human service agencies to develop policies and procedures for preventing and responding to incidents of workplace violence to ensure the vital success of a workplace and limit the number and harmful effects associated with incidents of workplace violence (Kim & Hopkins, 2015).

Between the years of 2011 and 2013, approximately 74% of all workplace assaults in the United States took place in health and human service agencies (OSHA, 2015). Employee fear of workplace violence may lead an employee to experience both psychological and physiological disruptions which in turn may prevent positive functioning in the workplace (Kim & Hopkins, 2015). Currently, California, New Jersey, Washington and Kentucky are among many states who have established safety guidelines for health and human service workers (Kelly, 2010).

This report is designed to review protocols and procedures for ensuring workplace safety in health and human service agencies. The research included in this report consists of information from worker safety trainings and published worker safety guidelines with a few noted worker safety studies. The research will discuss tips for maintaining safety in an office setting, in public spaces, during home visits, and when transporting clients, as well as techniques for de-escalating potentially violent situations. Additionally, this report will discuss guidelines for reporting and responding to workplace incidents of violence and establishing safety committees, as well as current worker safety trainings provided to health and human service employees.

2

A. Safety in the Office

1. Arriving in the Office

- Upon arriving to work, it is suggested for workers to remain in their vehicle and conduct a visual scan of the parking lot for unfamiliar or skeptical vehicles (Syracuse University School of Social Work, 2011).
  - If workers notice suspicious cars, they should take down the vehicle’s license plate number (Syracuse University School of Social Work, 2011).
  - When exiting the vehicle and approaching the office building, workers should scan the environment and check the outside of the building for safety before entering (Syracuse University School of Social Work, 2011).
  - It is important for workers to have their identification badge and key in their hands before entering the building and to refrain from talking with unknown persons when walking into their workplace (Syracuse University School of Social Work, 2011).

2. Preparing for Client Meetings in the Office

- Prior to meeting with a client, workers should conduct a detailed clinical risk assessment while paying special attention to the client’s past history of drug and alcohol use, violence, and use of weapons (Saturno, 2011)\(^1\).
  - Analyzing a client’s risk factors including any clinical, demographic, or biologic risk factors help to determine if a joint interview is required or necessary (Saturno, 2011; Taylor, 2011).
  - Workers should review any previous reports of documentation on the client and should assess for any notes of violence or threats towards the client’s former therapists, if the client has been hospitalized in the past, if the client is currently taking medications, and if the client has access to weapons (Quinn & Mason, 2011).

- Late afternoon or evening interviews with clients should be reserved for well-known, nonviolent clients (Newhill & Hagan, 2010).
  - Once appointments are made, workers should share their schedule with their co-workers and try their best to remain on schedule in order to prevent clients from having to wait (Newhill & Hagan, 2010).

3. Creating Safe Interview Settings in the Office

- All office settings should be safe for both the workers and the clients (NASW, 2013).
- Interview rooms and offices where meetings with clients take place should have protected entrances and be distanced from waiting rooms and public areas (NASW, 2013).
- Workers should examine their office for hazardous objects that could be used as a weapon (Newhill & Hagan, 2010; Taylor, 2011).
  - Objects commonly found in an office including a stapler, paper weight, office decor, fire extinguisher, letter opener, keys, pens, books, or scissors can readily be picked up, thrown, or used as a weapon by someone who is upset or angry (NASW, 2012; Nelson, n.d.).

\(^1\) See Appendix 1: Risk Factors for Violent Behavior
• These items must have restricted access and be hidden in a drawer during a client meeting to ensure safety (NASW, 2012; NASW, 2013; Syracuse University School of Social Work, 2011).

• Workers should arrange their office in a way that offers quick and easy access to the exits and is not confrontational to the client (Taylor, 2011).

• Positioning office furniture should be strategic in a way that it helps, not hinders, a worker during a hazardous situation. (NASW, 2012).
  o Workers should be sure there is a comfortable distance between themselves and their client and sit in a way that creates an equal balance of power to produce an environment that is non-threatening (Nelson, n.d.; Newhill & Hagan, 2010).
  o While many offices allow for the client to be nearest to the exit door, it is strongly suggested to place the worker’s chair closest to the exit so the worker can leave in a hurry if necessary (NASW, 2012; NASW, 2013; Newhill & Hagan, 2010; Syracuse University School of Social Work, 2011).
  o It may also be helpful to place the worker’s chair to face the exit to allow the worker a clear view of those who come in to the office (NASW, 2012). This strategy helps to avoid unsuspecting visitors who enter the office with no one aware (NASW, 2012).

• While many workers may shut their door during a client meeting to protect the privacy of their client, it is suggested for workers to allow the door to remain completely or partly open (NASW, 2012; Newhill & Hagan, 2010).
  o Keeping the door open when meeting with a client signals to the client that other workers in the office are on high alert, listening and watching (NASW, 2012).
  o It may also be helpful to have an additional exit out of the interview room if possible (Newhill & Hagan, 2010). All confidentiality procedures must be ensured before following through with this safety protocol.

4. Ensuring Security in the Office

• In addition to hiding potentially dangerous objects and strategically positioning furniture in an office, it may be helpful to coordinate a safety buddy system and/or designate a ‘safe-room’ within the office for security purposes (NASW, 2012; NASW, 2013; Nelson, n.d.).
  o If meeting with a potentially violent client, workers may wish to request a colleague to accompany them during the interview to increase safety (NASW, 2013; Syracuse University School of Social Work, 2011).
    ▪ A supervisor or colleague can serve as a safety buddy for their co-workers to ensure the safety of themselves and their partner while in the office (NASW, 2012).
  o When a worker is conducting a client meeting, their safety buddy may act as a look out for potential signs of an emergency and can call for help if needed (NASW, 2012).
  o All safety buddy partners should develop a clear plan of what to do in a harmful situation in the office and should have resources on hand at all times including proper phone numbers to call in an emergency and where to safely escape out of the office in an emergency (NASW, 2012).

• If a buddy system is not available, all colleagues and staff should be alerted before meeting with a client who may be dangerous (Newhill & Hagan, 2010).

• Offices used for client meetings should also contain safety technology including hidden panic buttons or internal alert systems to call for help to supervisors and law enforcement and should contain telephones programmed for 911 emergency calls (NASW, 2013; Newhill & Hagan, 2010; Taylor, 2011).

• Before meeting with clients, workers should familiarize themselves with the safety policies and procedures of the agency or organization with which they are employed including any safety plans, emergency exit paths, policies regarding Harassment, and rights of employees (Nelson, n.d.; Syracuse University School of Social Work, 2011).

• Workers should review with their supervisors or colleagues the best ways to respond during specific emergency situations in the office according to their employer protocols and be familiar with where safety aids are stationed in the office and how to call for help or contact police (Nelson, n.d.; Syracuse University School of Social Work, 2011).

• When meeting with clients, workers should remain on high alert, strive to keep calm at all times, and always speak to their clients in a polite, respectful manner (Nelson, n.d.).
  o Before beginning an interview, workers should assess their client’s mood, behaviors, and body language for indications of anxiety, unrest, or anger (Quinn & Mason, n.d.).
  o If a worker is concerned about the mood and actions their client is displaying, they should inform their coworkers or supervisor, request a colleague to sit in on the interview, or keep the door ajar to allow others to provide assistance if needed (Quinn & Mason, n.d.).

• Workers should only conduct business and meet with clients during regularly scheduled business hours and must alert a co-worker if they will be staying in the office to work after hours (Syracuse University School of Social Work, 2011).

• Workers should always trust their instincts, pay attention to their feelings, and seek support when needed (Nelson, n.d.).

The following are office safety procedures enforced by the Massachusetts Department of Children and Families:

• Agency reception rooms must contain fortified glass to protect workers.

• All employees must wear their ID badges when on duty, both in the office and in the field.

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2 The legislation for the Massachusetts Executive Office of Health and Human Services (EOHHS) was passed under Section 30 of House Bill 57 (HB57) as part of Massachusetts’ 2013 fiscal year’s supplemental budget. This law requires programs that provide direct services to clients that are operated by, licensed, certified, or funded by a department or division of the Massachusetts EOHHS have a workplace violence prevention and crisis response plan.
• All employees must follow the “violent client” protocol and are to schedule meetings with potentially violent or high risk clients on the day of the week when a police officer is present in the office.
• All office interview rooms must allow for a wide range of view.
• All office entrances must be equipped with coded entry.

B. Safety When Making Home Visits

1. Plan for Visit

• In order to prepare for a client home visit, it is important to conduct a client risk assessment to review the client’s past history of mental illness, violent incidents, or criminal behavior (Newhill & Hagan, 2010; NJDCF, 2015; Pope & Hadden, 2011; Taylor, 2011).1
• If client interviews can be made in the office, workers may wish to schedule an office visit as opposed to a home visit (Victor, 2014).
  o If a visit outside of the office is required, and the potential for danger exists, workers may work to schedule their client meeting in a public place (Victor, 2014).
• If a home visit is necessary, it is advised for workers to drive by their client’s home before their first meeting takes place to assess the neighborhood and surroundings and analyze the safest place to park their car in order to reduce the risk for violence to occur (NASW, 2013; Nelson, n.d.; Pope & Hadden, 2011; Victor, 2014).4
  o Conducting an initial drive by and scan of the property allows for the worker to check certain risks that may exist around the client’s home including uncontrolled animals, closed off entrances and exits, or loitering individuals (Pope & Hadden, 2011).
• In preparation for an unexpected event to occur, it is recommended for workers to design a safety plan detailing what to do in certain situations before embarking on a visit (Newhill 2012; Newhill & Hagan, 2010; Victor, 2014).
  o Conducting client risk assessments and formulating a plan of action helps workers to actively think of safety and lessen their fear of working with potentially violent clients (Quinn & Mason, n.d.).
  o When creating a safety plan, it may be helpful to examine previous experiences with similar types of client visits (Newhill, 2012).
• When visiting a high risk client, or a potentially violent client, it is crucial for workers to utilize a buddy system in order to be accompanied by a colleague during the visit (Newhill & Hagan, 2010; Victor, 2014).5
  o Workers may wish to conduct home visits in teams if possible, especially when conducting initial visits with unknown clients (NAIA, 2012).

2 See Appendix 1: Risk Factors for Violent Behavior
3 See Appendix 2: Worker Safety Intervention Plan
4 See Appendix 3: Guidelines for Utilizing Trained Response (Buddy System)

• When a colleague is not available or the risk for violence is high, the worker should be escorted and accompanied on their visit by a police officer (Nelson, n.d.; Newhill & Hagan, 2010; Victor, 2014).
  o If a worker is unsure if a police officer should be contacted to request accommodation on a client visit, they should consult with their supervisor (Pope & Hadden, 2011).
• Workers should also share their schedule with their coworkers or supervisor so others are aware of their whereabouts at all times (Newhill 2012; Newhill & Hagan, 2010; Victor, 2014).
  o Along with a schedule, workers should provide their supervisor or colleague with the address of where their client visit will take place, the reason for the visit, when they are expected to return, and information regarding the vehicle they will be taking on the visit (Cuaradro & Smith, n.d.; NAIA, 2012; NASW, 2013; Newhill, 2012; NJDCF, 2015; Pope & Hadden, 2011; Syracuse University School of Social Work, 2011).
  o Workers should also provide their supervisor or colleague with their vehicle information including their license plate number, and make, model, and color of the vehicle they are driving (Cuaradro & Smith, n.d.)
  o A sign-in/sign-out system may be helpful to track worker client visits and expected departure and arrival times (Pope & Hadden, 2011).
    • Notifying a supervisor or colleague of arrival and departure times helps to ensure someone will check-in and follow-up if a worker does not return when expected (Taylor, 2011).
  o Any changes in appointment field visits should be reported to the worker’s supervisor or agency representative (NASW, 2013).
• Client home visits should always be made as early in the day as possible, when the sun is still out, and when supervisors and colleagues can be contacted in case of an emergency (Newhill & Hagan 2010; Quinn & Mason, n.d.).
• Workers should refrain from scheduling too many visits in one day (Newhill, 2012).
• Workers may wish to notify their client by phone that they will be visiting their home and advise them of the purpose of the visit, if possible (Nelson, n.d.; Syracuse University School of Social Work, 2011; Victor 2014).
  o Speaking to the client prior to the visit helps the worker retrieve important information regarding their client’s situation, any safety precautions that may need to be taken according to the client’s or whether or not their client’s situation has changed (Nelson, n.d.; Victor, 2014).
  o If the interview is not an unannounced visit, clients should be advised as to what time the meeting will take place (Quinn & Mason, n.d.).
    • Additionally, clients should be notified by the worker when they are on their way to the client’s home (Quinn & Mason, n.d.).
• Before leaving the office, workers should retrieve precise directions to their client’s home and carry a guide or map in their car in case they become lost (NAIA, 2012; Syracuse University School of Social Work, 2011; Victor, 2014).
• It is also important for workers to have their cell phone with them, charged and ready to use (NAIA, 2012; NJDCF, 2015; Syracuse University School of Social Work, 2011; Victor, 2014).
  o All cell phones should be set to call 911 immediately in case of an emergency (Nelson, n.d.; Quinn & Mason, n.d.).
  o Agencies may wish to provide their workers with a cell phone equipped with a GPS tracker and audio or video recording features, and/or a personal safety device including a silent panic button or an identification badge holder with audio recording abilities (NASW, 2013).
• Before departing on a field visit, workers should ensure they are wearing appropriate clothes and shoes that allow for prolonged walking, standing, or climbing stairs and ample movement (Nelson, n.d.; Syracuse University School of Social Work, 2011; Taylor, 2011; Victor, 2014).
  o Workers should not wear accessories that can be easily pulled including a tie, necklace, or earrings and should pull back long hair (Nelson, n.d.; Taylor, 2011).
  o Additionally, workers should not wear expensive clothing items including watches, jewelry, or purses (NAIA, 2012; Quinn & Mason, n.d.).
  o Workers should refrain from carrying large amounts of cash on them when conducting home visits (NAIA, 2012).

2. Traveling to Site

• When traveling to a client’s home, workers must make sure their vehicle is in proper working condition (Newhill, 2012; NJDCF, 2015; Quinn & Mason, n.d.).
  o Workers should ensure their vehicle is serviced regularly (Taylor, 2011).
  o All vehicles should contain a full tank of gas, water, a functioning horn, a flashlight, first aid kit, and jumper cables (Nelson, n.d.).
  o If an agency car is being used, workers should take time to orient themselves with how to operate the vehicle including how to turn on the high beams and emergency flashers (Newhill, 2012).
• Once a worker arrives at their client’s home, they should park in an area that is well-lit and immediately lock their car doors upon exiting the vehicle (NAIA, 2012; Syracuse University School of Social Work, 2011).
  o It is suggested for workers to park their vehicle in a spot that allows for easy access and departure and prevents the vehicle from being trapped or blocked in by other vehicles (Nelson, n.d.; Newhill, 2012; Newhill & Hagan, 2010; Taylor, 2011).
  * Workers may wish to park their car facing the direction they will be departing (NJDCF, 2015).
  o To ensure safety and respect for a client, workers should not park in the client’s driveway or in front of their client’s home (Newhill & Hagan, 2010; NJDCF, 2015; Syracuse University School of Social Work, 2011).
  • Special precaution should be taken when parking in a covered garage both when exiting and entering the garage (Nelson, n.d.).
• All personal items should be left in the car or trunk of the car and hidden from public eye sight (Cuadrado & Smith, n.d.; NJDCF, 2015).

• Only items required to conduct the interview should be taken with the worker into the client’s home (NJDCF, 2015).
  o Before exiting the vehicle and approaching the client’s home, workers should examine the neighborhood and their surroundings for skeptical activity (Newhill, 2012).
  o Workers should be extra cautious and on high alert if visiting first time clients they have never met before, if the home is isolated or is in an area with a high crime rate, and when domestic violence is indicated (Newhill, 2012).
  o If the situation feels unsafe, workers should remain in their vehicle and leave the premises (Cuadrado & Smith, n.d.).
• While walking up to the client’s residence, workers should continue to scan the environment for possible dangers or risk factors and be actively listening for concerning or threatening noises throughout the neighborhood (Newhill, 2012; Newhill & Hagan, 2010; Syracuse University School of Social Work, 2011).
• It is suggested for workers to hide their money or valuable items from other’s eyes at all times and to walk as close to the sidewalk as possible (Taylor, 2011).
• Workers should refrain from providing those that are unfamiliar with their name, street address, and information regarding where they work. If they encounter anyone as they walk to their client’s home, workers should keep normal, confident eye contact (Taylor, 2011).
• If a worker feels someone is following them, they should cross the street and go to the closest police station, residence, or open business (NAIA, 2012; Taylor, 2011).
  o Once workers arrive in a safe, public place, they are to immediately call the police (Taylor, 2011).
  o If a worker is being threatened as they approach a home, they should shout as loud as possible for help (Taylor, 2011).
• Workers are advised to call their office before entering a home or to follow the protocols established by their agency before visiting clients in their home (Syracuse University School of Social Work, 2011).
• Before knocking on the client’s door, workers should pay attention to hear if the parents are home and assess if it is safe for them to walk in to the home (NAIA, 2012; Quinn & Mason, n.d.).
  o Workers should listen critically for any indications of commotion occurring in the home (NJDCF, 2015).
  o After knocking on the front door, workers should not stand in close proximity to the door and may wish to move off to the side when waiting for their clients to open the door (Nelson, n.d.; Victor, 2014).
• If going in to a client’s home feels unsafe, workers should leave the residence promptly (NAIA, 2012).

3. During the Visit

During the interview, workers are encouraged to keep their car keys and a functioning cell phone on them in a place that allows those items to be reached easily (Newhill, 2012; Newhill & Hagan, 2010; Pope & Hadden, 2011).
When introducing themselves, workers should clearly state who they are, and why they are there (Newhill, 2012; Quinn & Mason, n.d.).

- Workers should identify the reason for the visit and their need to meet with the client (Cuadrado & Smith, n.d.).
- If the individual the worker is meant to meet with is not home, workers should leave the client’s home (Quinn & Mason, n.d.).
- When entering the client’s home, workers should enter through a door that is visible from the street (NJDCF, 2015).
- Workers must refrain from entering the home until they are welcomed to come inside (NJDCF, 2015).
- Once the worker is welcomed in to the home, it is important to scan the home for exits and to stay as close to the front door or exit as possible to allow for rapid departure if necessary (Nelson, n.d.; Newhill, 2012; Newhill & Hagan, 2010; Pope & Hadden, 2011; Taylor, 2011; Victor, 2014).
  - While scanning for exits, workers should identify if any exits in the home are blocked (NJDCF, 2015).
- Workers should determine where the meeting will take place in the home to avoid meeting in areas of the house that present dangers (Quinn & Mason, n.d.).
  - Meeting in the kitchen of a client’s home presents dangers such as access to knives and boiling water or other kitchen utensils that can be used as weapons (Newhill & Hagan, 2010; Syracuse University School of Social Work, 2011; Taylor, 2011).
  - Workers should never meet in the client’s kitchen if violence is a concern or if they do not know their client (Newhill, 2012).
- Workers should avoid helping themselves to a seat until they are invited by their client to sit down (Syracuse University School of Social Work, 2011).
  - It is advised for workers to position themselves in the middle of their client and the closest exit (NJDCF, 2015).
  - When choosing a place to sit, if possible, workers should sit in a chair with a straight back to allow for the ability to rise out of the chair in a rush if needed (Syracuse University School of Social Work, 2011).
  - Workers should be sure to sit in a seat that is inviting and not confrontational (Taylor, 2011).
  - The safest position to sit is closest to an exit (NAIA, 2012).
    - If it is not possible to sit near a door or exit, workers should always keep their eye on the closest exit (Pope & Hadden, 2011; Syracuse University School of Social Work, 2011).
  - Additionally, it is important for workers to keep in mind when sitting down to begin an interview to keep an appropriate, safe distance in respect of the client’s personal space (Syracuse University School of Social Work, 2011).
- Workers should refrain from going in to isolated, unlit rooms in the home and avoid entering basements of the home (NAIA, 2012).

- Workers should not enter their client’s bedrooms during the visit (Cuadrado & Smith, n.d.).
- Workers should scan the home for others present, and keep their eye on the front door if anyone enters the home (NAIA, 2012).
  - If anyone comes in to the home throughout the visit, the worker may obtain the names of those individuals by asking their client (Pope & Hadden, 2011).
  - If there are too many people in the home or if weapons or drugs are presented, workers should terminate the interview and exit the client’s home (NAIA, 2012; Quinn & Mason, n.d.).
  - Workers should avoid giving out personal information such as their home address or phone number to their clients (Syracuse University School of Social Work, 2011).
  - If a client has pets in their home, workers are permitted to ask for the pets to be restrained while the visit takes place (Pope & Hadden, 2011).
    - Workers may request the animal be put outside or in another room (Syracuse University School of Social Work, 2011; Victor, 2014).
    - If a worker has allergies to domestic animals, precautions and arrangements should be made before the home visit takes place if a client has pets in their home (Victor, 2014).
    - Workers should also be cautious of clients opening their front door and allowing their dog to jump on them (Victor, 2014).
      - If a dog approaches a worker, they should remove their sunglasses, stand tall and refrain from moving, allow the dog to walk towards them, refrain from facing their back to the dog, speak using loud, firm commands, protect their neck and face, and try to give the dog something to chew or bite instead of their arm or hand (Cuadrado & Smith, n.d.).
  - If the client has a television on during the visit, it is appropriate for workers to ask for the TV to be turned down or shut off due to the worker’s trouble hearing (Syracuse University School of Social Work, 2011).
  - It may be necessary for workers to connect their clients with information on how to get rid of or prevent bedbugs and refer them to a professional pest service (Victor, 2014).
    - It is common for bedbugs to hide in living room furniture and bedrooms causing potential risk for workers when visiting clients in a home (Victor, 2014).
  - Before starting the interview, workers should assess their client’s mood and adjust their mood to match their client’s (Turner, 2015).
  - While conducting the interview, it is helpful for the worker to keep in mind that while they may see the visit as a general concern and an approach to help, clients may view the visit as a threat (Newhill, 2012).
  - Workers should assess their body language to ensure they are not promoting confrontational body language (NJDCF, 2015).
  - Throughout the visit, workers should be on the lookout for dangers and trust their gut feelings (NAIA, 2012).
• It is best for workers to take a collaborative approach when conducting their interview and to give their clients an opportunity to let off steam or aggression before an emotion intensifies and a situation becomes violent (Newhill, 2012).
  o If a client becomes agitated, it is important for the worker to validate their feelings (Caudrado & Smith, n.d.).
  o Workers should not force their clients to answer any questions (Caudrado & Smith, n.d.).
• Clients should be treated with dignity and respect at all times (Newhill & Hagan, 2010).
• Clients should not feel cornered or be physically cornered by the worker (Caudrado & Smith, n.d.).
• Workers should remain calm and collected throughout the visit and not show any signs of fear (NJDCF, 2015; Victor, 2014).
• It is important for workers to be on constant alert and be prepared to end the visit and leave the client’s home if a situation becomes heated or escalated or the risk for violence is high (NJDCF, 2015; Pope & Hadden, 2011; Syracuse University School of Social Work, 2011).

4. Returning to the Office
• Once the visit has concluded, workers should prepare to approach their vehicle by having their keys ready to unlock their vehicle (Nelson, n.d.; NJDCF, 2015; Taylor, 2011).
• Prior to entering the car, workers should scan the floors and front and back seats of their vehicle (Nelson, n.d.; NJDCF, 2015; Syracuse University School of Social Work, 2011; Taylor, 2011).
• It is important for workers to be aware of their surroundings at all times. If workers know or perceive they are being followed, they should immediately drive to the closest police or fire station. If a police or fire station is not in a close distance, workers should drive to an open gas station or business and call the police when safe (Syracuse University School of Social Work, 2011).
  o Upon arrival at a safe place, workers should remain in their car, lock the doors, and sound the horn or flash their lights to attract attention (Taylor, 2011).
  o Workers should request to see personal identification of all personnel offering to help them (Nelson, n.d.).
• If a worker is approached by someone trying to force entry into their car, they should sound their horn and drive away as soon and as quickly as possible (Nelson, n.d.).
• When returning to their office, workers should not exit their vehicle unless they can walk without harm into the building (Syracuse University School of Social Work, 2011).
• Overall, workers must trust their instincts and never conduct an interview if they feel at risk (Newhill & Hagan, 2010).
• It is important to be aware of body language and to either call for additional help, or leave a situation immediately if a worker feels unsafe at any time (Nelson, n.d.; Syracuse University School of Social Work, 2011; Victor, 2014).
• Workers should refrain from letting their eagerness to help take precedence over caution (Newhill, 2012).

If a client visit starts to escalate and the situation shows signs of impending violence, workers should leave right away (Newhill, 2012).
If a worker gets caught in a heated situation and is not able to escape, the use of a verbalploy, for example asking for a glass of water, may help to cool an escalated situation and allow the client or parties involved to cool off (Newhill, 2012).

The following are a few summaries regarding Workplace Safety Initiatives utilized in the United States and results of a safety program pilot in Canada:

Massachusetts Department of Children and Families (DCF) Safety Initiatives
The Massachusetts Department of Children and Families (DCF) provides every staff with safety handbooks detailing their worker safety protocols and provides worker safety training to staff on what to do in a violent situation with a client (Sicso, 2010). The Massachusetts DCF instills a 'buddy system' in the event of an emergency which requires at least two workers to conduct the client visit together (Sicso, 2010). If a risk of violence is present, DCF will contact law enforcement and request a police escort to accompany a worker on their client visit. In addition to the buddy system, the Massachusetts DCF provides all social workers with a cell phone to allow for constant communication with their supervisors and the ability to call law enforcement in the case of an emergency (Sicso, 2010).

Child Welfare League of America (CWLA) Safety Initiatives
Members of the Child Welfare League of America (CWLA) in Miami, Florida have created a program titled 'OK Connect' to further ensure the safety of its workers in the field (Sicso, 2010). Through the OK Connect program, workers are provided with either a Samsung BlackJack cell phone or a Panasonic laptop. Each cell phone or laptop is connected to a GPS system online alerting management of their worker’s whereabouts at all times (Sicso, 2010). In the event of an emergency situation, workers have access to an alarm by pressing a button on their phone or laptop which will send a notification to their supervisors and management that an emergency is occurring (Sicso, 2010). The Philadelphia Department of Human Services also piloted a program where 25 caseworkers working with children under the age of five will be equipped with a mobile device to be used in case of an emergency (Sicso, 2010).

Results of 2011 Piloted Safety Program
A study published in 2011 analyzed the effects of a piloted staff safety program for employees providing social services in both institutional and community-based settings at the Western Health agency in Newfoundland, Canada. The safety program consisted of a Risk Assessment Screening Tool (WHRAST), a sign-in/sign-out system, a buddy system, and education and training sessions for staff. Staff were surveyed prior to and after the implementation of the safety program to determine if the program was effective in increasing staff safety during home visits with their clients. Information regarding client safety was gathered via surveys, focus groups, and key informant interviews.

Included in the risk assessment screening tool was safety protocols to be followed according to each noted risk (Hutchings, Lundrigan, Mathews, Lynch, & Goosney, 2011). For all situations identified as high risk, workers met with their supervisor to create a detailed safety plan.
C. Safety When Transporting Clients

- When it is necessary to transport clients, workers must follow guidelines to keep both themselves and their client safe (NASW, 2013).

- Any worries or fear regarding transporting a client should be discussed with a supervisor before the trip occurs (Quinn & Mason, n.d.).

- Before a worker welcomes the client into the vehicle, the worker should conduct a client risk assessment to assess the client’s current state of being (Quinn & Mason, n.d.).

- Workers should evaluate if the client is displaying signs of aggression, if the client is under the influence of drugs, and if the client is in possession of a weapon (NASW, 2013).
  - If a client shows signs of agitation or anger, workers should refrain from personally transporting the client (NASW, 2013; Quinn & Mason, n.d.).
  - If it is unsafe for the client to be transported by the worker, law enforcement should be called to transport the client (Quinn & Mason, n.d.).

- In addition to assessing for safety of the client, workers should also determine if the vehicle is safe to use (NASW, 2013).
  - Workers should check to see if there are any items in the car that could be used as a weapon and if so, should remove them immediately (NASW, 2013).

- Items that could be used as a weapon include pens, pencils, books, or hot beverages (NASW, 2013).
  - Additionally, workers should determine if the car is in proper functioning order (NASW, 2013).

- The vehicle should contain a full tank of gas, have working headlights and taillights, and should contain emergency safety equipment including jumper cables, road flares, and a spare tire (NASW, 2013).

- While the vehicle is in operation, clients should be seated behind the passenger seat of the car (Quinn & Mason, n.d.).

- Assessments of the client’s state of being should be conducted on an on-going basis throughout the trip (Quinn & Mason, n.d.).

- Workers should drive in the far right hand lane of the road (Quinn & Mason, n.d.).

- When the vehicle is unoccupied, workers should keep the keys to the vehicle on them and ensure the doors are securely locked (Quinn & Mason, n.d.).

- If a worker is transporting a young child, the worker should ensure all child safety locks are turned on in the car and must provide the child with an appropriate car seat according to the child’s size and age (NASW, 2013).

- If a colleague is available to accompany the worker, a buddy system should be utilized to ensure safety when transporting clients (NASW, 2013).

D. Defusing Techniques

While it is uncommon for clients to break out in violence without warning, it is important for workers to understand warning signs of potential violent situations before they occur including verbal threats, abusive or offensive language, and a client’s previous history (Nelson, n.d.). If a worker finds themselves in a situation with a heated, unarmed client, and the potential for violence to occur, steps can be taken to de-escalate the situation. The primary goal when working to defuse a situation is to lessen the emotional anger and frustration felt by a client in order to reach the ability to hold a conversation (NASW-MA, 2011). In order to increase success while using verbal de-escalation techniques, workers must be in control of their emotions and minds, hold a strategic physical stance, and engage in a de-escalation discussion with the client (NASW-MA, 2011). Verbal de-escalation is an unnatural approach that defies the innate flight or fight response often triggered when frightened or in a state of panic (NASW-MA, 2011). Therefore, when employing de-escalation methods, it is critical for workers to come across as calm and collected although they may be in fear (NASW-MA, 2011).

1. Preparing for a De-escalation Discussion

- When preparing to hold a de-escalation discussion, workers first must work to disguise their feelings of stress with feelings of confidence, and relaxation (NASW-MA, 2011).

- Workers must remain calm when a client begins to become agitated or violent (Quinn & Mason, n.d.).
  - It may help workers to calm down by stopping to take a deep breath (Nelson, n.d.).

- Additionally, workers must keep in mind the importance of exemplifying self-confidence and not portraying themselves as a victim (Taylor, 2011).
2. Body Language and a Worker’s Physical Stance

- Workers should relax their facial expression to hide any signs of anxiety that may trigger the client to become further escalated and use a balanced, soft, low tone of voice when speaking with their client (NASW-MA, 2011; Nelson, n.d.; Newhill & Hagan, 2010; Syracuse University School of Social Work, 2011; Taylor, 2011).
- It is important for workers to prevent themselves from taking offense to any words or comments directed at them and to convey dignity and respect for their client at all times (Newhill & Hagan, 2010; Turner, 2015).
  - Agitated or hostile clients have the potential to become even more aggressive if they feel they are being judged and/or disrespected (Newhill & Hagan, 2010).

- Workers should evaluate the placement of surrounding unsecure objects that could be used as a weapon and position themselves between their client and those objects (Turner, 2015).
- Additionally, workers must place themselves in a way that does not leave their client cornered (Turner, 2015).
- When engaging in a conversation to defuse a situation, workers should be sure they are at a common eye level with their client (Elliot, 2012; NASW-MA, 2011; Taylor, 2011).
- It is suggested for workers to ask their client to take a seat (Taylor, 2011).
  - However, if the client wishes to stand, the worker must stand as well to remain at a balanced level of power (NASW-MA, 2011; Quinn & Mason, n.d.).
- During this time, workers must practice steady breathing, relax, and model nonaggressive body language for the client to follow (Turner, 2015).
- Workers should create an exaggerated distance between themselves and their clients, and stand at an angle as opposed to face on to their client while being sure to never turn their back on their client (NASW-MA, 2011; Syracuse University School of Social Work, 2011).
- Workers should not approach someone who is angry or scared until they have determined they are not the reason the person is in fear or until they are requested by their client to console them (Elliot, 2012).
- While working to defuse a situation, workers should not grin at their client, point or wave their finger at their client, or touch their client during this time (Taylor, 2011).
- It is important for workers to avoid sharing eye contact with their client for long periods of time and to look away to allow for their client to break their stare and glance elsewhere (NASW-MA, 2011; Turner, 2015).
- Additionally, workers should assess their client’s focus of vision and take note of where they are looking. People experiencing frustration are likely to direct their visual attention towards what is causing them to feel angry (Elliot, 2012).
- Workers should keep their hands free from their pockets, and visible to allow for protection and to show the client the worker is not armed (NASW-MA, 2011).

3. Holding a Diffusing Conversation

- In order to hold a conversation to diffuse anger and aggression, workers must remember to keep a calm, steady voice, abstain from yelling or talking loudly over the client, and listen intently (NASW-MA, 2011; Syracuse University School of Social Work, 2011).
- If the name of the client is known, workers should refer to their client by name when speaking to them (Turner, 2015).
- It is critical for workers to move slowly and to remain in control of the conversation and situation (Syracuse University School of Social Work, 2011).
- Workers should refrain from verbally disputing with their client or trying to persuade their client in any way (NASW-MA, 2011; Syracuse University School of Social Work, 2011).
- Workers should maintain a supportive approach and must not try to defend themselves, or reflect judgement onto the client (NASW-MA, 2011; Quinn & Mason, n.d.).
- Workers should work to prevent themselves from challenging or accusing their clients (Elliot, 2012).
- Workers should project their tone of voice just below their client’s and gradually lower their energy and tone as their client becomes more calm (Taylor, 2011; Turner, 2015).
- Workers should guide the conversation with the intent to reduce arousal in their client. One technique is to offer the client choices which result in positive solutions to help to suggest different, safer behaviors (NASW-MA, 2011).
- It is important for workers to focus on their client’s emotions first, and aim to control the conversation (Elliot, 2012).
- When speaking, workers must be sure to use clear, succinct sentences and refrain from swearing or using foul language (Turner, 2015).
  - Workers should be firm when speaking and relay to their client their want to help (Quinn & Mason, n.d.).
  - It may also be helpful to actively listen to the client’s words, express empathy with the client’s situation and feelings without empathizing with their behavior, and to ask them questions about their thoughts as opposed to their emotions (NASW-MA, 2011; Taylor, 2011).
- Workers should refrain from ignoring any questions asked by a client and try to reframe all responses to questions (Turner, 2015).
- It is also important for workers to verbally recognize their client’s anger and allow time for their client to talk (Elliot, 2012; Quinn & Mason, n.d.; Taylor, 2011; Turner, 2015).
- In an effort to divert the client’s attention, workers may wish to offer a piece of candy or gum to the client (Quinn & Mason, n.d.).
- Workers must remember to trust their instincts and either remove themselves from the situation, alert a colleague for help if possible, tell their client to depart, or call 911 if the situation continues to escalate (NASW-MA, 2011; Syracuse University School of Social Work, 2011; Quinn & Mason, n.d.).
  - If a worker is assaulted by a client, they should speak loud and verbally call for help (Quinn & Mason, n.d.).
If a client begins to de-escalate and shows signs of calming down, workers should praise their client for their actions regardless of how small of a step toward a more safe direction was made (Turner, 2015).

Defusing situations requires a strategic plan of action making practice and planning critical to limit indecisiveness (Turner, 2015). While these techniques do not come firsthand, workers must continually practice defusing methods in order to be able to use them quickly to prevent an emergency situation with an angered client (NASW-MA, 2011).

E. Reporting Incidents and Employer Response

- To reduce risk and ensure safety for all staff and personnel, agencies should have data management and reporting systems in place to keep track of reports of threats, physical acts of violence, and any destruction of property (NASW, 2013; Newhill & Hagan, 2010).
- Investigations and incident reports should be made with the intention of discovering the cause of the incident (OSHA, 2015).
- While it is required to report all incidents involving death, injury, or illness, any close call incidents that may have resulted in those instances should also be investigated (OSHA, 2015).
- Proper and thorough investigations of workplace violence should be conducted to help prevent workplace injuries and deaths in the future (OSHA, 2015).
- When investigating an incident, police reports should be obtained and assessed to determine injuries or harm to certain departments or units; employee work spaces, job positions, employee tasks, or times of day (OSHA, 2015).
- When responding to incidents, employers should provide immediate aid and support to any injured employees and conduct the measures needed to prohibit any other individuals from being injured (OSHA, 2015).
- Responding employers should evaluate the situation to determine if professional medical assistance is needed, ensure injured staff are provided with immediate treatment, and provide all staff, clients, and witnesses involved in the situation a psychological evaluation and opportunity to debrief the situation (NASW, 2013; OSHA, 2015).
- As soon as the urgent needs of the situation are handled, an incident report should be conducted. Employers must determine the proper authorities to be notified both within the organization and outside of the organization (OSHA, 2015).
  - Incident reports should contain specifics of the situation including what occurred during the incident, where and when the event took place, a list of persons present, an explanation of any injuries, all factors leading up to the incident and a note stating whether or not medical personnel were called (NASW, 2013).
  - Workers present during the situation should be included in the investigation and incident report due to the critical information they may hold as to what may have caused the incident (OSHA, 2015).

- It may also be necessary for management to collect additional information including training records, history of building repairs and inspections, audits, or past incident reports (OSHA, 2015).
- After the event occurs, management should meet to create a detailed plan of safety in reaction to the incident (NASW, 2013).
- Agencies should produce and manage an organizational culture that promotes safety and security for their staff (NASW, 2013).
  - To ensure an organizational climate of safety in every office, management should conduct regular safety discussions during both staff trainings and meetings (Newhill & Hagan, 2010).
  - Management should notify all employees of its commitment to promote the safety of all staff members both verbally and in writing (NASW, 2013).
- Social service agencies should support an environment of safety that promotes a proactive approach to prevention of violence in the workplace (NASW, 2013).
- Management should provide supportive post-incident resources for workers subject to workplace violence (OSHA, 2015).
  - Employee assistance programs are necessary to assist workers with the effects associated with experiencing workplace violence and to prepare them to resist or avoid potential harmful situations in the future (OSHA, 2015).
- All workers, including supervisors and management, should be encouraged to discuss safety concerns with their staff and supervisors should offer time for their employees to hold conversations regarding safety (Elliot, 2012).
- Agency supervisors or managers should collect, analyze, and input feedback from frontline staff regarding field and office safety when creating worker safety agency policies and procedures (Newhill & Hagan, 2010).
- Office safety checks should be conducted by management routinely (Newhill & Hagan, 2010).

The following are Violence Prevention and Crisis Response Plan Guidelines for human service workers enforced by the Massachusetts's Executive Office of Health and Human Services. These guidelines went into effect on February 15, 2015:

- All programs must assess any previous workplace violence incidents and create a safety plan of action consistent with its situations, services offered, and personnel served.
- The development of safety committees are encouraged for all health and human service agencies with the purpose of preventing workplace violence, creating emergency incident response methods, and tracking completion of required worker safety trainings.
- All programs are to generate a report of their safety plans and provide them to any employees, if requested. All safety plans must be published for public view and easily accessible to workers.
- Every program is required to establish and support a workplace violence prevention and incident response plan that includes specific strategies to prevent incidents of workplace violence and protocols for responding to emergency situations.
Every program must have established prevention of violence and emergency response plans.

Violence prevention plans must include:
- Safety strategies and protocols set in place to limit the risk of violence in the workplace.
  - Examples include modern security features in buildings, panic buttons, safety training, and policies regarding staffing and programs.
- The requirement of all staff to complete e-learning or in-person safety trainings that meet the guidelines set by the Executive Office of Health and Human Services (EOHHS).
  - All new hires must complete safety training within the first three months of beginning employment.
  - All training completion must be tracked and kept on record.
  - Employees must take refresher safety trainings every two years.
- Yearly workplace assessments to review incidents of workplace violence and what action was taken, and the effectiveness of building security systems in place.

Violence prevention plans may include:
- The ability to alarm others of an emergency or need for emergency assistance through the use of technology.
- Assessment of agency staffing, security systems, and escape routes.
- Workplace safety teams or committees to oversee that safety policies and procedures are adhered to.

Every program must develop emergency response protocols for any occasion of workplace violence toward an employee.

Emergency response protocols must include:
- Set guidelines for reporting incidents of workplace violence available for all employees.
- A system or database in place to track all incidents of workplace violence.
  - All reports must include names of the individuals involved, date, time and location of the incident, a description of the situation, and the extent of all injuries.
- Assistance and allocation of resources for all individuals involved in an incident of workplace violence.
- A policy stating any act of workplace violence is prohibited and is cause for discipline and end of employment.
- A policy prohibiting the retaliation against individuals who report an incident.

Emergency response plans may include:
- Workplace safety teams or committees to support and offer help to employee subject to workplace violence.

F. Establishing Committees
In order to keep employees and workplaces safe and supported, health and human service agencies are advised to develop safety policies and procedures involving the creation of safety teams or committees (NASW, 2013). Safety committees should be developed to continually analyze the effectiveness of current safety policies and procedures, make changes or add to existing policies, provide support for employees in the event that an incident occurs, and prepare for safety before an emergency situation takes place (Elliot, 2012; NASW, 2013). Safety committees should keep record of all communication and decisions made during meetings to ensure all safety issues are addressed (NASW, 2012).

The Massachusetts Department of Children and Families have created a policy of forming safety committees both within agencies and amongst agencies in the state of Massachusetts (Sioco, 2010). The safety committees are in place to ensure the safety of its staff members and to notify all employees of possible dangers (Sioco, 2010). The safety committees are responsible for tracking all known and perceived threats to employees and keeping record of them in an incident reporting system (Sioco, 2010). All agency safety committees gather on a monthly basis (Sioco, 2010).

The Massachusetts National Association of Social Workers has also created a statewide safety committee. The statewide safety committee convenes quarterly to review and analyze the effectiveness of current worker safety policies and procedures (Sioco, 2010). Once a report of a threat is made, the safety committee works to create a safety plan for the worker prior to their meeting with a client (Sioco, 2010). All workers are encouraged to report all known or perceived threats.

G. Worker Safety Trainings
Client Violence and Social Worker Safety is a 60 minute webinar training taught by Dr. Christina Newhill, PhD, ACSW, as part of the NASW Lunchtime Series Webinar. This training is available for all NASW members, free of charge. Included in this training is information regarding possible causes of client violence, the importance of assessing client risk factors for violent behavior, and what risk factors to assess for when evaluating clients.

Risk Assessment of Violent Clients and Social Worker Safety is a webinar training provided by the National Association of Social Workers. This training, taught by Christina Newhill, PhD, ACSW, presents information on both the prevalence and types of workplace violence in health and human service fields, and offers tips on how to support a safe environment in the office and when conducting interviews in the field.

The Social Worker Safety and Situational Awareness training is a 90 minute worker safety training recommended by the National Association of Social Workers which aims to provide personal safety tips for social service professionals when working both in the office and in the field. The training, which is offered in person or as a live webinar, covers topics including ways to improve awareness of one's environment, procedures when visiting high risk clients, trusting intuition, de-escalation techniques, safety when traveling on the job, and safety in elevators.
parking lots and secluded areas. Additionally, the training promotes the need for sharing client interview schedules, determining personnel to contact in case of an emergency, designating check-in times, and communicating safety plans. This training is intended for social workers, Licensed Marriage and Family Therapists, and Licensed Mental Health Counselors.

The Federal Emergency Management Agency (FEMA) released an online active shooter training titled "Active Shooter: What You Can Do" to prepare all employees for potential active shooter situations. Training participants are guided on how to take action when an active shooter situation occurs, how to identify clues of potential violence in the workplace, ways to prevent violent incidents, and how to control the effects of an active shooter situation (FEMA, 2013).

Home Visiting with Families Affected by Substance Abuse and/or HIV10 is a 57 minute online tutorial provided by the National Abandoned Infants Assistance Resource Center at the University of California, Berkeley. This training discusses the main procedures associated with home visits with a focus on how to remain safe when conducting client visits in the home.

The Everyday Self Defense for Social Workers11 training was created in Kansas by Janet Nelson, ACSW, LCSW. The state of Kansas mandates all licensed social workers to take self-defense training. The self-defense training combines personal safety awareness skills with conflict avoidance skills, positive communication, stress reduction, and practice with physical skills. In addition, trainees learn techniques to using words, body language, and body positioning in order to avert and escape dangerous situations. The training helps participants increase their alertness, balance, and control. The self-defense training is taught both in person and online. The class qualifies for the safety awareness CE for both Kansas state social workers and social workers in other states, and has received authorization by the National Association of Social Workers.

The California Social Work Education Center (CALSWEC) has established competencies and learning objectives regarding Introduction to Social Worker Safety in a Child Welfare Context12. The worker safety training learning objectives, based on California Common Core curricula for child welfare workers, are divided into knowledge, skills, and values. After participation in the training, social workers should possess the knowledge to identify potential signs of harm, determine means of escaping danger, list factors that may cause a crisis, identify when and how to end an interview safely in an emergency, and utilize de-escalation techniques (CALSWEC, 2012). Through case examples and role play, trainees will develop skills to prepare for client home visits and will possess knowledge of various techniques to de-escalate heated situations with clients. Additionally, the training introduces values of managing personal safety through the use of commutation skills, both verbally and nonverbally, observing and reacting to possible signs of danger, and the acknowledgement of cultural variations when conducting client assessments (CALSWEC, 2012)13.

The New Jersey Child Welfare Training Partnership in association with the New Jersey Department of Children and Families held a worker safety training in 2015 titled Safety Awareness for the Child Welfare Professional14. This two-day training presented information through the use of lectures and activities regarding techniques to maintain safety when working with children and families. Topics include the 4 A’s of safety, warning signs of potentially unsafe situations, de-escalation techniques, and strategies to remain safe and promote both positive well-being and self-care.

The Connecticut Department of Social Services provides a training entitled Worker Safety15 taught by Orlando Cuadrado, MSW and Michael Smith. This training provides information regarding identifying unsafe conditions, skills for developing awareness of self, the environment, and of clients, and how to manage in crisis situations.

Personal Safety in Clinical Practice16 is taught by Phil Quin, Ph.D., Director of South Shore Mental Health (SSMH), EAP Program, and Ray Mason, Director of SSMH, Metro-Suburban Outreach. This training provides participants with tips on how to exercise caution and maintain safety when interviewing clients in the office or in the client’s home. The information provided includes tips for reviewing client records, conducting evaluations and observations prior to meeting with a client, traveling to a client’s home, and what to do when a client becomes aggressive.

The Idaho Department of Health and Welfare Family and Community Services conducted a Home Visitor Safety17 training in collaboration with their Social Work Academy. This training discusses safety tips when preparing to conduct client home visits, when traveling to a client’s home, and when conducting an interview in a client’s home.

Run Hide Fight18 is an online video produced by the Department of Homeland Security which ascerts what to do in the case of an active shooter situation. After viewing this video, workers will learn to first make an effort to escape or exit the premises safely, hide if it is not possible to leave the area, or fight the individual if the worker’s life is in jeopardy and the potential for harm

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10 See Appendix 4: Social Worker Safety Competencies and Learning Objectives in a Child Welfare Context
11 New Jersey Department of Children and Families. (2015). Safety awareness for the child welfare professional. New Jersey Child Welfare Training Partnership. Retrieved from https://www.childrensacademy.com/downloads/Safety%20Awareness%20PPT%20for%20Worker%20Training.pdf
12 Cuadrado, O., & Smith, M. (n.d.). Worker safety. Retrieved from https://wonders.org/files/Incentives___Work_Conds/Incentives_CT_DSS_WorkerSafetyTraining.pdf
13 Quinn, P., & Mason, R. (n.d.). Personal safety in clinical practice. Retrieved from https://www.childrensacademy.com/downloads/Safety%20Awareness%20PPT%20for%20Worker%20Training.pdf
14 Idaho Department of Health and Welfare Family and Community Services. (n.d.). Home visitor safety. Social Work Academy. Retrieved from https://healthandwelfare.idaho.gov/Pages/30Children/50HomeVisiting/50%20Visitor%20Safety%20Training.pdf
15 Department of Homeland Security. (2012). Run, hide, fight. Retrieved from https://www.youtube.com/watch?v=VcVxsNwTDDQ

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9 Federal Emergency Management Agency. (2013). Active shooter: What you can do. Retrieved from https://training.fema.gov/NSCcourseoverview.aspx?Code=FS-307
10 National AIA Resource Center. (2012). Home Visiting with Families Affected by Substance Abuse and/or HIV. U.C. Berkeley. Retrieved from http://jaf.berkeley.edu/training/online/courses/.
11 Nelson, J. (n.d.). Everyday self-defense for social workers. Retrieved from http://www.everydayselfdefense.com/online-courses.html
12 California Social Work Education Center. (2012). Introduction to social worker safety in a child welfare context. Retrieved from http://calswec.berkeley.edu/Files/uploads/cb_rewaste_c20_final.pdf
Guidelines for Establishing Worker Safety Trainings

- All agencies should provide worker safety training to all staff and new hires and provide workers with risk management training when conducting interviews in the home and in the office (Newhill & Hagan, 2010).
  - Worker safety trainings should describe current agency policies and procedures in place in addition to de-escalation and self-defense skills (OSHA, 2015).
  - Worker safety trainings should be offered annually in order to refresh and improve on worker’s safety practices (NASW, 2013).
  - Worker safety trainings may involve:
    - Prevention of workplace violence (OSHA, 2015)
    - Techniques to determine, avoid, and diffuse violent situations or dangerous behavior (OSHA, 2015)
    - Possible risk factors that may lead to harmful situations (OSHA, 2015)
    - Protocols for reporting varying client behavior (OSHA, 2015)
    - Use of safety devices including panic buttons and alarm systems (NASW, 2013; OSHA, 2015)
    - Warning signals of potentially dangerous situations (OSHA, 2015)
    - Effective use of safe rooms or employee shelter areas (OSHA, 2015)
    - Emergency response plan procedures (OSHA, 2015)
    - Use of a buddy system (OSHA, 2015)
    - Proper procedures for reporting incidents (OSHA, 2015)
    - Protocols for staff assistance programs and agency incident response
    - Risk management and reduction (NASW, 2013)
    - Emergency evacuation procedures (NASW, 2013)
    -De-escalating techniques (NASW, 2013)
    - Effective strategies for clinical interventions with violent or potentially violent clients (NASW, 2013)
    - Non-violent self-defense (NASW, 2013)
    - The impact of and how to manage secondary trauma (NASW, 2013)
  - All supervisors and management should be trained on determining potentially dangerous situations to assist in creating a safe workplace and to ensure the safety of their employees (OSHA, 2015).
    - Management must receive training which notes the importance of employees reporting incidents and obtaining necessary care after a harmful or violent situation occurs (OSHA, 2015).
    - All supervisors and managers should be provided with skills to reduce and prevent safety hazards in the workplace and should enforce that all workers take the appropriate and required worker safety trainings for their agency (OSHA, 2015).
  - All trainings provided to employees should be reviewed and analyzed at least once a year (OSHA, 2015).

- Training evaluations should include a review of the curriculum, the means of delivery, and an assessment of how often the training is provided (OSHA, 2015).
- All social work students should be taught best-practice safety procedures in the workplace during their student years before they enter the field (NASW, 2013).
- All practicing social work students should be supervised in safe environments when working in the field (NASW, 2013).

II. Action by the Academy
The Academy for Professional Excellence39, a project of San Diego State University School of Social Work, was established in 1996 to support the health and human service community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 10,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy provides basic worker safety training through multiple programs39. The Public Child Welfare Training Academy (PCWTA) offers Lineworker Core training. The Behavioral Health Education and Training Academy (BHETA) provides training on violent or criminal behavior risk factors, and de-escalating violent situations. The Multi-disciplinary Adult Services Training and Evaluation for Results (MASTER) program offers an online worker safety course as part of their new worker core for Adult Protective Services workers. Additionally, the Academy has established a cross-program committee and is in the process of developing an advanced multi-disciplinary worker safety training. The worker safety training involves the development of an eLearning, simulation site training, and a mobile app in alignment with the eLearning. This training is intended for health and human service workers including behavioral health service providers, adult protective workers, and child welfare workers.

PCWTA offers a Lineworker Core training series for new child welfare workers based on the competencies developed by the California Social Work Education Center (CalSWEC). PCWTA’s Core Line Worker Training is facilitated over a period of several weeks via half or multi-day trainings, eLearnings and field activities and is available across Southern California counties and throughout California via other Regional Training Academies. The classes in this course are taught by experts in the field of child welfare services. Included in the Lineworker Core Training is Self-Care for New Child Welfare Workers: Time Management, Stress Management, and Worker Safety. The topics of this training include signs of danger and methods of avoiding or mitigating danger while working as a child welfare worker, dynamics of crises and effective crisis intervention techniques used to assist families in crises, and effective communication skills that can be used to defuse or prevent violence, including when to terminate an interview due to safety concerns and how to leave a dangerous situation safely. Line Worker Core Training is in the process of a statewide curriculum revision entitled Common Core 3.0. All

39 Academy for Professional Excellence. (n.d.). About the Academy. Retrieved from http://theacademy.sdsu.edu/about-the-academy/
39 The courses described in this section are Academy trainings that are offered under contract to child welfare, behavioral health, and adult protective service workers via a Learning Management System.
Line Worker Core trainings will encompass parts of the updated curriculum as of January 1, 2016.

The training 8 Major Criminogenic Risk Factors for Violent and Criminal Behaviors23 is an e-learning provided by the Behavioral Health Education & Training Academy within the Academy for Professional Excellence. This e-learning course provides information on risk factors for violent and criminal behaviors, discusses prevention and intervention techniques, and describes treatment methods to reduce risk.

Introduction to Working with People Who Are at Risk for Violent Behavior or Who Are Criminally Involved24 is a recorded webinar provided by the Behavioral Health Education & Training Academy within the Academy for Professional Excellence. This e-learning is an introductory course on working with people who are at risk for violent behavior. After completing the training, participants will be able to identify the causes behind criminal and violent behavior, determine potential violent situations, and identify trauma-informed care techniques to ensure safety in both the office and in the field.

APS Worker Safety25 is an e-learning provided by the MASTER program, Multi-disciplinary Adult Services Training and Evaluation for Results, within the Academy for Professional Excellence. This training teaches safety guidelines to follow when conducting home visits.

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Appendix 1: Risk Factors for Violent Behavior^24

- **Demographic Risk Factors**
  - Young Age
  - Male Gender

- **Clinical Risk Factors**
  - High Risk Psychiatric Symptoms (delusions, hallucinations, violent fantasies)
  - Personality Features (anger, emotion dysregulation, impulsivity)
  - Personality Disorder (antisocial, borderline)
  - Substance Abuse (especially alcohol)

- **Biological Risk Factors**
  - Low Intelligence Quotient (IQ)
  - Neurological Impairment

- **Historical Risk Factors**
  - History of violence (recency and frequency of self reports of violence toward others, arrests, incarcerations, and reports of violence toward self)
  - Social and family history (early exposure to violence);
    - Experiencing severe abuse by a parent or other caretaker or being a witness to domestic violence;
    - Being severely neglected or rejected by parent/caretaker;
    - Parental psychiatric illness and/or drug or alcohol abuse;
    - Tacit parental approval of cruelty toward other people or animals.
  - Work history (economic instability, unemployment);
  - History of psychiatric treatment and/or hospitalization, especially if involuntary;

- **Environmental/ Contextual Risk Factors**
  - Level and quality of social support
  - Peer pressure from peers who endorse violence
  - Influence of popular culture
  - Means for violence
  - Accessibility of the potential victim

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24 Sources: Newhill, C. E. (2011). Client violence and social worker safety. NASW Lunchtime Series Webinar. Retrieved from
http://e-jmdcn.com/sites/www.nasw.org/resource/research/Client%20Violence%20and%20Social%20Work%20Safety.pdf.

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http://www.socialwork.pitt.edu/sites/default/files/Pdf_Files/Session%2012%20HANDOUT.pdf.
Appendix 2: Worker Safety Intervention Plan

“A worker safety intervention plan is formalized by the assigned worker and supervisor during case conferencing when a particular family member—an adult or a child—or family or environment has been identified as being potentially dangerous to staff or presenting a risk to the personal safety of staff or authority figures. A worker safety intervention plan can be a simple written outline or paragraph describing specific precautions to be taken upon intervention. Approval by the Casework Supervisor may be necessary, depending on the nature of the plan. Copies of the plan are kept by the worker and supervisor, and a copy is attached to the Resource Sheet filed in the case record.”

Worker safety concerns are also documented in NJ SPiRIT applications, including the electronic NJS Worker Safety Alert currently being tested. “If a WORKER ALERT label is on the record, the worker must refer to the dated contact notes. REFER TO THAT PLAN BEFORE INITIATING CONTACT WITH THE FAMILY. The plan is dated and reviewed periodically during case conferencing and whenever the WORKER ALERT label is reviewed.”

According to policy, worker safety intervention plans could include, but are not limited to, the following:

- Where and when it is best to meet with the family member (e.g., meet with family member at a neutral setting, not at the family home);
- Who, if anyone, should be present when CP&P field staff meet with the family member (e.g., another CP&P staff member should be present during home visits; the Human Services Police should accompany the assigned worker when new allegations are under investigation; the person’s therapist may be willing to provide assistance/prevent a crisis);
- Whether or not the child should be present when CP&P meets with the parent(s); and
- Specific actions to be taken under certain circumstances which have been in evidence in the past (e.g., immediately leave the family home—with or without the children—if the person appears to be under the influence of drugs or alcohol or actively psychotic).

“It may be necessary to seek relief from the Family Court to ensure the worker’s safety. Such an option should be discussed with the DAG. The worker safety intervention plan could specify that relief from court will be pursued if a specific behavior persists or in the event of a new incident.”

“"If an after-hours crisis is anticipated, the assigned worker or supervisor contacts SCR and leaves special instructions for case handling precautions. If a case presents ongoing serious concerns regarding risk to staff safety upon intervention, the supervisor advises the County SPRU Coordinator, who forewarns the SPRU staff of risks associated with the case. In addition, the LO Manager consults with the SCR Administrator/designee to determine whether special arrangements are to be implemented to accommodate the case. Special arrangements may include requesting after hours assistance from the Human Service Police, in accordance with the Protocol for Requesting HSP Services, found in (CP&P-HC- 4-300).”

Source: New Jersey Department of Children and Families. (2015). Safety awareness for the child welfare professional. New Jersey Child Welfare Training Partnership. Retrieved from file:///C:/Users/Academic/Downloads/Safety%20Awareness%20PARTICIPANT%20GUIDE%20Rev%201%2015%2015%20Includes%20Appendix%20%20%20.pdf.
Appendix 3: Guidelines for Utilizing Teamed Response (Buddy System)²⁶

"Absent compelling reason to do otherwise, deference should be given to the expressed safety concerns of the requesting worker. Supervisors shall not, under any circumstances, unreasonably deny or discourage the use of teemed field response as a means of ensuring worker safety."

Supervisors are required to approve a teemed response in the following circumstances:

1) Division records indicate a history involving:
   a) assaults or threats of violence; or
   b) a conviction involving the use of a weapon.
   In these situations, the buddy should be the Human Services Police or other law enforcement officials.

2) All active cases that involve ongoing domestic violence situations where the alleged batterer resides in or frequents the home. For additional safety precautions, see the Domestic Violence Protocol.

3) All initial responses to allegations of abuse in unknown (no prior CP&P history) cases if requested by the assigned worker.

4) All responses to known high crime and initial responses to known drug-use locations,
   a) High crime and drug-use areas are established by mutual agreement between Local Office Management and field staff on an office-by-office basis.
   b) Areas designated as high crime or drug-use areas must be communicated by Local Office Management to the Area Director as soon as such determination is made.
   c) Area Office SPRU Coordinators share this information with SPRU Supervisors and SPRU Workers.
   The decision whether or not a SPRU Worker needs a teemed response is a decision that will be made by the Local Office or Area Director.

5) All out-of-home placements into a resource family home to help the child by lessening trauma associated with separation from the family of origin. The buddy permits the assigned worker to focus solely on the child's needs.

6) All cases where transporting a child with known behavioral problems (e.g., a history of sexual acting out, making false accusations, or running away). When transporting a group of children, a teemed response is necessary in order to assist with supervision of the children while driving to the destination. Requests for assistance by Human Services Police may be appropriate.

7) Previously assaulted field staff are entitled to a buddy until such time as the worker and his or her supervisor jointly decide that a buddy is no longer routinely needed. The input of a crisis counselor or a treating professional may be sought, if agreed to by the worker, to resolve questions or dispute about the issue of the worker's readiness to respond to routine Division field assignments alone.

There may be other circumstances not spelled out in this policy or not REQUIRED by policy. However, supervisors may determine it is necessary anyway based on the full circumstances. If that happens, workers are NOT permitted to decline.

The makeup of a team can vary, and a diverse group of professionals are listed in the policy section, including another CP&P staff member; a supervisor; FPS or YAP workers; the homemaker; school staff; or others.

In any circumstance where policy or prudence calls for a joint law enforcement response, law enforcement shall be used in lieu of any other type of buddy.

²⁶ Source: New Jersey Department of Children and Families. (2015). Safety Awareness for the child welfare professional. New Jersey Child Welfare Training Partnership. Retrieved from file://C:\Users\Academy\Downloads\SafetyAwareness%20- PARTICIPANTS%20GUIDE%20ex%2008%2011%2011%2011%20Inclusive%20Appendixes%20%20%20%20%20%20%2011.pdf.
b. Providing information about county agency policies concerning child welfare social worker safety.

K7. The trainee will be able to describe how to leave a dangerous situation swiftly.

K8. The trainee will be able to recognize the difference between ‘awareness’ and ‘hyper-vigilance’.

Skills:

S1. Given a case example or scenario, the trainee will be able to demonstrate the steps necessary for preparation for a home visit with personal safety in mind, including determining risk factors, being well informed about case information, and knowing the geographic area.

S2. Given a case scenario or role play, the trainee will be able to demonstrate communication skills for identifying and defusing potentially dangerous situations. (Optional: Depends on length of training day/module.)

Values:

V1. The trainee will value maintaining his or her own safety and seeking to avoid knowingly putting him- or herself in danger.

V2. The trainee will value the use of verbal and nonverbal communication skills which reduce the risk of hostility and increase child welfare social worker safety.

V3. The trainee will value recognizing and acknowledging internal reactions as a possible signal that a threat is present.

V4. The trainee will value consideration of cultural differences when making assessments related to social worker safety.

RELATED TITLE IV-E CURRICULUM COMPETENCIES

The Title IV-E MSW competencies were developed for the M.S.W. specialization in public child welfare in California, a two-year full time graduate program. The MSW competencies may overlap with the common core competencies, but are primarily designed for a full MSW program. Learning objectives and competencies in the common core support the MSW Title IV-E competencies, but not all of the IV-E material can be delivered during an in-service training session. MSW Title IV-E competencies may therefore be linked to multiple topic areas of the common core.

CF 1.f. Student utilizes supervision/consultation effectively, including the need to augment knowledge or to mediate conflict arising from personal values and emotions related to practice and professional contexts.

CF 10(a).b. Student demonstrates the capacity to exercise empathy and use of self in engagement and service delivery.