CAS Workers at Risk:

A Current Assessment of Worker Safety, Client Violence and Child Protection in Ontario's Children's Aid Societies – A System Under Pressure

Summary Report for an Independent Study Conducted by SPR for the Worker Safety Sub-Committee of the Joint Labour-Management Committee of the Ontario Association of Children's Aid Societies
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Final Report

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The Consultants

Staffing: Overall project management was provided by Dr. Ted Harvey, President & Senior Consultant, SPR. He was assisted by Ms. Marianne Levitsky, OHS Consultant, who was co-investigator for the project. Design and implementation of the surveys was conducted by Ms. Marian Ficycz, SPR's Survey Director, and Ms. Holly Bennett, Senior Consultant, provided assistance throughout the project. Dr. Harvey was co-designer of the Manitoba Guaranteed Annual Income Experiment, and has served as Research Director, Social Planning Council of Metro Toronto, and has been Senior Consultant for all SPR projects conducted for the public sector and NGOS, for over 25 years. Ms. Levitsky has served as Senior Manager, WSIB, as well as other public agencies for over two decades and is currently engaged in extensive private sector and international consultation in Occupational Health and Safety, mainly through ECOH (Environmental Consulting and Occupational Health). She is also President of an international charitable organization, *Workplace Health Without Borders*.

SPR Associates has a longstanding track record in occupational health and safety, conducting over $1.2 million in research for the Ontario Ministry of Labour and related agencies between 1986 and 1996, which aided implementation of the OHS Act of 1990, and the introduction of Ontario's Certification Training in OHS (over 300,000 workers and managers have been trained as of 2014). SPR has also conducted extensive research in child abuse, child welfare, family violence and training for more than 3 decades. Most of SPR's recent projects for Ontario have focused on legal aid, family violence, court translation services, and accreditation and training services for new Canadian professionals (see: www.spr.ca).

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Abbreviations and Terminology/ Commonly-Used Terms in the Report

CASs	Non-profit, community-based organizations mandated to protect children under the *Ontario Child and Family Services Act*.
Clients	In this report, meant to include families, parents and children served by CASs.
Employees	All individuals who are employed by CASs and who may have child protection duties and may have experienced client violence. In the report, this term is sometimes used interchangeably with the term *workers*.
JHSC	Joint Health and Safety Committee: As mandated, to allow management and workers or their bargaining units to exercise certain rights and responsibilities to guard workplace health and safety under the *Ontario Occupational Health and Safety Act*.
Labour/ Trade Unions	The Trade Unions/Labour Organizations that were a party to the 2011 Provincial Discussion Table Consensus Agreement, including: The Canadian Union of Public Employees (CUPE); Ontario Public Service Employees Union (OPSEU); Communications, Energy and Paperworkers Union of Canada (CEP); and the Simcoe CAS Employee Association (Simcoe CASEA).
Ministry	When used alone, refers to The Ontario Ministry of Children and Youth Services.
OACAS	Ontario Association of Children's Aid Societies. An organization which represents 44 of 46 of Ontario's CASs as mandated under the Child and Family Services Act.
OHS	Occupational Health & Safety.
Secondary Trauma	Trauma experienced by a CAS worker while performing their duties, as a result of seeing, reading, being aware of, or hearing about violence, threats, abuse or trauma to another person (e.g. a child, client or co-worker).
Violence	Includes physical assault and attempted assault, threats, verbal and written abuse. Violence is also deemed to include secondary or "witness" trauma, where a worker may be distressed by an incident which does not *directly* affect them, for example, awareness of the death of a child or the injury of a co-worker.
Workers	See *employees,* above.

Executive Summary

Overview: The goal of this project was to provide the Ontario Child Welfare Sector with an independent review and study of worker safety in Ontario Children's Aid Societies. A particular focus is on the risks to worker safety from client contact and work in the community, such as risks in field work, and accidents which may occur while driving and/or transporting clients.

More generally, the report also notes challenges faced by CASs and the impacts of worker safety on the quality of child protection services. The report also provides recommendations for future programs, particularly, to better protect workers.

The review was implemented with guidance from a joint labour-management worker safety committee. Initial research for the project identified numerous best practices in worker safety in child protection. Nearly all of these best practices were examined in the surveys of CAS employees and CASs.

Both surveys were highly successful in obtaining input regarding the extent to which CASs emulated these best practices. Results were obtained from over 5,800 of Ontario's estimated 8,665 CAS employees, with additional input from 34 CASs providing an organizational view. Survey results focused on the scope of workplace violence and injuries, and the range and variability of programs which CASs had put in place to protect workers. Employees and CASs evaluated their safety programs using many similar indicators.

For purposes of this report, violence includes physical assault, attempted assault, threats, and verbal and written abuse – both recently experienced and as experienced over time, while working at the CAS. The study also examines secondary or "witness" trauma, where a worker may be distressed or harmed by an incident which does not *directly* affect them, for example, their awareness of the death of a child, or the injury of a co-worker.

Reference is made in the study to contextual and related factors such as the impact of violence experienced by CAS employees on child protection, aspects of community relations, and the ongoing efforts to develop the CAS system through various commissions and reviews. Selected **key findings** are summarized below.

Survey findings regarding violence, injuries and their impacts:

Collectively, CAS employees from across the province, over the course of their careers, have endured thousands of assaults and tens of thousands of threats and instances of abuse:

- Consistent with a wide range of prior research, child protection workers were found to experience a very high level of violence (assault/attempted assault, threats, stalking, and verbal or written abuse) -- levels which many researchers have suggested are only exceeded by the police. (See: *Appendix A: Best Practices in Worker Safety,* SPR, 2014 and *Annex, Worker Safety Study Publications-Document Inventory*, April 7, 2014. In particular, see: Macdonald et al. (2003); Newhill (2003, 2002, 1997 and 1995), Liss (1994), Horwitz (2006), and Koritsas et al. (2008)).
- For example, 74.7% of CAS employees reported that they had experienced violence during their careers (averaging 11 years), 26.8% experiencing assaults or attempted assaults; 45.2% experiencing threats or stalking; 67.9% experiencing verbal or written abuse.
- Many employees who faced assaults or other violence had to deal with multiple assailants (multiple assailants were reported by CAS employees for 4% of assaults and 8% of threats/abuse), weapons (reported for 9% of assaults and threats), threats to their families (not measured separately in the survey – questions always asked about 'threats to you and/or your family') and other stresses.
- Approximately one-third (32%) of child protection workers reported that they had experienced violence (assault/attempted assault, threats, stalking, and verbal or written abuse) while working alone.
- Physical assaults were common; however, psychological impacts (post-traumatic stress) were also often significant.
- In focus groups, many employees expressed concern that in recent years, their role had become too much of a policing role rather than a helping roll as well.
- CAS reporting systems seemed to record far fewer incidents of violence than were reported by workers in our surveys (this may reflect in part, 'cultural and organizational features of CASs,' but also gaps in information systems-- see comments within the body of the report).
- Altogether, 11.6% of workers who experienced violence reported that afterwards, they were more hesitant about performing their child protection duties. This indicates that client violence impacts the ability of workers to provide the full range of services in the way that they would normally have been offered.

Survey findings regarding CAS protection of workers:

- The research indicated significant gaps and uneven implementation of health and safety practices applied by CASs to ensure the best possible worker protection. This was seen, for example, in the low rate of investigations of instances of violence; the low rates of worker training; and the limited number of hours of training provided on violence and safety (CAS employees reported an average of 1.9 hours annually, with many reporting that they received "none").
- Many common safety policies and standards, for example, those usual to the operation of JHSCs, were absent or incomplete, according to focus groups, employee and CAS survey results.
- CAS employee and organizational surveys indicated that CASs were highly variable in the policies and programs they maintained, with some providing higher levels of worker protection and many providing low levels of worker protection, including omission in some CASs of certain steps required by the OHS Act.
- These assessments were underlined by the 5,800+ employee assessments, and confirmed to a degree by a similar pattern of CAS reports (although CASs and managers generally had higher assessments of the quality of their worker safety programs).
- CAS organizational survey responses illustrated a limited awareness of the violence experiences reported by workers, suggesting a significant gap in understandings between management and workers in most CASs. This was particularly evident in the gap between the smaller numbers of assaults recorded by CASs as compared to workers' reports.[1]
- Supervisors appeared to be a point of particular strength in the eyes of employees, indicating that they should play a prominent role in future developments of safety programs.

Overall Conclusion: Child protection workers are frequently exposed to a spectrum of violence ranging from actual physical assaults and attempted assaults to threats and verbal and written abuse. The different CASs are very uneven in their efforts to provide effective protection to their workers and generally the sector response to the issue is low. These findings point to a need for a strong, provincially-coordinated set of standards touching on the genesis of violence in child protection and all aspects of the CASs' management of client violence, and improved worker protection.

Recommendations: Forty-six recommendations are presented at the end of this report (Section 12), aimed at aiding implementation of such new standards. Some of these recommendations centre on the role of the Ministry, which should provide leadership for CAS responses to violence and related health and safety issues.

[1] A comparison of CAS survey estimates to worker survey estimates indicated that CASs were only aware of about half of assaults experienced by child protection workers.

1. Introduction

Goal: The primary goal of this report is to provide an independent review and a study of worker safety in Ontario Children's Aid Societies (CASs). A particular focus is on the risks to worker safety from client contact and work in the community, such as risks in field work, and accidents which may occur while driving and/or transporting clients. More generally, the report also notes challenges faced by CASs and the impacts of worker safety on the quality of child protection services. The report also provides recommendations for future programs, particularly, to better protect workers.

Context: Worker safety has been a longstanding issue in the sector. In 2011, the parties to the Provincial Discussion Table (MCYS, CUPE, OPSEU, CEP, Simcoe CAS ea and CAS Employers) agreed "*to establish a Worker Safety Group, which, which will be a sub-committee of PDT, to advise and report on systemic matters relating to the occupational health and safety of ch*ild *wel*fare *sector workers in Ontario."*Systemic change in worker safety has been slow to happen in the sector.

The CAS system is in transition, with many initiatives by the Provincial government aimed at systematizing the organization and quality of care, and CAS performance (see: OACAS *Child Welfare Repor*t, 2013). Some of these initiatives include: *Child Welfare Transformation 2005: A strategic plan for a flexible, sustainable and outcome oriented service delivery model,* Ontario Ministry of Children and Youth Services (July 2005); and *Realizing A Sustainable Child Welfare System in Ontario. Final Report,* Ontario Commission to Promote Sustainable Child Welfare (September 2012). These reviews suggest that some of the challenges noted within may be in process of being addressed by other ongoing initiatives.

Ontario's CASs currently face a broad range of external pressures. Financial resources are constrained, in part because of overall financial pressures affecting governments. Thus a key constraint has been cutbacks to different systems affecting worker safety, such as training. Additionally preventive and supportive services have been reduced. A high level of pressure is also seen in calls for changes to the CAS system, media attention, and "push-back" from client groups.

These external, systemic, pressures flow into each local CAS affecting the local planning, service delivery and operational decisions. The external pressures combine with the internal pressures including, fiscal and accountability requirements, complex caseloads, client expectations, and exposure to client violence. The outcome for employees at a CAS is a high-pressure personal situation.

The day-to-day front-line experience of CAS child protection workers sees them enter into situations where there is the potential for violence. CAS employees are regularly placed "in harm's way" and, over the course of their career in child welfare, may be exposed to thousands of incidents of violence (assaults, threats, verbal and written abuse, and stalking) and harassment. Indeed, some CAS employees experience harassment not only while at work, but also with their families in their communities.

The authors of this paper heard CAS employees from all levels of the organization describe these pressures, and the related stress, during focus group sessions and liken their feelings to being "under siege" – or a state of regular attack from all sides. CAS employees are pressured on a daily basis by the child welfare system, client expectations, public expectations and the potential for exposure to violence.

The work of CASs: A review of violence in CASs requires a solid understanding of the violence CAS employees are exposed to, and its origins and impacts. It also requires a good understanding of CASs as *workplaces*, the dynamics of child protection and its inherent risks and the role of CASs which are mandated to provide child protection under the Ontario Child and Family Services Act (e.g. investigation of reports of child abuse and neglect), and which provide related services, for example, for adoption, under the Ontario Ministry of Children and Youth Services.[2] Over 200,000 families and children receive a variety of services from CASs each year.

Under the Act, CASs operate as independent non-profit bodies, governed by local boards of directors. In Ontario, some 46 CASs provide child protection services and, in some cases, other specific services of a preventive nature or in children's mental health. Over 8,600 persons are currently employed by Ontario CASs -- mostly graduates of various types of social work programs, but also legal advisors, support staff and others.

What do we mean by violence? For purposes of this report, violence includes physical assault, attempted assault, threats, and verbal and written abuse – both recently experienced and as experienced over time, while working at the CAS. The study also examines secondary or "witness" trauma, where a worker may be distressed or harmed by an incident which does not *directly* affect them, for example, their awareness of the death of a child, or the injury of a co-worker. *The report focuses on violence encountered in the course of child protection work and does **not** address common workplace safety hazards (e.g. slip and fall or violence from co-workers). However, some attention is given to driving safety particularly as it sometimes is a factor in 'working alone' or transporting clients.*

A high level of violence is no surprise, given the nature of the work of a Children's Aid Society. The core CAS workload is in child protection. Altogether, 55% of CAS employees report having child protection caseloads. The child protection responsibilities that a CAS must fulfill involve working in emotionally charged and conflict oriented situations with families – a CAS is in effect challenging a parent's fundamental rights around their own children. These situations can be expected to cause emotional responses from clients. A child protection caseload tends to be heavily comprised of families where abuse or neglect have occurred; victims of poverty and social disorder, with many parents having criminal records and records of violence, substance abuse issues, and mental health issues. While exact statistics are not available at this time, survey responses from CAS employees indicated that more than 40% of clients had a criminal record, over 40% had a history of violence, over 50% had a history of substance abuse, and over 35% presented other difficulties or challenges. In some of these cases, the normal expected emotional response to CAS intervention can escalate into a violent response.

Child protection was found in this study -- in a fashion consistent with international *comparisons*[3] -- to be a profession experiencing very high rates of violence, often with profound *impacts*, as noted in the following comment:

> *"As a worker I feel dehumanized… I often drive home and check to make sure I am not followed. I do not use my married name professionally or on government issued documents, as police will use names and personal addresses on police reports, which are open to the public… I have to have an unlisted phone number; my cell phone number is blocked."*

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2 See: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

3 See: *Best Practices in Worker Safety*, SPR Associates, 2014.

Who was studied: A key design step was deciding which workers or employees would be included in the study. While we had initially viewed child protection workers as the focus, this assumption was modified during the survey start-up phase after initial discussions with stakeholders. These discussions suggested that *all* CAS staff might be at risk of violence, not just child protection workers. Therefore, we studied this broader population.

As is seen within this report, this assumption was upheld. While experiences of violence were somewhat greater for workers with child protection caseloads, the survey results show that, at any time, incidents of violence were experienced by all types of CAS staff -- from support staff to senior management. Thus, our analysis includes all CAS staff -- managers, office staff and others --*not just those designated as child protection staff.*[4]

Broader issues in child protection: Current research also points to a link between protection of workers and protection of children. This linkage is supported by a growing body of international research which indicates that violence to those protecting children reduces the quality of child protection generally. This factor – quality of child protection -- which is on a different plane than worker safety -- is addressed in our conclusions.[5]

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[4] The validity of this definition of the target population can be seen in the fact that other staff (e.g. managers who may have 'come up through the ranks') might have previously worked in a direct child protection role. However, as is shown within, our research demonstrates that all CAS staff (including managers) are exposed to work-related client violence.

[5] This conclusion is based largely on the impact of client violence in reducing the effectiveness of child protection, for example, through intimidation, as seen in our surveys of child protection workers. Other factors noted are the impact of client violence on CAS staff turnover – reducing the pool of experience available to the CAS. See, for example: Janet-Stanley and Chris-Goddard, *In the Firing Line--Relationships, Power and Violence in Child Protection*, Wiley (2002). Also, see: Littlefield (2014) who demonstrates the link between client violence and child deaths, using UK data from Serious Case Reviews (SCRs). See also the discussion of Baines' research in SPR's *Best Practices Report*, which describes how stress in child protection work can compromise protection of children.

2. Methodology/Conduct of the Study

Mandate: This study was conducted under the direction of a joint labour-management worker safety committee, mandated by Ontario's CASs and funded by the Ontario Ministry of Children and Youth Services. The study was undertaken as part of a larger commitment to improve worker safety agreed to by labour and management representatives during the 2011 Provincial Discussion Table Consensus Agreement Negotiations.

2.1 KEY COMPONENTS OF THE STUDY

The study consisted of the following key components:

1. **Research on best practices in worker safety and risk reduction** (a review of Canadian and international literature and expert opinion on best practices). This component of the research is attached as *Appendix A: Best Practices Report on Worker Safety*.
2. **A current-state assessment of worker safety in Ontario.** Methodologies included:[6]
   - a confidential, on-line survey of CASs organizations which examined safety-related practices, such as training, supervision, field procedures and use of technology;
   - a confidential, on-line survey sent to all 8,600+ CAS employees who were employed with funding from the Ministry of Child and Youth Services. Employees were asked about their safety-related experiences and views of safety needs, including details of violence experienced while on the job and their satisfaction with CAS safety programs; and
   - facilitated conversations with key labour and management groups and JHSCs to highlight additional worker safety information.
3. **Development of recommendations** (provided at the end of this report):
   - to inform provincial strategies for the protection of employees, including policies, procedures, training and technology support; and
   - to identify approaches for shared service opportunities -- involving CAS cooperation among themselves or with other agencies -- for the implementation of the worker safety recommendations.

Limitations: The study did not seek the views of board members or community partners such as police, public health workers, etc., nor was any data collected from *clients* or *volunteers.*[7] All of these groups should be included in future research, to obtain their views of worker safety in CASs, child protection workers and broader issues. As well, Aboriginal CASs participation in the surveys was notably limited, so while all of the issues of worker safety are relevant to these CASs, our findings cannot be generalized in an exact way to Aboriginal agencies, clients or communities. As well, CASs generally provided limited information to the researchers, a topic which we address in our recommendations (#7).

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[6] Additionally, the researchers requested WSIB injury and compensation statistics for the classification unit that includes the CASs. This information was of limited value. Information provided by the WSIB indicates that more than half of the firms in this classification unit are not CASs. As well, a relatively small number of lost-time claims in this classification unit are attributed to violent acts. Comparing the claims data to the results of this survey suggests that WSIB claims are not a good indicator of the actual incidence of violence in the child protection system. There are a number of reasons for this, including WSIB reporting criteria and the fact that WSIB registration is not mandatory for firms in this sector. WSIB reporting might be an area for CASs to improve on (with WSIB) in the future.

[7] While not directly studied in this report, clients represent a primary concern, as they are the persons most affected by the work of CASs and provide an important element of the program environment. Thus, we suggest some research directions for this group in *Section 11: Conclusions* and *Section 12: Recommendations*.

2.2 PRESENTATION OF RESULTS

The survey results: Over 5,800 CAS employees (67% of those invited) and 34 of Ontario's CASs[8] (66% of those invited) completed a detailed survey, assessing incidence of violence, and evaluating health and safety programs. Detailed summary results of the surveys are presented in two technical appendices:

Appendix B: Summary of Results from the Survey of CAS Employees; and

Appendix C: Summary of Results from the Survey of CASs.

A focus on the Employee Survey: In our analysis, emphasis is placed on findings from the Employee Survey because of the more detailed results obtained, with comparison of selected findings to results of the smaller CAS (Agency/Organization) Survey. The two survey results are generally consistent as regards key patterns, with generally more modest input from the CASs. As well, we note that overall CAS views of safety programs were more positive than employee views.

Statistics, tables and graphics: Only selected statistics are presented in the main body of this report (usually in the form of tables, graphics or scattergrams), showing percentages of employees responding to key questions, and averages for numeric answers. Detailed results are *provided in the appended survey summaries and are not always repeated here* (the two survey appendices, containing percentages, means and other information, are intended to be read *with* this report, by those assessing the results in detail). As well, survey question numbers are noted in places to allow reference back to specific data drawn from the survey summary appendices. These references take the form E.# for Employee Survey questions and C.# for CAS Survey questions.

Brevity: Most conclusions are broadly drawn, with footnote references to specific questions providing the location of the data in the technical appendices. Thus, this 'text' report is brief and summative. As a result, stakeholders will wish to reference the technical appendices as they read this main report.

Text Boxes: Key points and/or findings have been presented within text boxes throughout the report for added emphasis.

Thematic results: Some of the themes and questions addressed within include: *uniformity of responses among key sub-groups* (e.g. across employee categories, from support staff to senior management) and *variability of protective measures across CASs.*

Performance Indicators: In many places in the report, we discuss *Performance Indicators (PIs)*, which the researchers have constructed as 0% to 100% ratings for each topic area examined, for example, CAS scope of training, CAS use of technology, etc. These more or less 'grade' CASs performance as a whole, where 0 is the 'worst', and 100 is the 'best'. Most worker PIs ranged in the area of 40% to 60% -- generally, poor ratings -- as compared to CAS self-ratings, with PIs usually in the 60%-80% range. For comparative purposes, we note that evaluations of various aspects of other Ontario social services and justice programs in recent years have typically produced PIs of 75%-85%. The PIs shown here apply to the CASs as a whole, but some CASs show better performance than others, and a wide range of performance is noted within.

[8] Currently there are 46 CASs in Ontario, 44 of which belong to the Ontario Association of Children's Aid Societies.

Response Bias: The researchers conducted a number of tests to assess representativeness of the survey results, and concluded that the responses to the survey are a good representation of views of both employees and CASs (no evidence of any systematic response bias was found).

Reliability of Data: Extensive tests of statistical reliability were computed, demonstrating that key measures such as our *Performance Indicators* meet high standards for measurement and quality, supporting the validity of conclusions.[9] As well, in the analysis, some statistical *sensitivity testing* is conducted to see if results are consistent, for example, across occupational groups in CASs.

Organization of the Report: The balance of the report is organized into 10 sections, as outlined below:

Background on the Study Issues/Context;

Mapping the Scope of Violence in Ontario's CASs;

Details of Violence, Impacts and Outcomes;

CAS Training and Safety Practices;

How CAS Safety Policies & Practices are Monitored & Evaluated;

Employee and CAS Assessments of Safety Policies & Practices;

Shared Services;

Changes Needed Views of Employees and CASs;

Conclusions; and

Recommendations.

Much of this report contains expressions of employee concerns about gaps in OHS programs. Employer input was more limited and more positive.

The researchers note that some CASs provided higher levels of OHS programs, and were rated highly by their employees for their supervisory support.

[9] For example, we conducted numerous tests using factor analysis and computed standard reliability tests using Cronbach's Alpha.

3. Background on the Study Issues/Context

3.1 THE WORKER SAFETY - BEST PRACTICES FRAMEWORK

Studies in the US, UK and Australia have illustrated that child welfare workers, other social workers and health personnel, all experience very high rates of violence from clients and that there is a complex interplay with the core child protection objective. Indeed, researchers such as Littlefield suggest child protection workers 'rates of experience with violence are higher than most occupational groups, a notable exception being the police. These experiences with violence involve many components and a complex environment, as suggested by Display 1, below. These components have been summarized separately in *Appendix A: Best Practices Report*.[10]

Display 1
Worker Safety - Best Practices Framework

[10] This was originally published as: *A Report on Best Practices in Worker Safety,* SPR Associates Inc., April 2014.

3.2 FACTORS AFFECTING CHILD PROTECTION AND WORKER SAFETY

A complexity of factors: As noted above, child protection involves a number of complex factors which allow us, to a certain degree, to *predict* the likelihood of client violence, and strategize its prevention. Many social factors also predict the need for child protection, such as poor socio-economic status, cultural orientation to child rearing, criminal behaviour, mental illness, substance abuse, etc.

Protective measures reflect how child welfare organizations safeguard their workers. While many factors affect worker safety (as suggested by Display 1, above), central factors are related to the regulatory environment and organizational context. These include relevant legislation and anti-violence policies of government and related agencies. Additionally, the quality of CAS training and safety programs has a major impact in protecting workers, or alternatively exposing them to risk.

Legal context: Child protection work is mandated under child protection laws but child protection workers are not protected from prosecution under the *Criminal Code of Canada* while performing their mandated duties, unlike other enforcement services. This places additional pressures on workers when in difficult situations, as the clients may seek redress through criminal proceedings.[11]

Organizational culture: Information from focus groups and survey responses described an atmosphere which blocks transparent communications between field staff and management in some CASs. Therefore, child protection workers are often "looking over their shoulders" at supervisors and managers, not just for support and collaboration, but sometimes with uncertainty about how their work will be evaluated. The combination of great responsibility, heavy caseloads, and dangerous work thus reinforces a culture of defensiveness. Such a culture impedes the free flow of information which managers and JHSCs need for effective anti-violence programs. An indicator of this lack of information flow can be seen in the fact that CAS employees' experiences with violence are not fully captured in administrative reporting. *Child protection staff expressed these concerns during the focus groups, through comments like:*

> *"I feel that management should be putting worker and office staff safety ahead of politics and fear of complaints or possible lawsuits. I have learned to keep my mouth shut over incidents."*

This aspect of the CAS culture -- the need to make communications more open -- is a matter for concern which is addressed later in the report.

Community context: The work of child protection workers is also shaped by and highly visible to the communities in which they work. Communities vary in their composition (rural-urban, language, culture, etc.), thus creating different types of challenges for CASs and child protection workers. At the same time, the work of CASs and child protection workers may be closely scrutinized by the media or local authorities. CAS agencies, and even individual child protection workers, may be exposed to negative or unwanted publicity. The burden of negative public perception of child welfare weighs heavy on CAS child protection staff; articulated to the researchers during focus group comments:

> *"I hate the way we are all portrayed as baby snatchers… we need to show them how we are there to help them through their current struggles and also to keep their children safe."*

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[11] In recent years, there have been two cases in Ontario where a total of four child protection workers have been charged with criminal negligence tied to the discharge of their duties on a case. In both cases, the workers were eventually acquitted.

Balancing worker safety and child protection: Workers experience enormous psychological stress when faced with unsafe situations, such as having to leave a situation in order to protect themselves which may also mean leaving children at risk of harm. Survey findings indicated that workers were often reluctant to ask for the protection they felt they needed, for example, accompaniment during a field visit, because it could be perceived as indicating alack of ability to perform their job.

Other Factors: Other complexities of child protection also make CAS worker safety challenging:

- *Location-circumstances of child protection work:* As can be seen in the survey results, the community is where child protection workers are most likely to experience violence. For example, a high incidence of assaults were reported to take place in *client's homes*, often when child protection staff were *working alone*. These characteristics of the job create challenges for anti-violence programs, as is seen in some other relatively "solitary" jobs such as logging in remote areas and policing in all locations.CAS workers lack the personal protection which is available to the police (such as well-equipped cars, flak vests, weapons, and frequent double-teaming), yet they are expected to travel alone, sometimes to remote areas, even where known risks exist.

- *Modest resourcing relative to high workloads:* Concern about insufficient time and resources and heavy workloads was a frequent theme in worker focus groups and the survey results. The need to maintain high productivity and restrict cost were cited as reasons for not implementing protective measures such as distribution of mobile phones to all field workers and co-teaming where workers feel it is needed. Limited resources were also often mentioned by CAS managers in the course of the research.

- *Gender and child protection focus:* Most child protection workers are female (85%) and most of their clients are mothers and children and thus mostly female. This creates a particular framework of cultural and social expectations of child protection workers and other CAS staff.[12] Agency responses may also be affected. For example, we understand from focus groups, that CASs have discouraged workers from pressing criminal changes when workers face a threat or violence – a stance which the researchers hypothesize is probably related to a 'family services' orientation, the prominence of juveniles in caseloads and agency hesitation to criminalize behaviour of juveniles).

- Many CAS employees that we surveyed or spoke with expressed concern over the extent to which their role vis-à-vis families has, in the relative absence of preventative services, become more confrontational -- more substantially a "policing" role -- in recent decades.

[12] A potential related issue is that male CAS workers are reported to be relied on more heavily for dealing with dangerous cases – possibly creating greater work stress for this group.

4. Mapping the Scope of Client Violence in Ontario's CASs

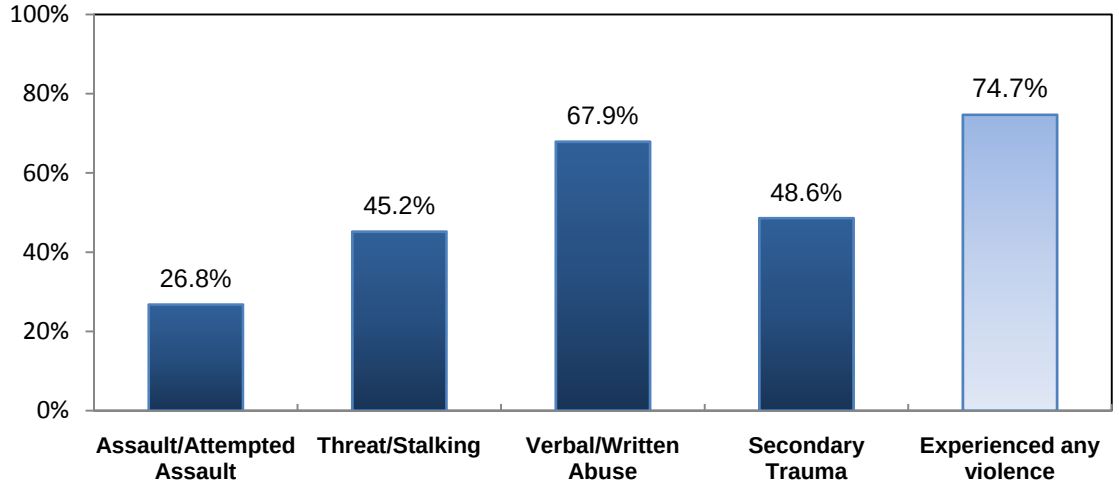
Assessing Worker Safety: The primary goal of the study was to assess the state of worker safety. Broad observations are provided below regarding the scope of client violence as experienced by employees of Ontario's CASs. We also examine *CAS employees' experiences with client violence for a specific year* (in this case, 2013) and *cumulative experience with client violence at the CAS* (i.e., incidence and characteristics of client violence for all of the years which a worker has been employed at their CAS), including overall experiences of violence of all types.

4.1 OVERALL REPORTS OF CLIENT VIOLENCE EXPERIENCED BY CAS EMPLOYEES

Overall Reports: A broad view of client violence experienced by CAS workers over time was obtained by asking employees about the number of violent incidents (including assault and attempted assault, threats, stalking, and verbal or written abuse)[13] that they had experienced since they began their employment with their current CAS.

When employees were asked how many times they had experienced different types of client violence since they began working at their current CAS, approximately 75%reported that they had experienced one or more types of client violence. Among these, verbal and written abuse was most common (reported by 67.9% of employees). Assaults were reported by 26.8%, threats/stalking by 45.2%, and secondary trauma, 48.6%.

Display 2
Types of Violence Experienced by Employees Since Beginning Work at their Current CAS

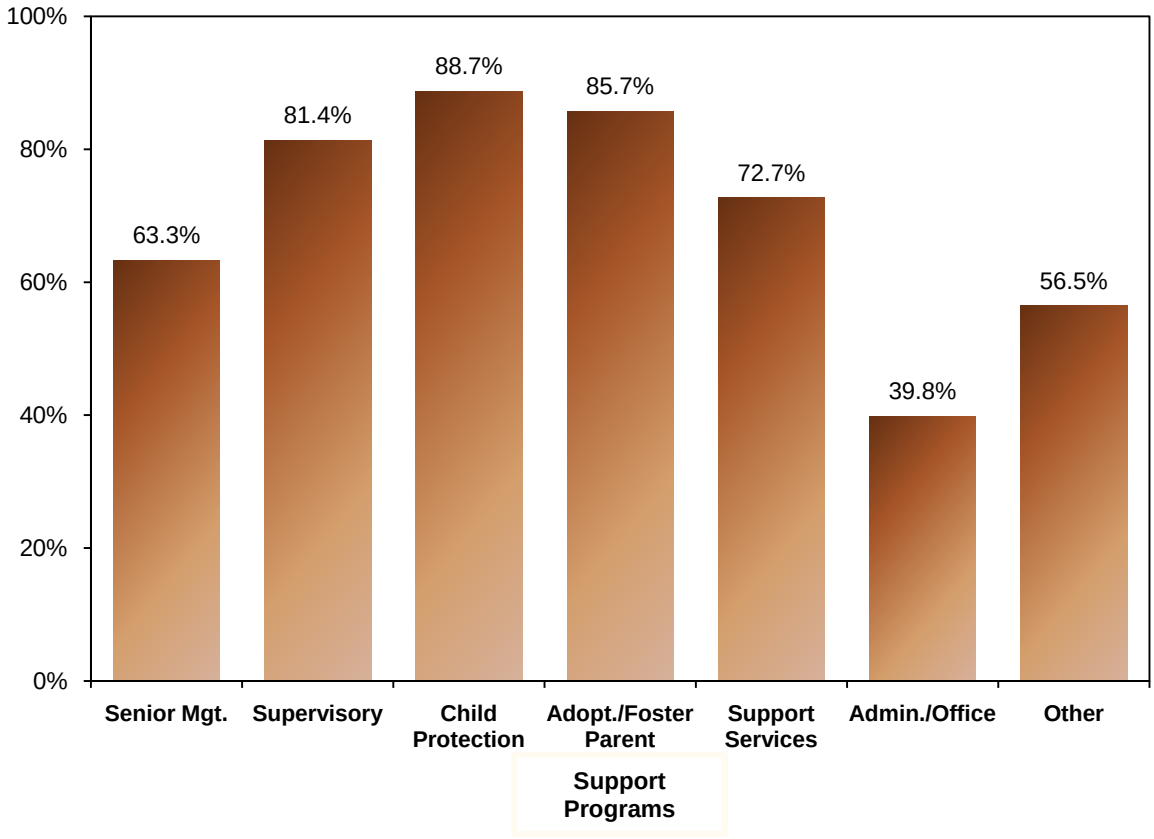


[13] This definition of violence is used throughout.

Violence Across Job Categories: Consistent with our original expectations, client violence (assault/attempted assault, threats, stalking, and verbal or written abuse) in the course of working at the CAS was reported by staff in all occupation groups, from support staff to senior managers. However, reports of client violence (particularly recent violence[14]) were highest among child protection staff (i.e., those carrying an active child protection caseload). Of these, 88.7% reported experiencing some type of client violence.

Many CAS managers tend to be of the opinion that anti-violence training needs to be targeted to staff with child protection caseloads. However, results underline the need for training for <u>all</u> CAS staff. This approach was seen in our best practices research where, in Saskatchewan, 1 to 1.5 days of anti-violence training has been mandated for all employees, including those in child protection.

Display 3
% by Job Category, of CAS Employees Experiencing Client Violence since Beginning Work at Their CAS



[14] This was measured specifically for 2013.

Overall assaults by job category: When we asked specifically about *assaults*, CAS workers reported somewhat different patterns. Overall, 27% reported that they had been assaulted or had experienced an attempted assault while working at the CAS. Again, as with all violence, noteworthy numbers of assaults were reported across nearly all job categories, as shown in Display 4, below.

Display 4
Percentage of CAS Staff Reporting That Ever Experienced an Assault or Attempted Assault While Performing their Work

Job Category	%
Senior Management	19%
Supervisory	30
Child Protection	33
Adoption/Foster Parent Support Programs	37
Support Services	31
Administration/Office	5
Other Staff	20

Assaults in 2013 by job category: We estimated the incidence of assaults in 2013, by job category (Display 5) and found much lower rates for senior management (down from 19% over their entire CAS career, to 0% in 2013), and 1% for supervisors (down from 30% over their entire CAS career).[15] In comparison, the annualized experience with assaults in 2013 was much higher for child protection staff (6.7%) and support services (4.2 %).

Display 5
Percentage of Staff Experiencing Assaults in 2013

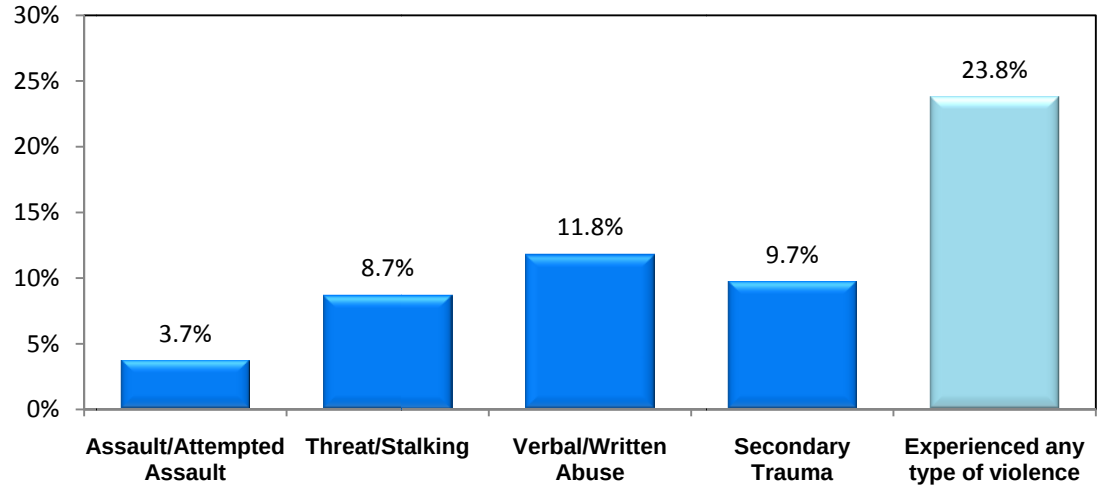
Current Position at CAS	%
Senior Management	0.0%
Supervisory	1.1
Child Protection	6.6
Adoption/Foster Parent Support Programs	0.2
Support Services	4.2
Administration/Office	0.2
Other	0.2

[15] These lower rates of violence to senior staff in 2013 were hypothesized by the researchers to reflect the fact that managers and supervisors experienced more violence earlier in their careers, a fact that could limit their understanding of current violence situations workers experience.

4.2 CLIENTVIOLENCE EXPERIENCED BY CAS EMPLOYEES IN 2013

As can be seen in Display 6, an analysis of employee survey results revealed that, **in 2013**, 23.8% of CAS employees experienced at least one type of client violence while on the job (assaults, 3.7%; threats, stalking, 8.7%; verbal and/or written abuse, 11.8%; and secondary trauma, 9.7%). As well, it is noted that 7.9% were subjected to multiple incidents of different types of violence.

Display 6
Employee Experiences of Client Violence in 2013



4.3 CUMULATIVE CLIENT VIOLENCE EXPERIENCED BY CAS EMPLOYEES

Multiple Experiences of Violence: An analysis of the survey results revealed that, **in 2013**, 23.8% of CAS employees experienced at least one type of client violence while on the job and 7.9% were the victims of multiple instances of different types of violence. As noted earlier, about 75% of CAS employees experienced at least **one** type of client violence during their work at the CAS. Among this group, 5.9% were assaulted, 10.4% were threatened, 42.2% were subject to verbal or written abuse, and 42.8% experienced secondary trauma.

Altogether, 56.3% of CAS employees reported that they had experienced multiple types of client violence while working at the CAS. Among the sample of 5,800+ employees who responded to the survey, thousands of instances of violence were reported, over an average of 11 years working for the CAS, including estimates of:[16]

- 6,700+ assaults or attempted assaults while on-the-job;
- 28,000+ threats to self or family while on-the-job;
- 140,000+ incidents of verbal/written abuse of self or family while on-the-job;
- 68,000+ incidents of witness or secondary trauma while on-the-job.

The Range of Violence Experienced by CAS Workers: The depth and impact of these instances of violence is indicated by employees' reports of the worst incident they had ever experienced. For example:

- One focus group participant described the danger she was put in when a youth attacked another with a box cutter while she was transporting them in a vehicle.
- When describing severe situations, one employee described how a CAS placement student had been taken hostage and held at knifepoint for many hours inside the CAS building.
- Death threats against workers were also frequently noted.

It was also noted that traumatic incidents often had reverberating effects on the entire staff, as illustrated by the following comment: *"The serious physical assault of a colleague in the parking lot of our building created secondary trauma for many of us."*

[16] The researchers deem these to be underestimates, since many employees could only report general estimates – "countless times," "thousands" (noting that many had decades of CAS experience and these were not included in the totals).

A majority of CAS employees -- **75.2%** -- experienced client violence of one type or another during their employment at the CAS. It also needs to be considered that workers indicated that they did not report each and every incident for a variety of reasons. This underlines the challenges of monitoring the incidence of client violence.

The Cumulative Impact of Client Violence: Client violence is constant, but vastly increases when we compare one year to a 'career' experience. Like 'ripples on the water', the impact of violence expands over time. When asked to quantify their exposure to violence over the course of their careers, specific details were sometimes difficult to recall – as one employee put it, “too many to list or even remember any more.” Thus, a long-term CAS employee may experience hundreds of instances of violence. These were seen as having long-term effects, including "burn-out", on the front lines or turnover[17]. These long-term effects were not measured in this study, but are important when considering longer-term policy and performance measurement and should be addressed in future research.

Summary: Violence (assault/attempted assault, threats, stalking, and verbal or written abuse) is a constant factor in child protection work. Thus, as many say, it is to be expected. However, violence should not be accepted in any form, and efforts to reduce and eliminate violence should be a high priority for the Ministry and CASs as we note below in our Conclusions and Recommendations.

[17] SPR understands that HR surveys report that CAS staff turnover is declining in recent years.

5. Details of Client Violence, Impacts and Outcomes

The review examined details of client violence (assault/attempted assault, threats, stalking, and verbal or written) abuse to provide a view of causes, context (Who perpetrates the violence? Where? In what staffing circumstances?), aiding a view of potential remedies.

5.1 ASSAULTS, THREATS, VERBAL OR WRITTEN ABUSE, SECONDARY TRAUMA

Assaults: The most prominent findings regarding the circumstances surrounding worker assaults and attempted assaults (where they occurred, whom they were committed by, etc.), are summarized below (derived from the Employee Survey, Questions 16-26) (see Appendix B for details):

- ***Where* did the assault take place?** Assaults typically occurred in the clients' home (50% of all assaults); while over 20% of assaults were reported as having taken place in the CAS office.
- ***Who* committed the assault?** Nearly 60% of assaults were committed by a parent or other family member, and nearly 30% by a child or youth.
- **Context:** In nearly 35% of instances, workers were alone when assaults took place, while in 25% they were accompanied by another case worker. Nearly 30% of assaults took place during a routine home visit, and nearly 20% during a planned visit to take a child into care.
- **Was a weapon involved?** More than 15% of assaults on CAS workers involved the use of a weapon, sometimes a gun, but more typically a knife or common household or office object.
- **What were the *main impacts* of the assault?** Nearly half of assaults resulted in psychological distress; more than half involved police follow-up; and nearly 10% required first aid, attention by EMS, a doctor or hospital.
- **Were there *psychological impacts*?** Yes, nearly half of CAS workers reported they were psychologically distressed after the assault. However, most workers (more than two-thirds) were able to cope with the assault, and about half reported that they were able to protect themselves from injury.
- **Were workers able to obtain support?** Nearly all were able to obtain support after the incident from CAS peer support teams, EAPs, friends or health care providers.
- **Was the assault reported?** The vast majority of CAS workers reported the assault to a supervisor or other CAS staff, and nearly 30% reported the assault to the police. It was noted that recording of this information by CASs was rare as were CAS investigations.
- **Were there *other impacts following the assault*?** Impacts reported by 15-20% of workers included: receiving additional training; improving one's ability to cope with assaults; and hesitation about performing their child protection duties. In addition, about 15% indicated that they still required additional training to deal with assaults.

Summary: The majority of assaults reported by CAS workers occurred in the client's home, usually involving parents, and sometimes children and/or other persons. These results point to the field situation and the homes of clients as the front-line focus for dealing with assaults, with secondary likelihood of occurrences in CAS offices. CAS responses to instances of client violence appeared to be reasonable and supportive of workers, however, preventive precautions and policies were extremely uneven across CASs.

Clearly, the challenge of monitoring and managing events 'in the client's home' are a first and foremost priority for CASs.

Threats, verbal or written abuse:[18] The most prominent details on threats, verbal and written abuse and those who committed them, are summarized below. These contextual factors echo those for assaults:

- ***Where* did the threat or verbal/written abuse take place?** As with assaults, many of these incidents took place in the homes of clients, with most occurring in-person. However, nearly 40% occurred in the CAS office and nearly 40% were made over the phone.
- ***Who* committed the threat or abuse?** More than half of threats/abuse were delivered by parents or other family members residing at the same address, with about 15% each being committed by the child or youth or a non-resident family member.
- **Context:** Many of these incidents (nearly 20%) took place during a routine home visit. In more than 25% of cases, the incident was anticipated because of the client's history and in more than 20% of these cases, the worker was working alone.
- **Severity:** One CAS worker noted (illustrating the stronger type of threats): *"A client knew where I lived and when we apprehended his children, he stated he would have me killed."*
- **Was a weapon involved?** In over 15% of cases where threats were made, guns, knives or other weapons were involved or their use threatened. It must be noted that even when no weapons were directly involved, the threats could be extremely serious.
- **What were the main impacts of threats/abuse?** Over 25% of workers reported that they were psychologically distressed after the incident, however, fewer than 5% required time off work as a result of the incident. Nearly half of the workers who were threatened or abused also indicated that they could cope effectively after the incident, and more than one-third reported that they were able to de-escalate the situation. Virtually all workers who experienced a threat/verbal or written abuse were able to obtain help from co-workers, supervisors or others. Less than 2% reported that they received no help at all.
- **Was the threat reported?** More than 80% reported these incidents to their supervisor or someone else at the CAS. In nearly 10% of cases, there was police follow-up.
- **Were there other impacts of the threat or abuse?** About 10% reported that they received additional training as a result of the incident and that they would be better able to cope with such threats/abuse now. Nearly 15% of workers reported that they still needed additional training to cope with this type of violence. As well, 8.8% of workers reported that after receiving a 'threat', they were more hesitant about performing their child protection duties.

[18] Findings derived from the Employee Survey (Questions 31-47). See Appendix B for details.

Secondary Trauma:[19] Key findings regarding secondary trauma (e.g. where the original incident occurred, what precipitated the incident) are summarized below:

- **The 'original' incident:** Secondary trauma was most typically precipitated by the abuse of a child (nearly half (49.9%) of those reporting secondary trauma) and, in 25%-30% of cases, by a threat or assault to a co-worker.
- **Where did the precipitating incident for the secondary trauma take place?** The precipitating incident was equally likely to take place at the client's home (just over 40%) or at the CAS office (just under 40%).
- **Who precipitated the trauma?** In more than two-thirds of the cases, the original incident was precipitated by the parent of the child.
- **What were the psychological impacts?** Nearly half of the workers reported they were psychologically distressed, with just over 40% indicating they were able to cope. Nearly all reported they were able to get suitable help.
- **What were other impacts of the Secondary Trauma?** Additional training was received by about 10% of workers, and nearly 20% indicated they would be better able to cope now. However, nearly 30% indicated a need for more training and support to deal with such trauma in the future.

Potential Remedies for Secondary Trauma: In our review of best practices, we noted a number of approaches designed to minimize the impacts of secondary trauma. Some of these included peer support teams within the CAS. As well, resilience training has been developed in many organizations, to strengthen worker's resilience against trauma.[20]

Remedies for Violence Generally: Specific remedies may be sought to reduce the impacts of violence on child protection workers – training, mentoring of new workers, co-teaming, peer support for secondary trauma, etc.

Challenges to Addressing Secondary Trauma: In various discussions with the researchers, managers indicated that secondary trauma was not a health and safety concern, as "it's already happened."

The researchers have taken a contrary view, seeing responses to secondary trauma as part of maintaining a psychologically healthy workplace. Peer support and other "after the fact" programs are considered preventive because they mitigate adverse responses to traumatic events. As well, we note 'resilience programs' can strengthen workers ability to cope with such trauma.

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[19] Details on secondary trauma are derived from the Employee Survey (Questions 53-56). See Appendix B.

[20] A good illustration of resilience training is outlined by Erika Tullberg (PowerPoint Presentation). "The Resilience Alliance: A Review of a Secondary Trauma Intervention for Child Welfare Staff." Presented at University of Minnesota School of Social Work, 13th Annual Child Welfare Conference (May 2012).

5.2 POLICIES/IMPACTS OF WORKING ALONE

Policies on Working Alone: In focus groups with CAS child protection workers, nearly all indicated that the lack of co-teaming (pairs of workers visiting clients) was a major gap in service strength. Lack of accompaniment they noted meant a lack of support, lack of witnesses in the event of violence, and a less effective impact on clients. This concern is underlined by the fact that only 24.7% of CAS employees reported that their CAS had a policy on working alone.

Incidents of Violence When Working Alone: Lack of policies is important, since incidents of violence often occur when child protection staff are working alone. Staff surveyed indicated that they were working alone in 32% of incidents where assaults or attempted assaults were reported, and in 22% of incidents where staff reported threats, abuse or stalking. Display 7 shows the circumstances surrounding the most recent assault/attempted assault reported by CAS workers while working alone.

Display 7
Characteristics of Most Recent Assault or Attempted Assault While Working Alone

	% of CAS Workers Reporting
Location	
Occurred in the client's home	55%
Occurred in the CAS office	19
Use of weapon(s)	
A Gun	1
A Knife	3
Another weapon (e.g. household objects)	13
Perpetrator	
A child or youth	28
Parent of family member residing with client	60
Non-resident parent or family member	9
Neighbour or friend of the client	2
Another individual	7
Context	
Occurred during routine home visit	48
Occurred while taking a child into care	11
Occurred when decision was made to take child into care	10
Had anticipated trouble due to clients history	29
Language barriers compounded the matter	2
Client's lack of understanding of the role of the CAS compounded the matter	12
Unexpected presence of a relative/someone else contributed to the incident	9
Reported assault/attempted assault to my supervisor or CAS manager[21]	89
Reported assault/attempted assault to the police	26
-Did not report the assault/attempted assault to anyone	7

[21] In the literature, it is commonly indicated that "assaults are vastly underreported." These data do not exactly support those findings. However, as we note below, reports are not transferred "up the line" or incorporated in CAS information systems.

Impacts of working alone and Supports: A number of negative impacts were reported from these assaults, as well as some positive supports. Some 8% of those assaulted required first aid or medical attention. In total, 57% reported that they were psychologically distressed. Perhaps equally important in terms of child protection, nearly 20% of those assaulted when working alone reported hesitation about performing their child protection duties afterwards. This study finding links to the indications in international research[22] that violence reduces the quality of child protection, by reducing the scope of action and effectiveness of workers.

Display 8
Details of Most Recent Assault While Working Alone
(Impacts and Available Supports)

	% of CAS Workers
Impacts	
Required first aid as a result of the assault	4%
Required medical attention as a result of the assault	4
Was psychologically distressed after the assault	57
More hesitant about performing child protection duties since the assault	19
WSIB claim was filed as a result of the assault	5
Investigation carried by the CAS out as a result of the assault	7
Investigation carried by the JHSC or H&S rep. as a result of the assault	4
Support	
Was able to get suitable support from co-workers	57
Was able to get suitable support from supervisor	51
Was able to get suitable support from family/friends/personal health care provider	36
Needed support after the assault, but was not able to get it	7

Impacts of *really* working alone: It is emphasized that there are varying degrees of aloneness. Some workers may go to clients' homes in the cities where they are 'alone', but in ready contact with CAS supervisors, police, etc. Some child protection workers, however, may be much more alone -- in remote communities where they cannot contact anyone when they need assistance. These impacts were noted to be far more substantial in remote areas, when workers are not just in a dead pocket, but completely out of cell range and, in any case, hours away from any help that could be sent, thus placing workers in an extremely vulnerable position of not being able to summon any assistance should the need arise. As one case worker noted regarding added isolation: “We have one RCMP officer in a 300-mile radius. Our service area is so large that CAS workers may have to fly in to see a client and stay in the community for several days."

While some physical injuries resulted from assaults, the most prominent impact of being assaulted when working alone was psychological distress (reported by 57%of those assaulted).

From a practice perspective, 19% of those assaulted while working alone reported they were more hesitant about performing their duties afterwards.

[22] See *Best Practices in Worker Safety*, SPR Associates, 2014, *Annex, Worker Safety Study Publications-Document Inventory*, April 7, 2014. In particular see: Macdonald et al. (2003); Newhill (2003, 2002, 1997 and 1995); Liss (1994); Horwitz (2006); and Koritsas et al. (2008).

5.3 OTHER ASPECTS OF CLIENT VIOLENCE

Correlation analyses were conducted to see if these would cast light on the incidence of violence and CAS responses.

CAS worker demographics such as gender, age and years of experience were not significantly correlated with experience of incidents of violence of any type in 2013.

Community characteristics were also generally not correlated with violence on child protection workers in 2013.

Caseload Difficulties and Violence: To assess impact of challenges of the CAS caseload, we correlated ratings of the extent of client problems (criminal records, history of violence, history of substance abuse and being identified as aggressive. A correlational analysis indicated only minor positive correlations between reported caseload 'difficulty' characteristics, and the probability of being assaulted.

Training Responses to Caseload Difficulties: To assess whether CAS training was responsive to the difficulty level reported by workers for their caseload, we correlated the number of hours of training received, with the perceived difficulty of the caseload (as noted above, criminal records, history of violence, etc.). Correlations were not statistically significant, but generally pointed in the direction that the more difficult caseloads seemed to be associated with slightly less training being provided to workers by CASs.

6. CAS Training and Safety Practices

6.1 SCOPE OF TRAINING ON CLIENT VIOLENCE

What Training was Provided? Assessments were obtained in the surveys as to whether effective training was provided on OHS and violence. The surveys asked both employees and CASs whether effective training was provided in the areas noted in Display 9. As can be seen below, both workers and CASs reported significant gaps in training (although workers indicated much lower availability of effective training than did CASs).

Display 9
Worker and CAS Reports on Whether Effective Training is Provided to Workers on OHS and Workplace Violence

	% of Workers indicating 'Yes'	% of CASs indicating 'Yes'
General training on OHS and the OHS Act	47.1%	61.8%
Training on the CAS Workplace Violence Policy	53.3	88.2
Working alone	33.8	70.6
Dealing with dangerous clients	37.2	76.5
De-escalating situations with clients	45.7	76.5
Assessing risks of client interactions	41.5	76.5
Assessing risks associated with fieldwork, client home visits	39.0	82.4
Building resilience for psychological impacts of your work	24.6	35.3
Incident reporting	57.3	85.3
Self-defense (training related to protection from violence)	25.8	38.2

Workers' Overall Assessments of Training: To assess training overall, we examined both worker and management assessments of training provided by the CAS. Overall, 5,500 workers rated the training at 50.1% on a 0-100 scale – a low rating in the researchers' assessment.

Employees expressed a clear need for better training, offering many suggestions for training they would find helpful. Among the most frequent requests were:

- **Training for administrative staff:** Some administrative/reception staff reportedly receive no training on workplace violence, yet it was pointed out that they often have to deal with angry and potentially violent clients, both in-person and on the telephone.
- **Self-defense:** "Self-defense or self-protection (as opposed to "martial arts") was seen as needed by many workers. This need not imply going on the physical offense. In the event of an actual attack, self-protective techniques such as blocking and safe falling can prevent injury and buy a worker the time required to escape a dangerous situation. Some staff said that management was resistant to such training.
- **Dealing with hostile clients:** There were various requests for training around issues of defusing/de-escalating agitated clients, training on when to leave a home or other meeting place, etc. It was noted that this training would be most effective if it included real-life scenarios experienced by trainees, in a situation where workers feel supported and safe sharing their experiences.

6.2 HOURS OF TRAINING

To assess the level of training provided on workplace violence, we asked workers to estimate the number of hours of training they received in a year. As can be seen below, these hours were minimal – averaging 1.9 hours per year -- with some variations across staff categories.

Display 10
Number of Hours of OHS Training Related to Workplace Violence Experienced in the Past 12 Months

Current Position at this CAS	Mean hours # training*	# of employees responding
Senior Management	3.48	93
Supervisory	3.31	327
Child Protection	1.60	1,651
Adoption/Foster Parent Support	1.57	231
Support Services	1.67	170
Administration/Office	1.87	456
Other	1.97	261
Total	1.90	3,189

***** It is noted that these may be underestimates, since a large number of CAS employees did not answer this question, which commonly is interpreted as "none".

In the comments section of the survey, a number of respondents indicated that they had not received any safety training at all, or not in the past five years (and that periodic refreshers would be helpful). One worker summed up the feelings of many respondents with a pithy "What training?" As one worker noted: ***"Training is inadequate and [sessions] few and far between. Training should be offered immediately at the beginning of employment."***

The numbers of hours of training on violence were low for employees, across the board. The need for more training for all CAS employees, particularly field workers, was noted by the researchers.

6.3 SAFETY PRACTICES AND LONE WORKER PROTECTION

When we asked employees and CASs to describe the availability of safety policies and procedures, a wide range of responses were received. Many of these assessments related to field work, and working alone. Generally, these responses showed CASs to have a view that more procedures and policies were in place, with workers reporting many more gaps.

Overall, these results showed many gaps in safety provisions, suggesting a need for both standards, and more uniform performance by CASs. For example, employees reported significant gaps such as in procedures for back-up, working alone, when to leave an unsafe situation and reporting assaults/threats. CASs reported more procedures in place, but also many gaps. A particular gap noted was that fewer than 25% of workers indicated that the CAS had a policy on working alone. As well, focus groups suggested many lapses in the use of JHSCs and the involvement of workers in program development.

Display 11
Employee and CAS Reports Regarding Safety Practices and Lone Worker Protection

Current practices/policies in place	% of workers indicating 'Yes'	% of CASs indicating 'Yes'
CAS office is designed for safety (E73) (C83)	38.3%**	97.1%
CAS office has security guards (C85)	*	11.8
CAS has procedure for assessing clients who pose high risk (E71) (C80)	60.4	76.5
CAS has procedure for assessing risks in the community(E76) (C88)	60.4	76.5
CAS has procedure for reporting when workers in the field (E78) (C91A)	43.5	68.6
CAS has procedure for calling for back-up (E78) (C91B)	29.6	60.0
CAS has procedure on working alone (E78) (C91C)	24.7	51.4
CAS has procedure for when to leave an unsafe situation (E78) (C91D)	29.2	51.4
CAS permits co-teaming whenever needed (C92)	*	87.9
CAS has check-in system after hours (C93)	*	78.8
CAS provides information regarding role of the CAS (E82) (C98)	35.4	93.9
CAS has a system for reporting assaults/abuse/threats (E86) (C103)	25.5	91.2
CAS has protocol for capturing near misses for workers (E87) (C105)	19.9	52.9

* Question not asked in the Employee (Worker) Survey.

** Another 46.3% indicated that office design considered safety "to some extent."

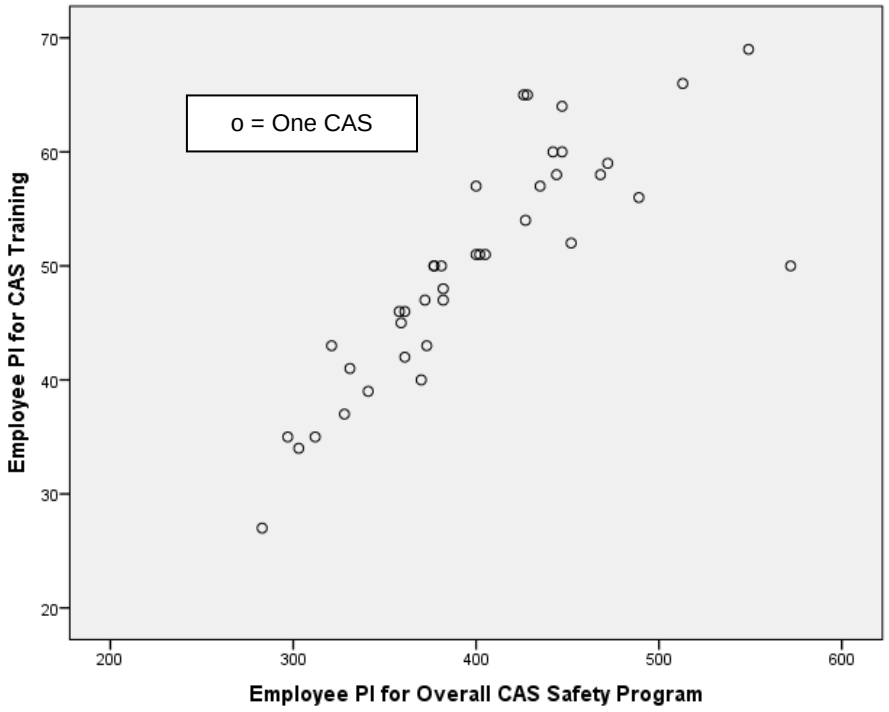
6.4 VARIABILITY OF CAS SAFETY/TRAINING PERFORMANCE

Earlier in the study, when presenting initial results, we reported on variations across CASs which indicate a number of ways in which CASs differ from each other. For example, not all CASs operate similar safety programs -- some operate much stronger programs and some much weaker ones.

6.4.1 Variations in Overall Range of Training

Overall range of training was measured in terms of the percentage of employees reporting in Question E67 that they have received effective training in areas such as: general OHS; workplace violence policy; working alone; working with dangerous clients; assessing risks; building incidence reporting and self-defense. As seen in the display below, PIs on range of training (vertical scale) were highly variable across CASs, from a low of about 25% to a high of about 70%. Performance Indicators (PIs) for individual CAS's overall safety programs on a horizontal scale ranged from under 300 to nearly 600. These displays reflect the underlying performance on safety – that some CAS programs are seen as twice as strong as others.

Display 12
Overall Safety Program Performance, Compared to Employee Assessments of the Overall Strength of Training for Safety (PIs)

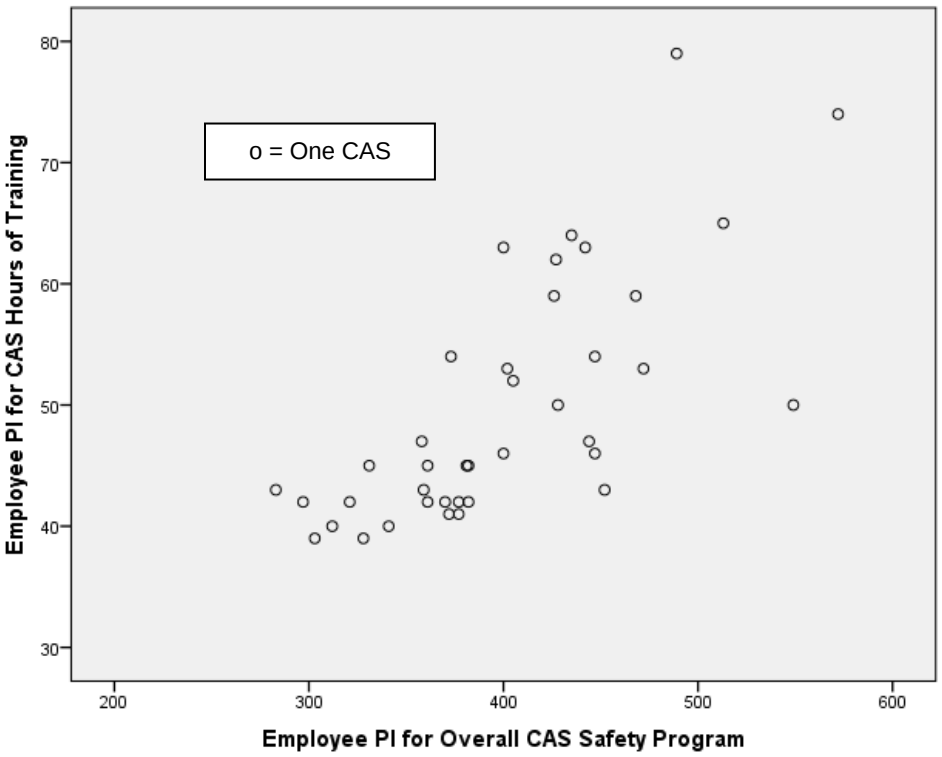


These results showed training PIs to be highly correlated with the PI for overall safety program. Note: Key PIs such as those evaluating scope of training, hours of training, field procedures and use of technology were all highly intercorrelated at the CAS level, with correlations of .5 to .7.

6.4.2 Variations in # Hours of Training

Hours of training were also highly variable -- when scaled into PIs from 0% to 100%, hours of training ranged from a low (for many CASs, 40% to 50%) to a high of 70% to 80% for only a very few agencies. Overall, workers' training PIs tended to be low, indicating the low attention given to training in CASs.

Display 13
Overall Safety Program Performance, Compared to Employee Assessments of Adequacy of Hours of Safety Training

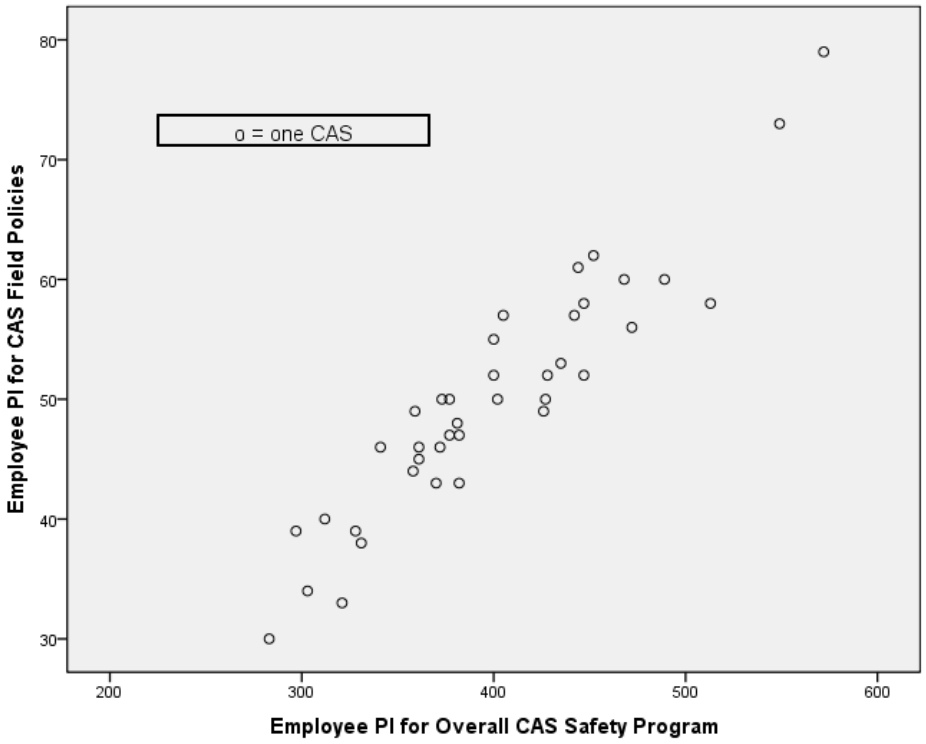


As shown in Display 12 (prior page), these results showed CAS's training PIs to be scattered, in particular with hours of training -- PIs being more scattered around the diagonal which could be drawn to represent the correlation between the two PIs.

6.5 VARIATIONS IN STRENGTH OF FIELD PROCEDURES

As a rule, these results showed CAS's field procedure to be 'all over the map', with a range of PIs -- from 30% to 80%. These figures also show variations in sub-indicators, for example, Display 14 shows that variations in field procedures are highly correlated with overall safety performance. This pattern repeats that for the other two dimensions examined immediately above.

Display 14
Overall Safety Program Performance, Compared to Employee Assessments of the Strength of Field Policies (Procedures for working alone etc.)



Again, as with other between CAS comparisons field procedure PIs were highly correlated with the PIs for overall safety program.

6.6 TECHNOLOGY AS AN AID TO SAFETY

6.6.1 Assessments as to Technology Used for Worker Safety

Both workers and CASs were asked whether technology was used to aid safety. As can be seen in Display 15, both workers and CASs indicated significant gaps in use of technology. This estimate was derived from the questions assessing effectiveness of technology (Questions E79, C95).

Display 15
Worker and CAS Reports of Technologies Currently in Use

	% of Workers Indicating 'Yes'	% of CASs Indicating 'Yes'
Video surveillance equipment in CAS offices	57.4%	78.8%
Additional exterior lighting in CAS offices	74.1	97.1
Emergency codes to alert staff within the CAS building	68.2	73.5
Alarm system/panic stations inside/outside the CAS building	68.3	75.8
Panic pendants for staff in high-risk situations within the CAS building	54.3	75.8
Restricted access to staff areas	90.0	97.0
Cell phone contact for staff in the field	85.3	100.0
Communications technology to stay in touch when no cell phone service	30.2	27.3
Phone or other device with emergency call button for staff in the field	40.1	30.3
Phone-based system/other electronic system to track workers in the field	38.3	17.7
Two-way radios available for staff in the field	17.3	9.1

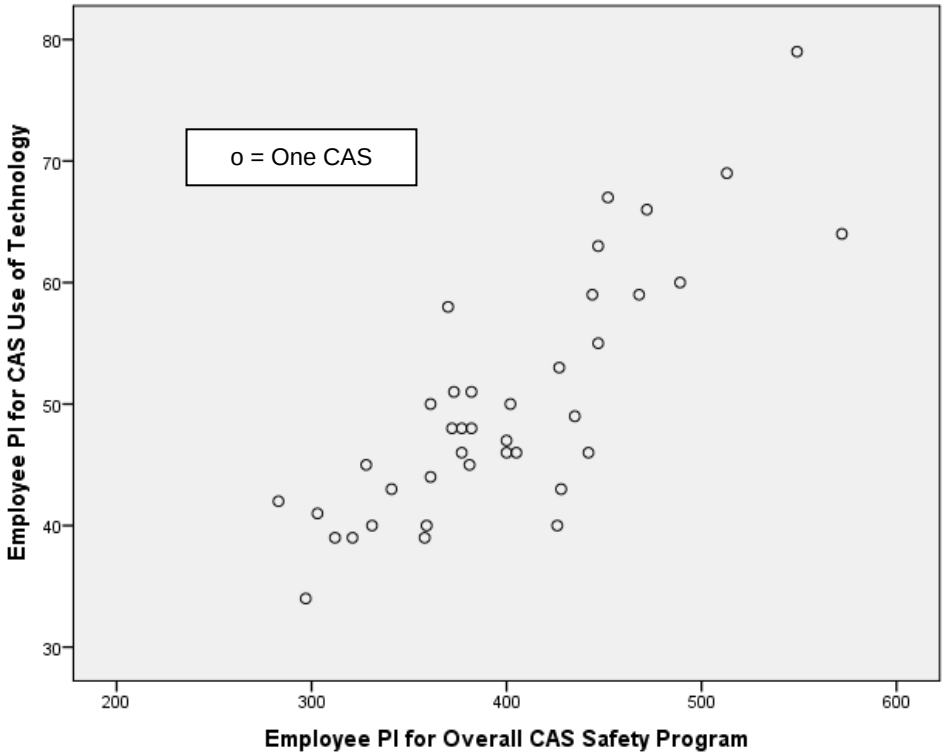
Other observations: Not surprisingly, most employee comments regarding technology had to do with technologies to enhance safety in the field. The approach to mobile communications varies widely across CASs with some organizations providing communication devices to all staff while other require workers to use their personal cell phones and provide a financial allowance to the staff member. Some CASs also offer cell phones that can be signed-out by staff when going out into the community. Worker tracking and check-in/out systems also vary – from CASs reporting pen-and-paper check-in/out systems to electronic tracking. Experiences have varied, even with the same technology. For example, our research made us aware of two agencies that have implemented the REACH system for electronic tracking of workers in the field; one found the system overly onerous and ineffective, while the other is currently using it to good effect. The point was also made that even advanced technology is only effective if there is someone at the other end to respond to calls or check in if a worker does not report in when expected – a problem for some after-hours workers. The situation in rural and especially remote locations where cell phone service is spotty or non-existent was seen as extremely challenging. None of the CASs surveyed reported that they had found a perfect technological solution to the problem of keeping in contact with workers in the field.

CASs varied in their ability to implement new technologies, as some reported that they were unable to use systems for contacting their staff in the field, whereas other CASs had been able to implement such technologies effectively.

6.6.2 Variations in Use of Technology to Aid Safety

CASs were also highly variable in their effective use of technology to aid worker safety as seen in Display 16, below.

Display 16
Overall Safety Program Performance, Compared to Employee Assessments of the Strength of CAS's Use of Technology for Safety



The considerable variation of CASs in safety performance indicators reveals that a 'tighter' system of standards is required. Under the Ministry "umbrella' similar standards should be met. The variations also suggest that much may be learned by CASs sharing their best practices in a collaborative way.

6.7 ISSUES OF CONFIDENCE

We also asked employees a series of questions (E95) concerning their overall confidence levels concerning both their own personal safety skills and the supports available to them. Workers expressed the most confidence in their own skillet and those of their supervisors, while expressing far less confidence in safety systems and practices of their CAS.

As one employee commented:*"I think the biggest obstacle is a sort of culture which encourages us to 'suck it up' -- that being verbally abused is part of the job… that we look weak if we concern ourselves too much with safety, etc. But I think that is changing."*

Display 17
Variations in Worker Confidence
(Derived from Question E95)

	(PI) %
Self-Confidence	
(a) I am confident that I know what to do if I encounter an emergency or threatening situation	68.8%
(d) I can effectively assess the risks of a home visit before making the visit	60.0
(e) I am skilled at de-escalating conflict when it arises	72.0
Confidence in the Supervisor	
(b) I talk about potentially dangerous work with my supervisor beforehand, to minimize risks	68.6
(k) When I approach my supervisor about a safety issue, I know he/she will attempt to resolve it	74.1
Confidence CAS field procedures	
(f) The CAS has effective procedures in-place when back-up is needed/when to leave a situation	53.8
(i) The CAS has a good system for checking in with me when I am working outside the office	50.1
(j) The safety policies in this organization are consistently carried out in practice	53.2
Other supports	
(c) I have ready access to technology that allows me to stay in contact with the office at all times	66.4
(g) If a threatening or dangerous situation arises, I can readily get support from police or others	67.5

The above results and others point to supervisors as a pivotal resource for developing more effective anti-violence programs.

6.8 SUPERVISORS' SUPPORT FOR WORKERS

While workers rated most aspects of CAS OHS efforts very poorly (low provision of training, low # of hours of training – PIs of about 50%), workers generally gave supervisors higher PIs, usually in the range of 55-65%.

Display 18
Worker Reports on How Supervisors Address Safety Practices*
(From Q.65, Employee Survey -- not asked in the CAS Survey)

My supervisor...	Workers (PI)
Discusses how to improve safety with workers	63.5%
Uses explanations to encourage safe practices	65.2
Frequently discusses the potential hazards in our work	55.5
Upholds safety rules when work falls behind schedule/when under pressure	62.6
Is strict about observing worker/workplace safety rules at all times	61.2
Ensures all safety rules are followed	65.2
Says a 'good word' to workers who pay special attention to safety	55.0
Spends time helping us learn to foresee problems before they arise	58.4

* Questions adapted from a published scale intended to measure workplace safety climate.

In general, employees rated their supervisors more highly than CASs overall in terms of support and concern for their safety. Still, experiences varied widely and from employees' comments it seems that workers' sense of how seriously their safety is considered often depends largely on individual supervisors rather than management directives or the CAS's safety provisions. For example, one employee observed: "My current supervisor is very supportive; however, I have had another one who did not take worker safety seriously and would not follow [our] safety plan."

It must be said that there is a great deal of pressure and responsibility put on supervisors to somehow ensure the safety of both their staff and the children they are hired to protect. In survey comments, supervisors indicated that they often lack clear protocols, and/or adequate resources, making their job very challenging. Regarding the challenges faced, as one supervisor commented in the Employee Survey:

> *"[As a supervisor] I have been in the position of supporting a worker who was assaulted and it feels like a very lonely place to be. There is a fine line between supporting someone and almost immobilizing them further. Specific training in this area would be helpful. I have been in the position of supporting a worker who was assaulted and it feels like a very lonely place -- sometimes, no matter how much you give, it is never enough."*

Variations were also noted by workers: *"My current supervisor is very supportive; however, I have had another one who did not take worker safety seriously and would not follow [our] safety plan."*

7. How are CAS Safety Policies & Practices Monitored & Evaluated?

Monitoring and Evaluation are critical to operation of any program – as has been said in the past – what gets measured gets done.

Therefore, in the CAS survey, we asked how safety was monitored and how safety programs were evaluated. Reports from CASs suggested significant gaps in these processes. These indications were supported by employee and JHSC focus group discussions which indicated that many basic health and safety functions, such as inspection of workplaces (for functionality of alarms etc.) were seen to be carried out in a haphazard or irregular manner.

Display 19
Monitoring and Evaluation*

	% of CASs Indicating 'Yes'
Monitoring	
CAS produces statistical reports on safety issues (C106)	66.7%
Staff receive feedback on CAS actions regarding incident reports (C108)	88.2
Evaluations	
Health & safety program has been audited/evaluated (C114)	44.1

* Reports from CAS Organization Survey only.

Assessment: Ratings from the CASs pointed to limited monitoring processes and little evaluation ***of client violence in many CASs.*** Elsewhere we note that this is reflected in substantial undercounting of assaults by CAS information systems or managers, as compared to extensive reports of assaults by workers. For example, employee surveys indicated far more incidents of violence than were recorded by CASs. As well, we noted few investigations of these incidents by the CASs.

There is a strong need for monitoring systems in CASs which fully record all substantial incidents of violence, and report this information upwards to managers, the boards of directors and the Ministry, and within the organization to all employees and the JHSCs.

8. Employee and CAS Assessments of Safety Policies & Practices

Rationale for Using Overall Performance Indicators (PIs): To allow for simple comparisons of CAS performance across different safety programs and to allow comparisons between employee and CAS assessments, we relied mainly on standardized 0-100 PIs in each area examined (note: satisfaction with police responses to worker requests was included here, although not strictly speaking a CAS performance indicator in itself).

CAS assessments were generally more positive than those of employees. This difference represents what appears to be a significant disconnect between management and worker assessments of how well worker safety is protected. This difference will need to be dealt with in the future if all parties are to agree on the scope of gaps and problems.

Display 20
Worker and CAS Ratings of CAS's Overall Safety Features

	Workers (PI)	CASs (PI)
Manages risks from clients (E72)	57.4%	75.8%
CAS's assessing/managing of environmental/ community risks (E77) (C90)	48.1	68.9
Safety of CAS office design/layout	54.9	59.6
Safety technology for workers in the field	46.1	59.6
Information provided to clients	51.1	73.5
Incident reporting process	51.1	69.9
Availability/quality of psychosocial supports	56.9	*
How CAS addresses overall protection of worker safety (E63a) (C61a)	58.0	81.6
How CAS supports JHSC's work to protect worker safety (E63b) (C61b)	59.8	86.8
How supervisor protects employees from physical assault (E64a) (C62a)	66.8	83.8
How supervisor protects employees from abuse/threats (E64b) (C62b)	64.3	80.3
How supervisor protects employees from secondary trauma (E64c) (C62c)	62.2	72.1
Police response when CAS workers require assistance (E97)	59.6	72.8
Effectiveness of worker safety training (E69) (C78)	46.7	64.7

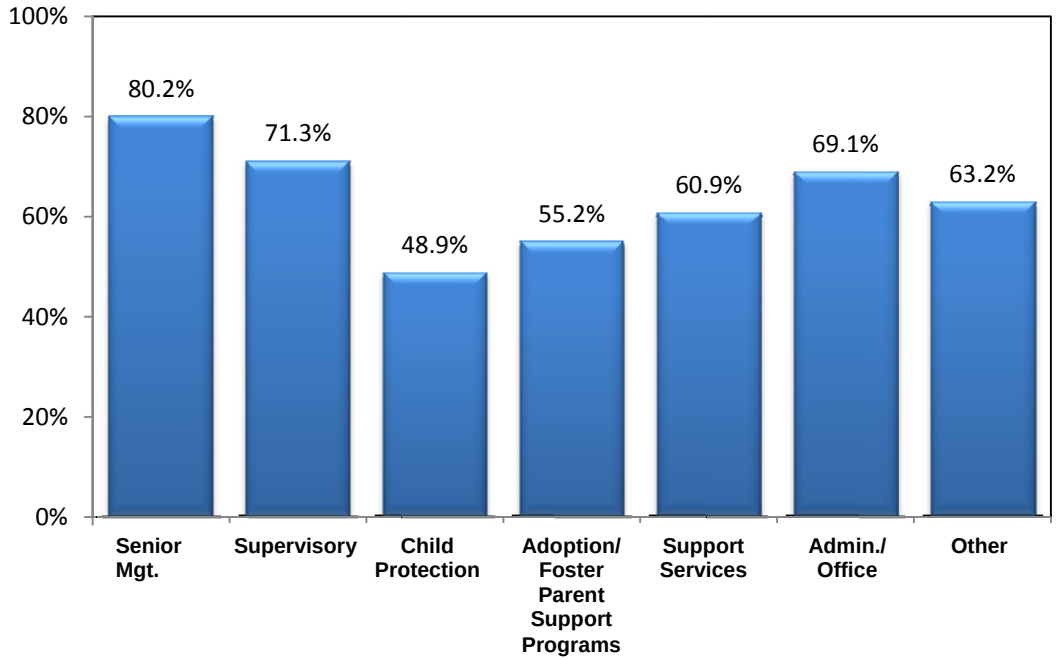
* = Question not asked in the CAS Organization Survey.

Comments from focus groups and employee surveys confirmed that some of the poor ratings from employees may spring from a feeling that management at some CASs does not support worker safety. Many workers voiced concern that reporting violent incidents or strongly voicing how unsafe they feel would result in repercussions in terms of their job performance – i.e., that they will be seen as incapable of “handling” the stresses of the job and disciplined or even terminated. They feel that there is a very strong critical "message" from management that often sees workers' psychological distress due to work as "weakness." As well, many staff indicated that they do not use the workplace peer support teams after a traumatic incident because of fears of being identified as "struggling" and thereby incapable of performing their job.

Validation Across Staffing Ranks: To examine differences in satisfaction with CAS protection of worker safety across different levels of the organization, we compared overall ratings of how well the CAS protects work safety, across ranks, from senior management to support staff.[23]

As can be seen in Display 21, managers as individuals were more positive about the CAS programs, followed by supervisory staff and administrative and office staff. Other staff, particularly those in child protection, had far less positive assessments of the CAS performance.

Display 21
Rating of how well CASs address overall protection of worker safety, across ranks within the CAS (n=5,833)



[23] Correlations among the sub-indicators were very high, indicating good reliability.

9. Shared Services and Collaboration Among CASs

9.1 SHARING RESOURCES AND EXPERIENCE

The fact that CASs is highly variable in safety program performance suggests good benefits for CASs developing shared program effort. This goes beyond merely examining the economy of scale which can be obtained, to potential learning between CASs, since CASs with more advanced safety programs may have *better* practices to share. Readiness to share was evidenced, but only in a lukewarm way, as can be seen in the CAS responses below. These results point to a need for new mechanisms for sharing of experiences.

Display 22
CAS Assessments of Shared Services

Indicator	% of CASs indicating 'Yes'
More collaboration with other CASs would aid development of safety policies/programs (C129)	93.8%
CAS's view of shared services over the next 5 years: (C130)	
Involving third party delivery of specific shared programs developed elsewhere	42.9
Involving joint delivery of programs delivered by CASs	60.0
As a recipient of services from other CASs	22.9
As a compensated provider of services to other CASs	25.7
Other	8.6
Involvement in shared services would be beneficial to our CAS (C131)	76.7

Employees' views regarding shared services: Nearly half of those responding felt that increased collaboration between other CASs would be desirable. Suggestions put forward regarding specific forms of collaboration included:

- sharing safety policy and procedures in other similar organizations and learning what is effective and what does not work;
- better sharing of files and risk-related information, for example, through a unified computer/recording system with a uniform risk system;
- creating consistent province-wide policies on working in the field;
- developing better practices jointly, to enable consistency across agencies;
- implementing a standard level of safety training on a province-wide basis;
- sharing training practices between agencies to decrease costs and increase consistency; and
- having standardized equipment and procedures for geographic areas (i.e., Northern Ontario, Southern Ontario Urban areas, Southern Ontario, rural areas).

9.2 SHARING PROCESSES

The considerable variation of CASs in safety performance indicators that much may be learned by CASs sharing their best practices in a collaborative way. The fact that some of the scatter plots shown above are less linear than others shows that specific sub-measures do not necessarily predict employee satisfaction with overall protection of worker safety. For example, the number of hours of training and the use of technology (as compared in Section 6, above) were less closely related to overall satisfaction with safety performance of the CAS than were satisfaction with training and field policies. This supports findings from the focus groups and best practices research suggesting that training and technology alone, in the absence of other protective measures, are not sufficient to create a satisfactory safety program.

While numerous steps appear to be under-way to rationalize the overall CAS system (as per recommendations of various Tasks Forces and Commissions), these efforts do not appear to have had significant impacts on worker safety.

As a result, the researchers conclude that follow-up on this worker safety study should focus on practical solutions to improve training and other safety practices.

10. What Changes are Needed? Views of CAS Employees and CASs

Overview: CAS employees and CASs provided a wide range of views about best possible directions for the future. However, while these assessments were moderate, only some were supported by the majority of workers and CASs. A key exception was more training for front-line workers supported by majorities of both workers and CASs.

Display 23
Employee and CAS Reports on Future Needs for Safety

Indicated as a need in terms of safety practice/training:	% of workers indicating 'Yes'	% of CASs indicating 'Yes'
Improved management needed at this CAS	48.6%	42.9%
Improved supervisory skills	43.9	57.1
Improved training for front-line workers	63.3	65.7
Improved training for support/office staff	50.4	45.7
Improved technology	50.7	60.0
Improved job descriptions	21.6	11.4
Improved support from the police	33.2	25.7

Other Assessments: A number of comments were received from workers regarding CAS's relationship with police (Question E97). The overwhelming worker view was that a quicker response time from police is needed. It was reported that, especially in rural areas, police place a low priority on this type of call for assistance, sometimes not responding at all or not staying long enough to ease the situation. The police were not always seen as providing 'emergency' response when called. One respondent explained: "*Our* emergency does not mean it is the police emergency in classification (calling 911 versus requesting a 12-hour response)."Making sure that the police truly understand the nature of the work (and the associated dangers that front-line CAS staff face), and better collaboration with the police in general were called for.

Among the survey(s) and focus group comments, suggestions for change were frequently cited. Common requests included:

- Co-teaming or "buddy system" for duties which a worker feels are potentially unsafe;
- Self-defense courses;
- Better systems and improved technology (e.g. supplied GPS-enabled cell phones) to check on workers in the field, especially after hours;
- Better flagging of higher risk clients;
- Winter driving safety courses;
- More consistent support from management regarding worker safety and better awareness and support for the psychological distress experienced by front-line workers.

11. Conclusions

Overview: The initial research for the project identified numerous best practices in worker safety in child protection. Nearly all of these were examined in the surveys of CAS employees and CASs. The surveys were highly successful in obtaining input on the extent to which CASs emulated these best practices. Results were obtained from nearly 70% of the8,665 CAS employees surveyed, with additional input provided by 34 CASs. Results focused on the scope of workplace violence and injuries, and the range and variability of programs which CASs had put in place to protect workers. Both employees and CASs evaluated their programs.

Results: Some of the key findings were:

Regarding violence, injuries and their impacts:

- Consistent with a wide range of prior research, child protection workers were found to experience a very high level of violence(assault/attempted assault, threats, stalking, and verbal or written abuse) -- levels which many researchers have suggested are only exceeded by the police, probation officers, and in some health sub-sectors, nurses.[24]
- For example, 74.7% of CAS employees reported they experienced violence during their careers (averaging 11 years), 26.8% experiencing assaults or attempted assaults; 45.2% experiencing threats or stalking; 67.9% experiencing verbal or written abuse.
- Many employees who faced assaults or other violence had to deal with multiple assailants (multiple assailants were reported by CAS employees for 4% of assaults, and 8% of threats/abuse), weapons (reported for 9% of assaults and threats), threats to their families (not measured separately in the survey – questions always asked about 'threats to you and your family') and other stresses. Collectively, CAS employees from across the province, over the course of their careers, have endured thousands of assaults and tens of thousands of threats and instances of verbal and written abuse; ongoing evidence of this violence was seen in a focused examination of violence experienced by CAS workers in 2013.
- Approximately one-third (32%) of child protection workers reported that they had experienced violence (assault/attempted assault, threats, stalking, and verbal or written abuse) while working alone.
- Physical assaults were common; however, psychological impacts (post-traumatic stress) were also often significant.
- CAS reporting systems record far fewer incidents of violence than workers report in surveys.
- The surveys indicated that various types of violence were experienced by all sub-groups of CAS employees, from office staff to senior management.

Altogether, 11.6% of workers who experienced violence reported that afterwards, they were more hesitant about performing their child protection duties. This indicates that client violence impacts the ability of workers to provide the full range of services in the way that they would normally have been offered.

[24] Probation officers and nurses also experience high levels of violence.

Regarding CAS protection of workers:

- The research indicated significant gaps and uneven implementation of health and safety practices applied by CASs to ensure the best possible worker protection;
- This was seen, for example, in very low rates of training, and extremely low hours of training on violence and safety (CAS employees reported an average of 1.9 hours, many reporting "none");[25]
- Many common safety policies and standards, for example, those usual to the operation of JHSCs, were according to employee and CAS survey and focus group results, absent or incomplete, in many of the CASs responding to the survey;
- CAS employee and organizational surveys indicated that CASs were highly variable in the policies and programs they maintained, with some providing higher levels of worker protection and many providing low levels of worker protection, including omission in some CASs of certain steps required by the OHS Act;
- These assessments were underlined by the 5,800+ employee assessments, and confirmed to a degree by a similar pattern of CAS reports (although CASs and managers generally had higher assessments of the quality of their worker safety programs);
- CAS organizational survey responses illustrated a limited awareness of the violence experiences reported by workers, suggesting a significant gap in understandings between management and workers in most CASs. This was particularly evident in the gap between the smaller numbers of assaults recorded by CASs, as compared to workers' reports;[26]
- Supervisors appeared to be a point of particular strength in the eyes of employees, indicating that they should play a prominent role in future developments of safety programs.

Overall Conclusion: Child protection workers are frequently exposed to a spectrum of violence ranging from actual physical assaults and attempted assaults to threats and verbal and written abuse. The different CASs are very uneven in their effort to provide effective protection to their workers and generally the sector response to the issue is low. These findings point to a need for a strong, provincially-coordinated set of standards touching on the genesis of violence in child protection and all aspects of the CASs' management of client violence. Some principles for such a regime are outlined below in Section 12: Recommendations.

[25] In comparison, Saskatchewan standards call for 1 to 1.5 days of training for all employees, including child protection workers.

[26] A comparison of CAS survey estimates to worker survey estimates indicated that CASs were only aware of about half of assaults reported by child protection workers.

12. Recommendations

Introduction: The following 46 recommendations are provided for the sub-committee's consideration and have been prepared for this report based on SPR's independent review of best practices consultations with Canadian and international experts, results of the survey of 5,000+ CAS employees, a survey of 34 CASs, as well as focus groups.

These recommendations will need to be further developed and prioritized by the Labour Relations Committee and the OACAS, and will form the basis for succeeding stages of the worker safety project which SPR understands are planned (part of OACAS' original proposal to the Ministry) and ideally implemented with full support of the Ministry. All CASs should be required to participate in the implementation of the recommendations; however targeted financial support to achieve implementation will be critical to bring all CASs up to a common level in worker safety programs.

Many of the recommendations will include a role for, and require the cooperation of, several parties. While individual CASs have the legal responsibility for worker safety as the employer, many of the issues (and recommendations) around the topic of worker safety should be addressed through a more systemic approach.

The Ministry must play a critical role in supporting the implementation of the recommendations through considering policy changes where necessary and/or appropriate and through financial support to the sector to implement the recommendations in an efficient manner.

The OACAS should take a leadership/coordinating role, in conjunction with the provincial labour leaders and CAS employers to work with the sector on the development necessary materials and implementation of the recommendations.

Labour unions (at the provincial and local level) will play a critical role in the consultation process as the recommendations are implemented. Active involvement at the provincial table where materials are developed as well as at the local JHSC level where materials are reviewed at the individual CAS level will be critical to ensure successful adoption of recommendations.

Local CASs should actively participate in the next stage of the the project to develop / implement the recommendations. As this report has indicated, CASs are starting with worker safety programs with varying levels of sophistication. Any non-compliance with OHS Act or other significant gaps in local worker safety programs must be addressed immediately by the local CAS to meet their legal responsibilities under the legislation. Those CASs with more robust worker safety programs should participate fully in the development of the sector wide programs and offer their experiences and sample materials where appropriate.

Note: Results of the surveys and focus groups suggest that some CASs are not in full compliance with detailed requirements or the spirit of Ontario occupational health and safety legislation. For example, not all have mandatory worker training or effective training on a violence policy, and focus groups revealed that incidents are not always reported to JHSCs, as required. **Our recommendations do not generally cover details of legislative compliance as it is assumed that this is a requirement which will be met in the future.** Thus, for example, worker and JHSC participation in the development of all safety programs would be essential, in-line with principles of the OHS Act and the Internal Responsibility System.

The recommendations are grouped within categories in the Workers Safety – Best Practices Framework (see Display 1, page 7 of this report) which has guided the study. A section concerning shared services and inter-agency cooperation is included below.

12.1 JURISDICTIONAL AND ORGANIZATIONAL CONTEXT

Best practice in violence protection begins with a strong commitment at the highest organizational level and explicit legislation and policies to mandate (and resource) a minimum standard of safety practice across all CAS organizations. To a large extent, effective worker protection flows from the Ministry level;[27] thus, we recommend not only legislative/provincial policy changes but also possible strategies for the Worker Safety Committee to present these concerns to the Ministry of Children and Youth Services and others, to engage them in planning for change. Ministry participation is regarded by the researchers as essential for needed changes in the CAS system:

1. *There should be a clear and system wide public commitment on the part of the Ministry to the principle that violence, verbal abuse and threats to CAS workers are unacceptable. This should be reaffirmed by all authorities, including other responsible Ministries, CASs and police.*

   MCYS Child Protection Standards should elaborate on requirements for worker safety. The standards currently state: "Every Children's Aid Society will have written Policies and Procedures related to worker safety when providing child protection service." This should be expanded to spell out minimum expectations for worker protection, including a policy that states that all violence afflicted on workers is unacceptable. This could echo Ministry of Labour policies.[28]

[27] This is consistent with aspects of the recent decision of the Ontario Labour Relations Board, *3325-04-HS Ministry of Health and Long-Term Care, Land Ambulance Programs*, which outlines certain circumstances in which a Ministry has responsibilities normally found for an employer.

[28] See: MOL violence guideline & sample policy: https://www.labour.gov.on.ca/english/hs/pubs/wpvh/appendix_a.php

Additionally:

2. *The Ministry of Labour should specifically include child protection workers in regulations on working alone, under the Occupational Health and Safety Act.*

3. *OACAS should open discussions with the Ministry of Child and Youth Services and the MOL, regarding inclusion of the child protection sector under an advisory committee within section 21 of the Occupational Health and Safety Act.*

4. *Discussions should be held at the provincial level with police and appropriate Ministries (e.g. Children & Youth Services, Attorney General, Labour, Community Safety and Correctional Services) to consider the improved protection of CAS workers vis-à-vis:*
    - Police response time to emergencies;
    - Standard provisions in CAS-police protocols (such protocols are required in the Child Protection Standards);
    - Standing CAS-police committees at the local level;
    - Protocol and criteria for reporting assaults and threats;
    - A procedure for confidential registration of child protection workers' vehicles, to ensure that their personal addresses are not made public.

5. *More thorough and consistent information about the rights of clients, the role of the Children's Aid Society and the authority of CAS workers should be provided to clients upon initial contact and to all others who are touched by the Children's Aid system in order to achieve better understanding and reduce risks.*

    In a related vein, additional mechanisms should be created to obtain client input to CAS processes, and the mechanism for complaints reviewed, to ensure that client issues and concerns are dealt with thoroughly and in a transparent manner.

6. *This report should be distributed to the CASs and the bargaining units, to allow informed input from these entities to the next stages of the project. This is much needed, as CAS input to the surveys was generally limited. As well, a brief summary report should be distributed to employees who participated in the study, as was indicated at the start of the surveys. Additionally, consultation should be undertaken with the Aboriginal CASs to identify implications for their work or collaboration with other CASs.*

The worker safety sub-committee which managed this project may be a useful model for other sub-committees to carry forward the results of this study, in specific areas such as training, policies, technology, information systems, etc.

12.2 MANAGEMENT COMMITMENT, WORKER PARTICIPATION, OHS CULTURE

A “culture of safety” in the workplace begins with a clear and demonstrated commitment from management to take worker safety seriously. With a mandate to protect children, it is very difficult for front-line workers to put their own safety first, which is why a well-developed violence policy and program, supported by both management and JHSCs, and an organizational climate which conveys that worker safety is important for CASs. Thus, we recommend steps to:

7. *Ensure management commitment and supervisor accountability by including health and safety responsibilities in performance expectations and reviews at all levels of management.*
8. *Clearly spell out supervisor responsibilities in OHS and anti-violence programs, as well as their performance requirements.*
9. *Ensure the involvement of workers and JHSCs in program development and ensure that buy-in is sought from all stakeholders, with worker input at every point. Programs should be developed to address issues in the culture of CASs (e.g. need for more open communications), using tools such as the OHCOW Mental Injuries Toolbox, or the Great West Life Guarding Minds@Work.*
10. *Establish a template for an anti-violence policy and program at the provincial level, to guide CASs in developing their own policies and programs. The template should include all elements covered in the Best Practices Framework. The policies and programs of all CASs should include, at minimum, the elements listed in the attached program outline (last page). Programs identified in Appendix A: Best Practices Report, provide examples and models.*
11. *Regularly evaluate all elements of health and safety programs, with improvements made, based on the evaluation results. Safety should also be specifically identified by the Ministry, as an element of performance evaluation for managers as well as for CASs generally.*

12.3 RISK ASSESSMENT AND INCIDENT REPORTING

Risk assessment is an integral part of any OHS program. In the CAS context, this implies the need to assess the physical and social working conditions and potential for worker injury or client violence associated with work activities. In a cycle of continuous improvement, risk assessment is informed by incident reporting to create an ongoing process of learning from experience. Suggested recommendations are:

12. *A system-wide and CAS-specific risk assessment method/protocol should be developed, including analysis of reported incidents. Risk assessments should be conducted and updated annually, with the risks made known to all concerned. (SPR understands that this need may be met at least in part by the expected CPIN system.)*
13. *The client intake process should be reviewed, in consultation with intake workers and other staff, to ensure that it is effective in identifying clients who may pose higher risks.*
14. *All CASs should follow a standardized risk assessment protocol, ensuring that prior to each contact with a new client and each contact in the field, specific risks (as far as can be known) are identified and mitigation strategies put in place.*
15. *A central database should document all incidents (including 'near misses') with linkages to case files in order to flag clients who pose a risk of violence. The database should allow for ease of use, e.g. when identifying clients who pose a higher risk.*
16. *All significant incidents or those that point to unexpected risks should be investigated to identify root causes by a person trained in health and safety investigations. Findings of the investigations should be used to update risk assessments and safety procedures. Incidents should be investigated in a blame-free atmosphere, and finger-pointing avoided in an effort to learn from and correct errors and deficiencies.*

12.4 PHYSICAL ENVIRONMENT AND TECHNOLOGY

Study results suggest that CASs vary quite widely in their ability to protect workers in CAS offices through effective design and technology (such as panic buttons). In particular, access to, use of, and success with, communications technology to stay in touch with workers in the field. The challenges facing CASs in more remote locations, where reliable cell service is not available, are especially pressing.

17. *A shared services program should be established for acquiring protective technology, with a view to economic efficiencies and utilization of the most effective options. The program should involve a cross-CAS labour-management reference group that evaluates the effectiveness of specific technological solutions and seeks input from users who have field tested the technology.*

18. *Each CAS office should be evaluated for conformance to good CPTED (Crime Prevention through Environmental Design) and security principles, and a common template developed as a guide for evaluation and regular inspections of the office environment by JHSCs.*

19. *CASs should utilize technology that enables sign-in, sign-out(with a flag if the expected sign out does not occur) and locating field workers, and means for workers to signal an alarm, when in the field and in the office.*

20. *A shared services program should be established to facilitate provision and effective use of technologies to allow all CASs to communicate with their workers in all locations, for example, providing all field workers with CAS-paid cell phones and identifying other methods of communication in areas where there is no standard cell phone service available.*

12.5 WORK PRACTICES

Strong safety policies and protocols are an important step in protecting workers, but they are only effective if they are: (1) appropriate to local conditions; (2) supported by management and staff; (3) well understood by staff; and (4) consistently implemented. Survey results revealed not only wide variation in the extent to which safety practices were in place, but a surprising number of employees who did not know whether guidelines, such as when to call for back-up or leave a risky situation were in place at their CAS. This suggests the need for more thorough training as well (see Section 12.7).

21. *Situational risk assessments for client interactions should be facilitated by effective technology that enables efficient sharing of information and flagging of high risks (see Section 12.3). Risk assessment should include all risks including risks from animals (e.g. dogs).*

22. ***Co-teaming:** Consistent criteria should be established across the CAS system, in consultation with worker representatives, for co-teaming or police accompaniment during field visits and transporting of clients, with the aim of achieving best practices for worker protection. Co-teaming is recommended as a standard practice for known dangerous situations, as well as for situations where the danger is completely unknown, except where police accompaniment has been confirmed.*

23. *Client interaction protocols should include measures to manage expectations by communicating the CAS role and authority, and expectations for mutual respect.*

24. *Consistent criteria should be established for reporting assaults and threats to the police.*
25. *All assaults and threats of violence should be reported to the police.*
26. *Policies and procedures should be established for protection of workers from on-line harassment, bullying and stalking.*
27. *Vehicles used for field work should be equipped with emergency and first aid kits. A vehicle inspection checklist should be completed before using any vehicle for work. Where applicable, this checklist should include a section on security measures for client transport.*
28. *Arrangements should be made for CAS paid accommodation, where needed, for workers who must travel to remote locations.*
29. *Limitations should be placed on the total number of hours a worker can drive in one 24-hour period.*

12.6 PSYCHOSOCIAL SUPPORT

Stress, direct trauma and secondary trauma take their toll on child protection workers and are eventually seen in absenteeism, burnout, need for stress leave and staff turnover. It follows that effective psychosocial support to help workers deal with the emotional hazards of the job is especially critical in this sector. While most CASs studied do offer some form of support to workers who have experienced violence or trauma, the study team identified some significant gaps and makes the following recommendations to deal with these gaps:

30. *Peer-support programs should be implemented in all CASs. Workers should be able to access these programs anonymously and without management involvement. Supervisors should be required to debrief a worker after a traumatic incident and make a referral to the peer support program.*
31. *All CASs should have programs to address post-traumatic stress, secondary trauma and resilience building. Information on good models and providers for these programs should be developed and shared at the system level. A mechanism should be created to allow workers to seek support outside the CAS, if needed.*

12.7 TRAINING

CAS employees identified many significant gaps in their training and reported receiving a mean of only 1.9 hours of violence-related training in the past year. Training alone is not an adequate response to worker violence – an adequate structural framework, from legislated protections to local agency protocols, and a supportive workplace culture are also key requirements – but it is nevertheless a critical element which is also important to workers' confidence and well-being on the job:

32. *All CAS employees should be trained on all aspects of safety and violence programs with advanced training for front-line staff. While purely knowledge-based programs (i.e., not skill-building) can be offered through self-study and on-line methods, those requiring skill development should be offered, at least in part, through in-person training that provides opportunities for sharing experience and skill practice. Priority topics for skill development include understanding and managing aggressive and violent behaviour, resilience training, self-protection, and de-fusing and de-escalating violence. Another important topic for experiential training is safe driving techniques for workers who drive long distances, especially in poor weather.[29] Basic training of one day per year should be provided to all CAS employees.*

33. *Child protection workers should be trained in how to protect themselves on-line from cyber stalking and harassment.*

34. *Joint Health and Safety Committee (JHSC) members should be trained in how to fulfill their committee responsibilities. While not all JHSC members are required to receive certification training, those who are not certified should, nevertheless, be trained in key topics such as hazard identification, risk assessment, inspections and investigations.*

35. *All managers should be trained (with periodic refreshers) on their OHS responsibilities, including work with JHSCs.*

36. *Supervisors in particular should receive intensive training so that they can fulfill their responsibilities for worker safety. In addition to training on general OHS duties, supervisors should be trained on:*

    a) *Situational risk assessment and decision-making for high-risk activities such as home visits where risk factors are present.*

    b) *How to support and encourage safe practices on the part of their staff.*

    c) *Responsibilities for communicating with workers in the field.*

    d) *Incident investigation and corrective actions.*

    e) *Resilience building.*

    f) *De-briefing and supporting employees with post-incident or secondary trauma and referrals to peer support programs.*

    A related feature would be systematic co-participation in-home visits by supervisors.

[29] This is a reminder that all future safety program developments should incorporate broader OHS issues.

12.8 SHARED SERVICE OPPORTUNITIES AND CAS COOPERATION

Sharing services, information and programs among CAS agencies offers the potential of benefits beyond simply economies of scale in purchasing communications equipment or training curricula. It can also be a way to accelerate the progress of lower-performing CASs so that agencies across the province can be brought closer to the standard set by the more advanced agencies, to encourage continuous improvement of all CASs, and to enhance worker safety through improved information sharing. As an illustration, the current introduction of the Child Protection Information Network (CPIN), a province-wide client data system, should be an important step towards ensuring all CAS workers have better access to client histories.

While there are strengths associated with the current structure of independent CAS agencies, it does pose challenges for establishing shared protocols and services.

The mechanisms for these shared programs could range from an online repository where CASs can access (and possibly share) model templates, forms and protocols that they can then modify to suit their local needs, to sub-committees established to research and recommend shared technology or training programs. The specific recommendations for shared services that follow are, in some cases, pulled from recommendations that occur earlier in the report under a specific topic, and are in other cases appearing for the first time:

37. *The Ministry of Child and Youth Services should mandate a central mechanism to oversee and benchmark CAS programs with the aim of improving all agencies at least to the level of the current best performers. The results of this survey should be used as a starting point for the benchmarking exercise.*

38. *CASs should have an opportunity to share resources for conducting program evaluations and audits, e.g. by developing shared evaluation surveys and auditing each others' programs, or jointly engaging program auditors and evaluators.*

39. *A central incident report database should document all incidents (including near misses) with linkages to case files in order to flag clients who pose a risk of violence. The database should allow for ease of use, e.g. when identifying clients who pose a higher risk.*

40. *A system-wide and CAS-specific risk assessment, including analysis of reported incidents, should be conducted and updated annually and the risks made known to all concerned.*

41. *A model template for a violence policy and program should be established at the provincial level, to guide CASs in developing their own policies and programs.*

42. *A shared services program should be established for acquiring protective technology, with a view to economic efficiencies and utilization of the most effective options. The program should involve a labour-management reference group that evaluates the effectiveness of specific technological solutions and seeks input from users who have field tested the technology. This would include coordinated approaches to cell technology as well as training, including specialized topics such as resilience training.*

Shared resources for training could reduce costs, staff time and frustration, as individual CASs currently are searching for, or are self-designing programs that other agencies may have already found or created. Uniform standards could also be strengthened. Recommendations are provided below:

43. *Create an on-line CAS training forum/intra-web site that encourages CASs who have used a specific training program to share information about it and rate/ recommend it. CASs who have developed training programs they find effective could share curricula or enter into training agreements with other agencies, and CASs seeking training options could search for information/ask for recommendations. CASs with programs that could benefit other agencies should be given sufficient resources to help and share with other CASs.*

44. *Actual training programs for CAS employees (curricula only or curricula + trainers) should be developed [under MCYS mandate]by OACAS, and made available to CASs province-wide. Basic programs in self-protection and resilience training suitable for all CAS employees would be logical first offerings. This would be especially useful for smaller or less advantaged CASs that struggle to provide adequate and affordable training.*

12.9 RESEARCH DIRECTIONS AND IMPLEMENTATION

45. *The Ministry should aid research and systems development to better understand client information needs, and to find alternative pathways for clients to express their concerns than through violence. CASs should examine their feedback and complaint procedures to ensure that clients have every possible alternative to express their concerns about services in a manner that does not include violence.*

46. Pilot projects should be undertaken to identify the best method to accurately record worker reports of violence. A particular role may be required for technology to aid complete reporting and information transfer.

A Model Program Outline:
Safety in Child Protection Work

A program for protecting CAS workers from hazards encountered in child protection work should cover the elements outlined in the Best Practices Framework. Key sub-elements are listed in this outline. (Explanations and examples of these elements can be found in the Best Practices Report published with this study.)

1. Safety and Violence Policies
2. Roles, Responsibilities and Accountabilities
3. Risk Assessment
4. Incident Reporting and Investigation
    a. Reporting to WSIB, MOL, JHSC
    b. Reporting to police
5. Routine inspections
6. Record keeping, information systems, Program Audit and Evaluations
7. Physical Environment
    a. Office design
    b. Security technology (e.g. cameras, panic buttons)
8. Communications technology
9. Work practices
    a. Situational risk assessment
    b. Pre-planning and decision making guidelines
    c. Security personnel and procedures
    d. Managing client expectations
    e. In-office client interaction procedures
    f. Working alone procedures
    g. Home visit and other field work procedures
    h. Protection from animal attacks
    i. De-fusing, de-escalating violence and self-protection
    j. Client transport procedures
    k. Co-teaming and police accompaniment
    l. Threats- harassment response, including telephone, written, e-mail, on-line, social media, stalking
    m. Control of biological hazards
    n. Safe driving
    o. Incident and emergency response
10. Psychosocial support
    a. EAP
    b. Peer support programs
    c. Incident response
    d. PTSD response
    e. Secondary trauma response
    f. Resilience building
11. Training
    a. All managers, including Executive
    b. Supervisors
    c. Field workers
    d. All workers and volunteers

CAS Workers at Risk:

A Current Assessment of Worker Safety, Client Violence and Child Protection in Ontario's Children's Aid Societies – A System Under Pressure

An Independent Study Conducted by SPR for the
Worker Safety Sub-Committee of the Joint Labour-Management Committee of the Ontario Association of Children's Aid Societies
Funded by the Ontario Ministry of Children & Youth Services

Appendix A:
Best Practices Report

July 31, 2014

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Acknowledgements

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A. Introduction

SPR Associates was engaged by the Ontario Association of Children's Aid Societies (OACAS) to conduct a study of worker safety in Ontario Children's Aid Societies (CASs). This report summarizes one component of the project: "Research best practices in worker safety and risk reduction."

B. Scope and Methodology

In its proposal to OACAS, SPR outlined how it intended to identify and research best practices in worker safety. At the initial project meeting, it was agreed that the project would focus on safety issues related to violence and client contact. The major issue identified was client violence, which has been the primary focus of the research. Thus the scope of the study excluded a number of concerns in OHS more broadly, such as harassment by co-workers, managers or supervisors, hazards in offices, WHMIS, and safety when driving.

The following methodologies were applied in order to identify best practices:

1. A web-based search of research, standards and practices related to worker safety and client violence, with a focus on child service work but also encompassing social work in general and health services. A secondary emphasis was on other types of work where workers may experience risks due to isolation, for example, in policing and occupations such as repairing telephone or electrical lines. This review was international in scope, focusing on jurisdictions with social conditions and service models similar to those in Ontario. International sources were sought and the search revealed that the most readily available and relevant information originated in Canada, the United States, the United Kingdom, the European Union and Australia.
2. A search of academic literature using the Web of Knowledge database (a metadata base encompassing numerous other databases).Probing of promising sources revealed through the web and literature searches for additional sources of information. Interviews with leaders in the field of client violence and worker safety, and telephone and in-person focus groups with members of the Ontario Child protection sector (Human Resource managers, Executive Directors, workers, unions and some JHSCs).
3. Requests for program information from agencies responsible for child protection in other Canadian provinces/territories and Ontario's Children's Aid Societies. A letter prepared by SPR and OACAS was sent by the Ontario Ministry of Children and Youth Services (MCYS) to its counterpart in other provinces, and as a result, information was received from government agencies responsible for child welfare in Saskatchewan, Northwest Territories, Newfoundland/Labrador and Nova Scotia. (In these provinces, unlike Ontario, child protection services are directly operated by the government.)
4. Development of a proposed Best Practice Framework (described on the next two pages), and compilation of best (or better) practices within the organizing structure of the Framework. Compilation of information in an annotated document and literature inventory in table format, available as an addendum to this report.

While focused on best practices, this report also provides pointers towards standards and possible future directions.

C. Definition of Best Practices

In a search for best practices, it is useful to first define the term. While there is no consistent use of this terminology, the designation "best" implies that there has been some evaluation indicating effectiveness of the practice. Our review has revealed that there is a dearth of program evaluation research on practices intended to mitigate safety risks to child service and other social workers. Lipscomb and ElGhaziri[1]and Wassell[2] have reviewed the literature on workplace violence interventions and concur that there is a lack of good evaluation research. The evaluation research that does exist is concentrated in the health care sector, most commonly in fixed workplaces that are not comparable to the field settings that characterize most child protection work.

We therefore advise caution in designating the identified practices as "best." We found the following to be a useful definition: "a continuum of practices, programs and policies that range from emerging to promising to those that have been evaluated and proven effective, i.e., *best practice*."[3]

As few of the practices identified qualified as a "best" practice based on the strict criterion of rigorous evaluation, we will adopt a looser use of the term for the purposes of this report. Our judgment of the value of identified practices is largely based on how well they appear to meet standards, policies and programs recommended by authorities and experts, and/or address safety concerns raised by workers or documented in research.

D. The Best Practices Framework

The initial review focused on the jurisdictional and organizational context of worker protection, along with key standards, guidelines and recommendations put forward by credible authorities to protect workers from violence. The major elements of this initial review were synthesized into a Best Practices Framework (Figure 1), which provides a useful organizing structure through which to present detailed elements of worker protection programs.

This report provides a description of findings for each element of the Framework, presented in seven sections corresponding to the 7 hexagons in Figure 1 (next page). Within the description of each element, standards or guidelines are cited that describe good practice and provide examples of programs or interventions that may be worth consideration as best practice models. Interventions are cited based mainly on their value in exemplifying the framework elements. Due to the absence of evaluation research as described above, there are few interventions for which there is very clear evidence of effectiveness. Nonetheless, we have provided some suggestions about desirable measures in text boxes throughout, and in **E. Conclusion**. Many more references and examples can be found in the searchable bibliographic inventory provided as an addendum to this report.

Figure 1
Worker Safety Best Practices Framework

1. Jurisdictional & Organizational Context for Worker Safety

Child welfare services operate within organizations whose characteristics affect how those services are provided. The organizations in turn are affected by the policies, legislation, infrastructure and resources of the parent organization and/or jurisdiction in which they operate. While major organization and jurisdiction-level changes are beyond the scope of this project, it is noteworthy that some jurisdictions have introduced policies or legislation with intentions of major impact on the safety of child welfare and/or other social service workers.

1.1 Legislation

Occupational health legislation in Ontario, British Columbia, Nova Scotia and other Canadian provinces, requires most employers to establish and implement anti-violence policies and programs. Ontario also requires employers to assess workplace risks of violence and harassment, and to train workers on the violence program.

In ten Canadian jurisdictions (but not Ontario), there are specific legal obligations with respect to working alone, which often apply to child protection workers. For example, British Columbia requires an employer to identify hazards to workers working alone. It also requires written procedures that must include provisions for checking on workers who work alone.

Several states in the U.S. have introduced legislation specific to social worker safety, usually prompted by a murder of a social worker. For example, Kentucky passed the "Boni Bill" which provided funding for additional child protection staff, training and security measures.[4] The Social Work Safety in the Workforce law in Massachusetts requires violence prevention and crisis response plans for social and human services workers. Kansas legislation requires social workers to have safety awareness training. Michigan's Bill 4099 ("Lisa's Law," named for a murdered child protection worker), passed in 2001, requires that training be provided to all workers required to make home visits and that workers be accompanied by a co-worker or police where a risk is identified.

Some US jurisdictions have made assaults on social workers generally designated felony offences with more serious penalties. New York State, for example, classifies an assault as a Class D felony, punishable by up to 7 years in prison, when it is "with intent to prevent an employee of a local social services district directly involved in investigation of or response to alleged abuse or neglect of a child… from performing such investigation or response.[5] Similar laws, with different penalties, have been passed in Kentucky and West Virginia. As well, in the U.S., there have been calls for related legislation to better protect social workers in every state.[6]

A broad legislative framework –making violence unacceptable – is a first step in creating a climate for violence prevention. An example is the Saskatchewan Ministry of Social Service's strong policy on workplace violence. Other research shows that when such strong policies are echoed in the practices of specific agencies and sectors, the incidence of client violence is reduced.[7]

1.2 Parent Agency Policies and Standards

At the parent organization level, policies, standards and codes of practice that indicate commitment to worker safety can set the tone for all organizations in the system. An example is the Codes of Practice for Employers of Social Workers[8] adopted by UK Councils that include provisions for worker safety. For example, the Codes of Practice for employers include the following provisions:

> "As a social care employer, you must put into place and implement policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice. This includes:
>
> 1. Making it clear to social care workers that bullying, harassment or any form of unjustifiable discrimination is not acceptable and taking action to deal with such behaviour;
> 2. Establishing and promoting procedures for social care workers to report dangerous, discriminatory, abusive or exploitative behaviour and practice and dealing with these reports promptly, effectively and openly;
> 3. Making it clear to social care workers, service users and care providers that violence, threats or abuse to staff are not acceptable and having clear policies and procedures for minimizing the risk of violence and managing violent incidents;
> 4. Supporting social care workers who experience trauma or violence in their work;
> 5. Putting in place and implementing written policies and procedures that promote staff welfare and equal opportunities for workers; and
> 6. While ensuring that the care and safety of service users is a priority, providing appropriate assistance to social care workers whose work is affected by ill health or dependency on drugs and alcohol, and giving clear guidance about any limits on their work while they are receiving treatment."

Research by the New York Emergency Nurses Association demonstrates that a strong and well publicized anti-violence policy significantly reduces client violence. Comprehensive supporting policies, procedures, training and oversight are emphasized.

In some jurisdictions, child protection services are directly provided by a government ministry, in contrast to Ontario, where they are provided by autonomous agencies. The centralization-decentralization continuum is an important aspect of the organizational context. In decentralized jurisdictions such as Ontario, the parent agency sets standards for programs rather than developing a single program that applies to all child protection workers.

For example, the Ontario Ministry of Children and Youth Services has established Child Protection Standards[9] that require worker safety as well as child safety plans, policies and procedures. Worker protection measures in these standards include the following:

- Every Children's Aid Society will have written Policies and Procedures related to worker safety when providing child protection service.
- The investigative plan includes a plan that addresses any worker safety issues identified in the case information.
- The first step in ensuring a child protection worker's safety is to assess the risk level of the situation before the initial face-to-face contact, which occurs on the basis of information gathered by the referral screener. The second step involves developing a plan that addresses the worker safety issues identified in the case information.

1.3 Relationships with Other Agencies

Another important aspect of the jurisdictional context is the relationship of the CAS with other agencies. In particular, relationships with the public health and health care system, and with police are important both to child protection and worker safety. The MCYS Ontario Child Protection Standards requires that:

> *"Every Children's Aid Society will have protocols with the society's local Police Departments related to investigation of allegations that a criminal act has been perpetrated against a child, and covering situations in which the investigation of an allegation may endanger a child protection worker."*

While CAS-police protocols mainly address protection of children, they may also address worker safety; for example, the Kingston-Frontenac[10] protocol states, *In the spirit of collaboration, it is important to recognize that there is a role for police in providing assistance to child protection workers for those investigations where the child protection worker has a concern about safety."*

A different approach to policing for social services is taken by the U.S. State of New Jersey, which since the 1890's has had a special police department within the Department of Human Services to protect workers and clients.[11]

There is a considerable literature on inter-agency collaboration in child protection services. While this has been geared to child and family protection rather than worker safety, recommended good practice is relevant to this project. For example, in its web page on Interagency Collaboration[12], the Child Welfare Information Gateway recommends the following features of collaboration. These are applicable, not only to collaboration with other services, but among CASs as well:

- "Governance structures that focus on visioning, strategic planning, policy and practice changes, monitoring, and financing…
- Management structures that promote interagency collaboration at administrative and frontline levels both within and between organizations…
- Communication that creates an open and credible process and identifies and addresses challenges to implementing collaborative processes..."

1.4 Organizational culture and open communication

As stated in the National Association of Social Workers (NASW)*Guidelines for Social Worker Safety,*[13] "agencies that employ social workers should establish and maintain an organizational culture that promotes safety and security for their staff." Organizational culture is widely recognized as the keystone of workplace health and safety, in relation to violence and all other health and safety issues. A vast body of literature provides evidence[14] that safety culture (and the related concept of safety climate) is strongly linked to successful safety outcomes. While creation of an overall safety culture is beyond the scope of this project, implementation of specific programs can help to build such a culture by engaging workers and demonstrating management commitment to their health and safety. A study by Zohar and Stuewe[15] argues that safety culture can be changed if supervisors, backed by strong leadership, are actively engaged in promoting safety. A study by Hale[16] reported that safety culture can be improved through interventions characterized by:

- Energy, creativity and support;
- Engagement and empowerment of the workforce in a learning/change process;
- Training and motivating managers;
- A planned and systematic approach.

2. Worker/Management Commitment & Worker Safety

A written worker safety/violence prevention program is required by Ontario law and is the foundation of violence prevention efforts. A number of key reference works set out standards and guidelines for essential elements and features of the program. These emphasize the importance of management commitment to safety and of worker empowerment and involvement.

A good safety culture begins with demonstrated commitment from senior management. It is a foundational factor for better worker safety, requiring open communication and support for workers. This requires management and supervisor readiness to listen to worker concerns and worker confidence that raising issues will not harm their job standing.

2.1 Standards, Policies and Programs

Resources that set forth the elements of a comprehensive worker safety/anti-violence program include the *NASW Guidelines for Social Worker Safety*, U.S. Occupational Safety and Health Administration (OSHA)*Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*[17]and the Occupational Health and Safety Council of Ontario (OHSCO)*Toolbox: Developing Workplace Violence and Harassment Programs*.[18]Books by Weinger[19] and Newhill[20] are acknowledged as leading references in overall violence prevention programs, and provide good details on key elements of safety program.

These resources set forth key principles of worker protection, providing standards, resources and examples. The NASW guidelines, for example, outline11 standards specific to social work that cover the major elements of a worker safety program.

Examples of worker safety programs that address most of these elements can be found among Ontario CASs and child protection services in other provinces and jurisdictions. For example, the Children's Aid Society of Toronto's *Worker Safety Handbook* sets out a comprehensive health and safety policy encompassing roles and responsibilities, Joint Health and Safety Committees, health precautions, incident reporting, risk assessment, field visit protocols and emergency planning.

The first of the NASW safety standards, cited above in relation to organizational culture, calls for, among other things, "safety policies that provide an oral and written commitment by agency leadership to promote the safety of all staff, including support, paraprofessional, and professional staff." Saskatchewan's Ministry of Social Services Violence Policy provides a particularly good example in its unequivocal statements in support of worker safety, including the following:

1. "All incidents of workplace threats or acts of violence shall be taken seriously. Allegations of violent acts (direct, indirect or unintentional) shall be responded to promptly, fairly and effectively.
2. All employees have the right to be treated fairly, and work in a respectful workplace. As an employer, the Ministry expects that all employees shall interact respectfully with all clients, fellow employees, stakeholders and the public. Employees shall not cause or participate in a violent or potentially violent act against another person(s) or property.
3. When an incident occurs, the safety, security, and psychological well-being of the employee and others in the area shall be the prime concern.
4. Employees who are the subject of, or a witness to, a violent incident are required to immediately report the incident to their supervisor/manager."

2.2 Management Commitment and Supervision

The OSHA guidelines list management commitment, together with employee involvement, as one of the five components of an anti-violence program. As stated in these guidelines:

> "Management commitment, including the endorsement and visible involvement of top management, provides the motivation and resources to deal effectively with workplace violence." The guidelines go on to list seven ways in which this commitment should be demonstrated, three of which address ensuring accountability and managerial/supervisory responsibility:
>
> - Assigning responsibility for the various aspects of the workplace violence prevention program to ensure that all managers, supervisors and employees understand their obligations;
> - Allocating appropriate authority and resources to all responsible parties;
> - Maintaining a system of accountability for involved managers, supervisors and employees.

As suggested by these guidelines, supportive supervision is a major indicator of management commitment and a determinant of a good safety culture. In a general health and safety context, Zohar and Luria (2003)[21] have demonstrated that supervisors' interactions with their staff on safety matters can significantly improve safety climate (a measure of safety culture).

Good examples of worker safety programs place clear expectations on supervisors for program elements. Given the important role of the supervisor in the child protection context, many of the safety resources reviewed were explicit in setting out requirements for workers to consult with their supervisors on key work activities.

The Saskatchewan Ministry of Social Services Violence Policy is particularly detailed in its expectations of supervisors to take specific actions related to elements of the safety program. Examples include the following:

> "The supervisor/manager shall:
>
> - Ensure all staff are informed of the Ministry's Violence policy and local workplace violence protocols.
> - Orientate new staff to the policy and other safety protocols in accordance with the On-Boarding Orientation checklist.
> - Review the local workplace Violence Protocols at least annually with staff.
> - Ensure that offices and interview rooms are inspected quarterly for safe exits and operating buzzers, ensuring they are easily accessible to staff.
> - Ensure that reception employees have a copy the local violence protocols and that roles for unit staff and administrative/support staff are identified.
> - Conduct a post-incident review to ensure that the incident is appropriately analyzed and a continuous learning and preventive approach is determined and to re-assure employees that support is available to them should they require it.
> - Develop a plan for corrective actions to mitigate future incidents.
> - Assessing the need and nature of post-incident follow-up support for the employee to determine if there are immediate psychological or physical needs, such as shock or injury."

A program produced by the National Resource Center for Family Centered Practice at the University of Iowa (University of Iowa 2009)[22] sets out supervisor competencies and useful training materials on child protection supervisors' responsibilities, including those for health and safety. The module on "promoting safety and resilience" includes the following supervisor competencies:

- Understands the origins and consequences of work-related stress and models coping skills to manage such stresses.
- Recognizes indicators of potential danger and employs strategies to enhance staff safety on-the-job.
- Coaches and models how to maintain professional boundaries when working with clients.
- Promotes peer support and team building with peers.
- Understands the importance of professional collaboration, as needed; and requests assistance appropriately.
- Promotes staff resilience and healing in managing the difficult work.
- Deals effectively with emotional needs around the many issues of crisis and utilizes the -`Crisis Response Protocol.

2.3 Worker Participation

Worker participation is widely recognized as key to successful health and safety programs and is a foundation of Ontario's Internal Responsibility System (IRS). In addition to employee involvement in program elements such as training and joint health and safety committees, participation of workers in program development creates a greater sense of ownership and buy-in, and has been demonstrably linked to better safety performance.[23]

Making use of the experiential knowledge of front line workers has been identified in research literature as an important element in approaches to worker safety. Baines[24] has termed this "praxis" and "tacit skills" and describes how it may be lost in the transition to new management practices. In a different context, Green[25] describes how the local knowledge of rural workers in Australia helped them to deal with potential conflict. In their review of risk factors and interventions for violence to workers in the health care sector, Lipscomb and El Ghaziri also emphasize the importance of harnessing the knowledge of front-line workers, observing that:

> "Several studies strongly suggest that a comprehensive and participatory approach to violence prevention in health care is necessary to reduce workplace violence. The importance of including front-line workers in violence-prevention programming and research cannot be underestimated…Front-line workers…are often in the best position to assess and evaluate behaviors and individual patient triggers. Their expertise is needed and therefore they should be actively recruited to serve on violence-prevention and health and safety committees."

A resilience program developed by the New York City Administration for Children's Services in partnership with New York University (ACS-NYU)[26](whose content is addressed in Section 6), provides a good example of staff engagement at all levels in development and implementation. In their manual, the program developers describe how they prepared for their program by eliciting staff and management buy-in before program launch:

> "Before the most recent Resilience Alliance cycle, we met separately with the Zone's supervisors and managers to brief them on the intervention and how our efforts would support their ongoing work. This framing is critical: given the workload-related demands on child welfare staff, anything that is perceived as a luxury, or as competing with other system demands, will not be successful… discussing the intervention with the supervisors and managers before the formal roll-out allowed us to address any questions or concerns they had and make adjustments as necessary.
>
> …we held two pre-intervention meetings with all [staff] members…to introduce them to the concepts of secondary traumatic stress and resilience, describe the intervention, and give a high-level review of some of the main themes of the intervention. We also used this opportunity to talk about the data that we would be collecting before, during and after the intervention, and to answer any questions people had about the intervention or the research. We found these meetings to be very useful in preparing people for the intervention and helping them understand its relevance to their day-to-day work. By getting their support beforehand, we demonstrated respect for their time, questions and concerns, and began the process of providing support back to them."

The Internal Responsibility System (IRS) is a founding principle of Ontario occupational health legislation. It emphasizes resolution of OHS issues within the workplace, with key rights and responsibilities provided for workers and their unions, and management. A central mechanism for IRS is the Joint Health and Safety Committee, (JHSC) which has legislated rights and responsibilities for both worker and manager members.

2.4 Program Audits and Evaluation

Establishment of a worker safety program will accomplish little in the absence of systems to ensure the program is implemented, evaluated and modified in a cycle of continuous improvement. Program evaluation is important to a successful worker safety program, especially in the absence of good research evidence for best practices. As stated in the U.S. OSHA Guideline, “Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made.”

Successful programs will emerge through a process of evaluation and continuous improvement. Benchmarking processes among similar organizations, such as that used by the Ontario Hospital Association,[27] have proven to be effective in continuous improvement programs and may prove useful in the child protection system. Some CAS’s have participated in the Ontario Leading Indicators Project (Institute for Work and Health)[28] which provides organizations with benchmarking reports on a number of health and safety program elements such as health and safety practices, health and safety leadership, and health and safety management system.

There is a danger, however, that audits can become a paper exercise that obscure what is actually happening in practice. This was described well by Blewett and O’Keefe[29] in a paper with the intriguing title "Weighing the pig never made it heavier: Auditing OHS, social auditing as verification of process in Australia." Social audits, like financial and social audits, they warn, “are subject to failure: unintentional errors, deliberate fraud, financial interests causing undue influence, and undue influence from personal relationships between the auditor and client.”

To these, they add five other factors:

> “lack of worker participation; paperwork for the sake of the audit; goal displacement of audit scoring; confusion of audit criteria; and lack of auditor independence and skill. There has been a shift in focus [where]: the current demand and preparation for auditing distracts organizations from the primary goal of making the workplace healthy and safe.”

While it is wise to heed Blewitt’s caution, it is also very inadvisable to avoid all assessment of how well a program is working. It is especially important to evaluate innovative new programs so that best practices can emerge. The ACS-NYU resilience program provides a good example, not just of resilience programs and staff engagement, but of program evaluation efforts.

While written policies and procedures are important to a good safety program, they will be of little use if they are not rigorously implemented. Programs should be regularly audited and evaluated to ensure that policies and procedures are put into practice and working regularly as intended.

3. Risk Assessment for Worker Safety

Good worker safety programs entail rigorous analysis of hazards and assessment of risks at a system level. This is different from the situational analysis discussed in Section #5. Hazard is a condition or agent that may cause harm, while risk assessment is an evaluation of the degree of harm the hazard may cause and the likelihood that it will do so. Risk assessment requires calculations of two components of risk: the magnitude of the potential injury and the probability that the injury will occur. Risk assessment should be an ongoing process of learning from experience, to feed into a continuous improvement loop.

The Ontario Occupational Health and Safety Act requires employers to "assess the risk of workplace violence that may arise from the nature of the workplace, type of work or conditions of work." With respect to the scope of this project, this requirement implies the need to assess the physical and social working conditions and potential for worker injury or client violence associated with work activities. Regular workplace inspections should be conducted and where applicable, identified deficiencies should be considered as part of the risk assessment.

Procedures for conducting a systematic hazard assessment are addressed in a number of resources, including the OHSCO violence prevention toolbox, and the OSHA guidelines. Both have several checklists that can be used to help with this assessment. Useful checklists are also appended to the Saskatchewan MSS Violence Policy.

The US OSHA guidelines recommend conducting periodic employee surveys, such as the one conducted for this current Ontario Worker Safety project, to aid in risk assessment.

Advice on risk assessment provided by these guides includes the need to:

1. Analyze incidents, including the characteristics of perpetrators and circumstances where violence may occur.
2. Identify jobs, procedures and locations with the greatest risk of violence. An example is provided by the Saskatchewan Ministry of Social Services (SMSS) Violence Policy[30] which classifies jobs into the following risk categories:

Low-Risk Jobs *(Minimal client contact)*	**Medium-Risk Jobs** *(Mainly verbal client contact)*	**High-Risk Jobs** *(Close physical client interactions)*
• Senior Management • Administrative/clerical office • Policy consultants • Office cleaning staff	• Client Contact Centre • Dietary, Laundry and Housekeeping staff in residential facilities	• Direct care workers • Child Protection workers and those conducting home visits/assessments • Income Assistance workers • Employees working directly with cash • Working in close proximity with children/adults with intellectual disabilities

3. Identify high risk client factors; these can be used to flag high risk situations, as discussed in Section5 of this report.
4. Evaluate existing security measures and the physical environment:

   A study by McPhaul[31] describes a process for assessing the physical environment which can be a useful model for risk assessments. It included meetings and information gathering with staff and a list of environmental factors to assess.
5. Evaluate existing preventive measures including policies, procedures and training. Assess the extent to which employees are prepared to deal with threats and violence.

Data that should regularly be reviewed by health and safety staff and the Joint Health and Safety Committee include injury and incident reports, reports on near misses, and results of workplace inspections.

Risk assessments should be reviewed at least annually and whenever circumstances change, and updated as needed. These should incorporate information on an annual Health and Safety Review, such as the annual reviews conducted by Windsor-Essex CAS (WECAS).[32]

The anti-violence program must provide for incident reporting, tracking and analysis. The Northwest Territories Health and Social Services (NWTHSS) Child Protection Worker Safety Guidelines (Standard 2.5C), for example, require all incidents to be reported, stating that:

> *"Any incident that occurs while performing Child Protection Worker duties which results in a worker sustaining an actual or potential injury must be reported to WCB and recorded with Form 2.5C. Child Protection Worker Safety Incident Report (SIR). All Safety Incident Report Forms will be tracked and communicated to the Director of Child and Family Services on a monthly basis."*(In addition to the incident reporting form, NWTHSS also has a form for the monthly incident summary.)

An important aid to risk assessment is a systematic and periodic review of data and incidents, including threats and "near misses." This requires a good system of reporting, data retention and follow-up. A good example of a data collection system is an incident reporting system developed by the Toronto Board of Education.[33] Users can input the data online, resulting in a searchable and sortable data base that can be used to analyze hazards and flag potential dangers.

4. Physical Environment and Technology

There is a large body of literature on crime prevention through physical design, expressed through its own discipline, abbreviated as CPTED (Crime Prevention Through Environmental Design.[34] CPTED Guidelines cover issues such as natural surveillance, access, layout, and maintenance that may be relevant to agency offices. Much of the reference materials previous cited (e.g. Weinger, OSHA, Ontario toolbox, NASW, McPhaul) reference good material on other aspects of the physical environment important in preventing violence. These include avoidance of items that can be used as weapons, sight lines, visibility of worker-client interactions, and room placement of client and worker.

Communications and alarm technology are critical elements of worker protection. The NASW standards devote 2 of its 11standards to technology:

- Standard 4. Use of Safety Technology: Organizations that employ social workers should use technology appropriately and effectively to minimize risk, and
- Standard 5. Use of Mobile Phones: Social workers should be provided with mobile phones to promote their safety in the field.

With regard to mobile phones, the NASW standards advise that wherever possible, social workers should use agency phones, rather than personal phones, to reduce exposure of their personal information. The NASW standards also list a number of practices to enhance safety when using mobile phones, such as keeping them fully charged (with a charger in the car), having emergency contacts on speed dial and keeping GPS enabled when in the field.

Child service workers are not alone in needing good communications while working alone, and often in remote areas out of cell phone range. Working alone legislation in some jurisdictions has helped stimulate demand for such technology. The health and safety literature reports new technologies coming on stream to enable alarms and checks on workers in remote locations, which has been of particular interest to Alberta's oil and gas industry.[35] The website of the Suzy Lamplugh Trust in Britain, formed in response to the murder of a real estate agent, lists a variety of smartphone apps to help workers who work alone, including several to enable check-ins and alarms.[36] Also, in an era of constantly evolving technology, a number of companies market panic button fobs and similar devices through which field workers can send emergency alarms.[37]

Windsor-Essex CAS (WECAS) has implemented a package of technology solutions to safety problems. These include the REACH mobility system which enables closer contact between field workers and their supervisors in the office.[38]Other technology solutions implemented by WECAS include:

1. Video surveillance equipment on the exterior and interior of the buildings.
2. An LED lighting system around the exterior of the main office building.
3. Panic Stations located at strategic locations around the outside of the main building. If one of these stations is initiated, a Code Orange alarm will sound that can be heard in the building and the parking lot. Lobby doors are automatically locked to prevent entry to the building.
4. Workers are provided with an IPhone equipped with an emergency call button compatible with the Reach Mobility system.
5. Panic pendants for staff who are interviewing high risk clients/supervising high risk visits within the building.
6. Two-way radios are available for staff to use during access visits to call for back up when needed.
7. Emergency pull stations available around the designated areas of the building to initiate a Code White, which sounds an alarm that can be heard in the building and the parking lot.
8. All staff areas have restrictive access and require a swipe card to gain entry.

Our research has suggested that technology solutions can be highly effective, for example, in aiding workers in the field (where cell coverage is satisfactory). However, strong management buy-in and full participation from all workers and stakeholders is key to ensure that such technology is used effectively. Field testing and evaluation by users is essential to make sure that technology works as intended.

5. Work Practices

This element is the most extensive and complex, encompassing procedures, practices and protocols governing all aspects of client interactions. These have been grouped into four areas: Situational risk assessment; Client contact protocols; Incident response; and Field work precautions.

5.1 Situational Risk Assessment to aid the Safety of Child Protection Workers

This component of our framework relates to how the CAS and individual workers evaluate whether a given interaction presents a risk of violence. There is a vast amount of research and guidance available on this topic. Newhill is particularly valuable and has made useful distinctions between risk factors (predictive of violence), risk markers (associative indicators) and triggers (circumstances that may increase the likelihood that violence will flare up).

Systematic risk assessment, as discussed in Section 3 above, is an important precursor to identifying risk factors, markers and triggers that will alert staff to potentially violent situations. Organizations address this in a variety of ways, such as flags in client files and checklists to help assess violence potential for a particular visit or interaction.

Weinger urges that the risk assessment consider client signals, environmental signals and internal signals (from within the worker him/herself, i.e., 'gut feelings'). Client signals may include factors associated with client history and characteristics, and client behaviour. Weinger presents a literature review of client behaviour that may signal aggression. With respect to client signals, she and Newhill recommend a client interview process designed, in part, to elicit signs of violent potential. Both note that the single greatest predictor of violence is a history of violence. Other factors they cite as associated with increased risk are mental illness, substance abuse and having been a victim of child abuse.

Luck, Jackson and Usher[39] present a suite of signals with the acronym "STAMP" that they report are predictors of violent potential among hospital patients. These include prolonged staring, mumbling, and pacing.

Most of the safety protocols and manuals reviewed provided for client risk assessment before the worker enters a potentially risk situation. The MCYS Child Protection standards require an initial investigation based on referral screening to determine the risk level of a situation before face-to-face contact. Newfoundland/Labrador Child, Youth and Family Services (NLCYFS) requires a risk assessment for to be completed for each client prior to making a home visit.[40]

Numerous organizations have aids and checklists to help assess environmental risk factors and signals, especially with regard to client home visits and transportation of clients. For example, Northwest Territories Health and Social Services (NWTHSS) requires child protection workers to complete a *Community Visit Safety Assessment Tool* for every community visit they are required to perform. Some CASs have developed detailed risk assessments to aid in pre-home visit assessment, including factors such as fire, safety and chemical hazards and hazards impeding emergency response.[41]

Martin Smith[42] discusses how what Weinger calls "internal signals" should be heeded: "The need for managers and supervisors to be mindful of inner processes which can have a far more profound impact than any outer visible event when attempting to support and help workers who have been threatened and/or traumatized is apparent." He provides examples of highly experienced social workers who have "gut feelings" about the danger of situations they encounter, echoing a point made in Malcolm Gladwell's *Blink*[43] that the "split second" decisions made by experts are often based on the unconscious processing of years of accumulated experience.

Lipscomb and El Ghaziri present evidence that electronic flagging of patients with a history of violence, combined with increased security measures for those patients, led to a 90% reduction in assaults in a health care institution. These results point to the importance of documenting and debriefing client history for case workers. The Child Protection Information Network (CPIN)[44] currently being instituted in Ontario will enable sharing client information that can be of assistance in flagging high risks.

5.2 Client Contact Protocols

Risk assessment is of little value unless practices and procedures are adopted to address the risks identified. A primary emphasis of safety and procedural manuals is the preparation of workers to deal with high risk situations.

Components of these procedures include: pre-planning and consultation with supervisor; precautions for high risk situations; safety precautions for client interactions; and client transportation procedures.

a. Pre-planning and supervisor consultation

Most manuals require that a safety plan be developed before proceeding with a high risk interaction. Workers are usually required to consult with their supervisor prior to a client visit or interaction if the risk assessment reveals any high risk factors. The NWTHSS risk assessment form,[45] for example, states that if any risk factors are checked off, the worker is required to consult with the supervisor. The form includes a section in which the supervisor indicates the results of this consultation. The CAST safety manual states: "When you have determined that there is a risk to your safety, immediately consult with your supervisor to devise a safety plan for you before proceeding."

A key element for effective collaboration between workers, supervisors and the CAS generally is open and 'fear free' communications – so workers do not need to fear retaliation for raising issues. This may point to a need for non-management mechanisms, such as peer support programs operated by the bargaining units or a third party.

b. Precautions for high risks

The safety precautions to be observed in a given situation are often at the supervisor's discretion although some of the manuals reviewed require specific procedures for high or unknown risks. Options for these precautions include avoiding the need for a home visit (e.g. requiring the client to come to the office), scheduling high risk visits only during regular business hours, co-teaming (two or more workers make the visit) or police accompaniment. NLCYFS guidelines require that unknown or new clients, or those known to be aggressive, not be seen alone outside of routine hours.

With regard to co-teaming or police accompaniment the CAST handbook is more explicit than many guidelines, stating:

> *"When considerable personal risk has been established, the supervisor will identify and direct another person to co-team with you… You must be accompanied when the following factors are in place: recent random violence in the area, recent evidence of drug dealing, evidence of active mental health concerns with the client, client with a criminal record (in the past 5 years) for violent offences, threats made by a client. "*

Lone worker policies for UK National Health Service agencies, in following the NHS Lone Worker guidelines,[46] generally require accompaniment where there is a history of violence or a high risk is otherwise identified.

In contrast to most jurisdictions, the U.S. state of Michigan has a law requiring co-teaming or police escort in high risk situations. Its Bill 4099 states:

> *"If a department employee who is required to perform a field investigation or home visit has documented a risk that leads to a reasonable apprehension regarding the safety of performing a field investigation or home visit, that employee shall complete the field investigation or home visit with another department employee who has been trained as required in subsection (1) or with a law enforcement officer."*

Policy and research documents examined strongly recommended co-teaming in child protection, especially in high-risk situations. Co-teaming was recommended in the recent Ontario government inquest on the Jeffrey Baldwin death. The key challenge for agencies is obtaining better information on clients, and designing good criteria for co-teaming.[1]

[1] Co-teaming is defined here to include accompaniment by other CAS workers, or police where appropriate. SPR recommends that a starting point is to defining criteria for co-teaming, for example, that it be applied where risk is known to be high (e.g. a client history of violence), where the level of risk is unknown and in child apprehensions generally.

c. Safety precautions for client interactions

i. Managing client expectations

One element of client interactions is to manage client expectations and inform them in advance what they may expect – a "no surprises" approach. Some child service agencies provide information brochures and materials for clients to aid in doing this. An example can be seen in CAST's *Fact Sheet on CAST's Responsibilities and Client Rights*.

ii. Safety precautions for home visits

Guidance on home visit procedures is a major element in worker protection and there are many guides advising safety precautions, such as the Pittsburgh "Safety tips for home visitors" and other resources listed on the web site of the Milwaukee Child Welfare partnership,[47] which cover topics such as clothing, vehicle preparation, physical safety tips within a client's home, and dealing with pets. The CAST safety manual advises workers to leave the home under the following circumstances:

- Someone threatens you verbally or physically
- Someone is exhibiting irrational behaviour or questionable mental health
- Someone is under the influence of drugs or alcohol
- An animal, such as a dog, threatens your safety and the client refuses to contain the animal in another room while you are there
- Someone is inappropriately dressed
- Whenever you feel threatened

iii. Security for agency offices

A number of manuals, e.g. CAST, NLCYFS, mention contacting building security when problems are encountered during office contact with clients. However, no mention has been found in the materials about when security personnel are hired to provide protection in agency offices. Practices regarding office security personnel vary, and except for the New Jersey dedicated Human Services Police, there does not seem to be a systematic approach to hiring security personnel.

The study team found little information on how clients are informed about the role and powers of the child protection worker, suggesting this as an area for research and program development, to avoid client violence as a result of misunderstandings.

iv. De-escalating and avoiding conflict

Guidance for workers on defusing and de-escalating conflict is another important element in protecting worker safety. The Saskatchewan Violence Protocols and the resources listed on the Milwaukee web site mentioned above have suggestions on de-escalation, and Weinger's and Newhill's books offer extended discussion on de-escalating violence. A useful article on working with aggressive adolescents is presented in Children's Services Practice Notes,[48] published by the North Carolina Division of Social Services. The NASW has useful suggestions for de-escalation on its web site,[49] including advice on physical stance and gestures, and how to hold a "de-escalation discussion." "Janet Nelson, who offers courses in self-defense, sells a manual on *Everyday Self Defense for Social Workers*, which includes de-escalation and violence avoidance advice.[50]

v. Controlling biological hazards

A non-violence-related aspect of client interaction is prevention of infection, infestation contamination which may result from contacts with some clients. This is addressed in a number of health and safety manuals and policies. The *Best Practice Guidance for Social Worker Well-Being*, by the North Carolina Division of Social Services,[51] offers good advice on blood-borne pathogens. The NWT HSS has a Blood-borne Pathogens standard that states: "All Child and Family Services Authorities in the NWT must have protocols in place that provide direction and management guidelines for working with children living with HIV/Aids and other blood-borne pathogens. These protocols are set up in accordance with the Department of Health and Social Services HIV/AIDS Manual established March 2006."This is supplemented by a guidance document on preventing exposure to bloodborne pathogens.

It is important that children's services workers develop self-protection skills. Self-protection does not imply martial arts or fighting techniques. It entails a spectrum of responses to avoid violence, including risk assessment, de-escalation, leaving or avoiding dangerous situations and, where necessary, physical maneuvers to prevent injury.

d. Transportation of clients

Transporting clients is a child protection function that entails particular risks, as acknowledged in the NASW standards, whose Standard #7 states, "Social workers should acknowledge particular safety concerns when transporting clients."The standard goes on to list precautions that should be observed during client transport.

Consistent with this standard, WECAS has a Transportation of Children policy[52] that states:

> "The Windsor–Essex Children's Aid Society will take all appropriate measures to ensure the personal safety of every employee during the course of transporting children. The Society shall provide appropriate orientation and training to all those employees that transport children. The Society shall ensure that safety plans are developed with the employee to mitigate all potential risks. Factors to be considered in the safety plan include:
>
> - All risk factors currently present;
> - All historical risk factors;
> - The use of more than one worker in the transportation;
> - The seating in the vehicle of workers;
> - The type of vehicle utilized in the transportation;
> - Requests for police assistance;
> - Consideration to alternative modalities of transportation;
> - Length of driving time;
> - Time of departure and arrival;
> - Overnight stays for the worker if the driving time exceeds an 8-hour day."

Similar provisions are required in an advice note on transporting children and families by the Victoria Australia Department of Human Services,[53] which has established a Secure Welfare Transport Service for the safe transport of young people placed in secure welfare service or who are being transported to court.

5.3 Incident Response

This component comprises the following: Emergency response, Response to threats and harassment, including stalking, email, internet and telephone, and post-incident response.

a. Emergency response

An Emergency Response Plan for responding to violent incidents or threatening situations is an essential component of a violence program and is covered in many of the safety materials reviewed. The CAST safety manual, for example, has a Crisis Safety Protocol and establishes procedures for reception areas. All reception areas and interview spaces are equipped with "panic" buttons that alert the branch to a situation when a worker is threatened. Codes are also established to signal a variety of threats. Regular emergency drills are held. The Saskatchewan MSS and Newfoundland/Labrador CYFS protocols also provide details on response to incidents and threats. The NLCYFS protocols require that police be contacted if there are fights, assaults, bomb threats, use of weapons or fights. Most organizations use alarm technology such as "panic buttons" to sound an alarm inside the office.

b. Response to threats and harassment

Most guidelines and manuals include procedures for responding to bomb and other telephone threats. Addressing email threats and internet harassment is less common, though the Saskatchewan Local Violence Protocols address threatening emails. None of the manuals we have reviewed have addressed how to deal with stalking or harassing web sites and Facebook pages.

c. Post-incident response

Manuals and policies, such as WECAS' Violence Policy and Saskatchewan's Local Violence Protocols, set out provisions for post-incident reporting and investigation. Guidance material stresses the importance of reviewing and analyzing incidents, in order to correct any gaps in the safety program.

Unlike some U.S. states such as New York, Canada does not have specific provisions regarding criminal charges for assaults on social service workers, and the Canadian manuals reviewed say little about criminal charges against perpetrators. *In contrast, on-line training for health-care workers offered by the U.S. National Institute for Occupational Safety and Health (NIOSH)*[54] *states that: "nurses are encouraged to consider filing criminal complaints with law enforcement against perpetrators when circumstances warrant.* This will depend on the degree of injury and the perpetrator's cognitive status, as well as the injured person's willingness to testify, since a grueling court case might result in re-victimization."

Post-incident response includes psychosocial supports to the worker, which are addressed in Section 6.

5.4 Field Work and Working Alone Precautions

A system for tracking scheduled visits and the location of field workers is a component of most agencies' safety plans. NWTHSS, for example, uses sign in/sign out forms that child protection workers must complete to inform a Designated Contact Person of their planned visits. WECAS uses the electronic REACH mobility system governed by its "sign-in, sign-out" policy to ensure that the whereabouts of workers are known. Workers are required to inform the office of their status at all times using the REACH system, or by telephone if the REACH system is not available. Administrative staff and supervisors must check that all staff is accounted for.

Road safety is another major concern, especially for agencies serving remote areas. Most manuals (e.g. NLCYFS) provide vehicle safety and travel guidelines. A particular concern is staff who are out of cell phone reach. A variety of companies provide technology solutions for GPS tracking and contact with lone workers.[55]

The UK National Health Services guide, *Not Alone,* provides guidance on choosing an electronic communications/worker tracking or alarm system, as well as procedural measures to ensure that the location of workers can be traced.

"Buddy systems" have been proposed as one way of improving contact with (and thus potential supports for) lone workers. As described in U.K. NHS' *Not Alone*:

> "To operate the buddy system, an organization must [first] ensure that a lone worker nominates a buddy. This is a person who is their nominated contact for the period in which they will be working alone. The nominated buddy will:
>
> - Be fully aware of the movements of the lone worker;
> - Have all necessary contact details for the lone worker, including next of kin;
> - Have details of the lone worker's known breaks or rest periods;
> - Attempt to contact the lone worker if they do not contact the buddy as agreed;
> - Follow the agreed local escalation procedures for alerting their senior manager and/or the police if the lone worker cannot be contacted, or if they fail to contact their buddy within agreed and reasonable timescales.
>
> The following are essential to the effective operation of the buddy system:
>
> - The buddy must be made aware that they have been nominated and the procedures and requirement for this role;
> - Contingency arrangements should be in place for someone else to take over the role of the buddy in case the nominated person is unavailable. For example, if the lone working situation extends past the end of the nominated person's normal working day or shift, if the shift varies, or if the nominated person is away on annual leave or off sick."

Placing responsibility on a "buddy" has its drawbacks, as the buddy may not be available or may encounter work conflicts between their own job duties and their obligations to the buddy. This system may be considered as a supplement to, rather than a replacement for, a worker tracking system monitored by the office and management.

Research suggests that the client home is usually the <u>front-line</u> in guarding the safety of child protection workers. Priority should be placed on finding ways – where co-teaming is not possible – to use technology to monitor the safety of workers when they visit client homes.

6. Psychosocial Support for Worker Safety

This element of the framework addresses supports to mitigate psychosocial effects of child protection work. Adverse psychosocial effects may arise as the aftermath of direct experience of a traumatic incident (post-traumatic stress disorder or PTSD), from witnessing or hearing about an incident (secondary or vicarious trauma, most severely from the death of a child), or from accumulated stressors such as overwork. Smith[56] points out that threats or perceptions of harm can be as hazardous to psychosocial health as an actual event.

The practice brief of the ACS-NYU Resilience Alliance offers the following description of stressors faced by child protection workers:

> "Child welfare staff… must react to crisis situations with incomplete information about what may lie ahead. In addition to the very real personal physical risks associated with responding to a report of suspected child abuse or neglect, there are risks of psychological injury when responding to situations involving children and families that are experiencing abuse, neglect, family and/or community violence… Secondary traumatic stress (STS), also known as vicarious trauma or compassion fatigue, refers to the experience of people — usually professionals — who are exposed to others' traumatic stories and as a result can develop their own traumatic symptoms and reactions. Child welfare staff have to deal with both direct and secondary exposure to dangerous situations. Child welfare staff are susceptible to STS and occupational stress because of the vulnerable nature of their clients, the unpredictable nature of their jobs, the culture of their workplaces and their relative lack of physical and psychological protection."

Baines[57] reports on other stressors in social service work, concluding from a case study that overwork, stress and workplace violence emanate from the way that the work is organized. High rates of overtime and absenteeism, a sense of fear among staff due to management disciplinary models, and high levels of staff burnout create conditions in which clients are less likely to get dependable quality care and are more likely to lash out at child protection workers. The cycle of stress escalates when workers' stress is unintentionally communicated to clients who react negatively. Baines advocates guidelines limiting the number of hours worked, and policies that promote self-care and taking vacation days.

Building workers' resilience – increasing their ability to cope effectively with threat or violence– should be integral to safety programs.

There are a number of good resources on secondary or vicarious trauma. Jon Conte[58] has written articles and offers a PowerPoint presentation on Managing Vicarious Trauma, highlighting "the importance of taking preventative measures to properly prepare trauma workers through continued education and support in how-to process and manage their work with trauma victims, as well as the need to maintain low trauma caseloads and a supportive work environment and to encourage self-care to avoid burnout…"Conte's advice for management of vicarious trauma includes worker self-awareness, discharge (an outlet for expressing) feelings, balance in work roles, limiting exposure to trauma, and the supervisor's role as a "container for the supervisees' reactions.

Horwitz[59] surveyed traumatic response among child protection workers, citing "proximity" to traumatic events as a major risk factor and reporting that supervisors may be at even greater risk than front line workers due to greater proximity:

> "The number of clients one learns about and the degree of responsibility one has for altering clients' circumstances, each of which are greater for supervisors than for caseworkers, may be a more meaningful indicator of proximity to clients' dilemmas than having a personal relationship with the clients."

Horwitz advises addressing such trauma through "trauma interventions [that]focus on minimizing on-going exposure to the events and helping workers both to process the experiences and to identify and manage any lingering trauma effects." In another survey on compassion fatigue among child protection workers by Hoeper,[60] respondents also reported that emotional debriefing and support networks in and outside of work were helpful.

The value of supervisor feedback was demonstrated in an evaluation study by Arnetz,[61] who reports on a randomized control trial of 47 health-care workplaces where employees received "structured feedback" from supervisors following incidents. In comparison facilities, incidents were reported without structured discussion. They found that staff in the intervention workplaces reported better awareness of risk situations for violence, of how potentially violent situations could be avoided, and of how to deal with aggressive patients.

Most of the safety and violence manuals and policies reviewed provide for worker support after a traumatic incident, but few address secondary trauma and other sources of stress. Post-incident support includes de-briefing and counselling by the worker's supervisor, and offers of help through the Employee Assistance or peer support programs.

Resources and programs on vicarious trauma and resilience include those offered by the Vicarious Trauma Institute,[62] Headington Institute [63]and Health Canada's *Guidebook on Vicarious Trauma.*[64]

A number of organizations offer programs on resilience, which the Headington institute defines as "the ability to bounce back or return to normal functioning after adversity." These include programs by the Headington Institute and the University of Iowa Supervisor Training Program.

Training to aid resilience will reduce the incidence of violence by allowing workers to better control client interactions. By reducing violence, it will also reduce instances of secondary trauma.

The Resilience Alliance project of ACS-NYU is one of the best documented programs reviewed. It appears to be a well-designed intervention, implemented through a collaborative staged process involving all levels of the organization. It is one of the only programs reviewed that has been evaluated through a case-control study design.

As described in the project's practice brief:

> "The Resilience Alliance focuses on three core concepts — optimism, mastery and collaboration — and uses a combination of didactic and interactive components to first teach, and then help staff to apply, emotion regulation and other resilience-related skills. The intervention's structure allows participants to both have same-peer sessions and work unit-based sessions, which provide a safe space for staff to discuss challenges and concerns with their peers while maintaining a focus on the team. By using the work unit and larger work area as the context for learning and applying new skills and practices, the intervention fosters mutual social support and helps to improve the functioning and culture of the workplace."

The manual for the Resilience Alliance project, *Promoting Resilience and Reducing Secondary Trauma among Child Welfare Staff*, provides a detailed explanation of the program, including information on intervention delivery, facilitator preparation, stakeholder engagement and staff preparation, as well as program content. The practice brief provides an overview of secondary trauma programs offered by other child welfare agencies, and offers the following recommendations for addressing secondary trauma among child protection workers:

1. Prepare for the crises that will come;
2. Target both the individual and the organization;
3. Involve stakeholders at all levels of the organization;
4. Integrate the intervention into existing structures and activities;
5. Focus on concrete skills;
6. Think beyond self-care; and
7. Recognize success.

7. Training for Worker Safety

Implementation of most other elements of our safety framework involves training in some form. Training is needed for everyone in the workplace, including top management, to ensure they understand their rights and responsibilities, safe work procedures, and how to operate technology and implement systems. Training, however, is a necessary, but not sufficient element of worker safety. It will be ineffective if used as a substitute for supportive systems and adequate resources. This concern is voiced by Rosen[65] who, writing from a labour perspective, believes that many staff training programs put the onus on individual worker skill to protect against violence, to the neglect of a comprehensive anti-violence program.

The U.S. OSHA guidelines recommend that training include the following topics:

1. The workplace violence prevention policy;
2. Risk factors that cause or contribute to assaults;
3. Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults;
4. Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger, and appropriately use medications as chemical restraints;
5. A standard response action plan for violent situations, including the availability of assistance, response to alarm systems, and communication procedures;
6. Ways to deal with hostile people other than patients and clients, such as relatives and visitors;
7. Progressive behavior control methods and safe methods to apply restraints;
8. The location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures;
9. Ways to protect oneself and coworkers, including use of the "buddy system";
10. Policies and procedures for reporting and recordkeeping;
11. Information on multicultural diversity to increase staff sensitivity to racial and ethnic issues and differences;
12. Policies and procedures for obtaining medical care, counseling, workers' compensation or legal assistance after a violent episode or injury.

A distinction can be made between training designed to impart information, such as policies and procedures, and skill building, such as violence de-escalation techniques. Skill development, as noted in the OSHA guidelines, requires practical experience through role playing and exercises.

Lipscomb and El Ghaziri, writing on violence training for health care workers, point out that there is little empirical evidence of training effectiveness. They cite advice by the Irish National Health Service that "in the absence of…guidance on evidence-based education, training at all levels of prevention should be participant-centered and include learning outcomes that are informed by a thorough risk assessment about the patient population, the staff/provider population and the physical and social environment in which the interaction between them takes place."

The importance of worker participation in training and other prevention programs was reinforced in a teleconference on the ACS-NYC Resilience program, where the program lead noted that the program proved more effective than training-only programs, and attributed its success to a multi-faceted intervention that fostered collaboration and involvement of everyone in the workforce.

A project of the Kentucky Statewide Citizen's Review Panel on Social Work conducted a best practices review of worker safety programs in 24 U.S. states.[66] Most of the practices identified were training programs, though the review included many other practices covered in this paper. Training programs flagged as best practices were programs in New Jersey, Missouri, Minnesota, Indiana and Connecticut.

As noted in Section 1 of this report, some U.S. states such as Kansas and Michigan have legal requirements for safety training for social workers. "Lisa's Law" in Michigan mandates that "training is to include tactics to defuse threatening behavior, perform a safe visit and recognize a dangerous situation."[67] Michigan's Department of Human Services offers online interactive training through which social workers can fulfill this requirement. As mentioned above, U.S. NIOSH also provides an online violence training course for health care workers, including case studies and video.

Many organizations develop and offer their own training programs in-house. Numerous resources are available as aids to program development, including the books by Weinger and Newhill, which include participant exercises, case scenarios and discussion questions. Field[68] has compiled a broad range of useful resources on safety training for the prevention of violence to social workers.

As Lipscomb and El Ghaziri note, there are many commercially available anti-violence programs, both classroom-based and online, though few have been evaluated. CASs have used several of the commercial programs, including *Crisis Prevention Intervention* (CPI) training.[69] Nova Scotia's Department of Community Services has also used CPI's *Non-Violent Crisis Intervention Training Program*.

Saskatchewan's Ministry of Social Services(MSS) uses the *Professional Assault Response Training* (PART)® program to teach personal safety, as well as in-house training on the local workplace violence protocols. The web site of the Saskatchewan Association for Safe Workplaces in Health[70] describes the PART program as "designed to assist workers with a means of identification and appropriate response to potentially assaultive situations. PART principles support the emphasis on self-control, assessment skills and verbal crisis intervention." The SASWH web site reports that the PART program has been evaluated, but results are not available at this time.

MSS Saskatchewan identifies staff training needs based on the risk assessment and staff classification described in Section 3 of this report:[71]

> *"Training needs are determined based on whether an occupational group at a specific workplace was deemed low, medium or high risk. For example, if employees rate as:*
>
> - *Low Risk - only need training on the violence policy training and local protocols. No PART training is required.*
> - *Medium Risk – need violence policy and protocol training, plus PART Basic (1 day). PART Basic teaches de-escalation skills.*
> - *High Risk – need violence policy and protocol training, plus PART Intermediate (1.5 day). PART Intermediate teaches de-escalation skills plus evasion techniques."*

CAST offers a variety of training programs, all of which are provided in-house so that they are customized to the child protection context.[72] These include:

1. Worker Safety Strategies for all administrative and support staff: crisis identification, defusing techniques and responding to physical aggression
2. Wellness and Self-care: a 2-day program on wellness and stress management
3. Secondary Traumatic Stress in Child Welfare: a half day course for child welfare staff on secondary traumatic stress, coping skills and social support strategies
4. Secondary Traumatic Stress in Child Welfare for Management Staff: a half day workshop on the effects and management of secondary trauma.
5. Understanding and Managing Aggressive Behaviour (UMAB): mandatory training for all child welfare staff on behaviour management, standards and physical restraints. Annual refresher training is required.

UMAB is also offered by a variety of institutions including Niagara and Humber Colleges and the Hincks Treatment Centre.

Christina Newhill recommends the Everyday Self Defense course for social workers offered by Janet Nelson. As described on Nelson's web site, this course is a participatory program covering personal safety awareness, conflict avoidance skills, stress reduction, pro-active personal safety measures, positive communication skills and the ABCs of self-protection. Some managers have expressed resistance to offering self-defense programs to workers, apparently from a belief that these involve training in martial arts and fighting techniques. Programs like Everyday Self-Defense for Social Workers, PART and UMAB, are better characterized as self-protection programs, emphasizing violence prevention and avoidance, including physical skills to be used if violence progresses past the point of verbal de-escalation techniques.

Supervisor and Manager Training

As described in Section 2 of this report, supervisors play a critical role in violence prevention programs. There is much research evidence for the importance of supervisor activities in reinforcing safe work procedures. Arnetz' study demonstrates the importance of supervisors' debriefing of employees following violent incidents. Training to prepare supervisors for these roles must be a high priority. Supervisors need the same training that all workers do, but in addition, must have special preparation for the following responsibilities:

1. Decision making for high risk activities, such as home visits where risk factors are present;
2. How to support and encourage safe practices on the part of their staff;
3. Supervisor responsibilities for tracking workers in the field;
4. De-briefing and supporting employees with post-incident, secondary trauma and resilience-building.

Few resources were found that specifically concentrated on supervisor training for violence prevention. One available program is the University of Iowa Supervisor Training, which has a module on safety and resilience.

In order to fulfill their responsibilities, supervisors in turn must be supported by more senior levels of management. It is important therefore, that all managers receive training on how to support violence prevention among their staff.-

There is a need for more comprehensive supervisor training in workplace violence prevention.

E. Conclusion

A range of measures and programs to address violence are available, many of which have been discussed in this report and listed in the bibliographic inventory. As few programs have been evaluated, it is difficult to identify "best practices," although there are many that conform to recommended standards and guidelines for violence prevention. New technologies offer possible solutions for staying in contact with field workers, especially in remote areas.

While there are many good programs and measures that have been discussed in this report, the following are suggested as being particularly worthy of further consideration by Ontario CASs for improvement of worker safety practices.

1. ACS-NYU Resilience Alliance program, which addresses various sources of stress and secondary trauma: one of the few programs that have been formally evaluated and is consistent with principles described in the framework.
2. Saskatchewan Ministry of Social Services Violence Policy and Local Violence Protocols, which provide good examples of many elements of our worker safety framework.
3. Incident reporting and data sharing systems, including CPIN and the Toronto Board of Education's online incident reporting system and database.
4. The Institute for Work and Health benchmarking program.
5. WECAS – REACH mobility and other technology programs.
6. University of Iowa School of Social Work supervisor training modules.
7. Review of leading CAS safety manuals and training programs, in particular home visit risk assessment form, secondary trauma training and UMAB, U.S. State programs customized for child protection workers, identified by the Kentucky survey of best practices, should also be considered for further exploration.

Pending more formal evaluation of the success of interventions, sharing anecdotal experiences among CASs will enable mutual support, learning and benchmarking. Further program development will benefit from an approach that incorporates worker and management participation in identifying good models, customizing programs to the specific needs of the Ontario child protection system, and then piloting and evaluating interventions to select the most successful as part of a continuous improvement process.

Improved safety program development is emphasized including strong anti-violence policies, client education, top-to-bottom training and scrutiny of safety programs, program evaluation, self-protection techniques, resilience-building and key elements such as co-teaming.

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Annex:
Worker Safety Study Publications-Documents Inventory
July 31, 2014

Worker Safety in Ontario Children's Aid Societies
A confidential study conducted by SPR Associates for the Child Welfare Sector in Ontario
Directed by the Joint Labour-Management Worker Safety Sub-committee
Funded by the Ontario Ministry of Children & Youth Services

THE PURPOSE OF THIS INVENTORY is to summarize relevant information from the literature which informs thinking about best practices in worker safety in child & social services. This is a technical document in support of the best practices component of the worker safety study.

COVERAGE: The inventory is not exhaustive, but rather selected samples of writings in various areas usually more recent research or writing in any given area. For example, there are dozens of "safety tips" articles available on-line, of which we have only selected a few to summarize. Because of our interest in identifying best practices which are validated by empirical research, we have tried to give priority to research papers. However, few best practices are validated by strong research, thus much of the material examined is expert opinion or administrative 'how to' guides. As well, we have included some opinion and newspaper reports on key issues.

CITATIONS: Each entry starts with the citation in more or less standard bibliographic form. The citation usually shows Author, Title, Journal, etc., followed by web-site, if any. Web-sites are only shown in a few cases as they are subject to change and many are a poor guide to actually finding the articles, as they must be purchased.

SPR SUMMARY & NOTES: Each entry is briefly summarized and outlines the document and its relevance to workplace violence and child service workers and, where relevant, best or better practices.

SPR'S OVERALL ASSESSMENTS are included in our updated *Best Practices Paper.*

ABSTRACTS of published articles (sometimes edited for length) have been provided, where available, to provide additional information as to the document's contents and key findings. The "abstract" may have been taken from the document's introduction or written by SPR.

Altogether, it is anticipated that the inventory will point readers at resources identifying best and better practices.

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CITATION	YEAR	SPR SUMMARY & NOTES Abstracts -- Author's Conclusions	Program & Experience Key Words	Country, State, Province
ACS-NYU Children's Trauma Institute. *Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief.* (May 2012).	2012	**SPR SUMMARY & NOTES:** This brief document summarizes current learning on secondary traumatic stress and reports on a program (Resilience Alliance Intervention) to address occupational stress in child protection workers. Recommendations for key elements for mitigating secondary trauma are provided. **ABSTRACT:** A brief document which discusses what has been learned from various studies on the topic of secondary traumatic stress (STS).Examines research undertaken by various jurisdictions across the US and Canada and what has been learned in New York City. In particular, the authors (ACS-NYU) report on their implementation of the 'Resilience Alliance intervention' -- a project that focuses on proactively addressing occupational stress experienced by staff responsible for investigating allegations of child abuse and neglect and making decisions regarding child removal. Recommendations are provided which describe several key elements that should are seen as being essential to address secondary trauma:(1) prepare for the crises that will come; (2) target both the individual and the organization; (3) involve stakeholders at all levels of the organization; (4) integrate the intervention into existing structures and activities; (5) focus on concrete skills; (5) think beyond self care; and (6) recognize success.	<vicarious trauma> <child service workers>	US CAN
American Federation of State, County and Municipal Employees (AFSCME). *Double Jeopardy: Caseworkers at Risk Helping At-Risk Kids*. (1998)	1998	**SPR SUMMARY & NOTES:** A report on the findings from a 1998 survey that was sent out to AFSCME affiliates representing professional child welfare workers in 17 States. Describes overview of the survey, methodology and a summary of the findings, with numerous statistical tables outline key data. **No abstract.**		US
Arrington, P. *Stress at Work: How do Social Workers Cope?* NASW Membership Workforce Study. Washington, DC: National Association of Social Workers (2008).	2008	**SPR SUMMARY & NOTES:** While not directly related to violence, this survey examining stress factors and their effects in social worker's jobs has relevance to the stress caused by exposure to dangerous situations, and to post-incident stress both direct and secondary. **ABSTRACT:** The NASW Membership Workforce Survey examining how stress affects social workers was administered on-line in 2007 and received a total of 3,653 responses. Many work-related stressors were identified, with social workers providing mental health services reporting the highest percentages related to stress resulting from working with challenging clients and from being underpaid.	<social workers> <stress> <Staff burnout>	US

		***Survey findings**:* Considering their experiences of insufficient time to complete day-to-day work tasks, heavy workloads, poor compensation, challenging and/or difficult clients, few resources, long work hours, and unclear job expectations, it is not surprising that social workers experience work-related stress. Under these less-than-optimal work conditions, social workers are often "pushed to the limit" when trying to complete their job requirements. Over time, work-related stress can result in burnout, increased risk for work place injury, impaired performance, poor mental health, impaired cognitive functioning, decreased concentration, and health-related problems for social workers. Additionally, these issues may cause these professionals to consider a career change. Re-establishing a sense of control, mastery, and competence in one's work situation may seem, at first glance, a daunting task. However, with strategies like regular exercise, meditation/relaxation techniques, and therapy—identified by professional social workers as useful coping tools—alleviating work stress can be an attainable goal.		
B.C. Joint Committee on Preventing Violence in the Workplace. *Preventing violence in community social services: a review and survey in British Columbia.*(2001)	2001	**SPR SUMMARY & NOTES:** This report summarizes a policy and research review, and a workplace violence survey, conducted in 2001 by the Joint Committee on Preventing Violence in the Workplace. Findings from the survey and focus groups are also provided. **No abstract.**	<experience> <organizational policy/process>	BC
Baines et al. *Preliminary Report: Social Services: Stress, Violence and Workload Research Project: Site Two.* Case Studies, WSIB-Ontario Study, (nd).	ND	**SPR SUMMARY & NOTES:** This study of three social service work sites documents how difficult working conditions such as excessive overtime and a "sense of fear" vis-à-vis management leads to a "cycle of stress" which also affects client response, leading to increased disputes, violence, injuries, and absenteeism. Prevention strategies and best practices are recommended. **ABSTRACT:** This study sought to generate a detailed portrait of work life within three case study sites in order to identify factors that precipitate and contribute to injuries, stress and health problems in the social services. Recommendations were made to identify prevention strategies and "best practices" that could contribute to the reduction or elimination of injuries, stress and health hazards in social service workplaces. *Conclusions/Recommendations:* Overwork, stress and workplace violence seem to be issues that emanate from the way that the work is organized in Site Two. Large amounts of overtime and absenteeism, a sense of fear among staff due to management disciplinary models, and high levels of staff burnout create the conditions in which clients are less likely to get the dependable, quality care they require and are more likely to lash out and cause unintended injuries. The cycle of stress then escalates with workers experiencing higher levels of stress which is inadvertently communicated to clients who react increasingly negatively, stress increases which leads to higher levels of absenteeism and exhausted staff filling in extra shifts, etc. Decisive interventions are required. In negotiation with the union, management should establish reasonable guidelines for number of hours worked and number of hours in which one cannot be called into work and hire a reasonable number of full-time, full benefit workers to cover all shifts. While funds are very tight in	<causal factors in injuries> <stress><workload> <staff burnout>	CAN - ON

		this sector, we have made recommendations that can save --money such as caps on over time and policies that promote self care and the taking of vacation days. These measures can lower the rate of injuries and lost time which saves money. These measures should also reduce management & legal costs relating to disputed claims, union grievances, potential arbitrations, etc.		
Baines, D. et al. "Self-monitoring, Self-blaming, Self-sacrificing Workers: Gendered managerialism in the non-profit sector," *Women's Studies International Forum,* Vol. 35, No. 5, pp. 362-371, Sep-Oct 2012. ISSN 0277-5395.	2012	**SPR SUMMARY & NOTES:** While not directly dealing with worker safety, this study examines the organizational culture – particularly with regards to changing gender patterns and managerial styles – that helps form the context for worker safety and well-being. **ABSTRACT:** The findings discussed in this paper are drawn from a larger study of the changing work experience of front-line workers in four comparable, restructured, liberal welfare states (Canada, New Zealand, Australia and Scotland/UK),in a subsector of the economy known as the nonprofit social services (NPSS). Older practices such as collectivist ethics, relationship building, care and social justice are being displaced by the new technologies of performativity such as self-monitoring, target setting, outcome measures and technocratic solutions. In addition, changes in labour markets have produced high numbers of unemployed men in some countries, some of whom have moved into jobs in this traditionally female sector, reshaping aspects of the work and its mission-based ethos. *This paper suggests a continuum of masculinised and feminized strategies exist in the NPSS*. The latter depend on idealized, female self-sacrifice and reinforce social justice ethics while most of the former challenge non-profit ethics and alter work practices to be more consistent with managerialist aims.	<Organizational culture><gender><management role>	CAN NZ AUS UK (Scotland)
Becker, Deborah, Maggie Mulvihill, and Rachel Stine. "Gaps found in care, safety in Massachusetts group homes," WBUR and the New England Center for Investigative Reporting, December 18, 2012. http://wbur.fm/UNTubB	2012	**SPR SUMMARY & NOTES:** A brief article reporting on the aftermath of the murder of social worker Stephanie Moulton in a Massachusetts group home in which underfunding is speculatively linked to increased worker danger. The murder led to a campaign for a State law equipping all social workers with "panic buttons" to call 911.	<communications technology>	US (MA)
Beddoe, Liz."External Supervision in Social Work: Power, Space, Risk, and the Search for Safety," *Australian Social Work,* Vol. 65, No. 2, June 2012, pp. 197-213.	2012	**SPR SUMMARY & NOTES:** This article highlights the importance of supervision to worker safety. Supervision of social workers is examined as entailing both compliance-oriented managerial supervision and clinical supervision focused on reflection and professional development. Tension exists between these two goals, and while using external supervisors for clinical supervision may relieve some of this tension by creating a power-neutral space for reflection, in the author's view, it also creates new problems. **ABSTRACT:** Over the past few decades there has been a trend to separate ''clinical'' or ''professional'' supervision of social workers from ''line'' supervision provided in social services. Professional or clinical supervision is often sourced externally through a private arrangement or contracted out by agencies to individual practitioners of supervision. A number of factors underpin the development of this external supervision including: the perceived imposition of managerial	<supervision> <social workers>	NZ

		agendas on supervision; the problem of power dynamics within organizations; and a growing ‘‘risk’’ conceptualization of practitioners’ wellbeing. A potential negative impact of this separation of supervision from the ‘‘field’’ of practice is that it privatizes supervision in a manner that in itself poses risks. This exploratory paper examines the impact of discourses of risk and safety, space and place within social work supervision and draws links between these aspects. Some material drawn from a small qualitative study of the experiences of six expert supervisors in New Zealand illuminates these themes. A significant finding was that the dominance of compliance and surveillance activities within the public sector was linked to the pursuit of external supervision and that four dominant forms of supervision can be discerned in the current discourse		
Blewett, Verna and Valerie O'Keefe."Weighing the pig never made it heavier: Auditing OHS, social auditing as verification of process in Australia."*Safety Science* 49 (2011) 1014–1021.	2011	**SPR SUMMARY & NOTES:** In this article the authors comment critically on the reliance on audits to assess their OHSMS. They note that the current demand and preparation for auditing distracts organizations from the primary goal of making the workplace healthy and safe, and conclude that auditing OHSMS has become a ritual rather than a means of improving workplace health & safety. **ABSTRACT:** South Australian organizations assess their OHSMS through audits as evidence of risk control and to help make workplaces healthy and safe. Auditing is an evaluative process regarded as an important step in the cycle of continuous improvement in OHS. Auditing began with financial audits conducted for reasons of corporate governance: for accountability, to inform management decisions and to provide market confidence. Society expects audits to be a tool of regulation, governance and accountability, but celebrated failures of audits to warn of impending financial collapse in organizations in recent years appears to have led to an increased fervour for auditing, rather than a decline. Social audits, including auditing of OHSMS, are intended to determine that an organization is meeting its corporate social responsibilities; but what is audited is often contested and requires subjective analysis. Financial and social audits are subject to failure: unintentional errors, deliberate fraud, financial interests causing undue influence, and undue influence from personal relationships between the auditor and client. Five further categories are also identified: lack of worker participation; paperwork for the sake of the audit; goal displacement of audit scoring; confusion of audit criteria; and lack of auditor independence and skill. There has been a shift in focus: the current demand and preparation for auditing distracts organizations from the primary goal of making the workplace healthy and safe. We argue that auditing OHSMS has become a ritual rather than a means of improving workplace health and safety and should at least be treated with caution.		AUS
Boston University School of Social Work, Field Education Department. *Safety Policy and Procedures.*	ND	**SPR SUMMARY & NOTES:** This is a brief policy statement outlining the responsibilities of the (university) department, the student and the hosting agency for student safety during field placements. This document is to be supplemented with a safety training workshop, pre-placement consultation with instructor, and briefing by the agency. **ABSTRACT:** The Field Education Department oversees the students’ experiences in their field placements and their safety in the field. The following guidelines, procedures and tips were	<protocol> <organizational policy/process>	US (MS)

		created in recognition of the fact that physical vulnerability of professional social workers and violence in the lives of clients/consumers/communities are current realities. This policy clarifies the respective roles of the School, the agency and the student with the goal of collaboration to maximize safe practice. While social workers may be more aware of these issues in inner-city areas, we believe issues of safety are relevant in all communities and settings.		
Bragg, H.L. and Fayko, D., Mecklenburg County Department of Social Services, North Carolina, *Domestic Violence Protocol for Child Protective Services Intervention,* 38 pages (2003).	2003	**SPR SUMMARY & NOTES:** This is a protocol for child protective service staff whose client families are experiencing domestic violence. While the focus is on reducing risk for family members, it also addresses way of ensuring worker safety. **ABSTRACT:** This protocol was developed by the Mecklenburg County (North Carolina) Department of Social Services to guide child protective service practice with families that are experiencing domestic violence as well as child maltreatment. Based on the Massachusetts Department of Social Services' Domestic Violence Protocol, the guidelines are intended to reduce risk for all family members dealing with domestic violence. Procedures for intake, investigation and assessment, safety planning, documentation, and intervention are described. The protocol also addresses considerations for interviewing mothers, children, and batterers and for ensuring worker safety. Appendices provide information about domestic violence resources, the effects of domestic violence on children, and sample safety plans.	<protocol><child service workers><domestic violence>	US (NC)
Buell, *Does Safety Trump Services*-Kansas **(POWERPOINT)** (2012).	2012	**SPR SUMMARY & NOTES:** This is a training presentation re: personal safety issues for social workers (family services workers). It reviews risk factors, attitudes, home visit guidelines. Some key slides are not legible because of small size or background shading. A number of home visit handouts were part of the original presentation and would be a useful adjunct.	<case management> <risk assessment> <safety planning>	US
California Agencies. Standards and Values for Public Child Welfare Practice in California (2005).	2005	**SPR SUMMARY & NOTES:** Sets general standards of practice and principles of care for child welfare professionals at all levels. . **ABSTRACT:** These Standards and Values were revised and updated in 2005, and adopted by the Cal SWEC Board of Directors in collaboration with the County Welfare Directors Association (CWDA) and the California Department of Social Services (CDSS). They are intended to guide practice, training, and education for child welfare professionals, including social workers, supervisors, and administrators.		US
Catholic Children's Aid Society of Toronto. *Workplace Safety Guidelines.* (nd)	ND	**SPR NOTES & SUMMARY:** This is a 4-page leaflet summarizing the agency's personal safety measures and guidelines, and offering tips for workers to help them protect their safety. **No abstract.**	<child service workers> <protocol> <organizational policy / process>	

Catholic Children's Aid Society of Toronto. *Workplace Safety Guidelines.* (ND)	ND	**SPR SUMMARY & NOTES:** A brochure describing worker safety in the workplace. Contains key reminders for CAS staff, such as: always notifying your supervisor when you are late and ensuring that you have your supervisor's telephone # at hand; leaving the name, address and telephone number of the family you're visiting and your expected time of return; letting someone know if your plans happen to change; having a plan of action in place ***before*** going out on potentially dangerous situations; co-teaming; conducting office interviews where possible; alerting colleagues in the vicinity of the interview; making telephone contact with your supervisor if you are making a visit alone; and having access to a cell phone or pager. **No abstract.**	<protocol> <organizational policy/procedure> <case management> <communications>	CAN (ON)
Center for Advanced Studies in Child Welfare, *CW360: Secondary Trauma and the Child Welfare Workforce* (University of Minnesota, Spring 2012).	2012	**SPR NOTES & SUMMARY:** This is a 40-page magazine-like publication full of articles all relating to secondary trauma in child welfare workers. The articles are organized into three sections: Overview, Best Practices, and Perspectives & Collaborations. A substantial bibliography is included. **ABSTRACT:** Because STS is experienced on such an individual level, the tendency is to deal with it on an individual basis. But, as the authors throughout this publication suggest, STS is a much more pervasive issue throughout the child welfare workforce that is going to require systemic changes at the organizational level. Recognizing and encouraging discussion of workers' experiences with STS is an important first step in making this change. In the overview section, articles focus on how secondary trauma impacts on the practice of professionals and advocates in the child welfare system, from research on secondary traumatic stress and its causes, symptoms, and potential interventions, to outside influences, such as negative media and reactionary policies. The practice section includes articles on evidence-informed and promising practices for preventing and intervening in instances of secondary traumatic stress. The perspectives and collaborations section presents articles from a variety of child welfare stakeholders, highlighting innovative examples of cross-system collaborations and offering practical suggestions and strategies for system and practice improvements.	<child service workers> <vicarious trauma>	US
Children's Aid Society of Toronto. *Human Resources Manual*, Chapter 9: Employee Health and Safety, (2012).	2012	**SPR SUMMARY & NOTES:** Comprehensive H&S policy encompassing roles and responsibilities, JHSCs, health precautions, accident reporting, emergency planning, etc. Of special interest are procedures related to critical incident response, p. 27; and section 9.21, *Workplace Violence Prevention Policy & Program* (p. 62). Readers are referred to the Society's *Safety Handbook for Employees Working in an Office or in the Community* for specific safety procedures and tools.	<organizational policy/process> <protocol> <communications> <training> <post-incident> <organizational culture> <child service workers> <workplace violence prevention program>	CAN (ON)

Commission to Promote Sustainable Child Welfare. *Realizing a Sustainable Child Welfare System in Ontario: Final Report* (September 2012).	2012	**SPR SUMMARY & NOTES:** This is the report of a recent Commission to make recommendations about the future development of Ontario's child welfare system. While worker safety is not specifically given priority, some recommendations will impact on worker safety practices and conditions. **ABSTRACT:** In late 2009, the Government of Ontario established the Commission to Promote Sustainable Child Welfare to develop and implement solutions to ensure the long-term sustainability of the child welfare system for Ontario's vulnerable children and families. Reporting to the Minister of Children and Youth Services, the three-member Commission was given a three-year mandate ending in September 2012. The Commission engaged the expertise of stakeholders throughout the child welfare sector, the Ministry of Children and Youth Services and other organizations. This final report examines: A Vision and Strategy for Realizing Sustainable Child Welfare; Actions, Progress and Recommendations; Advice on the Child and Family Service Act; and Managing Change in the Child Welfare Sector. The following recommendations and future priorities were put forward: Reconfigure the organization of CAS structures and service delivery; change the approach to funding child welfare; implement a new approach to accountability and system management; strengthen and improve direct service delivery; advance Aboriginal approaches to child welfare; and advance broader integration of children's services.	<protocol><organizational policy/process> <case management> <child service workers>	CAN (ON)
Conte, Jon R. The *Foundations for Understanding Vicarious Trauma* **(POWERPOINT)** (nd).	ND	**SPR SUMMARY & NOTES:** A PowerPoint presentation with a focus on the conceptual foundations for understanding and managing vicarious trauma. Defines *counter transference and* how to identify *counter transference*; discusses issue of *empathy*; defines *traumatic transference;* and factors leading to *burnout*; and definition of *vicarious trauma*. Also provides a checklist for symptoms of vicarious trauma/empathetic strain.	<vicarious trauma>	
Conte, Jon R., and Shauna Donfeld. American Professional Society on the Abuse of Children. "Vicarious Trauma and its Management." *APSAC Alert*, Vol. 1, Issue 3 (Fall 2010).	2010	**SPR SUMMARY & NOTES:** The author discusses the concept of vicarious trauma or "empathy strain," symptoms, and basic strategies to alleviate vicarious trauma. Awareness (of signs of VT), discharge (of traumatic thoughts and feelings), balance (in types of work and personal/professional life) and supervision (in which supervisor provides as "therapeutic container") are presented as the four pillars of VT self-care. **Abstract:** These studies highlighted the importance of taking preventative measures to properly prepare trauma workers through continued education and support in how to process and manage their work with trauma victims, as well as the need to maintain low trauma caseloads and a supportive work environment and to encourage self care to avoid burnout, high turnover, and the stressors that can arise from working with victims of trauma.	<vicarious trauma>	US

Cultural Safety in Child Protection: Applying Cultural Safety to the Child Protection Workplace Environment and Casework Practice, Aboriginal Australia **(POWERPOINT)** (nd).	ND	**SPR SUMMARY & NOTES:** This presentation deals mainly with cultural literacy and appropriateness when dealing with Aboriginal clients and workers. The point is made that personal safety can be compromised when workers interact with clients in culturally inappropriate ways or are unable to 'read' culturally different signals that would alert them to an escalating situation.	<language and culture>	AUS
Emergency Nurses Association of New York State*, Zero Tolerance: Assault of a Nurse is a Felony*	2012	**SPR SUMMARY & NOTES:** This paper examines the impact of a zero tolerance policy for assault on nurses, and related changes in New York State, making such assaults a Class D Felony. A large scale research study examined the impact, and found that combined with strong implementation by institutions, rates of violence experienced by nurses declined significantly.	<Impact of zero tolerance policies>	US (NY)
Engholm, Hannah Jean. *Impact of Domestic Violence Trainings on Attitudes and Belief of CWS Fieldworkers: Thesis Presented to the Faculty of San Diego State University* (Spring 2013).	2013	**SPR SUMMARY & NOTES:** This thesis study examined the impact of domestic violence training and the attitudes of child welfare workers, and found it had little impact. This study does not deal directly with issues of worker safety. **ABSTRACT:** The purpose of this study was to look at the impact of domestic violence trainings on attitudes and beliefs of child welfare services (CWS) social workers. The investigator administered a written survey to measure beliefs about domestic violence. Research subjects included participants of the Public Child Welfare Training Academy (PCWTA) Core training, which included a one-day training on domestic violence. Analysis of the survey questions measured participants' attitudes about reporting child abuse, removal of children exposed to domestic violence, and victim blaming. Overall, data analysis revealed no significant change in attitudes after the DV trainings. However, the change in attitudes about victim blaming was significantly greater for participants identifying as White/Caucasian than the rest of the participants, and participants identifying as Hispanic/Latino reported a slight change in the opposite direction than the rest of the participants. These differences in responses by race and ethnicity call for further research and for trainers to re-look at the cultural application of their DV trainings. Finally, further research is needed to investigate the impact of these attitude changes upon the decision-making behaviors of the CWS workers in the field.	<child abuse> <training> <child service workers>	
Field, Rita Anne. "Safety Training for the Prevention of Client Violence Towards Social Workers." MSW Research Practicum, University of Regina Faculty of Social Work, 2011.	2011	**SPR SUMMARY & NOTES:** This report emphasizes the role of training in social worker safety. The report was developed for the Provincial Crisis Coalition (SK) as part of a MSW program. It provides an overview of risk factors and safety strategies that should be part of a social worker safety training program as well as some broader recommendations concerning organizational policy and protocols. **ABSTRACT:** Social workers are employed in a broad range of human service work settings. Safe working environments and conditions that are free from client violence towards social workers is a real concern for social workers and employers alike. Many aspects must be considered when creating a safe work culture including staff training and the development of safety training	<risk assessment> <training> <transportation> <communications> <physical environment> <post-incident> <organizational policy/process>	CAN (SK)

		materials. The Provincial Crisis Coalition, comprised of the three Mobile Crisis Units in Regina, Prince Albert and Saskatoon, requested assistance with creating a training manual and materials for their use and to share with other interested individuals or groups. This safety training report was based on the literature reviewed, information from the Provincial Crisis Coalition and their Crisis Critical Incident Reports. This report includes references to ethics, social worker rights and occupational health and safety. Definitions and predictors of violence are provided in addition to a description of detailed techniques and skills for the social worker to utilize when preventing or diffusing violence. Reference is made to the challenge of providing mandated services and the recommended processes for supporting social workers who are victims of client violence. **Other Notes:** Some AV training materials and sample forms are identified.		
Government of Newfoundland and Labrador, Child, Youth and Family Services. *Occupational Health and Safety Program* (October, 2012)	2012	**SPR NOTES & SUMMARY:** A complete OHS policy/program covering the full range of health and safety issues, including (and of particular relevance) a lengthy section on Violence Prevent and Threat Protocol and a shorter one on Working Alone/Isolation. **ABSTRACT:** Main topics covered: • Leadership & administration • Occupational health & safety committee • Education & training • Communication • Safe work practices and procedures • Hazard recognition, evaluation and control • Workplace inspections • Accident/incident investigations • Emergency preparedness response • Violence prevention and threat protocol (sample topics include: response to verbally abusive clients; preparation for potentially volatile meetings; panic buttons procedures; response to physical assault of an employee; procedures for contacting police; etc.) • Attendance support/disability management • Working alone/isolation	<workplace violence prevention program> <Organizational policy/process> <protocol>	CAN (NL)

Government of Nova Scotia, Department of Community Services. *Core II Training: Personal Safety* **(Training PowerPoint)** (nd)		**SPR NOTES & SUMMARY:** A solid basic outline for personal safety training, but without the accompanying full information difficult to assess.	<risk assessment> <planning> <protocol> <training>	CAN (NS)
Government of Saskatchewan Ministry of Social Services. *Violence policy for the prevention and response to violence in the workplace.*(May 2013)	2013	**SPR SUMMARY & NOTES:** This is the violence prevention policy of the Sask. Ministry of Social Services intended to reduce the incidence of violence and abuse against it employees. Essentially a workplace violence prevention program for the Ministry. **ABSTRACT:** A government policy statement that is intended to provide strategies regarding the prevention or reduction of the occurrence of violent or abusive incidents against employees and minimize their effects on the well-being of employees and the operation of the workplace. Sections address: (i) definitions of violence, assault, verbal abuse; (ii) application of the policy (whom the policy applies to); (iii) roles & responsibilities of senior management; managers/supervisors; employees; local OHC members or representatives; OH&S Management Committee; (iv) prevention -- a description of the preventive strategies that have been implemented in Ministry workplaces to reduce or eliminate the risk of violence to employees; (v) intervention -- ensuring that all staff are trained and educated on what to do if an employee finds themselves involved in a potentially violent situation; (vi) follow-up -- incident reporting procedures, ensuring that there is employee support after an incident is reported, and police involvement -- ensuring that employees contact the police if they feel threatened.	<workplace violence prevention program> <organizational policy/process>	CAN (SK)
Green, Rosemary et al."It's No Picnic: Personal and family safety for rural social workers." *Australian Social Work*, Vol. 56, No. 2 (June 2003).	2003	**SPR SUMMARY & NOTES:** This study notes the particular safety concerns experienced by rural social workers, including lack of reliable cell phone service on field visits and the intimacy of living in small communities. Of note was the degree to which job risk impacted on workers' private lives, leading them to fear for their children's safety and restrict their public activities. Useful strategies are identified. **ABSTRACT:** This paper reports the key research findings related to personal and family safety of rural welfare and social workers, from a study conducted in rural Victoria, Australia. Significant findings included concerns about personal and family safety, frequency of episodes of work related violence and harassment, and the resultant impact on personal and family activities. A range of useful strategies were identified to combat and cope with both the risk and experience of violence and harassment for the worker, and for their families. Workplaces, professional associations and educators need to recognize the impact of this occupational hazard and respond with sensitivity to these issues, which have particular relevance for rural practitioners where anonymity and privacy are frequently compromised.	<case management> <risk assessment> <safety planning> <remote areas> <social workers>	AUS

		Additional notes: The paper references a potentially useful resource: "The National Health and Medical Research Council (NHMRC) has recently developed a draft manual for health care workers, managers and employing organizations to assist workers in rural and remote communities to better manage episodes of violence. (NHMRC 2002)."		
Hawranick, Sylvia, et al. "Worker Safety in the Child Welfare System." *Journal of Contemporary Rural Social Work,* Vol. 1, No. 1, Spring 2009.	2009	**SPR SUMMARY & NOTES:** This is a *literature review* of key studies and findings regarding child welfare worker safety in rural settings. The author stresses repeated findings that child welfare work is dangerous; that rural settings entail additional risks; and that safety training for workers is largely inadequate or non-existent. The author concludes: "Social work schools, field education agencies, and child welfare agencies need to take responsibility for safety training within their respective environments."A key implication is that the scope and effectiveness of such training should be assessed in all child welfare agencies. **Abstract:** The tragedy of a rural child welfare social worker meeting her death during the process of carrying out her job duties is an unfortunate reality. Recently a child welfare worker in rural Kentucky was killed as she was in the process of providing supervised visitation for a young child and her family. It is understood by those who decide on the pursuit of child welfare social work career that interactions with angry and sometimes violent clientele can and often will happen. While attempting to protect children and support families, child welfare social workers face a growing threat to their safety. Child welfare social workers charged with the task of questioning clients about private family and personal matters are at greater risk of personal injury. To date there is no tool to assist in the assessment of danger to child welfare workers who are intervening in the lives of high risk populations. Factors contributing to increased concern for worker safety are a collapse of family structure; poor housing conditions or homelessness; unemployment; lack of affordable health care; and substance abuse. Economic status also had an independent effect on the urgency or "risk status" of child abuse cases.	<Risk assessment> <training> <remote areas> <child service workers>	US
Haynes, Mark, Workplace Violence "Why Every State Must Adopt a Comprehensive Workplace Violence Prevention Law" — Cornell HR Review, 2013.	2013	**SPR SUMMARY & NOTES:** in this article, Haynes argues that there is a need for workplace violence legislation in every state in the U.S. context, to aid full implementation of OSHA guidelines intended to curb violence.	<legislation>	US
Health and Safety Unit, Ontario Public Service Employees Union. *Violence and Harassment at Work. Violence against workers is the direct consequence of an unsafe workplace.*(Toronto: March 2011)	2011	**SPR SUMMARY & NOTES:** OPSEU's guide to understanding violence and harassment in the workplace, the steps required to address it, the relevant legal and legislative requirements of employers, and the union's role in preventing/addressing workplace violence/harassment. **ABSTRACT:** The following topics are addressed: • The union's objectives in workplace health and safety;	<workplace violence prevention program> <organization policy/process> <risk assessment>	CAN (ON)

		• Definition of workplace violence and harassment, their health effects and their frequency; • Factors contributing to risk; • The employer's obligations with respect to workplace violence and harassment; • Assessing and controlling workplace violence -- what a risk assessment should include (a comprehensive review of the steps involved). • What measures can be put in place to control violence? • Legal rights and protections of workers; employers' responsibilities, and steps that can be taken if legal protections are violated (e.g. filing claims, charges or grievances): • The role of unions in ensuring employers complies with the legislation; and when an assault occurs. A sample incident report form is provided at the end of the report.	<planning>	
Hoeper, Jessica. "Mitigating Compassion Fatigue among Child Protection Social Workers." MSW clinical research paper, St. Catherine's University/University of St. Thomas, 2013.	2013	**SPR SUMMARY & NOTES:** While this study (literature review and survey) does not deal directly with worker safety, it notes that child welfare workers are at increased risk of compassion fatigue, which can result from worker trauma or vicarious trauma, or from the cumulative constant interaction with maltreated children. Key mitigating factors to increase worker resilience were identified as: supportive work relationships, emotional debriefing, adequate training and supervision. **Abstract:** The purpose of this research project was to illuminate possible mitigating factors of compassion fatigue for child protection social workers. The level of trauma that child protection social workers intervene at increases the likelihood that the social worker will experience compassion fatigue. Past research has pointed out mitigating factors of compassion fatigue such as: learning about compassion fatigue, developing supportive relationships and emotional debriefing, to name a few. Very little research has been done specific to this phenomenon in child protection. This study surveyed six Southern Minnesotan county child protection units, asking about respondents' understandings of compassion fatigue, what mitigates it and how their workplaces can help support this process in the future. The mitigating factors that the majority found helpful were developing and maintaining support networks inside and outside of work as well as emotional debriefing.	<training> <supervision> <vicarious trauma> <organizational culture> <child service workers>	US (MN)
Horwitz, Mark. "Work-Related Trauma Effects in Child Protection Social Workers." *Journal of Social Service Research*, Vol. 32, No. 3, 2006, pp. 1-18.	2006	**SPR NOTES & SUMMARY:** This article examines whether negative workplace events were associated with workplace trauma effects amongst child welfare workers, and whether job support or job satisfaction moderated the influence of events on effects. Opportunities for increasing worker safety and supporting workers in managing negative effects are discussed. **ABSTRACT:** Child welfare workers are exposed to a variety of workplace events that could overwhelm them. This study examined whether negative workplace events were associated with workplace trauma	<vicarious trauma> <PTSD> <Post-incident> <child service workers>	

		effects amongst child welfare workers, and considered whether job support or job satisfaction moderated the influence of events on effects. Vicarious events were more highly associated with trauma effects than were direct events, and neither job support nor job satisfaction moderated the relationship. Workplace trauma events accounted for substantial variability in workplace trauma effects (R2 = 0.344) in the final regression model tested. The discussion addresses opportunities for increasing worker safety, methods for supporting workers in managing negative effects and implications for future research.		
Johnson, Stephen E."The Predictive Validity of Safety Climate."*Journal of Safety Research*, 38 (2007), 511-521.	2007	**SPR SUMMARY & NOTES:** This study supports "safety climate," as measured by the Zohar Safety Climate Questionnaire, as being a valid and effective predictor for safety-related outcomes: safety behaviour and accident incidence. **ABSTRACT:** *Problem:* Safety professionals have increasingly turned their attention to social science for insight into the causation of industrial accidents. One social construct, safety climate, has been examined by several researchers. who have documented its importance as a factor explaining the variation of safety-related outcomes (e.g. behaviour, accidents). Researchers have developed instruments for measuring safety climate and have established some degree of psychometric reliability and validity. The problem, however, is that predictive validity has not been firmly established, which reduces the credibility of safety climate as a meaningful social construct. The research described in this article addresses this problem and provides additional support for safety climate as a viable construct and as a predictive indicator of safety-related outcomes. Methods: This study used 292 employees at three locations of a heavy manufacturing organization to complete the 16 item Zohar Safety Climate Questionnaire (ZSCQ). In addition, safety behaviour and accident experience data were collected for 5 months following the survey and were statistically analyzed to identify correlations, associations, internal consistency, and factorial structures. *Results:* Results revealed that the ZSCQ: (a) was psychometrically reliable and valid; (b) served as an effective predictor of safety-related outcomes (behaviour and accident experience); and (c) could be trimmed to an 11 item survey with little loss of explanatory power. *Impact on Industry*: Practitioners and researchers can use the ZSCQ with reasonable certainty of the questionnaire's reliability and validity. This provides a solid foundation for the development of meaningful organizational interventions and/or continued research into social factors affecting industrial accident experience.	<organizational culture>	
King, Colin B., et al., *Child Protection Legislation in Ontario*, Past, Present and Future? University of Western Ontario, 2003	2003	**SPR SUMMARY & NOTES:** This review examines the history of child protection legislation, including a number of episodic reforms which have been implemented every few years. More recently this included a number of inquests in 1996, reviews in 1997-98, and a variety of recommendations for reform and improvement of the CAS system. Then changes to the Child and Family Services Act, 1998.	,	Can (ON)
Koritsas, Stella et al."Workplace Violence Towards Social Workers:	2008	**SPR SUMMARY & NOTES:** This study of workplace violence experienced by social workers in Australia concluded that verbal abuse and intimidation were the most common forms of violence	<social workers> <types of violence>	AUS

The Australian Experience." *British Journal of Social Work* (2010) 40, 257–271 (Advance Access publication September 26, 2008).		experienced. Factors predicting violence were identified for all forms of violence examined, and the authors suggest these factors can be used to develop preventive interventions. **ABSTRACT:** Workplace violence is common in health-related occupations that involve substantial contact with clients, such as nursing, general practice, pre-hospital care and emergency medicine. Research has also been conducted that explores violence in social work; however, the majority has emerged from the UK and USA, and is limited due to definitional shortcomings and the scope of violence. In Australia, there is a paucity of research that has explored the prevalence of violence in social work. Thus, the aim of the research was to determine the prevalence of six forms of workplace violence, and determine factors that may predict the occurrence of violence towards social workers. A questionnaire was developed that focused on social workers' experiences of six forms of violence (verbal abuse, property damage/theft, intimidation, physical abuse, sexual harassment and sexual assault). The questionnaire was randomly distributed to 1,000 social workers across Australia. Participation was voluntary and social workers completed the questionnaire anonymously. Analyses revealed that the majority of social workers (67%) had experienced at least one form of violence in the past twelve months. The most common form of violence was verbal abuse, followed by intimidation; sexual assault was the least common form of violence experienced. Factors that predicted violence emerged for all six forms of violence examined. Based on the results of this research, it can be concluded that workplace violence is common in social work, particularly verbal abuse and intimidation. Factors that predict violence can be used to develop interventions aimed at preventing and managing workplace violence.	<risk assessment>	
Kowalenko, Terry et al."Development of a Data Collection Instrument for Violent Patient Encounters against Healthcare Workers."*Western Journal of Emergency Medicine*, Vol. XIII, No. 5, pp. 429-433 (November 2012).	2012	**SPR SUMMARY & NOTES:** The author developed and tested a tool for collecting data about health workers' experience of, and evaluation of the severity of, various kinds of workplace violence. **ABSTRACT:** *Introduction:* Healthcare and social workers have the highest incidence of workplace violence of any industry. Assaults toward healthcare workers account for nearly half of all nonfatal injuries from occupational violence. The goal was to develop and evaluate an instrument for prospective collection of data relevant to emergency department (ED) violence against healthcare workers. *Methods:* Participants at a high-volume tertiary care center were shown 11 vignettes portraying verbal and physical assaults and responded to a survey developed by the research team and piloted by ED personnel addressing the type and severity of violence portrayed. Demographic and employment groups were compared using the independent-samples Mann-Whitney U Test. *Results:* There were 193 participants (91 male). Fewer statistical differences were found when comparing occupational and gender groups. Males assigned higher severity scores to acts of verbal violence versus females (mean M,F=3.08, 2.70; p<0.001). While not achieving statistical significance, subgroup analysis revealed that attending physicians rated acts of verbal violence higher than resident physicians, and nurses assigned higher severity scores to acts of sexual,	<health care workers> <experience>	

		verbal, and physical violence versus their physician counterparts. *Conclusion:* This survey instrument is the first tool shown to be accurate and reliable in characterizing acts of violence in the ED across all demographic and employment groups using filmed vignettes of violent acts. Gender and occupation of ED workers does not appear to play a significant role in perception of severity workplace violence.		
Lamont, Alister et al. *Intake, Investigation and Assessment - Background Paper,* Australian Institute of Family Studies, National Child Protection Clearinghouse (Melbourne: 2010), Appendix 7.2.	2010	**SPR SUMMARY & NOTES:** This paper examines the strengths and weaknesses of different approaches to three elements of child protection: intake, investigation and assessment. It does not directly deal with worker safety or protection. **ABSTRACT:** A background paper which examines three interrelated elements of the process of protecting vulnerable children: intake into child protection services, child protection investigation, and the use of assessment instruments in child protection. Drawing on both Australian and international research, it identifies themes and issues emerging from these areas and provides a critical review of different approaches to structuring and conducting child protection services. The paper examines a range of different models and approaches to: • Referring vulnerable families into child protection and family support services; • Screening families' risks and needs; • Conducting investigations; and • Creating and utilizing risk and/or needs assessment instruments. The aim of the paper is to provide an overview of the evidence on the strengths and weaknesses of different approaches to intake, investigation and assessment. The paper closes with a discussion of the potential applicability of alternate approaches to the Northern Territory context.	<protocol> <case management>	AUS
Lasalvia, Antonio et al."Influence of Perceived Organisational Factors on Job Burnout: survey of community mental health staff."*The British Journal of Psychiatry,* 195:537-544 (2009).	2009	**SPR SUMMARY & NOTES:** While not directly related to worker safety, this study, which examined staff burnout and job distress in mental health workers, makes the link between staff burnout and work performance/treatment outcomes. **ABSTRACT:** Staff burnout is a critical issue for mental healthcare delivery, as it can lead to decreased work performance and, ultimately, to poorer treatment outcomes. This article aims to explore the relative weight of job-related characteristics and perceived organisational factors in predicting burnout in staff working in community-based psychiatric services. A representative sample of 2,000 mental health staff working in the Veneto region, Italy, participated in the survey. Burnout and perceived organisational factors were assessed by using the Organizational Checkup Survey. *Results:* Overall, high levels of job distress affected nearly two-thirds of the psychiatric staff and	<mental health workers> <social workers> <staff burnout>	ITALY

		one in five staff members suffered from burnout. Psychiatrists and social workers reported the highest levels of burnout, and support workers and psychologists, the lowest. Burnout was mostly predicted by a higher frequency of face-to-face interaction with users, longer tenure in mental healthcare, weak work group cohesion and perceived unfairness. *Conclusions:* Improving the workplace atmosphere within psychiatric services should be one of the most important targets in staff burnout prevention strategies. The potential benefits of such programmes may, in turn, have a favourable impact on patient outcomes.		
Lipscomb, Jane A. and Mazen El Ghaziri. "Workplace Violence Prevention: Improving Front-Line Health-Care Worker and Patient Safety." *New Solutions*, Vol. 23(2) 7-313, 2013.	2013	**SPR SUMMARY & NOTES:** In this research review of workplace violence in health care settings, the authors note that while risk factors are well documented, the effectiveness of various violence reduction strategies (staff training, comprehensive violence reduction programs, legislation and participatory action) has not been decisively established. **ABSTRACT:** There is perhaps no workplace hazard for which front-line health-care workers and patient safety are more closely linked than workplace violence. When workplace violence occurs, there are direct and indirect consequences for both staff and patients, including compromised patient care. The purpose of this article is to review risk factors for and interventions to reduce front-line health-care worker risk of injury, as well as overall strategies to improve worker and patient safety through comprehensive and participatory workplace violence-prevention programs. Numerous studies have documented risk factors and preventive factors for violence in the health-care setting. Considerably fewer have evaluated interventions designed to reduce these risks and subsequent injury. Front-line health-care workers should actively participate in developing and implementing programs to reduce the risk of injury to staff and patients. **Additional notes:** One finding of interest concerns the introduction by the VHA system of an electronic mechanism for "flagging" the file of patients who had committed violence against a staff person within the past two years. This led to a 90% reduction in assaults by these high-risk patients. The patient flag allowed workers to take measures such as security stand-by, search for weapons, or patient confinement to one area of the hospital. <u>These results point to the importance of documenting and debriefing client history for case workers</u>.	<risk assessment> <training> <communications technology> <organizational policy/process> <health care workers>	US
Liss, Gary M. and Lisa McCaskell."Violence in the Workplace."*Canadian Med. Assoc. J.* 151 (9), pp. 1243-1246 (1994).	1994	**SPR SUMMARY & NOTES:** This editorial on violence in the workplace addresses several questions: How significant is workplace violence as a cause of injury and death? To what extent has the problem been recognized? What preventive measures can be recommended? **ABSTRACT:** An editorial on violence in the workplace which addresses several questions: How significant is workplace violence as a cause of injury and death? What preventive measures can be recommended? Does violence in the workplace involve a significant burden of suffering? It examines the overall costs resulting from assaults and discusses whether violence in the workplace has been recognized as a health and safety problem. Existing provincial legislation and	<organization policy/process>	CAN

		its limitations are reviewed. The authors argue that *prevention strategies* should involve professionals from several disciplines and should include legislative and non-legislative measures, such as: improvement in data collection; strategies for health care workers; and general preventive measures such as environmental control measures, training measures, policy and research). They conclude that recent regulations to prevent workplace violence are encouraging; however, given the significance of workplace violence, the burden of suffering and the lack of data on the problem, other measures are needed. Recognition of workplace violence and action to prevent it should become critical health and safety issues.		
Littlechild, Brian. "The Effects of Client Violence on Child-Protection Networks."*Trauma, Violence & Abuse*, Vol. 3, No. 2 (April 2002), 144-158.	2002	**SPR SUMMARY & NOTES:** This article examines the literature and research evidence concerning the impact of threatened and actual violence on social workers' well-being, assessments, and interventions in child-protection work, and recommends this effect be taken into account in a systematic manner. **ABSTRACT:** This article examines the literature and research evidence concerning the impact of threatened and actual violence on social workers' well-being, assessments, and interventions in child-protection work. It is proposed that client violence can have serious effects on the child-protection worker themselves, as well as having specific effects on child-protection assessments and the management of interventions. It is argued that client violence toward child-protection staff and others in the violent client's networks needs to be taken into account in a systematic manner, which may affect the protection of children involved. The potential for increased recognition of such elements within risk assessment, case planning and policy development and review is addressed. The article draws mainly on sources of evidence in England, North America, and Australia, but the findings are applicable to child-protection work in different countries.	<case management> <risk assessment> <planning> <organizational policy / process>	U.K. U.S. AUS. CAN
Littlechild, Brian. "Working with Aggressive and Violent Parents in Child Protection Social Work."*Practice*, Vol. 15, No. 1, pp. 33-44 (nd).	2003	**SPR SUMMARY & NOTES:** A further examination on the effect of violence against child protection workers, with a discussion of the challenges to providing effective support and supervision. **ABSTRACT:** This article examines the findings from research into the effects of parent service user aggression and violence against child protection social workers. First, the types of violence that are most prevalent, and the effects on workers are discussed. Next, the problematic areas to be addressed in order to provide the most effective forms of support and supervision are set out. The links between risks to workers and risks to abused children within violent families are also examined.	<post incident> <child service workers> <supervision>	
Littlechild, Brian."Child Protection Social Work: Risks of Fears and Fears of Risks – Impossible Tasks from Impossible Goals?"*Social*	2008	**SPR SUMMARY & NOTES:** This article looks at the basis and validity of risk assessment in the social professions and particularly child protection, and argues that the "risk agenda" itself can increase fear and anxiety in social work professionals and place unrealistic expectations on them.	<risk assessment> <organizational policy/process>	UK

Policy & Administration, Vol. 42, No. 6, December 2008, pp. 662–675.		**ABSTRACT:** This article examines the relationship between the causes and effects of fear in child protection social workers, and the effects of risk assessment and risk management policies on this area of work. The focus on risk assessment and risk management has become a major area of attention within practice, policy and management of child protection work in the UK in recent years. Concepts of risk as constructed by the media, government and the public are increasingly impacting upon professional practices. This article examines the basis and validity of risk assessments in the social professions field, and particularly within the child protection arena. The article goes on to examine the experiences of fear arising from the risk agenda, which affects frontline workers, managers and child protection agencies. This agenda arises from centrally produced risk assessment frameworks, alongside unrealistic expectations from central government of prediction of risk by the use of current risk assessment tools. Such controlling policies from central government can lead to fear and anxiety in social work professionals of not assessing and eliminating risk, as the government and their employing agencies are expecting them to do. The article also proposes that this risk agenda fails to address a key element in the assessment of risk – how social workers experience threats and stress in their work, and the pressures they can be subject to within it, particularly in relation to violence and threats from parent service users where their children are being investigated for possible child abuse.	<child service workers>	
Littlechild, Brian."The Nature and Effects of Violence Against Child-Protection Social Workers: Providing Effective Support." *British Journal of Social Work,* 35, 387-401(2005).	2005	**SPR SUMMARY & NOTES:** This is essentially the same article as the one above. **ABSTRACT:** This article examines the literature and research evidence concerning the impact of threatened and actual violence on social workers' well-being, assessments, and interventions in child-protection work. It is proposed that client violence can have serious effects on the child-protection worker themselves, as well as having specific effects on child-protection assessments and the management of interventions. It is argued that client violence toward child-protection staff and others in the violent client's networks needs to be taken into account in a systematic manner, which may affect the protection of children involved. The potential for increased recognition of such elements within risk assessment, case planning and policy development and review is addressed. The article draws mainly on sources of evidence in England, North America, and Australia, but the findings are applicable to child-protection work in different countries.	<case management> <risk assessment> <planning> <organizational policy / process> <post-incident>	U.K. U.S. AUS. CAN
Littlechild, Brian."The Stresses Arising from Violence, Threats and Aggression Against Child Protection Social Workers."*Journal of Social Work*, 5(1): 61–82 (2005).	2005	**SPR SUMMARY & NOTES:** This article finds that how violence affects child protection workers is impacted by various factors, including some that can be controlled such as managers' focus on worker safety, staff support strategies, and using workers' experiences to improve risk management. **ABSTRACT:** This article examines the effects of violence by service users in England and Finland against child protection social workers. Proposals derived from analysis of research findings for improved policies and practice in agencies, with particular reference to England, is discussed. In addition, results and implications of a smaller number of interviews with social workers in Finland are explored.	<child service workers> <post-incident> <organizational policy/process> <supervision>	U.K. FIN

		Findings: The research found that there are a number of different effects resulting from violence on child protection social workers, depending on the particular configuration of factors involved in any particular situation. These include concerns about the effects of user violence on the ability of social workers to protect children; the importance of managers keeping a focus on workers' safety, particularly when threats are not always obvious to others; staff support strategies; responses to violent service users; and how workers' experiences can be employed to improve risk assessment and risk management. *Applications*: This article suggests that the experiences of and learning by social workers derived from incidents of violence need to be more systematically included in policy development and review. In addition, attitudes and procedures need to be in place which allow social workers to report their concerns and have them dealt with effectively.		
Macdonald, Grant et al. "Violence in the Social Work Workplace: The Canadian Experience." *International Social Work* (2003).	2003	**SPR SUMMARY & NOTES:** This survey found a similar incidence of violence experienced by social workers in Canada as is reported in the US and previous Canadian literature. The authors attempt to go further and explore social workers' attitudes and perceptions of client violence. They note that while most respondents reported feeling reasonably safe, front-line workers expressed more feelings of vulnerability than supervisors or managers. The authors also note that social workers may be reluctant to confront client violence due to their ethic of care (see excerpt, below). **ABSTRACT**: Few studies have been undertaken that examine social workers' experiences and concerns about client violence and workplace safety. The purpose of this study is to begin to obtain Canadian data on the experiences and attitudes of social workers working with violent or potentially violent clients. The paper explores social workers' personal experience of client violence and their assessment of client violence as a safety concern within their workplace. The findings are based on a *random survey of 171 Canadian social workers* who completed a questionnaire on workplace safety issues. The data demonstrate that most social work professionals have experienced some type of client violence both over the course of their career and within the previous two years. The data support the conclusions of previously cited studies which suggest that client violence against social workers is pervasive. **Excerpt:** Client violence is an unpopular topic that makes many clinicians uncomfortable. Social workers seek to help those in distress and do not want to be "on guard" when attempting to bring relief to a client. Furthermore, even discussing the issue of client violence may seem for some to betray the sense of partnership that workers try to establish with clients. Social workers may have difficulty talking about client violence because, in so doing, they may feel that they are contributing to the oppression that their clients experience as a result of the inequities of our social and economic structure and by virtue of their clients' age, race, ethnicity, gender, class, sexual orientation and physical or mental ability...Ledbetter has suggested that discussion of violence from clients, especially those who are disadvantaged, desperate or ill, sits uneasily with the profession's client-centred service ethic.	<social workers> <worker attitudes>	CAN

Marin, André, 'Who Oversees Ontario's Children's Aid Societies? Toronto Star, June 21, 2011.	2011	In this paper, The Ombudsman of Ontario argues for a higher level of oversight over Children's Aid Societies, and a higher degree of centralization.	<oversight>	Can (ON)
McPhaul, Kathleen M. et al. "Environmental Evaluation for Workplace Violence in Healthcare and Social Services." *Journal of Safety Research,* Vol. 39 (2008), pp. 237-250.	2008	**SPR SUMMARY & NOTES:** This article demonstrates how facility design and maintenance can create, exacerbate or minimize risk of client violence, and describes a process of conducting an environmental risk assessment. It is relevant to the safety of CAS offices and satellite locations, and may also be useful in pointing out some dangers in field (home) locations. **ABSTRACT:** *Problem:* Federal policy recommends environmental strategies as part of a comprehensive workplace violence program in healthcare and social services. The purpose of this project was to contribute specific, evidence–based guidance to the healthcare and social services employer communities regarding the use of environmental design to prevent violence. Method: A retrospective record review was conducted of environmental evaluations that were performed by an architect in two Participatory Action Research (PAR) projects for workplace violence prevention in 2000 and, in the second project in 2005. *Ten facility environmental evaluation reports along with staff focus group reports from these facilities were analyzed to categorize environmental risk factors for Type II workplace violence*. Results: Findings were grouped according to their impact on access control, the ability to observe patients (natural surveillance), patient and worker safety (territoriality), and activity support. Discussion: The environmental assessment findings reveal design and security issues that, if corrected, would improve safety and security of staff, patients, and visitors and reduce fear and unpredictability. Impact on industry: Healthcare and social assistance employers can improve the effectiveness of violence prevention efforts by including an environmental assessment with complementary hazard controls.	<risk assessment> <physical environment>	
Mueller, S.; Tschan, F. "Consequences of Client-Initiated Workplace Violence: The Role of Fear and Perceived Prevention."*Journal of Occupational Health Psychology,* Vol. 16, No. 2, pp. 217-229, Apr. 2011. ISSN 1076-8998.	2011	**SPR SUMMARY & NOTES:** The authors examine how "fear of future violence" contributes to negative consequences following the experience or witnessing of workplace violence, and how employer response can mitigate negative effects and support worker resiliency. The study involved a lower-risk group than child protection workers; however, findings that workers' fear levels are reduced when they perceive that their risk is taken seriously by employers and that preventive measures have been put in place, are relevant. **ABSTRACT:** The authors suggested and tested a model of the consequences of client-initiated workplace violence, introducing perceived prevention of violence and perceived coping ability as factors that reduce fear of future violence and mitigate negative personal and organizational consequences. *Survey data from 330 frontline staff from job centers and social security offices* were analyzed using structural equation modeling. The data supported the model and confirmed the central role of the fear of violence with regard to outcomes such as psychological and physical	<post-incident> <vicarious trauma> <supervision>	*

		well-being or irritability. Results point further to perceived prevention of violence as an important factor that influences fear levels in different ways, predicts turnover intentions, and should therefore be considered when managers aim to address the consequences of client-initiated violence and threats. **Excerpt**: Our findings suggest that perceived prevention reduces fear levels and other unwanted consequences.... Even a preventive device that may fail in the case of an emergency serves a purpose if it improves employees' sense of security at work and enables more relaxed contacts with clients. It is, therefore, vital that managers inform their employees about any existing measures and crisis plans or, ideally, involve them actively in a transparent risk-management approach.		
National Association of Social Workers, Child Welfare Specialty Practice Session. "Social Work Safety (public statement). (nd)	ND	**SPR NOTES & SUMMARY:** This is a statement issued following the murder of a social worker in Mass. Its value is primarily in the list of resources and articles provided. **No abstract.** **Excerpt:** Three entries stand out as especially relevant: ***Security Risk, Preventing Client Violence against Social Workers*** NASW Book http://www.naswpress.org/publications/books/policy/security_risk/3215toc.html **Committee for the Study and Prevention of Violence against Social Workers: Safety Guidelines, Revised March 1996** http://www.socialworkers.org/profession/centennial/violence.htm **Double Jeopardy: Caseworkers at Risk Helping At-Risk Kids** *American Federation of State, County and Municipal Employees Web Site* http://www.afscme.org/publications/1331.cfm	<social workers> <child service workers> <workplace violence prevention program>	US
National Association of Social Workers, *Guidelines for Social Worker Safety in the Workplace*, 2013.	2013	**SPR SUMMARY & NOTES:** This document outlines guidelines for safety and thus is one of many potential templates for best practices. Areas covered include: organizational culture; prevention; office safety; use of safety technology; use of mobile phones; risk assessment for field visits; transporting clients; comprehensive reporting practices; post-incident reporting and response; safety training; student safety. **ABSTRACT:** Social workers provide services in an increasingly complex, dynamic social environment and have a broadening client base. Unfortunately, the number and variety of people to whom social workers provide services and the variety of settings in which these services are provided have contributed to an increasingly unpredictable, and often unsafe, environment for social work practice. Social workers have been the targets of verbal and physical assaults in	<workplace violence prevention program> <case management> <Risk assessment> <Planning> <Transportation> <Communications technology> <Communications procedures> <Physical environment>	US

		agencies as well as during field visits with clients. Tragically, some social workers have also been permanently injured or have lost their lives “in the line of duty.” Establishing safety guidelines for the profession is timely as the profession is expected to grow by 25% before 2020 (U.S. Department of Labor, Bureau of Labor Statistics, 2012). These guidelines are important to the retention and recruitment of a professional social work force. Moreover, NASW guidelines may be a helpful resource to communities; private and public agencies; and local, state, and federal policymakers invested in creating a safer work environment for social workers.	<Post-incident> <organizational culture> <organizational policy/process>	
Newhill, C. E. “Client Violence Toward Social-Workers - A Practice and Policy Concern for the 1990s.”*Social Work,* Vol. 40, No. 5, pp. 631-636, Sep. 1995. ISSN 0037-8046.	1995	**SPR SUMMARY & NOTES:** The author points to the need for large-scale research to establish a “critical knowledge base” to better understand client violence towards social workers and effective approaches to training, prevention and incident response. Pending such study, three immediate strategies to enhance social worker safety are offered: education and in-service training; precautions such as emergency buttons on staff phones and mandating workers to conduct home visits in teams, and a philosophy that encourages asking for support in risky situations. **ABSTRACT:** Recent anecdotal evidence and limited empirical data suggest that physical and emotional violence by clients toward social workers is increasing in all settings. Using case examples, this article examines client violence and illustrates the ways in which such violence is manifested, the risk factors for violent behavior, and the ways in which incidents psychologically and physically affect clinicians. Systematic information to guide constructive action on this issue is lacking, and there is a critical need for a large-scale investigation of the incidence, prevalence, and nature of violence toward social workers. This article presents several recommendations for strategies and policies that social workers and agencies can institute now to protect frontline workers from violence without compromising client services.	<training> <risk assessment> <protocol> <social workers>	US
Newhill, Christina E. and Sandra Wexler.“Client Violence toward Children and Youth Services Social Workers.”Children and Youth Services Review, Vol. 19, No. 3, pp. 195-212 (1997).	1997	**SPR SUMMARY & NOTES:** Based on a survey of US social workers’ experiences with client violence, this article discusses the prevalence and effect of such violence and makes recommendations for enhancing safety. **ABSTRACT:** Client violence toward social workers is a serious issue for the profession, social service agencies, and those with whom we work. Few studies have explored the safety risks encountered by these practitioners. The present study describes social workers’ experiences of client violence, using data from a survey of randomly selected National Association of Social Workers members from two states. Children and youth services social workers were compared with practitioners from other fields and were found to be significantly more likely to have experienced either a threat, property damage, or an attempted or actual attack, with fully three-quarters reporting at least one incident. In the children and youth services respondents’ depictions, client gender (male) and age (younger) appear to be risk factors for violence. The data suggest that client violence exacts a high cost from individual social workers, including negative	<experience> <social workers> <child service workers>	US

		emotional reactions, changes in feelings about work, and changes in how practice is conducted. Respondent comments are provided for illustration. Recommendations are made for agency and individual actions to enhance safety."At the end of the day, many Children and Youth Services caseworkers go home with scabies on their skin, cockroaches in their pockets or the stuff of nightmares weighing on their minds... They go alone into neighborhoods where police only go in pairs."		
Newhill, Christina E. *Client Violence in Social Work Practice*, Chapter 5. The Guilford Press (2003).	2003	**SPR SUMMARY & NOTES:** This chapter provides an overview of the risk factors associated with violent behaviour and includes a discussion of how and why each factor is associated with violence. The author also discusses risk assessment of violent clients and intervention strategies. **ABSTRACT:** This chapter provides an overview of the risk factors associated with violent behaviour and includes a discussion of how and why each factor is associated with violence. The author also discusses risk assessment of violent clients and intervention strategies. All of the risk factors illustrated with examples of actual incidents related to each factor. Risk factors for violence: • *Individual risk factors:* demographics (age, sex, gender, race and socio-economic status); • *Clinical factors* (whether mental illness is associated with violent behaviour); • *High- risk psychiatric symptoms and violence* (clinical symptoms that have been shown to have a positive association with violence: delusions; hallucinations; and certain personality features); • *Personality disorders;* • *Substance abuse*; • *Biological risk factors* (low intelligence quotient, neurological impairment); •*Historical risk factors* (a history of violence, social and family history, work history); • *Environmental/contextual risk factors* (level and quality of social support; peer pressure; influence of popular culture). • The issue of access to lethal weapons is seen as an important part of violence risk assessment. *Conclusion:* Risk factors associated with violent behaviour can be organized into 3 major domains: individual and clinical risk factors, historical risk factors, and environmental and contextual risk factors. All must be considered when conducting a risk assessment or providing treatment to violent clients. Also, identification of risk factors must be paired with identification of protective factors that can mitigate violence.	<risk assessment> <social workers>	
Newhill, Christina E. "Client Threats Toward Social Workers: Nature, Motives and Response."*Journal of Threat Assessment*, Vol. 2(2), pp.	2002	**SPR SUMMARY & NOTES:** Based on a survey of social workers, this article examines the prevalence and nature of client threats, and offers recommendations for intervention and management. **ABSTRACT:** Client threats toward social workers are a common occurrence in practice	<social workers> <experience>	US

1-19 (2002).		and a difficult challenge for clinical intervention and management. This paper report son results from a survey of 1,129 randomly selected members of the National Association of Social Workers from two states. The prevalence, nature, motives for, and responses to client threats was examined. More than half the sample reported one or more threats, with certain settings and practitioners more at risk than others. The majority of threats were initiated by adult male clients and involved a range of motives and situational contexts. Recommendations for intervention and management are provided.		
Newhill, Christina E. "Client Violence Toward Social Workers: A Practice and Policy Concern for the 1990s."*Social Work,* Vol. 40, No. 5, pp. 631-636 (September 1995).	1995	**SPR SUMMARY & NOTES:** Noting the lack of systematic information, the author discusses the risk factors and effects of client violence, and suggests strategies and policies that can offer better protection for frontline workers. **ABSTRACT:** Recent anecdotal evidence and limited empirical data suggest that physical and emotional violence by clients toward social workers is increasing in all settings. Using case examples, this article examines client violence and illustrates the ways in which such violence is manifested, the risk factors for violent behavior, and the ways in which incidents psychologically and physically affect clinicians. Systematic information to guide constructive action on this issue is lacking, and there is a critical need for a large-scale investigation of the incidence, prevalence, and nature of violence toward social workers. This article presents several recommendations for strategies and policies that social workers and agencies can institute now to protect frontline workers from violence without compromising client services.	<risk assessment> <causal factors> <post-incident> <organizational policy/process>	US
Newhill, Christina E. "Prevalence and Risk Factors for Client Violence Toward Social Workers." *Families in Society: The Journal of Contemporary Human Services,* pp. 488-495 (1996).	1996	**SPR SUMMARY & NOTES:** This study is based on a large survey of over 1,000 social workers. The author found that "children and youth services" was one of the areas of practice most likely to experience violence, just after criminal justice and drug/alcohol services. Like other studies, young males were the most frequent perpetrators. **ABSTRACT:** The author reports findings from a random survey of National Association of Social Workers members from two states examining the prevalence, nature, and risk factors of client violence toward social workers. A majority of persons surveyed experienced client violence, with gender and setting as significant variables in determining risk implications for practice and policy are discussed. **Additional notes:** The author also notes that while a majority of respondents had received specialized training on prevention and management of client violence, just over half noted that it mostly met their needs and a strong majority said that they would like additional training. Of those who had not received training, most said they would like to.	<risk assessment> <training> <social workers> <experience> <child service workers> <causal factors>	US (CA, PN)
NHS Security Management Service. *Not Alone: A Good Practice Guide for the Better Protection of Lone Workers in the NHS.* (London, UK: March 2, 2005)	2005	**SPR SUMMARY & NOTES:** A document designed to provide guidance to National Health Service (NHS) health bodies and their staff to help them address the safety needs and minimize the risks faced of the many different groups of staff that may have to work alone in a diverse range of environments. This guidance will also help NHS employers and staff to meet their responsibilities under the 1974 H&SW Act.	<health care workers> <workplace violence prevention program>	UK

		ABSTRACT: The report contains: • examples of good practice already in use by NHS health bodies; • information concerning Lone Worker safety devices and systems that are presently available, as well as guidance on what should be considered when looking to purchase such equipment, systems and support services (e.g. monitoring services); • lists of the main systems that can be used or purchased; and • a checklist summarizing the key points for managers and staff. Other topics discussed: *Pro-security culture*; *Prevention* (understanding how and why incidents occur in lone working situations and to learn from that understanding); *Deterrence* (using publicity and the media to promote what the NHS is doing to protect those who undertake lone working); *Detection* (gathering the necessary information to identify the problem, assess and manage the risk, and develop solutions).It is essential that staff report incidents that have occurred or where the potential for incidents is identified to ensure that any lessons learned can be fed back into risk management processes, further preventive measures to be developed, sanctions taken (where appropriate).This fosters a pro-security culture amongst NHS staff and professionals.	<communications technology> <communications procedures> <organization policy/process>	
North Carolina Division of Social Services and the Family and Children's Resource Program. *Children's Services: Practice Notes* (Newsletter), Vol. 3, No. 2 (nd).	ND	**SPR SUMMARY & NOTES:**A quarterly newsletter for North Carolina's child welfare workers, published by the N.C. Division of Social Services and the N.C. Family and Children's Resource Program. This issue examines the issue of Safety In Social Work. It makes practical suggestions for assessing potentially dangerous situations and provides strategies for maintaining personal safety. It also discusses ways of integrating safety precautions in a way that won't send the wrong message to families. **ABSTRACT:** Topics covered include: • Maintaining Safety in the Field (Before Your Visit; Making a Safety Assessment; Developing a Safety Action Plan (a sample action plan is also provided)); • Promoting Safety in the Agency (stresses that 'all human services agencies should have safety policies and protocols'). A list of suggestions for making agencies safer is also provided. • Predicting and Dealing With Violence (Discusses factors such as: *prior violence,* *certain (client) feelings, physical factors, situational factors*, and *forced removal.*) • Working with Aggressive Adolescents	<child service workers> <risk assessment> <planning> <case management> <protocol>	US

Occupational Health and Safety Council of Ontario (OHSCO). *Developing Workplace Violence and Harassment Policies and Programs: A Toolbox.* Workplace Violence Prevention Series (2013).	2013	**SPR SUMMARY & NOTES:** This is a comprehensive OHS resource covering virtually all aspects of a workplace violence prevention program. It deals with both internal workplace violence and violence from clients/the public. The toolbox contains risk assessment/planning worksheets for risk situations relevant to the child protection field, such as Working in a Community-Based Setting, Working Alone, and Working with Unstable or Volatile Clients. **ABSTRACT:** This Toolbox supports *Developing Workplace Violence and Harassment Policies and Programs: What Employers Need to Know*, which outlines steps that will help you protect the workers in your workplace from the hazard of violence. This Toolbox contains information, tools, and assessments that can be useful to employers as they develop a workplace violence policy and program, a workplace harassment policy and program, or a domestic violence program. See; http://www.labour.gov.on.ca/english/hs/pubs/wwps_guide/index.php It contains: a workplace violence survey; a policy, program and training review tool; workplace violence assessments; general physical environment assessment; risk factor selection tool; assessment for specific risk: direct contact with clients; assessment for specific risk: handling cash; assessment for specific risk: working with unstable or volatile clients; assessment for specific risk: working alone or in small numbers; assessment for specific risk: working in a community-based setting; assessment for specific risk: mobile workplace; assessment for specific risk: working in high-crime areas; assessment for specific risk: securing/protecting valuable goods; assessment for specific risk: transporting people and/or goods; a sample form for an Action Plan; example workplace violence policy; example workplace harassment policy; tips on how to recognize domestic violence in the workplace; description of how to create a safety plan; what to do if the abuser and the victim belong to the same workplace; a comprehensive listing of resources, including web-sites, government and private sector publications on workplace safety.	<workplace violence prevention program> <organizational policy/process> <protocol> <training> <risk assessment> <planning>	ON
Ontario Association of Children's Aid Societies. *Modernizing Our Child Welfare System: Marking Our Progress: Moving Forward*. Child Welfare Report 2013.	2013	**SPR SUMMARY & NOTES:** A report describing the OACAS, its purpose and members (composition), and the mission, values and responsibilities of CASs. Provides an overview of Ontario's child protection system over the past 5 years and recommendations for the future. **ABSTRACT:** A report describing the OACAS, its purpose and members (composition). The mission, values and responsibilities of CASs are also described. Graphics include: a summary of child protection services and trends in child care over the past 5 years. The report examines the efforts of CASs to improve the child welfare system define the markers of success. Looks at how changes in funding have impacted on child welfare services. Describes the Commission to Promote Sustainable Child Welfare's 3-year mandate -- to develop and implement changes to ensure a sustainable child welfare system in Ontario. Provide recommendations the need for structural changes; the importance of funding stability; accountability; service delivery (especially for Aboriginal clients); need for improved Aboriginal services (i.e., development of a comprehensive strategy for Aboriginal child welfare recognizing unique cultural needs of Aboriginal communities); and the need to provide a seamless system for children's services).		ON

Ontario Ministry of Community and Social Services, *Inquest Touching the Death of Jeffrey Baldwin, Jury Verdict and Recommendations*, February 2014.	2014	**SPR SUMMARY & NOTES:** This verdict made a number of recommendations for the improvement of Child Protection in Ontario, including discussion of improved information, funding, amalgamation of the CASs, information for clients, training, and co-teaming.	<standards in child protection>	
Ontario Public Service Employees Union (OPSEU),*Violence and Harassment at Work, 2011*	2011	**SPR SUMMARY & NOTES:** OPSEU's comprehensive guide to workplace violence, explaining employers' obligations for workplace violence programs, reporting incidents, assessing risk, and providing training and post-assault support measures. **ABSTRACT:** This guide provides an overview of topics such as recent critical incidences of violence experienced by Ontario public services workers, definition of violence and harassment, health effects, and factors contributing to the risk of workplace violence (such as work in risky areas, high workload, and population factors such as propensity to violent behaviour, drug use etc.) The guide also addresses the employer's obligations, and details of workplace violence programs, for measuring, reporting, protecting workers, and assessing and controlling workplace violence. Notes are also provided on risk assessment including; review of incidents and WSIB claims, surveys of workers, program reviews, design of the workplace, assessment of organization of work, staffing levels, client assessment processes, security systems, education and training and post-assault counselling and assistance. Emphasis is placed on preventive measures.	<workplace violence prevention program> <risk assessment> <planning> <organizational policy/process> <training>	ON
Regehr, Cheryl and Graham D. Glancy. "When Social Workers Are Stalked: Risks, Strategies, and Legal Protections."*Clinical Social Work Journal*39:232–242 (2011).	2011	**SPR SUMMARY & NOTES:** While the authors stress the importance of reporting and seeking advice immediately when signs of stalking appear, they also conclude that "Threatening or harassing behavior is notoriously difficult to manage and in most cases few legal remedies exist to end the behaviour. As such, social workers must take personal responsibility to monitor potential risk situations, seek early assistance from others, and ensure their own safety and security." **ABSTRACT**: By virtue of their work, social workers are at risk of becoming victims of stalking. This is because social workers assist individuals who suffer from major mental health problems that may cause them to develop delusional beliefs about their therapists, and because social workers may need to exercise authority against individuals with personality disturbances that present a risk to others. Surveys suggest that 16% of social workers have been stalked at one point in their career by a client. Stalking of social workers by clients has far-reaching personal and professional implications, potentially affecting all aspects of an individual's life. This paper reviews the nature and incidence of stalking of social workers, the legal remedies available to social workers who are victims of stalking, and strategies for protection.	<case management> <risk assessment> <protocol>	CAN

Ringstad, Robin. "Conflict in the Workplace: Social Workers as Victims and Perpetrators." *Social Work,* Vol. 50, No. 4 (Oct. 2005), pp. 305-313.	2005	**SPR SUMMARY & NOTES:** This survey of violence in the social work professional (including verbal assaults) confirms high levels of worker victimization, but also investigates the incidence of violence. While the reported incidence of worker violence towards clients is low, it appears to be associated with higher levels of client assaults, and may point to the need for training around the potential for "triggering" client assaults through aggressive language or behaviour. The fact that social workers may provoke or exacerbate violence in some cases points to training needs which may not have been met. **Abstract:** Conflict and violence in the workplace have emerged as a real but inadequately explored concern in the social work profession. The present study surveyed a national random sample of 1,029 NASW members about their experiences with client violence and with physical and psychological assault in relationship to practice setting, age, gender, and experience. Although results cannot be generalized due to response bias in the sample, 62 percent of social workers in the study reported they had been victims of physical or psychological assault and 14 percent reported they had committed such an assault on a client within the past year. Most incidents were psychological in nature (primarily verbal aggression), although physical violence was also documented. Male social workers were more likely to be both victims and perpetrators of aggression, and these conflicts were more common in inpatient, correctional, and school settings. Training implications are discussed **Excerpt: "**Sensitivity, self-awareness, and preparation of social workers for encounters with potentially dangerous situations should be a standard part of social work education both in schools of social work and in university and agency-based continuing education programs. The use and misuse of power, empowering clients in all practice settings, and the use of supervision and consultation should be central features of these educational efforts."	<training> <social workers>	US
Ringstad, Robin. "CPS: Client Violence and Client Victims." *Child Welfare,* Vol. 88, No. 3, pp. 128-144.	2009	**SPR SUMMARY & NOTES:** While this paper is limited to estimation of incidence of violence (which needs to be better monitored), it also raises questions about social workers' responses to violence, and the need for training to reduce violent exchanges back and forth between client and social worker. **Abstract:** This paper describes a study that explored the extent and nature of workplace violence in child protective services (CPS). A total of 68 workers and clients reported on their experiences. Of workers, 70% reported being the victim of client violence, and 22% reported they had perpetrated a violent act toward a client. Of clients, 55% reported being a victim of assault by a CPS worker, while 42% acknowledged perpetrating violence. Future research needs and recommendations for practice including training, reporting, and policy development are discussed. **Other notes:** "Violence" in this study is defined to include potentially minor non-physical abuse	<child service workers> <training>	US

		such as shouting, swearing, and ”stomping away during a disagreement,” as well as physical violence and threats. The dynamic and circumstances around mutual exchanges of violence were not explored.		
Rosen, J. “A Labor Perspective of Workplace Violence Prevention - Identifying research needs.”*American Journal of Preventive Medicine,* Vol. 20, No. 2, pp. 161-168, Feb. 2001. ISSN 0749-3797.	2001	**SPR SUMMARY & NOTES:** While urging further research, the author offers some key observations for progress towards protecting workers from violence:(1) enforceable standards, rather than voluntary guidelines, have a track record of effecting real change; (2) staff training alone puts the entire onus on individual worker skill and does not meet the holistic approach outlined in OSHA guidelines; (3) there is no “quick fix”; rather a safer workplace is achieved through “a continuous process of identifying factors and making corrections”; and (4) short staffing needs to be considered in risk factor identification. **ABSTRACT:** *Background:* During the past decade, labor unions have contributed to efforts to increase awareness of the importance of workplace violence as an occupational hazard. Research by the National Institute for Occupational Safety and Health and the U.S. Department of Justice have bolstered these efforts. This research revealed that workplace violence is the second leading cause of traumatic-injury death on the job for men, the leading cause of traumatic-injury death on the job for women, and accounts for some 2 million non-fatal injuries each year in the United States. *Labor Perspective:* Ten years ago, the debate focused on whether workplace violence is an occupational hazard or strictly a police and criminal justice issue. Labor unions have joined with occupational safety and health professionals in recognizing that workplace violence is a serious occupational hazard that is often predictable and preventable. They have advocated that employers establish multidimensional violence–prevention programs. *Conclusion:* Although the nature of workplace violence varies from industry to industry, implementation of the federal Occupational Safety and Health Administration (OSHA) Violence Prevention Guidelines for Health Care and Social Service Workers and for Late-Night Retail Establishments is a high priority to unions in the affected industries. Labor wants employers to invest in protecting workers from violence through voluntary programs and state legislation, and it supports the promulgation of a mandatory federal OSHA standard. To that end, intervention research can play a key role in demonstrating effective, technically and economically feasible prevention strategies.	<organizational policy/process> <risk assessment> <planning>	US
Saskatchewan Ministry of Social Services, *Violence Training Information* (2013)		**SPR NOTES & SUMMARY:** This short document details Saskatchewan’s violence training program for Social Services employees, beginning with training on the Ministry’s Violence Policy and local workplace violence protocols. For personal safety training they use The Professional Response Assault Training (PART) program – Basic for employees who are unlikely to come into physical contact with clients; and Intermediate (which includes methods of evasion if they are grabbed) for those with closer contact.	<training> <Organizations policy/process>	CAN (SK)

Saskatchewan Ministry of Social Services, *Violence Training Information*. (November 2013)	2013	**SPR SUMMARY & NOTES:** A notice for employees describing the Province of Saskatchewan's (Ministry of Social Services) revised violence policy, specifically as regards training. **ABSTRACT:** This publication deals with violence training information. In particular, it describes how the government will be utilizing the Professional Assault Response Training (PART) program as the standard for violence skills training. The three stand-alone PART courses (basic; intermediate; and advanced) will be provided to Ministry employees according to their level of occupation risk of exposure to violence. Training needs are determined based on whether an occupational group at a specific workplace is deemed to be **low, medium** or **high risk**.	<training>	CAN (SK)
Saturno, Sherry, "Violent Crime and Social Worker Safety." *Social Work Today, March 2011*	2011	**SPR SUMMARY & NOTES:** This article discusses the growth of demands for legislation to create serious and required penalties for violence against US social workers. **ABSTRACT:** The article focuses on the Terri Zenner Social Worker Safety Act, which was before the U.S. Congress between 2007 and 2011. The act was supported by the National Association of Social Workers, and recognized a number of brutal murders of social workers in various U.S. stages over the past decade. In Kansas, it was noted legislation was passed requiring the provision of safety training for child welfare workers.		US
Shina, Daniella O. “Social Work Safety.” (THESIS) (May 2010).	2010	**SPR SUMMARY & NOTES:** This thesis includes a literature review, followed by the field placement experience of a small sample of students. While data is restricted to one school of social work, the finding that nearly 70% of respondents felt they were not trained to handle verbal abuse, and fully 90% did not feel trained on what to do should a client attack them, does raise questions about the adequacy of pre-service education in this area. **ABSTRACT*:*** Social work involves working in high risk areas and with high risk clients. This quantitative research analyses students in the Master of Social Work (MSW) program in relation to feelings of fear, and concern for safety in their field placement. The research consisted of 32 quantitative surveys which measured level of fear, experience with violence, attitude, and training. *Findings:* Participants who experienced violence had increased fear regarding their safety while working in the social work field. Additionally participants who were fearful about their safety were also fearful about speaking to a supervisor about it. Furthermore, preparation on safety issues in the MSW program and in field placements is limited to none. As far as attitude is concerned, it was found that most participants feel that social work is a dangerous job, and that encounters with violence should be expected. *Applications:* These findings have implications for the prevention of violence in the field of social work. If communication is not established between a student and his or her advisor due to fear of a negative evaluation, safety issues cannot be addressed and training may never take place.	<training> <supervision>	USA (CA)

Sioco, Maria Carmela. *Safety on the Job: How Managers Can Help Workers*. March/April 2010.	2010	**SPR SUMMARY & NOTES:** Recent initiatives to reduce workplace violence against child welfare workers in Massachusetts, Florida and Kentucky are described in some detail in this report. **ABSTRACT:** A report on several initiatives involving workplace violence against child welfare workers in the U.S. The author notes how improved legislation that has been enacted since the recent deaths of several social workers has been an important step, however, more funding is needed to ensure that up-to-date information and technology is in place in every organization to keep workers safe. Examples of newer initiatives are described: In Massachusetts, the Dept. of Children and Families (DCF) has improved their worker training and education, and has established safety committees that meet on a monthly basis. They also participate in a state-wide safety committee that meets quarterly to "cross-fertilize" effective protocols and procedures. The safety committees keep track of any threats that caseworkers experience and recording them into an incident reporting system. When reports are filed in the system, the safety committees devise a safety plan for the caseworker and the families that they visit. Management enacts the safety plans after careful deliberation, and offers services such as employee assistance programs to staff. Staff are equipped with a personal safety handbook that talks about safety protocols, and a Core and Investigations training teaches them how to handle a potentially volatile situation. They have a 'buddy system' for potentially violent visits, Every social worker is equipped with a cell phone to ensure immediate communication with supervisors or the police. Other safety features include fortified glass in the reception areas in most field offices to increase worker security; working closely with the police department, and having one officer in the reception area once a week; DCF has a "violent client" protocol where they schedule potentially violent clients when an officer is onsite. An interview room is used that has an extended view to others, with the entrance to the offices barred with a coded entry. Technology:"Our Kids of Miami Dade-Monroe" has implemented the 'OK Connect' program. Through the use of cell phones and laptops, management is aware of where their workers are and can better monitor a child's well-being. While conducting in-home visits, "Our Kids" staff use their camera phones to take pictures of the children and immediately upload them onto Florida's statewide automatic child welfare information system. The device has a GPS tracker and stamps photographs with the times and dates they were taken. This new technology heightens the efficiency of visits, as social workers can have access to files and make updates to their cases while in the field. The camera phones also have a built-in alarm button that staff can utilize should a situation occur, which immediately alerts their supervisors and management. The GPS system pinpoints their exact location. *Laws on Safety: The Boni Bill:* Following the fatal stabbing death of a social worker, Kentucky created this Bill that stipulated that $6 million of budget funds be directed to the Department of Community Based Services, to enhance staff security. DCBS equipped staff with a web-based	<child service workers> <organizational policy/process> <communications> <protocol> <workplace violence prevention program>	US

		critical incident warning tracking system, a desktop alert system, access to criminal records, and cell phones. Boni Bill funding also hired more caseworkers, so that a single worker's caseload is not too much that it compromises health and safety. Due to budget constraints, only one-third of the $6 million was provided by lawmakers and a new version of the *Boni Bill* is being produced in Kentucky's legislature.		
Skolnik-Acker, Eva, LCSW, "Verbal De-Escalation Techniques for Defusing or Talking Down an Explosive Situation." Developed for NSAW-MA (2011)	2011	**SPR SUMMARY & NOTES:** This is a practical 2-page guide to de-escalation techniques, covering three components: (1) The worker in control of him/herself; (2) The physical stance; and (3) The de-escalation discussion. The author ends with "If you assess or feel that de-escalation is not working, STOP! You will know within 2 or 3 minutes if it's beginning to work. Tell the person to leave, escort him/her to the door, call for help or leave yourself and call the police."	<case management> <de-escalation techniques>	US
Stalker, Kirsten. "Managing Risk and Uncertainty in Social Work: A Literature Review." *Journal of Social Work,* 3(2): 211–233 (2003).	2003	**SPR SUMMARY & NOTES:** The focus is primarily on client risk, not risk to the workers themselves; however, the discussion of the theoretical underpinnings and assumptions of our attitudes and policies regarding risk, the tension between the desire to protect and avoid risk, and the acknowledgement of human autonomy and complexity, is germane to worker risk as well. **ABSTRACT**: • *Summary*: This review, which draws mainly but not exclusively on UK material, explores the social work literature on managing risk and uncertainty, with emphasis on community care. Risk has become a major, if not over-arching, preoccupation in social work, reflected in a huge upsurge of written material. • *Findings*: The article briefly traces the historical development of the concepts of risk and uncertainty and identifies a number of theoretical frameworks, noting that the risk society is marked by change, uncertainty, and a reduced faith in experts. Some commentators have drawn out the implications of these ideas for social work. At present, however, we lack a social model of risk. The article describes a continuum of risk management, marked by controlling attitudes at one end and more empowering approaches at the other. The former is evident in risk avoidance strategies, the latter in positive risk-taking; the literature on each is reviewed. • *Applications*: The views of service users are largely absent from the literature but their role in taking and managing risks on an everyday basis should not be overlooked, nor their potential to play a more significant role in the process. Pointers for future research are identified.		UK
Syracuse University, College of Human Ecology, School of Social Work. *Social Worker Safety Tips* (nd).	ND	**SPR SUMMARY & NOTES:** Two-page bulletin for social workers on how to stay safe while at work, travelling to, and during site visits. Includes tips for preparing for the site visit (planning); travelling to the work site; safety during the visit; safety precautions which should be used while working alone in the office; and how to diffuse a potential problem situation/confrontation.	<protocol> <planning> <risk assessment> <case management> <social workers>	US

The Partnership for Children and Families Project. *A Workplace Study of Four Southern-Ontario Children's Aid Societies.* Wilfrid Laurier University, 2000.	2000	**SPR NOTES & SUMMARY:** This survey of four Ontario CASs looked at workplace satisfaction and stresses and is based on 403 returns (49% response rate). It does not address safety concerns; however the study did find high levels of stress, emotional exhaustion, and depersonalization. Other problems included a perception of an agency culture that does not care for the wellbeing of employees. Personal safety risk could be a factor in both these concerns. **ABSTRACT:** - 46% of all employees who responded to the survey indicated high levels of overall job satisfaction. - 43.5% of direct service workers (39% of all employees) also reported being highly emotionally exhausted. - 29% of all respondents scored in the high range on a scale measuring an unfeeling or impersonal response to clients; 39% of direct service workers were high on this scale, and 49% of direct service workers in intake departments. Employees emphasized the importance of a solid team, collegial support, and supervisory support in counterbalancing dissatisfaction with the work itself. A perception of inadequate support from the organization and a lack of resources (both within the organization and in the broader community) were identified as problems. Employees reported needing more equitable distribution of caseloads, improved communication between departments and from management, and the establishment of an agency culture that cares for the well-being of all employees.	<experience> <child service workers> <stress> <staff burnout> <organizational culture>	CAN (ON)
Tullberg, Erika, "Building Resilience in Child Welfare Workers" **(PowerPoint).** ACS-NYU Children's Trauma Institute.	2012	**SPR SUMMARY & NOTES:** This PowerPoint outlines key factors in building resilience against secondary trauma for child welfare workers. **ABSTRACT:** The presentation relates to a course on secondary trauma, including topics such as exposure to secondary traumatic stress, related occupational stressors; relationship to colleagues and supervisors; organizational stress and interactions with clients. The course also considers impacts on staff and system level impact. The presentation outlines goals of the Resilience Alliance, focus of sessions and outlines exercises in areas such as reactivity, optimism, self-care, integrating resilience into practices, program evaluation, lessons learned and key contacts.	<vicarious trauma> <post-incident>	US
Tullberg, Erika, ACS-NYU Children's Trauma Institute. *The Resilience Alliance: A review of a secondary trauma intervention for child welfare staff* (PowerPoint). University of Minnesota School of Social Work, 2012.	2012	**SPR NOTES & SUMMARY:** A very informative PowerPoint about the symptoms and effects of secondary trauma and the components of the Resilience Alliance program, aimed at increasing resiliency skills and mutual support among child welfare staff. The PP stresses the costs of secondary trauma, not only to the individual suffering from it but to child welfare outcomes, and that building resilience is not just the work of an individual but require a work culture committed to supporting staff with trauma and policy and practice change.	<child service workers> <PTSD> <vicarious trauma> <organizational policy / process>	US

http://nctsn.org/search/luceneapi_node/resilience%20alliance		The website provides links to the participant handbook and training manual.		
Tullberg, Erika.(PowerPoint Presentation)."The Resilience Alliance: A Review of a Secondary Trauma Intervention for Child Welfare Staff."Presented at University of Minnesota School of Social Work, 13th Annual Child Welfare Conference (May, 2012).	2012	**SPR SUMMARY & NOTES:** A PowerPoint presentation intended as a training tool. Deals with such topics as: how to recognize symptoms of trauma (e.g. PTSD); how to deal with it through exercise; and how to build up one's 'resilience' and prevent traumatic experiences from impacting on one's daily life. **No abstract.**	<post-incident> <PTSD> <Vicarious trauma>	
U.S. Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers* (2013). **https://www.osha.gov/Publications/OSHA3148/osha3148.html**	2013	**SPR SUMMARY & NOTES:** A comprehensive report and guidelines for workplace violence prevention programs for health care and social service workers. Covers risk factors, OSHA guidelines, and elements of a proper violence prevention program. **ABSTRACT:** The report describes how workplace violence affects health care and social service workers. Discusses the extent of the problem and the risk factors faced by health care workers. An overview of OSHA guidelines is provided (e.g. which professions are covered).Describes violence prevention programs, how they should be implemented, by whom, and their purpose. Other topics discussed: value of a worksite analysis (including screening surveys); hazard prevention and control; safety and health training (for managers, supervisors and employees).Contains OSHA contact information for employers. Workplace Violence Program Checklists; Violence Incident Report Forms; and a bibliography are appended. **CONFIDENTIAL NOT FOR REDISTRIBUTION OR QUOTATION**	<workplace violence prevention program>	US
U.S. Occupational Safety and Health Administration. *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers*, 3148-01R (2004).	2004	This is a previous version of the 2013 U.S. OSHA *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers.* **No abstract.**	<workplace violence prevention program>	US
University of Iowa School of Social Work – National Resource Center for Family Centered Practice. *Supportive Supervision Strategies to Promote Worker Safety* (2009).	2009	**SPR SUMMARY & NOTES:**A brief paper with tips on how to ensure workers are well prepared/well informed regarding worker safety, covering topics including client risk factors, defusing potentially violent situations and worker safety best practices. **ABSTRACT:** Topics cover: • Supportive Supervision Strategies to Promote Worker Safety, which addresses: administration, education, consultation, counselling, and evaluation.	<supervision> <risk assessment> <case management> <planning> <de-escalation techniques>	US

		• Client Factors in Propensity for Violence • Individual Risk Factors • Worker Risk Factors for Victimization by Clients • Phases of Assault Cycle: Interventions, describing how to deal with the various phases of assault • Preventive Interview Pointers for Defusing Potentially Violent Situations, a list of 17 tips for alleviating potentially dangerous situations and ways of de-escalating a dangerous situation • Safety Best Practices, taken from Massachusetts NASW Safety Guidelines (1996), describes how to develop a written safety plan and what should be in it. • Agency Checklist for Worker Safety Other topics include: Thinking Safety During A Home Visit; and Personal Staff Safety Training Points All Staff - IM, Clerical, and Social Work Staff.		
University of Iowa School of Social Work National Resource Center for Family Centered Practice. *Committed to Excellence Through Supervision*: "Module V – Worker Safety," 2009	2009	**SPR SUMMARY & NOTES:** Detailed information for recognizing signs of escalation in a client, defusing and personal protection strategies, and management policies/ procedures to enhance worker safety. **No abstract.**	<case management> <risk assessment> <safety planning> <protocol> <communications procedures> <social workers>	US (IA)
Van Hook, Mary P. et al. *Quality of Life and Compassion Satisfaction/ Fatigue and Burnout in Child Welfare Workers: A study of the child welfare workers in community based care organizations in central Florida.* (Botsford, CT: North American Association of Christians in Social Work, 2008).	2008	**SPR NOTES & SUMMARY:** This report, based primarily on a survey of 182 child welfare workers, found that young female workers and case managers were at highest risk for burnout. While some remedies are suggested, they are not well developed and thus not all that helpful. **ABSTRACT:** Given the high rates of turnover in the child welfare field and the previously identified roles of compassion satisfaction, compassion fatigue/secondary trauma, and burnout, a study was conducted to identify the levels of these issues with child welfare workers in Central Florida, an area with important needs and that has experienced a major change in service delivery from public auspices to contracts with nonprofit organizations. The study also explored how demographic variables of age, gender, education, length in the field and in the agency, and the nature of the position were associated with different levels on these dimensions. The study also sought to discover the methods that child welfare workers were using to handle their stress and to learn their suggestions for the organization to reduce the stress of workers.	<child service workers> <experience> <staff burnout> <stress>	US

Virkki, Tuija."The Art of Pacifying an Aggressive Client: 'Feminine' Skills and Preventing Violence in Caring Work."*Gender, Work and Organization*, Vol. 15, No. 1 (January 2008).	2008	**SPR SUMMARY & NOTES:** A rather complicated discussion of the reliance on traditionally gendered emotional skills in female-dominated helping professions to defuse potential violence. The author concludes: "While they may be proud of their emotional skills, they are often required to use their skills for defending themselves. To state that these skills are valuable is different from claiming that they should be the basis of violence prevention … [which] places the responsibility of reducing or accommodating violence on the workers, instead of suggesting that the management should remove the root causes of workplace violence (for example, the larger organizational settings that structure the relationship between the employee and the client and the way the work is organized)." **ABSTRACT:** This article explores the complex interconnection between gender and emotion in the context of client-perpetrated violence at work, focusing on interviews with and writings by Finnish nurses and social workers to discuss the 'feminine' emotional skills that are supposed to prevent violence. The social formation of these skills is analyzed with the concept 'emotional habitus': emotional skills derive from the socially acquired disposition to manage emotions according to the gendered values of caring work. Emotional habitus, based on the internalized, second-nature sense of emotional management, is shown to both persuade and enable employees to use emotional skills as assets for negotiating violence. This article discusses the potentiality for active agency enabled by skilful emotional management in violence prevention, bearing in mind the gender inequalities and internal contradictions connected to the social formation and practice of those skills.	<health care workers> <social workers> <case management> <de-escalation techniques>	FIN
Whitaker, T., Torrico Meruvia, R. & Jones, A. *Child Welfare Social Workers' Attitudes Toward Mobile Technology Tools: Is There a Generation Gap?* National Association of Social Workers (Washington, DC, 2010).	2010	**SPR SUMMARY & NOTES:** This report on worker attitudes to mobile technology is based on a survey of 283 members of the NASW. The information gained is very general and somewhat contradictory. However, the majority of child welfare case workers agreed that mobile technology tools could make fieldwork safer, though some felt it was dangerous to take technology tools to a client site. **ABSTRACT:** There are a wide array of tools that can increase the efficiency of workers including but not limited to, laptops, digital cameras, and mobile phones with email access. In addition to increasing efficiency, the use of these tools can also help to increase the supervision and safety of workers. Some child welfare systems are using mobile tools such as digital pens to take pictures of notes and download them onto a computer for editing. This tool has been reported to save social workers between three and five hours a week in documentation. In addition, other child welfare administrators have also begun using notebook and tablet PCs to access to Statewide Automated Child Welfare Information Systems (SACWIS) databases. The Center for Technology in Government found an increase in the amount of case notes per day and increase in the amount of cases closed with 60 days from the New York Office of Children and Family Services' pilot of mobile computing.	<communications technology> <social workers> <child service workers>	US

		While the information base is growing about the use of various technologies in child welfare, less is known about child welfare workers' attitudes about these new tools. Even less is known about factors, such as age, that influence these attitudes. Assumptions about a generation's acceptance of or resistance to technology abound; however, these assumptions remain largely unexplored.		
Windsor-Essex Children's Aid Society."Summary of Technology Used at WECAS for Worker Safety."(ND)	ND	**SPR SUMMARY & NOTES:** A one-page listing of security features which have been implemented/made available to workers by the WECAS. Some of the key safety features include: video surveillance; exterior lighting of the CAS office; panic stations connected to lighting and doors in the building; iphones provided to workers; panic pendants for workers dealing with high risk clients; two-way radios for workers; emergency pull stations located throughout the office building; restricted access to the building, with access via a swipe card. **No abstract.**	<protocol> <physical environment> <communications technology>	ON
Working Safe, Working Smart: Targeting Safety for DHS Staff https://jjolt.famcare.net/coursefiles/wsws/Index.html	2001	**SPR SUMMARY & NOTES:** This website is an online worker safety training program designed in response to "Lisa's Law," a law introduced as a result of the 1998 murder of a child protective service worker on a home visit. The site contains several training modules plus "quick sheet" reminder lists and DHS policies & forms. **ABSTRACT:** The Michigan Legislature passed House Bill 4099 in 2001, which requires DHS to provide training for its Children's Protective Services workers and a "buddy system" in riskier situations. Training is to include tactics to defuse threatening behaviour, perform a safe visit and recognize a dangerous situation. "Working Safe Working Smart" (Field Safety and Office Safety) is an online training program on workplace safety. Employees who make home calls and field visits are mandated by law (Lisa's Law) to take either the online course or attend a live classroom course. Managers and supervisors are also encouraged to attend. **Program Objectives:** (1) to increase the knowledge, skills, and attitudes of staff in the recognition and early detection of emotionally charged situations (reports or cases) and teach them brief risk assessment techniques. This would: increase the assessment ability during early contact; prevent exacerbation in some cases; allow appropriate further referral in other cases (for example, team field visits and the use of law enforcement and security personnel); and (2) to improve the knowledge, skills and attitude of staff members in the use of crisis intervention methods to defuse or channel client's aggressive or hostile behaviours into more productive and therapeutic non-physical actions.	<organizational policy/process> <protocol> <training> <Risk assessment> <planning>	US (MI)

Zelnick, Jennifer R. et al. "Part of the Job? Workplace Violence in Massachusetts Social Service Agencies." National Association of Social Workers, pp. 75-85 (2013).	2013	**SPR SUMMARY & NOTES:** This study based on a survey of social service agencies compiled incidence data on workplace violence and found significantly more risk for direct care versus clinical staff. **ABSTRACT:** Workplace violence is a serious and surprisingly understudied occupational hazard in social service settings. The authors of this study conducted an anonymous, Internet-based survey of Massachusetts social service agencies to estimate the incidence of physical assault and verbal threat of violence in social service agencies, understand how social service agencies collect data on workplace violence, and identify disparities in who is at risk in terms of staff education and training level and the work setting. The study gathered general descriptions of each agency and compiled incidence data on workplace violence that were collected by agencies in fiscal year 2009. The key findings of this descriptive study showed high rates of workplace violence against social services providers and a pattern of risk disparity, with significantly more risk for direct care versus clinical staff. These results are based on data routinely collected by social service agencies that typically remain unexamined. A research agenda that is sensitive to potential occupational health disparities and focuses on maximizing workplace safety in social services is needed.	<risk assessment> <training> <experience> <social workers>	US (MA)

Report for an Independent Study Conducted by SPR for the Worker Safety Sub-Committee of the Joint Labour-Management Committee of the Ontario Association of Children's Aid Societies
Funded by the Ontario Ministry of Children & Youth Services

Appendix B: Summary of Results from the Survey of CAS Employees

July 31, 2014

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CAS Employee Safety Survey – Summary of Results

A *confidential* survey conducted by SPR Associates for the Child Welfare Sector in Ontario, directed by the Joint Labour-Management Worker Safety Sub-committee (funded by the Ontario Ministry of Children & Youth Services)

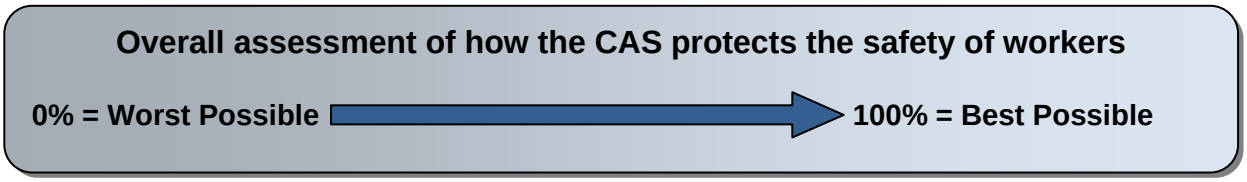
Guide to interpreting the survey results

Statistical Results: Survey results are shown on the following pages taken from the on-line survey of 5,800+ CAS employees who responded to the Employee Safety Survey. A limitation is that no data was obtained from the Aboriginal CASs.

Results are presented in the following manner on each page:

- The % of employees selecting each response (next to each answer);
- Means (averages) are shown for numeric responses.
- The number of employees responding to a question appears in brackets [n=responses].
- Some comments are provided in footnotes [*], to aid interpretation of selected findings.
- *Performance Indicators* are shown for all 5-step rating questions to indicate standing on a 0-100% scale, whereby "0" equals the lowest (or most negative) response and "100" equals the highest (or most positive) response. Choices such as "Don't Know" or "Cannot Estimate" have been made missing and are excluded from the computation.

The nature of Performance Indicators are somewhat like a 'grade', as shown below:



A ***Rated Indicator (RI)*** applies to Question 11, assessing difficulty of caseload, to allow for a rating from 0%-100%, based on employee descriptions of aspects of client caseload.

Summary Performance Indicators are also provided for certain broad areas, such as:

- supervision (Q.65);
- training (Q.67);
- worker competence/resilience (Q.95(a), (d), (e));
- CAS safety capacity (Q.95 (b), (c), (f), (g), (h), (I), (j), (k));
- use of technology (Q.79).

Detailed Population Estimates: While overall statistical results are highly accurate (±1% for the broader population of CAS employees), some questions which were answered by only a small sub-sample of respondents, because of skips in the survey, are highlighted in YELLOW. These show detailed estimates of the number of CAS workers affected among the estimated population of 8,665 CAS employees.

Open-ended Responses: A brief summary of key open-ended questions is provided throughout.

Highlights of the Survey Findings

CAS Employees' experiences with violence were widespread:

- 3.7% of employees reported that they had been the victim of an assault in 2013 and 8.7% reported having received a threat, while 13.1% reported that they had experienced verbal or written abuse, and 11.8% reported having experienced secondary trauma in 2013.
- during their term of employment at their CAS, 26.8% of employees reported that they had been the victim of an assault; 45.2% reported a threat to themselves or their families; 67.9% reported that they or their families had experienced verbal or written abuse, and 48.6% reported having experienced secondary trauma because of violence or an incident affecting them directly, or affecting a co-worker or a child.
- employees reported that they received an average of 1.9 hours of OHS training on workplace violence. About half reported that they had received no training, and the percentage receiving training was very low, even among child protection staff.

Assessments of Safety programs were highly variable: Overall, employee ratings of key safety program elements was generally low to moderate on the 0-100% Performance Indicators (PIs):

- CASs received a relatively low rating of 46.7% from employees as regards the overall effectiveness of worker safety training; and
- CASs received a rating of 58% from employees for overall protection of worker safety.

Other key findings as revealed by the performance indicators are:

- identification and management of risks from clients (PI=57.4%);
- safety of the CAS office(s) (PI=54.9%);
- management of environmental risks (e.g. in neighbourhoods) (PI=48.1%);
- use of safety related technology for workers in the field (PI=46.1%);
- quality of information provided to clients in aiding safety (PI=51.1%);
- incident reporting process (PI=51.1%);
- employees' use of CAS's psychosocial supports (PI=59.7%);
- worker self-ratings of capacity to deal with violence (PI=67.0%);
- quality of response of field workers' requests for assistance (PI=59.6%).

While these data suggest that there are shortfalls and issues exist surrounding worker safety, there are some positive points: (1) as organizations, CASs appear to present a supportive environment when faced with incidents – nearly all employees indicated that they were able to obtain assistance when dealing with the after-effects of violence; and (2) the average PIs conceal considerable variations in the quality of CAS protection of worker safety. *Some CASs perform poorly in protecting their workers, but others are highly effective.*

Future Directions: *Employees offered numerous suggestions for improving worker safety, particularly in the area of training.*

CAS Employee Safety Survey

A *confidential* survey conducted by SPR Associates for the Child Welfare Sector in Ontario, directed by the Joint Labour-Management Worker Safety Sub-committee (funded by the Ontario Ministry of Children & Youth Services)

[introduction to the survey as it appeared on-line]

The purpose of this survey is to provide an assessment of the current state of safety practices in Ontario Children's Aid Societies, in particular, as regards the extent to which child welfare workers and other CAS employees are protected from violence, verbal abuse or witness-secondary-indirect trauma in the course of carrying out their duties.

The survey will reach *all 8,000+ employees of Ontario's 46 Children's Aid Societies*, from front-line staff to senior managers, since the CAS service and support network covers all CAS employees, and every employee may be exposed directly or indirectly to violence or abuse.

Our goal is to achieve a 100% response rate -- this will be aided by multiple follow-ups from CAS's, bargaining units, etc. ***All employees are urged to complete the survey****, even if you have never experienced on-the-job assault, abuse or trauma.* This will allow the research team to fully understand the frequency and scope of workplace violence. For those who have **not** experienced work-related abuse/trauma, the survey will take considerably less time to complete, as you will be 'skipped' past many of the survey questions.

The survey requests some demographic information (age, gender, type of work performed), to allow for a refined analysis of the data. Topics covered in the survey include: recent experiences with assault/threats/ abuse/trauma; policies, programs and training and how well they may have aided the protection of CAS employees. This information will be used to develop recommendations for an Ontario-wide safety strategy for all CAS employees. The survey should take 20-45 minutes to complete, depending upon your particular situation.

Confidentiality: While your responses will be kept completely confidential -- a guarantee backed by SPR's 25+ year track record in surveys in policing, child welfare, national security, health and other sensitive areas -- participants are requested to provide their contact information at the end of the survey, to aid survey quality control and assist with any follow-up which may be needed. Only SPR's senior researchers will have access to raw survey data from individuals or any identifying information. As well, only summaries of CAS data will be reported -- no specific results will be released for individual CAS's. (See: *www.spr.ca* for more details on SPR and its track record regarding confidentiality.)

Instructions: Please complete the survey by selecting the appropriate response or by typing in your response. Where a numeric response is requested, please provide your best estimate. To navigate between questions/pages, click the **BACK** or **NEXT** buttons located at the bottom of the screen. If a response contains a 'SKIP' instruction, please hit **TAB** to advance to the next applicable question. If you are using a MAC or if your web browser does not respond to the **TAB** key, please scroll down to the next applicable question. **Do not hit ENTER** once you have started to complete the survey, as this will exit you from the survey. You must click the **NEXT** button located at the bottom of the screen to advance to the actual survey questions. *Please complete the survey in one sitting. Please remember to click* **SUBMIT** *at the end of the survey* to record your responses. Questions which are open-ended allow for a virtually unlimited response, in terms of number of words. **Please note:** the survey needs to be completed in one sitting (i.e., you cannot answer half of the questions, leave the web page, and return later to complete the rest of the survey).

I**f you have any questions** about the survey questions or the on-line process, please contact Dr. Ted Harvey, Survey Director, at *ted.harvey@spr.ca*.

1. Authentication: Please enter the five-character password provided in the e-mail you received:

___ ___ ___ ___ ___

NEXT

Section 1: Background Questions

2. Our CAS office serves: *(Select all that apply)* **[n=5,861 responses]**

66.7%	An urban area with a population of more than 100,000
15.5	An urban area with a population of 50,000-99,999
14.1	An urban area with a population of 5,000-49,999
30.1	A rural area with a smaller population
7.5	Other isolated areas (e.g. islands, areas with only seasonal road access)
3.5	Remote Northern community(ies)
20.7	A large population of recent immigrants to Canada
17.9	A large population of Aboriginal people
13.8	A large population who do not speak English or French
3.0%	Management
10.2	Supervisory
50.0	Child protection – Intake, Family Services, Children's Services, Kinship, Residential Care
6.1	Adoption/Foster Parent Support Programs
5.9	Support Services – Family Access
16.7	Administration/Office
8.0	Other (please specify): **Other positions noted:** *Legal Counsel (Legal Dept.); Maintenance; Child & Family Worker/Child & Youth Worker; Volunteer Services (Volunteer Drive Coordinator); Health Services (Nursing); IT; Family Support Program; Finance; Disclosure Services.*

4. Are you currently: *(Select one)* **[n=5,805 responses]**

95.4%	Working full-time
4.2	Working part-time (24 hours per week or less)
.1	On leave, as a result of a work-related assault or trauma
.4	On leave for other reason(s)

5. What is your age? **[n=5,830 responses]**

3.0%	Under 25
25.2	26-35
32.2	36-45
26.4	46-55
13.3	Over 55

6. Which of the following language(s) do you speak fluently? *(Select all that apply)* **[n=5,861 responses]**

98.2%	English
9.4	French
.2	An Aboriginal language
6.0	Other (please specify): **Other languages noted:** *Portuguese; Italian; Spanish; American Sign Language; Cantonese/Mandarin; German; Vietnamese; Dutch; Arabic.*

7. How many years have you worked at this CAS? *(Please round upwards)* **[n=5,456 responses]**

Mean = 11.7 Years

8. How many years of experience do you have in child protection work generally? **[n=5,614 responses]**

7.0%	Less than 1 year
5.8	1-2 years
11.5	3-5 years
21.5	6-10 years
54.2	More than 10 years

9. What is your gender? **[n=5,809 responses]**

85.3% Female
13.6 Male
.2 Transgender
.9 Prefer not to answer
.0 Other (please specify): **No 'other' responses were provided.**

10. Do you have a child protection client caseload with CAS? **[n=5,686 responses]**

44.9% No **(SKIP TO Q.12)**
55.1 Yes ⇨ Please indicate the average # of children in your caseload: **[n=2,459 responses]**

Mean = 23.1

11. What percentage of the clients (children and/or parents) in your caseload have: **[n=2,459 responses]**
(Select one for each of (a) to (d). Choose 'DK/CA' if you don't know or cannot assess)

	Less than 5%	5-25%	26-50%	51-75%	76-100%	DK/ CA	RI*
(a) A criminal record	17.9%	30.7%	24.1%	16.1%	6.7%	4.5%	41%
(b) A history of violence	11.7	26.7	28.0	20.3	10.2	3.0	48%
(c) A history of substance abuse	7.6	19.7	29.3	26.5	14.7	2.3	55%
(d) Been identified as a 'difficult clients'	23.9	33.4	21.7	12.2	4.4	4.4	35%

Section 2: Your Personal Safety Experiences (assaults, injuries, threats, abuse, trauma)

This section asks about your personal experience(s) with workplace violence while working at this CAS. To ensure that our estimates of violence at work are as accurate as possible, please include all incidents, even if you may not have formally reported them to the CAS when they occurred. While we ask about your broader experience, we also ask for *details* on the *most recent* incident(s), as well as your *worst* or *most severe* incident.

Physical Assault

A **'physical assault'** is defined in this survey to mean an attempt to inflict physical harm on you and/or your family members (including attempts which do not result in physical injury) which you have experienced in performing your role as a CAS worker.

12. While working at this CAS, have you ever experienced a **physical assault** (or attempted assault) in the course of carrying out your duties? **[n=5,803 responses]**

26.8% Yes
73.2 No **(SKIP TO Q.27)**

13. How many times have you experienced a physical assault or attempted assault? *(Please provide your best estimate or indicate 'DR' if you don't remember)* **[n = 1,434 responses]**

Mean = 4.7 times **POPULATION ESTIMATE:** This mean only applies to those respondents who reported in Q.12 that they had experienced an assault/attempted assault.

14. When did the *most recent* physical assault or attempted assault take place? *(Please provide your response in numeric format, e.g. MM/YYYY, or indicate 'DR' if you don't remember)* **[n = 5,861 responses]**

3.7% reported an assault in 2013

15. Are you able to recall the details of the most recent assault or attempted assault and how it affected you? **[n=1,536 responses]**

93.7% Yes
6.3 No **(SKIP TO Q.27)**

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* **RI** = Rated indicator from 0-100%, where '0%' is the lowest possible rating of client difficulty and '100%' is the highest possible rating.

16. Where did the assault or attempted assault take place? *(Select one)* **[n=1,440 responses]**

46.0%	At the client's home
21.0	In the CAS office
8.3	At another work location (e.g. supervised access location)
8.8	In a public space (e.g. restaurant, shopping mall)
.6	At my home
15.3	Other location (e.g. in a vehicle, while transporting a client) (please specify): **Other responses included:** *At court (at the court house); Foster home; Group home; at a hospital; at school.*

17. Did the physical assault/attempted assault involve the use of a weapon? **[n=1,443 responses]**

17.8%	Yes **POPULATION ESTIMATE:** This percentage applies to some 200+ respondents who reported that they had experienced an assault/attempted assault involving a weapon.
82.2	No **(SKIP TO Q.19)**

18. What type of weapon? **[n=232 responses]**

5.6%	Gun **POPULATION ESTIMATE:** Applies to some 232 employees who reported that they had experienced an assault/attempted assault involving the use of a weapon. Among these, 23 of 8,665 employees reported that the assault/attempted assault involved the use of a gun and 102 reported that the assault involved a knife, with most being 'other' weapons.
25.0	Knife
69.4	Other type of weapon (please specify): **Other responses included:** *Chair; hockey stick; telephone; vehicle; shoe; beer bottle; baseball bat.*

19. Who committed/attempted the assault? *(Select all that apply)* **[n=1,517 responses]**

30.3%	A child or youth (under the age of 16)
56.6	A parent or family member of the child or youth residing at the same address
6.4	A non-resident parent or family member
1.0	A neighbour or friend of the client
5.0	Another individual

20. Which of the following factors (if any) pertain to the assault/attempted assault? *(Select all that apply)* **[n=1,517 responses]**

28.7%	The assault/attempted assault took place during a routine home visit
18.6	The assault/attempted assault took place while taking a child into care
11.5	The assault/attempted assault took place when the decision was made to take a child into custody
29.1	I anticipated trouble because of the client's history
1.9	Language barriers compounded the matter
10.7	The client's lack of understanding of the role of the CAS compounded the matter
6.1	The unexpected presence of a relative or someone else contributed to the incident
4.5	I was accompanied by a representative of another agency at the time of the assault/attempted assault
13.8	I was accompanied by the police at the time of the assault/attempted assault
24.8	I was accompanied by another CAS worker
32.4	I was working alone (not with another CAS worker) at the time of the assault/attempted assault
11.9	None of the above

21. Did you report the assault/attempted assault? *(Select all that apply)* **[n=1,517 responses]**

85.4%	Yes, to my supervisor or a CAS manager
20.7	Yes, to someone else at the CAS (e.g. a co-worker)
27.0	Yes, to the police
6.1	No (please explain why not): **Other responses included:** *Police were already present; Due to the child's age (under 5 years); No point - told by management that there would be no follow-up; The child was autistic.*

22. As a result of the assault/attempted assault: *(Select all that apply)* **[n=1,517 responses]**

3.5%	I required first-aid
5.8	I required medical attention (EMS, doctor, hospital)
46.9	I was psychologically distressed after the incident
5.6	A WSIB claim was filed
5.7	An investigation was carried out by the CAS
5.1	An investigation was carried out by the JHSC
26.4	There was police follow-up

23. Did you require time off from work as a result of the assault? **[n=1,443 responses]**

8.0%	Yes **POPULATION ESTIMATE:** 185 CAS employees required a part-day or multiple days off work
92.0	No **(SKIP TO Q.25)**

24. How many days of work did you miss? *(If you cannot remember, please indicate 'DR')* **[n = 100 responses]**

Mean = 32.7 days

25. Which of the following pertain to the emotional and/or other effects you may have experienced as a result of the assault/attempted assault? *(Select all that apply)* **[n=1,517 responses]**

64.2%	I was able to cope effectively with the assault
46.5	I was able to protect myself from physical injury (avoidance, self-defense)
57.6	I was able to get suitable (informal) support from my co-workers
48.0	I was able to get suitable support from my supervisor
7.1	I was able to get suitable support from our trained peer support team
3.6	I was able to get suitable support through my employee assistance program
32.6	I was able to get suitable support from my family, friends, or personal health care provider
4.7	I needed support but was not able to get it
1.6	None of the above

26. Which of the following statements describe your experiences and feelings since the assault? *(Select all that apply)* **[n=1,517 responses]**

17.8%	I have received additional training/briefing through my workplace on dealing with such incidents
17.3	I would be better able to cope with such an assault now
15.8	I still require *more* training and support to deal with such events that may occur in the future
13.2	I now responding]eel more hesitant about performing my child protection duties
38.4	None of the above
12.3	Other (please describe): **Other responses included:** *Being very careful around the client involved; Being more aware of the importance of being prepared for any eventuality; Being more aware of the potential of client aggression in a physical form; Being resentful of the lack of support, direction and follow up from my agency; Now accepting attempted assaults and assaults as part of the job; Sought assistance from community resources on my own; Was made aware of what I should have done differently; Feel that supervisors and managers do not take assaults seriously enough.*

Threats, Verbal/Written Abuse

A **threat** is a statement or behaviour indicating an intent to inflict injury to yourself, your family and/or your personal property which you have experienced as a result of your role as a CAS worker. (**Stalking** related to your work is considered to be a threat.) **Verbal or written abuse** is defined in this survey as any type of abusive language (including screaming, insults, verbal intimidation, gestures etc.).

27. While working at this CAS, have you or your family ever received a **threat** (or been stalked) in the course of carrying out your duties? **[n=5,786 responses]**

    45.2% Yes **POPULATION ESTIMATE:** 3,917 of 8,665 employees reported threats or stalking
    54.8 No **(SKIP TO Q.33)**

28. How many times have you and/or your family received a threat related to your work? *(Please provide your best estimate)* **[n = 2,501* responses]**

    Mean = 11.3 times

29. When did the *most recent* threat occur? *(Please provide your response in numeric format, e.g. MM/YYYY, or indicate 'DR' if you don't remember)* **[n = 5,861 responses]**

    8.7% reported having received a threat in 2013 **POPULATION ESTIMATE:** 754 of 8,665 CAS employees reported receiving a threat in 2013

30. Are you able to recall the details of this threat? **[n=2,587 responses]**

    84.7% Yes
    15.3 No **(SKIP TO Q.33)**

31. Did the threat involve the use of a weapon? **[n=2,198 responses]**

    15.1% Yes **POPULATION ESTIMATE:** 591 of 8,665 CAS employees reported receiving one or more threats involving the use of a weapon
    84.9 No **(SKIP TO Q.33)**

CAS

32. What type of weapon? **[n=326 responses]**

    31.6% Gun **POPULATION ESTIMATE:** 186 of 8,665 employees reporting being threatened with a gun; 122 with a knife, the rest, with other types of weapons
    20.6 Knife
    47.9 Other type of weapon (please specify): **Other responses included:** *Bomb; baseball bat; dog; shovel; threatening to burn down the CAS workers' house/ CAS office.*

If you have never experienced a threat, verbal or written abuse in the course of carrying out your duties ---> SKIP TO Q.48

33. During your work at this CAS, have you and/or your family ever experienced **verbal** or **written abuse** from a client or someone else in the course of carrying out your duties? **[n=5,194 responses]**

    67.9% Yes
    32.1 No **(SKIP TO Q.36)**

34. Since you began working at this CAS, how many times have you experienced **verbal** or **written abuse**? *(Please provide your best estimate)* **[n=3,178 responses]**

    Mean = 44.1 times

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* This number may be underestimated as many respondents reported general answers such as "all the time" or "hundreds" and these responses are not included in the computation of the mean.

35. When did the most recent incident occur? *(Please provide your response in numeric format, e.g. MM/YYYY, or indicate 'DR' if you don't remember)* **[n=5,861 responses]**

11.8% reported a threat, verbal or written abuse in 2013. POPULATION ESTIMATE:
1,022 of 8,655 CAS employees reported being threatened or being abused verbally or in writing in 2013
[responses were recoded from dates to identify occurrences in 2013].

Questions 36-47 relate to ANY threats/verbal or written abuse you may have experienced while working at this CAS.

36. Are you able to recall the details of the *most recent* incident of **threat/verbal** or **written abuse** and how it affected you? **[n=4,888 responses]**

63.8% Yes
36.2 No **(SKIP TO Q.48)-**

37. Who committed (or was the source of) the *most recent* threat/verbal or written abuse? *(Select all that apply)* **[n=4,093 responses]**

15.8% A child or youth
50.1 A parent or family member of the child or youth residing at the same residence
14.4 A non-resident parent or family member
1.5 A neighbour or friend of the client
5.1 Another individual

38. How did the *most recent* incident (threat or abuse) take place? *(Select all that apply)* **[n=4,093 responses]**

47.4% In-person
37.1% Over the telephone (including voice mail)
2.7 By e-mail
3.1 By letter (written)
2.5 Through social media (Facebook, Twitter, web-site, etc.)
3.6 Other (please specify): **Other responses included:** *Text message; local newspaper; through a co-worker; police notification.*

39. Was the *most recent* incident (threat or abuse) related to stalking? **[n=3,136 responses]**

4.5% Yes **POPULATION ESTIMATE:** Some 264 of 8,665 CAS employees reported being stalked
95.5 No

40. **If the *most recent* incident occurred in person:** Where did the most recent incident of threat/verbal or written abuse take place? **[n=2,301 responses]**

32.5% In the client's home
40.0 In the CAS office
6.5 At another work location (e.g. supervised access or meeting location)
6.1 In a public place (e.g. restaurant or shopping mall)
.9 At my home
14.1 Other (please specify): **Other responses included:** *At court/after testifying in court; foster home/ group home; at the hospital; in the CAS workers' car; at school; parking lot of CAS office.*

41. Which of the following, if any, applied to the *most recent* incident of threat or abuse? *(Select all that apply)* **[n=4,093 responses]**

17.0%	The incident took place during a routine home visit
2.2	The incident took place while taking a child into care
7.5	The incident took place when the decision was made to take the child into care
25.2	I anticipated trouble because of the client's history
.8	Language barriers compounded the matter
16.8	The client's lack of understanding of the role of the CAS compounded the matter
4.1	The unexpected presence of a relative or someone else contributed to the incident
2.5	I was accompanied by a representative of another agency at the time of the incident
3.3	I was accompanied by the police at the time of the incident
10.8	I was accompanied by another CAS worker
22.0	I was working alone at the time of the incident (not accompanied by another CAS worker)
18.1	None of the above

42. Did you report the incident? *(Select all that apply)* **[n=4,093 responses]**

55.9%	Yes, to my supervisor or a CAS manager
20.9	Yes, to someone else at the CAS (e.g. a co-worker)
8.7	Yes, to the police
14.5	No (please explain why not): **Other responses included:** *All part of the job; It's a regular/daily event; Was able to calm client down/de-escalate the situation; Nothing would have been done; supervisor was there at the time.*

43. Which of the following occurred as a result of the *most recent* incident of threat/verbal or written or abuse? *(Select all that apply)* **[n=4,093 responses]**

27.3%	I was psychologically distressed after the incident
1.6	I required attention from a health care provider
2.7	An investigation was carried out by the CAS
1.8	An investigation was carried out by the JHSC and/or Health & Safety Representative
8.8	There was police follow-up
43.2	None of the above

44. Did you require time off from work? **[n=3,143 responses]**

3.1%	Yes **POPULATION ESTIMATE:** 182 required a part-day or more time off because of threats or abuse
96.9	No **(SKIP TO Q.46)**

45. How many days of work did you miss? *(If you don't remember, please indicate 'DR')*

Mean = 40.2 days [n=87 responses]

46. Which of the following statements describe how you were able to deal with the threat or abuse? *(Select all that apply)* **[n=4,093 responses]**

50.2%	I was able to cope effectively with the abuse/threat
34.9	I was able to control (de-escalate) the situation
21.7	I was psychologically distressed after the incident
36.1	I was able to get suitable (informal) help from my co-workers
27.4	I was able to get suitable help from my supervisor
1.6	I was able to get suitable help from our trained peer support team
1.7	I was able to get suitable help through my employee assistance program
16.9	I was able to get suitable help from my family, friends or personal health care provider
1.5	None of the above

47. Which of the following describe your experiences and feelings since the threat or abuse? *(Select all that apply)* **[n=4,093 responses]**

7.8%	I have received additional training/briefing through my workplace on dealing with such incidents
11.1	I would be better able to cope with such threats/abuse now
13.3	I still require more training and support to deal with such events that may occur in the future
8.8	I now feel more hesitant about performing my child protection duties
37.5	None of the above
7.7	Other (please describe): **Other responses included:** *Now feel more careful/anxious outside of work hours; Feel like a victim and burnt out after incident; Have made changes at my home and in my family life since the incident.*

'Witness or Secondary Trauma' is defined in this survey as trauma resulting from seeing, reading, being aware of, or hearing about violence, threats, abuse or trauma to another person, which you have experienced as a result of your role as a CAS worker.

48. Have you ever experienced trauma as a result of seeing, being aware of, or hearing about violence, threats, abuse or trauma to a client, co-worker, or other person in the course of your work with this CAS? **[n=5,740 responses]**

48.6%	Yes
51.4	No **(SKIP TO Q.57)**

49. During your time working at this CAS, how many times have you experienced witness or secondary trauma? **[n=2,425 responses]**

Mean = 28.4 times

50. When did the most recent incident of witness or secondary trauma take place? *(Please provide your response in numeric format, e.g. MM/YYYY, or indicate 'DR' if you don't remember)* **[n=5,861 responses]**

9.7% reported witness or secondary trauma in 2013

51. Are you able to recall the details of the incident and how it affected you? **[n=2,745 responses]**

86.6%	Yes
13.4	No **(SKIP TO Q.57)**

52. What was the nature of the original situation that precipitated the witness or secondary trauma? *(Select all that apply)* **[n=2,540 responses]**

49.9%	The abuse of a child
22.6	A physical assault on a co-worker
30.9	Threats or verbal/written abuse of a co-worker
22.0	Other, e.g. stalking (please specify): **Other responses included:** *An assault on a client; Child committed suicide; Youth attempted suicide; Death of a child; Bomb threat; Domestic violence; Murder of a client; Co-worker attacked/bitten by guard dog; Threat to CAS building and/or CAS staff inside the CAS building.*

53. Where did the original incident you witnessed or heard about take place? *(Select one)* **[n=2,389 responses]**

41.6%	At a client's home
38.2	In a CAS office
4.1	At another work location (e.g. supervised access location)
4.9	In a public place (e.g. restaurant, shopping mall)
.8	At a co-worker's home
10.5	Other (e.g. in a vehicle, while transporting a client) (please specify): **Other responses included:** *Foster home/group home; hospital; CAS parking lot; jail; police department.*

54. Who committed the original incident? *(Select all that apply)* **[n=2,540 responses]**

12.8%	A child or youth
66.9	A parent or family member of the child or youth residing at the same address
12.3	A non-resident parent or family member
4.3	A neighbour or friend of the client
12.1	Another individual

55. Which of the following describe your feelings/experience after learning about the original incident? *(Select all that apply)* **[n=2,540 responses]**

43.9%	I was able to cope effectively with the psychological stress
45.3	I was psychologically distressed after the incident
47.4	I was able to get suitable (informal) help from my co-workers
24.4	I was able to get suitable help from my supervisor
5.0	I was able to get suitable help from our trained peer support team
4.3	I was able to get suitable help through my employee assistance program
24.7	I was able to get suitable help from family, friends or personal health care provider
4.4	None of the above

56. Which of the following describe your experiences and feelings since the incident? *(Select all that apply)* **[n=2,540 responses]**

11.6%	I have received additional training/briefing on dealing with such witness or secondary trauma
17.2	I would be better able to cope with such witness/secondary trauma now
27.0	I still need more training and support to deal with such trauma that may occur in the future
13.1	I now feel more hesitant about performing my child protection duties
41.0	None of the above

'Property Damage' is defined in the survey as the deliberate breaking, damaging or theft of property belonging to you or the CAS as a result of your role as a CAS worker.

57. During your work with this CAS, have you experienced damage to, or theft of, your personal property (e.g. your car) or CAS property in your possession, from a client or someone else (not a CAS employee) in the course of carrying out your duties? **[n=5,749 responses]**

16.2%	Yes
83.8	No **(SKIP TO Q.59)**

58. Please describe the situation:

The most commonly-cited reports of damage pertained to damage to the CAS workers' vehicle (e.g. tires slashed, car 'keyed', windshield smashed). Many workers reported that money had been stolen from their purse/wallet and stolen ipods or cellphones were also commonly reported. More dangerous incidents included: clients loosening the lug nuts on a workers' car tires; threatening letters placed on a worker's car windshield, and a client placing knives under the workers' tires in the CAS parking lot. Eggs being thrown at a worker's car causing paint damage and incidents of clients throwing eggs at a worker's home were also reported.

59. During your work with this CAS, are you aware of any deliberate damage or threats made to the CAS building/office? **[n=5,559 responses]**

50.6%	Yes
49.4	No **(SKIP TO Q.61)**

60. Please describe the situation:

Respondents noted that damage to their CAS building was a regular occurrence and commonly involved clients breaking windows or entrance doors with rocks or other objects. Clients using their vehicles to cause damage to the CAS building was frequently noted (e.g. ramming a vehicle into the main entrance, driving a truck on fire into the building in order to destroy the office). Threats to blow-up and/or burn down the CAS building formed the majority of the responses. Other incidents included: spray painting of graffiti on the outside of the building, 'egging' of the building, nails being left in the parking lot, causing numerous flat tires. Break-ins were also reported, with computers being stolen and feces smeared on the walls.

Other Incidents of Assault/Threat/Abuse/Trauma

61. Other than the incidents reported above, have you ever experienced assault/abuse or trauma during the course of your work for any CAS that was worse than the latest incidents you reported above? **[n=5,631 responses]**

    19.1% Yes
    80.9 No **(SKIP TO Q.63)**

62. Please describe the worst incident that you have experienced:

    Respondents noted many serious incidents such as: A very young (4-year old) child attempting suicide; Hostage taking of a CAS placement student at knife point for many hours inside the CAS building; A client knew where I lived and when we apprehended his children he stated he would have me killed; Stabbing of a co-worker; A youth threatening to kill the CAS worker on multiple occasions; A youth physically assaulting a worker, causing a black eye. A serious physical assault of a CAS worker in the parking lot of a CAS building which resulted in secondary trauma for many co-workers.

Section 3: Safety Programs, Training, etc.

63. Overall, how would you rate: *(Select one for each of (a) and (b))*

	Very Poor	Poor	Adequate	Good	Very Good	Cannot Assess	PI*
(a) How this CAS addresses the overall protection of worker safety	5.3%	19.4%	28.6%	22.2%	19.7%	4.8%	58.0%
(b) How this CAS supports your JHSC's work to protect CAS worker safety	3.9	14.9	26.1	21.3	20.0	13.9	59.8%

64. How would you rate your supervisor's work in protecting you from work-related: *(Select one for each of (a) to (c))*

	Very Poor	Poor	Adequate	Good	Very Good	Cannot Assess	PI*
(a) Physical assault	2.7%	7.8%	21.5%	21.8%	29.1%	17.2%	66.8%
(b) Verbal/written abuse and threats	3.7	11.1	21.9	21.8	26.7	14.9	64.3%
(c) Witness/secondary or post-incident trauma	4.5	12.6	21.2	20.2	24.9	16.6	62.2%

65. To what extent do you agree with each of the following statements regarding your direct supervisor's or manager's support for safety in your work group: *(Select one for each of (a) to (h))*

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Not Applicable	PI*
(a) My supervisor/manager discusses how to improve safety with workers	27.1%	25.2%	19.5%	12.3%	6.4%	9.5%	36.5%
(b) My supervisor/manager uses explanations (not just compliance with rules) to encourage safe practices	29.6	25.0	19.0	11.5	6.0	8.9	34.9%
(c) My supervisor/manager frequently discusses the potential hazards in our work	19.3	22.4	21.1	18.2	10.5	8.4	44.6%
(d) Upholds safety rules when work falls behind schedule or when under pressure	27.3	20.4	22.4	11.8	6.5	11.6	37.5%
(e) My supervisor/manager is strict about observing worker/workplace safety rules even when we are tired or stressed	25.4	20.8	24.7	11.9	7.4	9.7	38.9%
(f) My supervisor/manager ensures all safety rules are followed (not just the most important ones)	27.8	22.5	25.6	10.4	5.5	8.3	35.9%
(g) My supervisor/manager says a 'good word' to workers who pay special attention to safety	17.7	17.2	30.3	14.3	9.2	11.3	45.1%
(h) My supervisor/manager spends time helping us learn to foresee problems before they arise	22.3	21.7	23.4	14.8	8.9	8.9	41.7%

Training in Occupational Health & Safety (OHS)

66. Is OHS-worker safety training mandatory at your CAS? **[n=5,739 responses]**

46.0% Yes, for all staff
3.6 Yes, but only for front line workers
8.6 No
41.8 Don't know

67. In your opinion, does your CAS provide you with effective training for you in each of the following areas? *(Select one for each of (a) to (j))*

		Yes	No	Don't Know/ Not Applicable	PI*
(a)	General training on OHS and the OHS Act	47.1%	22.7%	30.3%	62.3%
(b)	Training on the CAS Workplace Violence Policy	53.3	28.6	18.1	62.4%
(c)	Working alone	33.8	47.5	18.7	43.3%
(d)	Dealing with dangerous clients	37.2	45.3	17.5	46.0%
(e)	De-escalating situations with clients	45.7	38.8	15.6	53.6%
(f)	Assessing risks of client interactions	41.5	38.7	19.9	51.5%
(g)	Assessing risks associated with fieldwork, client home visits	39.0	37.8	23.2	50.7%
(h)	Building resilience for psychological impacts of your work	24.6	54.6	20.9	35.1%
(i)	Incident reporting	57.3	28.6	14.1	64.5%
(j)	Self-defense (training related to protection from violence)	25.8	54.3	19.9	35.9%

OVERALL ASSESSMENT OF CAS OHS-VIOLENCE TRAINING:
PI = 50.1% [n = 5,502 responses]

68. Approximately how many hours of OHS training related to workplace violence have you received in the past 12 months? *(Please provide your best estimate)* **[n=3,197 responses]**

Mean = 1.9 hours **POPULATION ESTIMATE:** About 20% (or n = 1,700) reported that they had received training

69. Overall, how would you rate the effectiveness of worker safety training provided by your CAS? **[n=5,716 responses]**

9.1%	Very Poor
26.6	Poor
27.3	Adequate
14.6	Good
8.3	Very Good
14.1	Cannot assess

PI = 46.7%
[n = 5,716 responses]

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* **PI** = Performance indicator, where '0%' = all respondents answer **'Very Poor'** and '100%' = all respondents answer **'Very Good.'** **'Cannot Assess'** responses are discounted from this calculation.

70. If any of the CAS worker training you have received does not fully meet your (or other employees') needs, how could this training be improved (including new types of training) to better protect workers from assault/threats/abuse/trauma?

Many respondents noted that training for administrative staff would be helpful, as they often have to deal with disgruntled clients on the phone or at reception. It was stated that administrative support staff receive no training in workplace violence -- the focus is on training for child protection workers. However, administrative support staff often have to deal with angry and potentially violent clients and it would be helpful if administrative staff had training on how to defuse a hostile client. Other suggested useful types of training included: learning about best practices to avoid escalating situations with parents; having a clear policy on engaging with clients who are known to be violent/verbally abusive; having the local police or OPP provide a training day for all staff to attend - could teach workers various ways of dealing with high risk or agitated clients; more refresher courses; training on the de-escalation of situations - preventing situations - training and reinforcement about the need to leave the situation/home/call when client escalated so that it does not reach a point of threats or actual harm. Self-defense classes should be offered once a year; use real life situations during training; learn more skills on how to deal with own anxiety and how that impacts situations and can escalate or de-escalate; learn to recognize signals. Training should take place within teams or pods so workers are more comfortable speaking of situations where they felt threatened. Training will not be effective without support -- some workers don't feel comfortable reporting verbal abuse trauma as it ends in criticism or dismissal of concerns. On the other hand, a number of respondents indicated that they had not received any safety training at all, or had not received any in 5+ years and it would be helpful to have a refresher.

Safety Policies and Procedures

71. Does your CAS have a system for identifying clients who pose a higher risk for violence and a related strategy for minimizing risk to workers? **[n=5,707 responses]**

60.4% Yes
10.0 No (**SKIP TO Q.73)**
29.6 Don't Know **(SKIP TO Q.73)**

72. How satisfied are you with the way that your CAS identifies and manages risks from clients? **[n=3,438 responses]**

7.2% Very Dissatisfied
21.0 Somewhat Dissatisfied
22.4 Neither Satisfied nor Dissatisfied
33.9 Somewhat Satisfied
15.4 Very Satisfied

PI = 57.4%
[n = 3,438 responses]

73. Is the CAS office designed to minimize risks from interactions with clients and others (for example, designed to allow for the easy visibility of all interactions with clients, secured staff areas, alarms, absence of sharp edges or items that could potentially be used as weapons)? **[n=5,667 responses]**

38.3% Yes
46.3 To some extent
10.6 No
4.7 Cannot assess

74. How satisfied are you with the way in which the physical design/layout of your CAS office provides for worker safety? **[n=5,703 responding]**

9.9% Very Dissatisfied
20.6 Somewhat Dissatisfied
25.2 Neither Satisfied nor Dissatisfied
28.8 Somewhat Satisfied **(SKIP TO Q.75)**
15.5 Very Satisfied **(SKIP TO Q.75)**

PI = 54.9%
[n = 5,703 responses]

75. In your opinion, what could be done to improve safety at your CAS office?

The parking situation at CAS offices were mentioned frequently in terms of needing improvement (many were described as needing improved lighting and monitoring, especially after hours). Having a separate, restricted area for staff to park -- separate from clients -- was also noted. Suggested improvements for the interior of the building included: having a security guard situated outside of the meeting room. More easily accessible washrooms for staff on the upper floor of the building - not having the main washroom shared with clients, which could result in the potential for staff being confronted by clients in an unsafe, insecure area of the building where few staff are within the immediate vicinity to assist, if needed. Improved security features for the administrative assistant/receptionist (i.e., installing bullet-proof glass); situating meeting rooms on the first floor rather than having to get on an elevator with potentially violent clients; and designing more meeting areas with clients that are separate from staff work areas were also noted as potential improvements.

76. Does your CAS have a procedure in place for assessing and managing potential risks in the environment outside of the office (e.g. in client homes, supervised access sites, etc.)? **[n=5,686 responses]**

34.4% Yes
19.2 No
46.4 Don't Know (**SKIP TO Q.78)**

77. How satisfied are you with the way in which your CAS assesses/manages environmental risks (e.g. in the neighbourhoods you work in)? **[n=3,030 responses]**

13.5% Very Dissatisfied
25.1 Somewhat Dissatisfied
27.2 Neither Satisfied nor Dissatisfied
24.4 Somewhat Satisfied
9.8 Very Satisfied

PI = 48.1%
[n = 3,030 responses]

78. Which of the following are currently in place and effectively being enforced by your CAS? *(Select all that apply)* **[n=5,861 responses]**

43.5% A policy/procedure on reporting/checking in when a worker is in the field
29.6 A policy/procedure on when to call for back-up
24.7 A policy/procedure on working alone
29.2 A policy/procedure on when to leave an unsafe situation
47.7 None of the above/Don't know

79. How effective are the following in terms of enhancing the personal safety of CAS workers? *(Select one for each of (a) to (k))*

	Not at all Effective	Somewhat Effective	Very Effective	Don't Know/ Not Applicable	PI*
(a) Video surveillance equipment in CAS offices	10.3%	37.5%	19.9%	32.3%	54.9%
(b) Additional exterior lighting in CAS offices	7.7	42.4	31.7	18.3	62.1%
(c) Emergency codes to alert staff of emergencies within the CAS building	9.7	30.4	37.8	22.1	64.2%
(d) Alarm system/panic stations within/without the CAS building	8.6	31.3	37.0	23.2	64.3%
(e) Panic pendants for staff in high-risk situations within the CAS building	9.2	22.0	32.3	36.4	61.7%
(f) Restricted access to staff areas	4.4	31.1	58.9	5.6	77.3%
(g) Cell phone contact for staff in the field	4.3	32.3	53.0	10.4	74.5%
(h) Communications technology to stay in touch where there is no cell phone service	19.2	10.5	19.7	50.6	50.4%
(i) Phone or other device with emergency call button for staff in the field	13.4	14.3	25.8	46.4	56.4%
(j) Use of phone-based system or other electronic system to track workers in the field	14.0	17.6	20.7	47.7	53.5%
(k) Two-way radios available for staff in the field	17.9	8.4	8.9	64.8	45.7%

80. How satisfied are you with your CAS's use of safety-related technology for workers 'in the field'? **[n=5,662 responses]**

13.1%	Very Dissatisfied
20.3	Somewhat Dissatisfied
42.2	Neither Satisfied nor Dissatisfied **(SKIP TO Q. 81)**
18.0	Somewhat Satisfied **(SKIP TO Q.81)**
6.3	Very Satisfied (**SKIP TO Q.81)**

PI = 46.1%
[n = 5,662 responses]

81. Please explain why you are dissatisfied (e.g. technology which is needed or needs improvement):

More than three-quarters of workers responding to this question indicated that they do not have any access to safety-related technology when in the field, other than the use of their own cell phone. Some agencies provide field workers with cell phones, but not all, meaning that employees have to use their own cell phones to assist them in difficult situations. The other common source of dissatisfaction was the fact that workers basically have no access to technology in difficult situations when they are in the field, since cell phone reception is non-existent in many rural areas of the province. Even when there is cell phone service, workers indicated that they have to rely on each other for assistance -- in particular, Access workers, who often work on evenings and weekends noted that they rely on each other by texting or calling at the start and end of the visit.

82. Does your CAS provide clients with information to manage their expectations of CAS workers? **[n=5,680 responses]**

35.4%	Yes
21.5	No
43.1	Don't Know

83. In your opinion, is providing good information to clients a significant factor in increasing their cooperation? **[n=5,690 responses]**

72.2%	Yes
7.8	No
20.0	Don't Know

84. How satisfied are you with the information that the CAS provides to clients in terms of aiding your relationship with clients? **[n=5,630 responses]**

5.3%	Very Dissatisfied
13.7	Somewhat Dissatisfied
57.3	Neither Satisfied nor Dissatisfied **(SKIP TO Q.86)**
18.7	Somewhat Satisfied **(SKIP TO Q.86)**
4.9	Very Satisfied **(SKIP TO Q.86)**

PI = 51.1%
[n = 5,360 responses]

85. Please explain what could be improved:

A number of employees reported that no information (other than how to make a complaint) is currently provided to clients and that this, in fact, is a problem and needs to be improved. Others suggested distributing pamphlets/brochures right away, at the beginning of a clients' involvement with the CAS, outlining CAS roles and responsibilities as well as the rights and responsibilities of clients. These materials should be produced in an easy-to-read/ easy-to-understand format and be made available in multiple languages, to reflect the diversity of the population being served (the issue of needing to have information made available to clients in languages other than English or French was noted as a needed improvement by a number of employees). Another suggestion was to create a web-site which would clearly explain the role of the CAS and dispell some of the negative myths surrounding the CAS. The need for improved public relations with schools, service providers and the media in particular, were also noted (some felt that the media was not supportive of the CAS and/or CAS workers).

Incident Reporting and Follow-up

86. Does the CAS have a system for reporting incidents which involve violence/abuse/threats/trauma? **[n=5,680 responses]**

25.5%	Yes, and I use this system regularly
9.0	Yes, but I do not understand it
27.7	Yes, but I do not use it all of the time
3.4	No
34.4	Don't Know/Never experienced an incident which needed to be reported

87. Does your CAS have a protocol for capturing 'near misses' for workers (i.e., incidents that might have resulted in injury or trauma to the worker)? **[n=5,686 responses]**

19.9%	Yes
21.9	No
58.2	Don't Know

88. Do staff receive feedback on actions taken in response to incident reports made by CAS, JHSCs or others? *(Select one)* **[n=5,671 responses]**

26.6%	Yes
19.8	No
53.6	Don't Know

89. How satisfied are you with your CAS's incident reporting process, in terms of comprehensiveness and follow-up? **[n=5,624 responses]**

6.9%	Very Dissatisfied
14.3	Somewhat Dissatisfied
54.5	Neither Satisfied nor Dissatisfied
16.6	Somewhat Satisfied
7.7	Very Satisfied

PI = 51.1%
[n = 5,624 responses]

90. Are you aware of staff ever being disciplined at your CAS as a result of an incident report? **[n=5,639 responses]**

6.6%	Yes
49.1	No
44.3	Don't Know

Psychosocial Supports at Your CAS

91. Does the CAS provide support to workers to deal with the psychological effects of work (e.g. employee assistance program, trained peer support team, resilience training and programs, professional post-incident counselling)? **[n=5,655 responses]**

84.0%	Yes
4.7	No **(SKIP TO Q.92)**
11.4	Don't Know **(SKIP TO Q.92)**

92. How satisfied are you with the availability and quality of your CAS's psychosocial supports? **[n=5,009 responses]**

8.5%	Very Dissatisfied
14.8	Somewhat Dissatisfied
35.1	Neither Satisfied nor Dissatisfied
24.3	Somewhat Satisfied
17.3	Very Satisfied

PI = 56.9%
[n = 5,009 responses]

93. Have you ever used any of the psychosocial supports available from your CAS for an incident or witness/secondary trauma while working at this CAS? **[n=4,974 responses]**

24.6%	Yes
75.4	No **(SKIP TO Q.95)**

94. How satisfied were you with the support provided for dealing with the psychological effects of your work? **[n=1,258 responses]**

10.6%	Very Dissatisfied
18.3	Somewhat Dissatisfied
14.5	Neither Satisfied nor Dissatisfied
35.6	Somewhat Satisfied
21.1	Very Satisfied

PI = 59.7%
[n = 1,258 responses]

Workplace Safety Culture (Indicators of Overall CAS Safety Program Quality/Capacity)

95. Please indicate the extent to which you agree with each of the following statements regarding workplace violence protection as it relates to interactions with clients: *(Select one for each of (a) to (k). If an item is not applicable or you don't know, please select **'DK/NA'**)*

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	DK/ NA	PI
(a) I am confident that I know what to do if I encounter an emergency or threatening situation	3.1%	10.7%	12.5%	44.1%	23.8%	5.8%	68.8%
(b) I talk about potentially dangerous work with my supervisor beforehand, so we can minimize risks	3.6	7.8	13.7	32.0	24.8	18.1	66.8%
(c) I have ready access to technology that allows me to stay in touch with the office at all times	6.4	10.2	9.7	31.6	28.3	13.7	66.4%
(d) I can effectively assess the risks of a home visit before making the visit	3.6	11.3	13.3	30.6	13.7	27.5	60.0%
(e) I am skilled at de-escalating conflict when it arises	1.9	5.1	12.3	40.7	27.9	12.1	72.0%
(f) The CAS has effective procedures in-place when back-up is needed and when to leave a situation	8.3	17.2	17.8	22.8	12.8	21.0	53.8%
(g) If a threatening or dangerous situation arises, I can readily get support from police or others	3.5	10.3	13.6	33.9	26.4	12.4	67.5%
(h) When I need to make a home visit or transport a client, I can get help from the police or a co-worker	2.1	8.4	12.5	28.1	22.1	26.9	65.1%
(i) The CAS has a good system for checking in with me when I am working outside the office	13.2	17.6	16.2	19.1	12.3	21.5	50.1%
(j) The safety policies in this organization are consistently carried out in practice	8.3	16.7	23.5	21.8	12.0	17.7	53.2%
(k) When I approach my supervisor about a safety issue, I know he/she will attempt to resolve it	3.1	6.1	13.5	26.2	41.0	10.1	74.1%

Capacity: Responses to Q.95 (above) were summarized into 2 indicators of capacity, as shown below. Where worker capacity was computed from Q.95 (a), (c), (e), CAS capacity was computed from Q.95 (d), (f) to (k).

Worker Capacity (PI = 67.0%) [n=5,597 responses]*
CAS Capacity (PI = 61.5%) [n=5,491 responses]

Interagency Collaboration

96. Does the CAS collaborate effectively with other agencies (e.g. police, other social service agencies) on issues that affect worker safety?` **responses]**

52.6%	Yes
8.5	No
38.9	Don't Know **(SKIP TO Q.98)**

97. How satisfied are you with the police response when CAS workers request assistance? **[n=5,661 responding]**

4.0% Very dissatisfied
13.4 Somewhat dissatisfied
18.1 Neither satisfied nor dissatisfied
24.3 Somewhat satisfied **(SKIP TO Q.99)**
17.4 Very satisfied **(SKIP TO Q.99)**
22.8 Cannot assess **(SKIP TO Q.99)**

PI = 59.6%
[n = 5,66 responses]

98. Please explain what needs to be improved:

The overwhelming feeling was that a quicker response time from police is needed. It was reported that, in rural areas, police place a low priority on this type of call for assistance. Sometimes the police do not respond at all and, if they do, sometimes do not stay long enough to ease the situation. Police make their own judgement whether or not to respond to a call for help from a worker. Sometimes police tell workers that it is part of their job to expect clients to be mad, yell, threaten and assault them. Police are often not available unless 911 is called. Making sure that the police truly understand the nature of the work (and the associated dangers that front-line CAS staff face on a daily basis and the potential dangers that they face every time they go to a client's home). Better collaboration with the police in general -- implement better co-teaming approaches when providing services to a family/parents, especially where there is known violence or when a worker has to make a visit in a neighbourhoods that is unsafe.

99. Do you feel that increased collaboration with other CAS's is desirable in order to aid the development of safety policies & programs at your CAS? **[n=5,640 responses]**

42.4% Yes
11.4 No **(SKIP TO Q.101)**
46.3 Don't Know **(SKIP TO Q.101)**

100. What type(s) of collaboration do you feel would be most important over the next 5 years?

Many suggestions were put forward, such as: being informed of what other safety policy and procedures are in place in other similar organizations and learning what is effective and working as well as what does not work; working together on files - sharing risk-related information - using technology that is compatible between agencies - a unified computer/recording system with a uniform risk system; creating consistent province-wide policies on working in the field; developing best practices jointly so there is consistency across agencies; improve access to client files - shorten the time required to receive a file from another agency, so that if the client has had aggressive behaviour towards CAS staff in the past, the current worker would be notified prior to attending the home; having a standard level of safety training required of staff on an ongoing and continual basis that is implemented on a provincial level. Having standardized equipment and procedures for geographic areas (i.e., Northern Ontario, Southern Ontario Urban areas, Southern Ontario rural areas).

Section 4: Areas for Improvement

101. In terms of safety practice and/or training, which of the following are most in need at your CAS? *(Select all that apply)* **[n=5,861 responses]**

48.6% Improved management (e.g. demonstrates commitment, support; provides resources, training)
43.9 Improved supervisory skills (specifically dealing with safety issues)
63.3 Improved training for front-line workers (specifically dealing with safety issues)
50.4 Improved training for support/office staff (e.g. reception) (specifically dealing with safety issues)
50.7 Improved technology
21.6 Improved (clearer) job descriptions
33.2 Improved support from the police
6.6 None of the above
5.7 Other (please specify): **Other responses included:** *Buddy system with evening home visits or public visits. Providing safety training for volunteers (they are face-to-face with clients more than the workers most times, as they drive for Access several times a week or transport clients or children). Clear advertised policy and procedure to deal with in-house emergency. Ensuring that all supervisors are providing the same message about safety. Improved training/discussions with upper management in order to help them to see the risks that workers face on a daily basis. Reducing the stigma associated with refusing to attend a home visit for safety reasons. A way that staff can report internal abuse if it is their senior staff members, so they are not reprimanded, fired or forced out of their job.*

102. What else, if anything, could your CAS do to help improve your own personal safety while performing your duties?

The two key items noted by respondents were: providing self-defense courses for workers; and allowing two workers to attend or perform a duty that a worker feels may be potentially unsafe (e.g. implementing a 'buddy' system, having more workers go out in 'teams' when they feel this is warranted, working in pairs). Many also cited that there should be regular checking on workers when they are out in the field in the evening (after hours); and there is a need for improved technology to track workers when in the field. Providing Winter driving safety courses for workers, especially for those workers who make visits in rural areas, and devising a better technology system for workers in rural areas would also be very helpful, since cell phone reception is not always available and in a crisis situation this is vital. More support (consistent support) from supervisors about potentially dangerous situations was also frequently mentioned.

103. Does your CAS have a specific program or innovation related to worker safety that you think is particularly helpful and/or may benefit other CAS's to help improve their worker safety? If yes, please describe.

Numerous programs were noted, including:

- *Accident and Incident Reporting and Investigation Form. As reported by the worker, the supervisor documents the incident and it goes to a designated group for follow-up. This process requires the implementation of safety, follow-up and accountability to support the worker.*
- *A custom application called REACH that allows workers to sign in and out of appointments using their iPhones while they are in the field. Workers input their current location and the approximate length of their stay. Matrix allows workers to flag persons with violent/threat history. Supervisors get an alert when a worker does not check in after the time they allotted to the appointment. Supervisors then follow up to ensure the worker is safe and determine whether to take action.*
- *An alarm system in the building with specific policies about what action people should take depending on which alarm is happening. These alerts cover situations in various areas, including secure area of building, lobby, the parking lot. The alarm codes are associated with different areas. In addition, for some of the alarms, police are automatically called without a person having to pick up the phone and place a call.*
- *Alert and Assist devices carried by front-line and after hours workers (GPS locator that a worker activates if in danger) with a direct link to police.*
- *Annual visit from local police at staff meeting to address personal safety issues and teach techniques to ensure personal safety.*
- *Panic pendants for staff to utilize when supervising high risk visits or meeting with clients. Once the pendant is pressed, the police are notified and respond quickly. We also utilize a code system in the building and parking lot, when the codes are announced, it notifies staff and volunteers of the code. This is a great system to notify all of impending danger or medical emergency. We also have emergency pull stations in the parking lot that directly go to the local police.*
- *'Check on me' (cell phone APP).*
- *Code White alarm buttons to alert reception and call police. Wearing Safety Necklace for each room while meeting with clients.*
- *Continuum of Care for Employee well-being. The model is an evidence involved model that evolved after an extensive literature review, two interviews with psychologists, staff focus groups, analysis of agency data and review of the Canadian Standards. The model evolves from the mantra "Take care of yourself, take care of each other, take care of this place". Once fully operationalized (expected in 2014), the model includes required annual debriefing for all employees (preferably individual but group will be made available), Critical Incident Stress Debriefing that is incident specific, peer support model, EAP services, clinical supervision model to include the supervisors role in debriefing, employee orientation about vicarious and secondary traumatic stress, compassion fatigue and compassion satisfaction.*
- *Crisis Prevention Intervention (CPI) training (Non-violent crisis intervention), along with yearly refresher course.*
- *In collaboration with local police, one squad of police deal with the area which our office is located in. The police have floorplan layouts, all officers on this squad are orientated to our building layout, security plans, and what and how we do our work. The police are assisting in modifying our emergency code responses.*
- *GPS devices to alert of potential/actual safety threat.*
- *Inputting of "safety alerts" on client file to identify any potentially dangerous/unsafe situations.*

103. (cont'd.)

- *A Worker in Community Electronic check-in system as well as accompanying policy and procedure which governs its use. When first implemented, supervisors needed to be reminded that it was a health and safety initiative and the data was not to be perverted to facilitate employee tracking. Once these details were ironed out, the system has somewhat improved.*
- *Panic button that is linked to our security service who will contact police directly when the panic button is activated.*
- *The "Buddy System". Workers call the "Buddy System" before home visits and give their name, their supervisor's name, as well as the family name/address and provide a check-in time. If the worker does not check in by the time they stated, they are called to make sure they're OK. If the worker can't be reached, the supervisor is notified, who attempts contact. If there is still no contact with the worker, the police are notified and follow-up occurs.*
- *A dedicated Health and Safety website that contains all the policies, alerts, forms, etc. which is available to all staff. The link appears on a worker's Intranet page as soon as they open Internet Explorer. We also use Policy tech to track polices that staff are required to read. We can run reports at any time to see who has or has not read a Health and the Reach mobility software that tracks staff whereabouts through their IPHONE when do any type of client visit. This has proven to be an amazing tool for worker safety.*
- *A PEER support program and a comprehensive Health and Safety manual that may benefit other CAS's to help improve their worker safety.*

Section 5: About Your CAS

104. Which CAS are you employed by?

Responses were received from 5,800+ employees, however, no responses were received from the Aboriginal CASs

105. To ensure that we are able to determine that responses have been received from all areas of the province, please indicate the first 3 digits of your office postal code:

____ ____ ____

Section 6: Other Comments

106. If you have any other comments regarding worker safety or would like to explain any general workplace issues which you feel affect worker safety (e.g. the cumulative effect of your work or workload), please explain below. As well, feel free to use this space to clarify any of your responses, including why you may have chosen to not answer certain questions.

Many workers voiced concern over the reporting of violent incidents and the repercussions in terms of their job performance. Many employees across many CAS's keep silent about how unsafe they feel in the practice of child protection. They feel that there is a very strong critical culture from management that encourages front-line workers to feel as though suffering psychological distress due to work is a flaw of the worker and that, importantly, they will be seen as incapable of "handling" the stresses of the job and may be terminated. As such, many front-line staff are hesitant to report incidences of violence/psychological stress experienced on-the-job for fear of discipline and/or termination. As well, many staff do not use the workplace peer support teams after a traumatic incident because of fears of being identified as "struggling" and thereby incapable of performing their job. A serious campaign to raise the awareness about the psychological distress experienced by front-line workers, both from traumatic incidences as well as day-to-day stressors of the job that increase workers' experience of trauma is needed at the public and agency levels. A method would also be needed that allowed and empowered workers to effectively challenge incidences of wrongful termination or intimidation by management when a worker experiences trauma that requires significant support.

107. How long did it take you to complete this survey?

Mean =25 minutes

Section 7: Contact Information (Voluntary & Strictly Confidential)

To aid the researchers in ensuring that all key staff groups have been able to provide input, we are requesting the following contact information, which is completely voluntary. This information will also be helpful in the event that the researchers need to contact you to clarify any of your responses.

Any identifying information will be kept strictly confidential and will only be seen by SPR's senior managers. All information obtained from this survey will be compiled in non-identifiable form, to assist in the preparation of the study report. If you wish to receive a summary of the final report, please provide your e-mail address below.

Please indicate your:

Name: _____

Title: _____

City/Town of your CAS Office: _____

Day-time telephone: _____

E-mail: _____

Thank you!
Please click SUBMIT below to record your responses.

SUBMIT

Report for an Independent Study Conducted by SPR for the Worker Safety Sub-Committee of the Joint Labour-Management Committee of the Ontario Association of Children's Aid Societies
Funded by the Ontario Ministry of Children & Youth Services

Appendix C: Summary of Results from the Survey of CAS Organizations

July 31, 2014

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CAS Organizational Survey on Employee Safety

A *confidential* survey conducted by SPR Associates for the Child Welfare Sector in Ontario, directed by the Joint Labour-Management Worker Safety Sub-committee (funded by the Ontario Ministry of Children & Youth Services)

Interpreting the survey results

Statistical Results: Results are shown within for 34 CASs which responded to the organization survey on Employee Safety. Of these 34, only 29 identified themselves, 5 responses were anonymous.

Response Bias: The researchers wondered if this sample was representative, and conducted a test. The test examined those CASs responding and not responding to the survey, comparing overall ratings of performance from the 5,000+ employees from these CAS agencies. Interestingly, we determined that differences were modest. Those responding to the CAS survey were higher in employee overall ratings, but only slightly so. We concluded that non-response was likely an indication that some CASs either did not wish to be scrutinized or support the study effort, or did not feel they had sufficient time to respond to the survey.

Results are presented in the following manner on each page:

- The % of CASs selecting each response;
- Means (averages) are shown for numeric responses;
- The number of CASs responding to a question is shown in square brackets [n=...];
- *Performance Indicators (PIs)* are shown for most 5-step rating questions to indicate standing on a 0-100% scale*, whereby "0" equals* the lowest (or most negative) response and "100" equals the highest (or most positive) response. Choices such as "Don't Know" or "Cannot Estimate" have been made missing and are excluded from computations.

Performance Indicators are somewhat like a 'grade', as shown in the example below:

Performance Indicators are also provided for certain broad areas, such as:

- overall safety performance (Q.61)
- supervisors' performance (Q.62)
- training (Q.78)
- a variety of other safety provisions.

A Rated Indicator (RI) has been applied to Questions 9 and 10, for difficulty of caseload: 0%-100% ratings are shown, for agency descriptions of client caseload, where 100% = the most difficult or complex.

Comments are provided in footnotes [*], or appear in yellow highlighting.

Limitations: Due to the small sample size and some gaps in reporting related to information systems, *caution is recommended in interpreting these results*. A particular instance is numeric data on the frequency of certain types of injury experiences. CASs were only able to provide about 40% of the details requested. *This was not a surprise, as one main survey goal was simply to test what type of information CASs could retrieve. Another limitation was that the survey did not include any of the Aboriginal CASs. Thus these results are primarily advisory and to promote discussion.*

Open-Ended Data: A summary of key open-ended questions is provided within.

Selected Highlights of the CAS Organizational Survey Results

High Variability: While these data suggest many shortfalls exist in CAS's responses to worker safety, there are some positive points. For example, some of the survey responses showed specific CASs which performed very highly as regards safety protection. Other CASs indicated much lower levels of safety protection for employees.

Comparisons of CAS and CAS Employee Assessments of Safety Topics: SPR concluded that the CAS responses could be better positioned for consideration if compared to employee responses to similar questions.

Several key performance indicators are noted below for both, using similar measures. These are provided for the 66% of CASs responding to the survey, and the 68.5% of employees who provided assessments. Some key comparisons were as follows (*relying on comparable performance indicators*). Employee assessments were from 5,800+ employees, CAS assessments were from senior managers of 34 CASs which responded to the survey.

Performance Areas	PIs for CAS Employees	PIs for CASs
Overall CAS training/protection of worker safety	58.6%	84.2%
Assessment of supervisors' protection of workers	63.0	78.7
Assessment of effectiveness of worker safety training	46.7	64.7
Management of risks posed by clients	57.4	75.8
Safety and Security of the CAS office	54.9	77.9
Assessment, management of community/neighbourhood risks	48.1	68.9
Assessment of information provided to clients	51.1	73.5
Incident reporting process	51.1	69.9
Police response to CAS employee requests for assistance	59.6	72.8

Generally, CAS management's assessments of program effectiveness (as seen in the organization survey responses) were much higher than those of employees. The researchers tested the hypothesis that this might be because the CASs responding to the survey were **'better'** at protecting worker safety, but this hypothesis was rejected in a comparison of worker assessments from responding and non-responding CASs. These data suggest that there is a major disconnect between worker and management assessments of CAS safety programs.

To test the validity of the management perspective, we examined **one PI:** Satisfaction with CAS training as it varies across CAS occupation groups, using the employee survey data. This analysis showed that only senior management had a high rating of their CAS's performance (see below).

Current position at the CAS	Mean PI Rating for CAS Safety Training	N
Senior Management	67.8	174
Supervisory	56.8	578
Child Protection	39.1	2,854
Adoption/Foster Parent Support Programs	42.9	352
Support Services	48.9	333
Administration/Office	56.4	948
Other	53.1	458
Total		5,697

From a survey response science perspective, this was seen as reflecting the higher self-investment of managers in the CAS image.

Safety Programs: A similar analysis was conducted to examine the incidence of safety programs currently in-place. In every area examined, the analysis also showed managers reported more programs were in effect than did workers.

Selected safety programs reported by CASs	% for CAS Employees	% for CASs
Mandatory safety training for all staff	46.4%	70.6%
A system for identifying high risk clients	60.4	78.5
Office is designed to ensure safety	38.3	97.1
A system for assessing risks in neighborhoods	34.4	76.5
A system for workers to 'check in' when in the field	43.5	68.6
A policy/procedure on when to call for back up	29.6	60.0
A policy/procedure on working alone	24.7	51.4
A policy/procedure on when to leave an unsafe situation	29.2	51.4
Provides clients with information to manage expectations	35.4	93.9
Provides social-psychological supports to workers	84.0	100.
A system which is used to report on violence	73.2	91.2
A protocol for capturing 'near misses' in safety	19.9	52.8

Responses to the open-end questions also provided a variety of insightful information about health and safety programs – e.g. need for training etc.

CAS Organizational Survey Regarding Worker Safety

A confidential survey conducted by SPR Associates for the Child Welfare Sector in Ontario,
directed by the Joint Labour-Management Worker Safety Sub-committee
(funded by the Ontario Ministry of Children & Youth Services)

[INTRODUCTION AS PROVIDED IN THE ON-LINE VERSION OF THE SURVEY]

The purpose of this survey is to assess the current state of safety practices in Ontario Children's Aid Societies, in particular, regarding the extent to which child welfare workers and other CAS employees are protected from assault, threat (including stalking), verbal or written abuse or witness/secondary/indirect trauma. All 46 Ontario Children's Aid Societies are being invited to participate in this Organizational Survey. A parallel *Employee Survey* is also being conducted to obtain input from all *8,000+ CAS employees, across all levels (from front-line to senior management)*. The goal is a 100% response rate -- to be aided by multiple follow-ups from SPR, Children's Aid Societies' management, bargaining units, etc. A summary of the study findings will be shared with each CAS.

Who should complete the survey: While addressed to the Director of Human resources, ideally, the survey should be completed by a 'team', comprised of the Executive Director, HR Director, Management JHSC Chair, and/or other senior managers from your CAS, as desired. The researchers anticipate that, depending upon the robustness of individual information systems, this process could be more complex in larger CASs if you have multiple office locations. Since the survey is seeking the **"senior management view,"** for some questions, a meeting, sign-off or other mechanism may be desirable. An approved version of the completed survey should be submitted on-line by the team leader, on behalf of your CAS. Please retain a PDF or paper print-out of your completed survey for your own records.

Survey Content and Coverage: The survey requests information on CAS characteristics (service area, client groups served, etc.) to allow for a refined analysis which considers challenges facing specific CASs. Key topics examined in the survey include: (1) instances of assaults/threats/abuse/ stalking/vicarious trauma, etc.; (2) various policies, programs and training offered by CASs, how well these aid the protection of CAS employees, and (3) future directions. The data generated from the survey will be used to develop an Ontario-wide safety strategy for all CAS employees. Results from this Organizational Survey will allow for a thorough understanding of the organizational issues and practices as they pertain to worker safety in Ontario CASs. Because all CAS employees are part of the CAS service and support network and thus may be exposed directly or indirectly to assault/threats/abuse/trauma, both the Organizational Survey and the Employee Survey examine many of the same issues. It is important that 100% of employees (including senior management) participate in the Employee Survey, to allow for a full understanding of the frequency and scope of violence faced by workers. **The timeframe covered by the survey is January 1, 2013 - December 31, 2013.**
Timing: Your completion of the survey by March 10, 2014 will be appreciated.

Confidentiality: The survey is completely confidential -- a guarantee backed by SPR's 25+ year track record in surveys in policing, child welfare, national security, health and other sensitive areas. However, contact information is requested at the end of the survey, for the person responsible for the agency response, to aid survey quality control and assist with follow-up, in the event that clarification of responses is required. Only SPR's most senior researchers will have access to raw survey data or any identifying information. The final report will only show summaries of the survey data -- no identifiable individual agency responses will be revealed. If you would like to see how your responses compare to the overall findings of the study, please remember to print a copy of your completed survey.

Instructions: Questions can be answered by selecting the appropriate choice or typing in your own answer. Open-ended questions allow for a virtually unlimited response in terms of number of words. Where numeric information is requested, please provide your best estimate. The researchers understand that some organizations' information systems may not be aligned with the categories provided in the survey and may simply not be available. If an estimate cannot be provided or if you cannot answer a question, please explain this in the 'comments' section provided at the end of the survey.

To aid protection of privacy, please do not name specific persons, locations or agencies in your open-ended responses (an exception is where we ask for names of training programs you use).

1. Please enter the 8 character lower-case alphabetic password provided in the e-mail invitation you received, to begin the survey or to return to it later: ___ ___ ___ ___ ___ ___ ___ ___

Section 1: About this CAS Community & Workforce

2. Our agency serves: *(Select all that apply)* **[n=34]**

54.3%	An urban area with a population of more than 100,000
14.3	An urban area with a population of 50,000-99,999
22.9	An urban area with a population of 5,000-49,999
51.4	A rural area with a smaller population
14.3	Other isolated areas (e.g. islands, roads with only seasonal road access)
8.6	Remote Northern community(ies)
17.1	A large population of recent immigrants to Canada
22.9	A large population of Aboriginal people
11.4	A large population who do not speak English or French

3. How many sub-offices or satellite offices does your CAS have? *(Please indicate '0' if none)*

Mean = 4.8 [n=34]

Your Workforce

4. How many full-time equivalent employees (FTEs) presently work at this CAS? *(FTEs = Total hours all your employees work in a year divided by 2000.) (For multi-service agencies, please include only the FTEs that are reported in your Child Welfare Report to MCYS)*

Mean = 222.31 [n=34]

5. In terms of experience in child protection services, how many *employees* at this CAS have: *(Please provide your best estimate or indicate "0" if none)*

	# employees [Mean]	
Less than 1 year of experience:	10.38	[n=32]
1-2 years of experience:	18.33	[n=33]
3-5 years of experience:	27.73	[n=33]
6-10 years of experience:	48.68	[n=31]
11+ years of experience:	89.97	[n=31]

6. How many of the employees at this CAS are in each of the following categories: *(Please provide your best estimate; indicate '0' if none)*

	# employees [Mean]	
(a) Senior Management	8.14	[n=32]
(b) Supervisory	29.58	[n=33]
(c) Child protection (Intake, Family Services, Children's Services, Kinship)	105.66	[n=31]
(d) Residential Care	9.58	[n=31]
(e) Adoption, Foster Parent Support programs	13.62	[n=32]
(f) Support Services – Family Access	15.54	[n=33]
(g) Administration/Office	37.90	[n=33]
(h) Other services	14.55	[n=31]

7. How many of your employees are fluent in each of the following languages? *(Indicate '0' if none or 'DK' if you don't know or cannot estimate)*

	# employees [Mean]	
(a) English	231.70	[n=34]
(b) French	11.48	[n=29]
(c) An Aboriginal language	1.38	[n=13]
(d) Other language	28.00	[n=17]

Your Agency's Child Protection Caseload

8. Between January 1, 2013 and December 31, 2013, on an average day, how many families were in your CAS child protection caseload? *(Please provide your best estimate)*

Mean = 771.11 [n=28]

9. What percentage of the clients (children and their parents) in your caseload would you estimate have the following characteristics which may be indicative of *potential safety issues*? *(Select one for each of (a) to (d). Choose 'DK/CA' if you don't know or cannot assess)*

	Less than 5%	5-25%	26-50%	51-75%	76-100%	DK/ CA
(a) A criminal record	8.8%	20.6%	14.7%	5.9%	0.0%	50.0%
(b) A history of violence	8.8	8.8	32.4	5.9	2.9	41.2
(c) A history of substance abuse	0.0	12.1	27.3	15.2	6.1	39.4
(d) Been identified as 'difficult'	20.6	23.5	5.9	2.9	0.0	47.1

RI = 43.9

10. What percentage of the clients (children and their parents) in your caseload would you estimate have the following characteristics which may pose *service delivery challenges*? *(Select one for each of (a) to (d))*

	Less than 5%	5-25%	26-50%	51-75%	76-100%	DK/ CA
(a) Reside in remote communities	32.4%	23.5%	5.9%	8.8%	2.9%	26.5%
(b) Are recent immigrants to Canada	50.0	8.8	0.0	2.9	0.0	38.2
(c) Do not speak English or French	47.1	20.6	0.0	0.0	0.0	32.4
(d) Reside in "dangerous" neighbourhoods	35.3	17.6	5.9	0.0	2.9	38.2

RI = 43.9

Section 2: Incidents of Violence in 2013 (Assault/attempted assault, threat, verbal abuse, trauma)

The following questions ask about incidents of assault, threats and stalking, verbal abuse and/or trauma experienced by employees of this CAS between January 1 and December 31, 2013.

A 'physical assault' is defined in this survey to mean an attempt to inflict physical harm on an employee and/or an employee's family (including attempts which do not result in physical injury), as a result of the CAS employee carrying out their duties as a CAS worker.

11. Between January 1 and December 31, 2013, have any employees at this CAS experienced a physical assault/attempted assault from a client or someone else (not CAS staff) in the course of carrying out their duties? **[n=34]**

    73.5% Yes
    23.5 No **(SKIP TO Q. 25)**
    2.9 Don't know **(SKIP TO Q.25)**

12. How many assaults/attempted assaults were reported by employees at this CAS in 2013? *(Please provide your best estimate; indicate '0' if none)*

    Mean = 5.14 [n=22]

13. Does your CAS record the details (impacts) of these assaults/attempted assaults? **[n=24]**

    95.8% Yes
    4.2 No **(SKIP TO Q.15)**

14. How does your CAS record these incidents? *(Select all that apply)* **[n=25]**

    40.0% Details are recorded in an electronic database or information system
    64.0 Details are recorded in a manual system or binder of reports
    24.0 Information is retained in that key employees are able to recollect the details of the incidents
    16.0 Other (please specify): **Other responses included:** *"Security has copies;" "Information documented in an Incident Report which is reviewed and shared at the Health and Safety meeting. Managers also keep information in their supervision notes;" and "Agency Health & Safety Incident Report & Investigation Form".*

15. In 2013, how many of these assaults/attempted assaults occurred in each of the following locations? (*Please provide your best estimate or indicate '0' if none. If you cannot estimate or don't know, indicate 'DK')*

	# **[mean]**	
(a) At the client's home	1.89	[n=18]
(b) In the reception area of the CAS office	.71	[n=14]
(c) Elsewhere in the CAS office (access or meeting room)	.76	[n=17]
(d) At another work location (e.g. supervised access location)	3.85	[n=13]
(e) In a public space (e.g. restaurant, shopping mall)	.43	[n=14]
(f) At the employee's home	.00	[n=12]
(g) At another location (e.g. in a vehicle, while transporting a client)	.21	[n=14]

16. Did any of the assaults/attempted assaults involve the use of a weapon? **[n=24]**

    12.5% Yes
    87.5 No **(SKIP TO Q.19)**

17. How many of the assaults/attempted assaults involved the use of: *(Indicate "0" if none. Please provide your best estimate or indicate 'DK' if you cannot estimate)*

	# **[mean]**	
A gun	.33	[n=3]
A knife	1.00	[n=3]
Another type of weapon	2.00	[n=3]

18. **If other type of weapon was used,** please specify:

Other types of weapons noted included: doors being slammed on a worker's hand; a barbell; and objects (e.g. shoes/toys) being thrown.

19. In 2013, how many of these assaults/attempted assaults were committed by: (*Please provide your best estimate or indicate'0' if none. If you don't know or cannot estimate, indicate 'DK')*

	# **[mean]**	**N**
A child or youth (under the age of 16)	3.35	[n=20]
A parent or family member of the child or youth residing at the same address	2.22	[n=18]
A non-resident parent or family member	.29	[n=14]
A neighbour or friend of the client	.00	[n=15]
Another individual	.07	[n=15]

20. How many times were each of the following factors in the assaults/attempted assaults*?* (*Please provide your best estimate or indicate'0' if none. If you don't know or cannot estimate, indicate 'DK')*

	# **[mean]**	
The assault/attempted assault took place during a routine home visit	1.35	[n=17]
The assault/attempted assault took place during a planned visit to take a child into care	.31	[n=13]
The assault/attempted assault took place when the decision was made to take a child into custody	.38	[n=13]
Trouble was anticipated because of the client's history	2.29	[n=14]
Language barriers compounded to the matter	.14	[n=14]
The client's lack of understanding of the role of the CAS compounded the matter	1.00	[n=12]
The unexpected presence of a relative or someone else contributed to the incident	.50	[n=12]
The CAS employee was accompanied by a representative of another agency at the time of the incident	.21	[n=14]
The CAS employee was accompanied by the police at the time of the incident	.36	[n=14]
The CAS employee was accompanied by another CAS co-worker at the time of the incident	2.22	[n=18]
The CAS employee was working alone at the time of the incident	1.47	[n=17]

21. In 2013, how many times did each of the following pertain to the assaults/attempted assaults? (*Please provide your best estimate or indicate'0' if none. If you don't know or cannot estimate, indicate 'DK')*

	# **[mean]**	
The employee required first aid	1.00	[n=18]
The employee required medical attention (EMS, doctor, hospital)	1.30	[n=20]
The employee reported psychological distress following the incident	1.12	[n=17]
The employee required time off from work	.50	[n=18]
An investigation was carried out by the CAS	3.00	[n=19]
An investigation was carried out by the JHSC and/or H&S representative	1.22	[n=18]
There was police follow-up	1.32	[n=19]
A WSIB claim was filed	1.60	[n=20]

22. In 2013, how many employees required time off from work as a result of an assault/attempted assault? *(Please provide your best estimate or indicate "0" if none)*

    Mean = .45 [n=22]

23. In 2013, how many days were taken off by employees at this CAS as a result of an assault/attempted assault? *(Please provide your best estimate; indicate '0' if none)*

    Mean = 21.74 [n=19]

24. What policy or program changes, if any, has your CAS implemented as a result of any assault(s)/attempted assaults that were reported by employees at this CAS in 2013?

    A small number of respondents noted that no direct policy changes were made in 2013 as a result of assaults, however, several program/policy changes were noted, including: updating the agency's Harassment and Violence Program and the corresponding training; developing a new worker safety procedure which will include training for all staff; convening bi-monthly meetings with a critical incident committee to identify issues; partnering with the local police department and strategizing on which steps may be taken to reduce risk; safety planning between manager/workers, in combination with risk assessments, prior to meeting with families; and case files being transferred to another staff member, where appropriate.

Threats, Verbal or Written Abuse

A '**threat'** is defined in this survey as a statement or behaviour indicating an intent to inflict injury to a CAS employee or his/her family, or property, which was experienced as a result of their role as a CAS employee. **Stalking** is defined as a threat. '**Verbal'** or **'written abuse'** is defined in this survey as any type of abusive language (including screaming, insults, verbal intimidation, gestures, etc.), as well as stalking.

25. In 2013, have any employees at this CAS experienced threats or verbal/written abuse from a client or someone else in the course of carrying out their duties? **[n=34]**

    94.1% Yes
    2.9 No **(SKIP TO Q.37)**
    2.9 Don't Know **(SKIP TO Q.37)**

26. How many such incidents occurred in 2013? *(Please provide your best estimate; indicate '0' if none)*

    Mean = 12.35 [n=26]

27. Does your CAS record the details & impacts of these incidents? **[n=31]**

    87.1% Yes
    12.9 No **(SKIP TO Q.29)**

28. How does your CAS record these incidents? *(Select all that apply)* **[n=29]**

41.4% Details are recorded in an electronic database or information system
79.3 Details are recorded in a manual system or binder of reports
31.0 Information is retained in that key employees are able to recollect the details of the incidents
24.1 Other (please specify): **Other responses included:** *Workplace Violence Incident Reports; Agency Health & Safety Incident Report & Investigation Form; details shared with the Joint Health and Safety Committee; meeting convened with all involved to clinically understand incident and determine the best response; semi-annual incident report synopsis being provided to leadership, JHSC and made available to all employees.*

29. How many times did the threat(s)/written or verbal abuse occur by each of the following methods? *(Please provide your best estimate for calendar year 2013. Indicate'0' if none. If you cannot estimate or don't know, indicate 'DK')*

	# **[mean]**	
In-person – face-to-face	7.52	[n=27]
Over the telephone or by voicemail	5.43	[n=21]
By e-mail	.23	[n=13]
By letter (written)	.83	[n=12]
Through social media (Facebook, Twitter, Website, etc.)	.71	[n=17]
Other	1.08	[n=12]

30. How many of these incidents took place in the following locations? *(Please provide your best estimate for calendar year 2013. Indicate'0' if none. If you cannot estimate or don't know, indicate 'DK')*

	# **[mean]**	
At a client's home	4.65	[n=20]
In the CAS office	7.63	[n=24]
At another work location (e.g. supervised access or meeting space)	3.08	[n=13]
In a public place (e.g. restaurant or shopping mall)	2.07	[n=14]
At your worker's home	.08	[n=13]
In a vehicle while transporting a client	1.08	[n=13]
Other	.83	[n=12]

31. How many times were the threats/verbal or written abuse committed by each of the following? *(Please provide your best estimate for calendar year 2013. Indicate'0' if none. If you cannot estimate or don't know, please indicate 'DK')*

	# **[mean]**	
A child or youth	4.65	[n=20]
A parent/family member of the child/youth residing at the same address	12.13	[n=24]
A non-resident parent or family member	5.00	[n=14]
A neighbour or friend of the client	.54	[n=13]
Another individual	.50	[n=12]

32. In how many instances did the following factors pertain to the threats/verbal or written abuse: *(Please provide your best estimate for calendar year 2013. Indicate'0' if none. If you cannot estimate or don't know, please indicate 'DK')*

	# **[mean]**	
The incident took place during a routine home visit	5.75	[n=16]
The incident took place while doing a planned visit to take a child into care	1.19	[n=16]
The incident took place when the decision was made to take a child into custody	2.62	[n=13]
The incident took place at reception in the CAS office	1.94	[n=17]
Trouble was anticipated because of the client's history	4.53	[n=15]
Language barriers compounded the matter	.27	[n=11]
The client's lack of understanding of the role of the CAS contributed to the incident	2.77	[n=13]
The unexpected presence of a relative or someone else contributed to the incident	.92	[n=13]
The CAS worker was accompanied by a co-worker at the time of the threat/abuse	2.87	[n=15]
The CAS worker was accompanied by the police at the time of the threat/abuse	.92	[n=13]
The CAS worker was alone at the time of the incident	4.83	[n=18]
The CAS worker was being stalked	.41	[n=17]

33. As a result of the threat(s)/verbal or written abuse, how many times:

	# **[mean]**	
Did the worker require medical attention	.04	[n=24]
Did the worker report psychological distress following the incident	1.91	[n=22]
Did the worker require time off from work	.13	[n=24]
Was a WSIB claim filed	.35	[n=26]
Was an investigation carried out by the CAS	4.93	[n=27]
Was an investigation carried out by a H&S rep.	2.22	[n=27]
Was there police follow-up	3.04	[n=26]

34. In 2013, **how many employees** took off work as a result of threats/verbal or written abuse? *(Please provide your best estimate or indicate '0' if none)*

Mean = .13 [n=24]

35. In 2013, what was the **total number of days** that employees took off work as a result of threats/verbal or written abuse? *(Please provide your best estimate or indicate '0' if none)*

Mean = 8.52 [n=23]

36. What policy or program changes, if any, has your CAS implemented as a result of the threat/verbal or written abuse which occurred in 2013?

Changes made by CASs in 2013 included: Implementation of a Respect and Dignity Policy Emergency Response Policy; Updates to all Health and Safety Policies; Updating of the Agency's Harassment and Violence Program and corresponding training; More training, case review and working alone and working in the community. Crisis prevention and peer support programs. Modifications to CAS buildings, including the installation of additional security cameras for better viewing the building perimeter; staff being provided with access to panic buttons which are linked to the agency's security system. A general review and development of emergency response and building alarms policies. A significant number of respondents did note, however, that no direct policy or program changes were made in 2013 as a result of threats/verbal or written abuse incidents.

Witness/Secondary Trauma

Witness or secondary trauma is defined in this survey as trauma resulting from seeing, reading, being aware of or hearing about violence, threats, abuse or trauma to another person, experienced by an employee as a result of their role as a CAS worker.

37. In calendar year 2013, did any employees at this CAS report witness or secondary trauma? **[n=34]**

35.3% Yes
47.1 No
17.6 Don't know

38. How many employees reported witness/secondary trauma in 2013?

Mean = 6.17 [n=6]

39. Does this CAS record the details (impacts) of incidents of witness/secondary trauma? **[n=12]**

33.3% Yes
66.7 No

40. Are the details and/or impacts of occurrences of witness/secondary trauma recorded by this CAS? *(Select all that apply)* **[n=5]**

60.0% Yes, our CAS maintains the details of most (but not all) of these incidents (e.g. in a database, information system)
60.0 Yes, in a manual system or binder of reports
40.0 Yes, in terms of key employees being able to recollect the details of the assaults/attempted assaults
20.0 No

41. Among these cases of witness/secondary trauma, how many times did the original incident involve:

	# **[mean]**	
The abuse of a child	.67	[n=6]
The death of a child	3.88	[n=8]
A physical assault on a co-worker	.43	[n=7]
Threats or verbal/written abuse of a co-worker	.17	[n=6]
Use (threatened use) of a gun	.00	[n=8]
Use (threatened use) of a knife	.25	[n=8]
Use (threatened use) of another type of weapon	.00	[n=7]
Other (e.g. stalking)	1.63	[n=8]

42. How many of the original incidents occurred in each of the following locations? *(Please provide your best estimate for calendar year 2013. Indicate '0' if none. If you cannot estimate or don't know, indicate 'DK')*

	# **[mean]**	
At a client's home	.83	[n=6]
In the reception area of the CAS office	.00	[n=4]
Elsewhere in the CAS office (access or meeting room)	.25	[n=4]
At another work location (e.g. supervised access location)	.00	[n=4]
In a public space (e.g. restaurant, shopping mall)	.20	[n=5]
At a worker's home	.00	[n=6]
At another location	.60	[n=5]

43. How many times was the original incident committed by: *(Please provide your best estimate for calendar year 2013. Indicate '0' if none. If you cannot estimate or don't know, indicate 'DK')*

	# **[mean]**	
A child or youth	.60	[n=5]
A parent or family member of the child or youth residing at the same address	.50	[n=6]
A non-resident parent or family member	.00	[n=5]
A neighbour or friend of the client	.00	[n=5]
Another individual	.25	[n=4]

44. In 2013, **how many employees** took off work as a result of witness/secondary trauma? *(Please provide your best estimate; indicate '0' if none)*

Mean = .57 [n=7]

45. In 2013, what was the **total number of days** that were taken off by employees at this CAS as a result of witness/secondary trauma? *(Please provide your best estimate; indicate '0' if none)*

Mean = 60.43 [n=7]

46. What policy changes, if any, has your CAS implemented as a result of these incidents which occurred in 2013?

CASs reported having made policy changes such as: implementing secondary traumatic stress workshops for supervisors (as well as non-management staff); extending EAP support; offering grief counselling sessions; reminding staff about the Agency's EAP; and tracking secondary trauma following the death of a child or adult client even when the employee does not report it as being a traumatic event.

Property Damage

Property damage is defined in this survey as the deliberate breaking, damaging or theft of property belonging to the CAS or a CAS employee, which was incurred in the course of carrying out their duties as a CAS employee.

47. In 2013, how many times did an employee at this CAS experience damage to, or theft of, their own or CAS property in their possession (e.g. car, cell phone) in the course of carrying out their duties? *(Please provide your best estimate; indicate '0' if none)*

Mean = .76 [n=29]

48. In 2013, were there any instances of deliberate damage to the CAS building/office? **[n=34]**

20.6% Yes
67.6 No **(SKIP TO Q.50)**
11.8 Don't know **(SKIP TO Q.50)**

49. Please describe the details of the damage to the building/office:

The most frequently cited types of damage involved windows being smashed and the main doors of CAS buildings being smashed (due to kicking, punching or throwing of objects); many reported that these occurrences are an ongoing, continual problem.

Section 3: Psychosocial Supports

50. Does this CAS provide support to employees to deal with the psychological effects of their work (e.g. through an Employee Assistance Program, trained peer support team, resilience training and programs, access to professional post-incident counselling through benefits coverage)? **[n=34]**

100.0% Yes
0.0 No

51. When employees at this CAS experience assaults, threats or verbal/written abuse, or secondary trauma in the course of carrying out their duties, in your opinion, are they:

	Yes	No	Don't Know
(a) Able to cope effectively with the incident	54.5%	3.0%	42.4%
(b) Able to protect themselves from injury	57.6	0.0	42.4
(c) Psychologically distressed after the incident	51.5	9.1	39.4
(d) Able to get suitable (informal) support from co-workers	93.8	0.0	6.3
(e) Able to get suitable support from their supervisor	87.9	0.0	12.1
(f) Able to get suitable support from a trained peer support team	48.5	42.4	9.1
(g) Able to get suitable support from the CAS employee assistance program	93.9	6.1	0.0
(h) Able to get suitable support from family/friends/health care provider	51.5	3.0	45.5
(i) Provided with additional training in order to avoid such incidents in the future	60.6	18.2	21.2

52. How satisfied is your senior management team with the CAS's psychosocial supports currently available to employees at this CAS? **[n=34]**

2.9% Very dissatisfied
11.8 Somewhat dissatisfied
2.9 Neither satisfied nor dissatisfied (**SKIP TO Q.54)**
64.7 Somewhat satisfied (**SKIP TO Q.54)**
17.6 Very satisfied **(SKIP TO Q.54)**

PI = 70.6

53. Please explain why you are dissatisfied and what could be done to improve the available supports:

Reasons for dissatisfaction included: the fact that there is no EAP currently in-place (exploring this would be beneficial); OACAS should provide psychosocial counsellors/therapists for all CASs, when required; and there needs to be an increased awareness of the magnitude and impact of trauma (should explore more arms-length EAP to deal with this).

Section 4: WSIB Topics

54. Does this CAS participate in WSIB? **[n=34]**

91.2% Yes
8.8 No **(SKIP TO Q.59)**

55. What is your rate group/classification unit? **[Not provided]**

56. Did this CAS make any WSIB claims in 2013? **[n=30]**

90.0% Yes
3.3 No **(SKIP TO Q.59)**
6.7 Don't know **(SKIP TO Q.59)**

57. How many WSIB claims did this CAS make in 2013? *(Please provide your best estimate)*

Mean = 8.89 [n=27]

58. In 2013, how many WSIB claims were related to the assault/threat/abuse/trauma of a CAS employee? *(Please provide your best estimate)*

Mean = 1.61 [n=28]

Costs of Assaults/Abuse/Trauma

59. Does this CAS track the financial costs associated with injuries/abuse/trauma inflicted on employees at this CAS? **[n=34]**

20.6% Yes
79.4 No **(SKIP TO Q.61)**

60. What was the estimated cost of these losses in 2013? *(Include all costs, such as net added costs of replacement staff, property replacement, etc.)*

Mean = $7,250 [n=4]

Section 5: Worker Training, Safety Programs

61. Overall, how would your senior management team rate how your CAS: *(Select one for each of (a) and (b))*

	Very Poor	Poor	Adequate	Good	Very Good	Cannot Assess	
(a) Addresses the overall protection of worker safety	0.0%	5.9%	11.8%	32.4%	50.0%	0.0%	**PI = 84.2**
(b) Supports your **JHSC's** work to protect worker safety	0.0	2.9	8.8	20.6	64.7	2.9	

62. How would your senior management team rate **the supervisors** at this CAS in terms of protecting employees from work-related: *(Select one for each of (a) to (c))*

	Very Poor	Poor	Adequate	Good	Very Good	Cannot Assess	
(a) Physical assaults	0.0%	2.9%	5.9%	38.2%	50.9%	2.9%	**PI = 78.7**
(b) Verbal/written abuse/threats	0.0	2.9	8.8	47.1	38.2	2.9	
(c) Witness/secondary or post-incident trauma	0.0	2.9	17.6	38.2	26.5	14.7	

63. Does this CAS have a written health and safety program & policy? **[n=34]**

100.0% Yes
0.0 No **(SKIP TO Q.65)**

64. Is it posted and readily available to all employees? **[n=34]**

97.1% Yes
2.9 No

65. How would your senior management team rate how well this CAS follows/enforces its health and safety program/policy? *(Select one)* **[n=34]**

0.0% Very Poor
8.8 Poor
17.6 Adequate
35.3 Good
38.2 Very Good
0.0 Cannot Assess

Occupational Health & Safety Training

66. Is OHS worker safety training mandatory at your CAS? **[n=34]**

70.6% Yes, for all staff
2.9 Yes, but only for front-line workers
26.5 No

67. Is refresher training mandatory for employees at this CAS? **[n=34]**

50.0% Yes
50.0 No

68. Is there is a regular cycle for training? **[n=33]**

69.7% No
30.3 Yes (please indicate the frequency): **Responses included:** *Upon hiring, with WHMIS refresher training every 2 years; annually; and semi-annually.*

69. In your senior management team's opinion, does this CAS provide employees with effective training in each of the following areas? *(Select one for each of (a) to (j))*

		Yes	No	Don't Know/ Not Applicable
(a)	OHS and the OHS Act	61.8%	32.4%	5.9%
(b)	The CAS Workplace Violence Policy	88.2	11.8	0.0
(c)	Working alone	70.6	17.6	11.8
(d)	Dealing with dangerous clients	76.5	14.7	8.8
(e)	De-escalating situations with clients	76.5	14.7	8.8
(f)	Assessing risks of client interactions	76.5	20.6	2.9
(g)	Assessing risks associated with fieldwork/home visits	82.4	14.7	2.9
(h)	Building resilience for psychological impacts of work	35.3	35.3	29.4
(i)	Incident reporting	85.3	8.8	5.9
(j)	Self-defense (e.g. how to protect employees in violent situations)	38.2	44.1	17.6

70. What is the total number of person hours of workplace-related OHS training that employees received in 2013? *(Please provide your best estimate; indicate '0' if none)*

Mean = 407.46 hours [n=13]

71. How is OHS training conducted? *(Select all that apply)* **[n=34]**

71.4% In-person
48.6 On-line
42.9 Discussed in CAS manuals
40.0 Other (please describe the tools/methods): **Other responses included:** *Handbooks; Presentations/group discussions at branch meetings; Information-sharing at team meetings; WHMIS video; Self-directed learning package with quiz and module sign-off; PowerPoint and Q & A with testing software "Test Generator"; Webinars; Video at Orientation: "Launching a Safe Start"; and Booklet provided by Ministry of Labour.*

72. Who provides the training? *(Select all that apply)* **[n=34]**

65.7% CAS staff
48.6 Outside trainers
57.1 Written educational materials and/or videos are provided to employees
17.1 Other (please specify): **Other responses included:** *Individual supervisors; Ontario Ministry of Labour; HR Manager - New Hire Orientation; Red Cross First-Aid; H&S Committee Member.*

73. Are standardized training programs/packages used (including commercial programs or programs offered by NGOs, such as Mental Health Works, etc.)? **[n=34]**

52.9% Yes
47.1 No **(SKIP TO Q.76)**

74. **Inventory of key safety-related training programs:** To assist with the compilation of an inventory which will examine future directions for improved worker safety training, please provide details on the five most used safety-related training programs/packages used by this CAS (please include the name of the program, issues addressed, supplier name, web-site, e-mail).

Program #1:

.

- *Desktop module for WHMIS/Infection Control training – Knowledge ware (website: www.kccsoft.com).*

- *Community Worker Safety Strategies CTI: Canadian Training Institute (www.cantraining.org). This program introduces participants to practical safety strategies designed to maximize personal safety and minimize risk when working in unfamiliar or potentially dangerous community environments. Participants: Increase self-awareness regarding unsafe situations; Develop practical strategies to minimize risk and maximize personal safety; Increase personal confidence when working alone; Identify their individual physical, psychological, and emotional resources; Identify their agency's strengths, gaps, and resources through the completion of a variety of safety inventories; Learn to assess the risk and opportunities of any neighbourhood or community setting; Increase their personal clarity around interpersonal boundaries when working with clients in the community.*

- *PMAB: Progressive Management of Aggressive Behaviour.*

- *Behaviour Management System (BMS). To provide resources for personal safety and response (in-house provider).*

- *Ministry of Labour website - Worker Health and Safety Awareness in 4 Steps. Provides general health and safety knowledge to new employees (used at orientation). Followed-up with internal health and safety policy training.*

- *Crisis Prevention and Intervention/Non-Violent Crisis Intervention.*

Program #2:

- *Supervisor Due Diligence, Hazard Assessment, and Accident Investigation. Delivered when classroom numbers warrant, by HR Mgr, Wellness, Health & Safety.*

- *Defusing Anger, Resistance and Hostility CTI: Canadian Training Institute (www.cantraining.org). This workshop is for staff to develop an effective response to individuals who are acutely angry and/or are escalating their anger, resistance or hostility to potentially, act out violently. Participants will: Reflect on how personal history affects a crisis situation, and its relevance on the outcome of the crisis; Review active listening, assertive communication and limit setting strategies in conflict situations; Learn effective defusing, de-escalation and disengaging strategies when responding to hostile individuals in conflict or crisis situations; Practice verbal, non-verbal and para-verbal interventions that are designed to de-escalate individuals at various stages of arousal; Discuss strategies for effectively managing stress in work settings which experience both acute and chronic crisis situations.*

- *Ontario MOL: Worker Health and Safety Awareness Training: free on-line training.*

- *Car Seat Training - St. John's Ambulance.*

- *Defensive driving training -- In-class training session offered through CAA.*
- *HRDownloads - WHMIS. Annual on-line training on hazardous materials in the workplace.*
- *Violence in the Workplace Bill 168 training.*
- *Working Well.*

Program #3:

- *Ontario MOL: Supervisor Health and Safety Awareness Training: free on line training*
- *Conflict Resolution Training. In=class training offered through our inter-agency training group.*
- *Safe driving - CAA videos and other on-line safety training videos.*
- *Safe Lift Training*

Program #4:

- *The Competent Supervisor, 2 day training purchased through Workplace Safety North www.healthandsafetyontario.ca/WSN*
- *Internal Health and Safety Manual - Available on-line.*
- *CPI - Non-Violent Crisis Intervention Training. In-person training with CAS certified staff. Offered bi-annually to all staff -- mandatory for staff dealing with clients, including reception staff.*

Program #5:

No other programs were noted.

75. Which of the above programs would you recommend to other CASs and why?

- *#1 Worker Safety; #2 Supervisor Due Diligence and Hazard Assessment; and #4 STS workshops would be most generally applicable to other CASs. Training MUST be specific to the child welfare role because the authority we have under the Child & Family Services Act (CFSA) gives us power over clients and presents unique hazards.*
- *CTI Canadian Training Institute has an excellent inventory of health and safety related programs.*
- *BMS - Gives participants skills and knowledge to de-escalate situations without physical contact.*
- *Knowledge ware -- an on-line training program that allows staff to access their annual refresher training from anywhere that there is an Internet connection. This makes it more convenient for our staff and is economical and meets the needs of our agency.*
- *Ministry of Labour - HR Downloads - This company has been very responsive to customer needs and provides a lot affordable on-line training.*
- *Defensive driving -- considering the time workers spend typically driving to visit clients and/or transporting children.*
- *Crisis Prevention Intervention -- teaches workers how to diffuse hostile situations and keep themselves safe*

76. In 2013, what was this CAS's total expenditure for outside trainers/courses related to worker safety? *(Please provide your best estimate; indicate '0' if none)*

Mean = $2,988.54 [n=13]

77. How many hours of internal staff time were used to deliver safety training in 2013? *(Please provide your best estimate; indicate '0' if none)*

Mean = 174 [n=18]

78. Overall, how would your senior management team rate the effectiveness of the worker safety training provided by this CAS? **[n=34]**

0.0%	Very Poor
8.8	Poor
32.4	Adequate
32.4	Good
17.6	Very good
8.8	Cannot Assess

PI = 64.7

79. In your senior management team's opinion, if any of the training provided by your CAS does not fully meet the needs of employees at this CAS, how could the training be improved (including new types of training) to better protect employees from assault/threats/abuse/trauma?

The majority of suggestions for improving safety training involved more frequent and regular training (annual refreshers); the need for province-wide programs/curriculum which would be cost-effective and consistent (and would allow for similar information to be easily exchanged); development of specific de-escalation techniques, to identify potential risks; have more of the training provided in-person (as opposed to on-line); deliver sector-wide health and safety training specific to protection/prevention strategies related to assault/threats/abuse and trauma.

Managing Potential Risks From Clients

80. Does this CAS have a program for identifying clients who pose a higher risk of violence and minimizing this risk to employees? **[n=33]**

75.8%	Yes
24.2	No **(SKIP TO Q.82)**

81. Please describe the main features of this program:

Some of the programs/procedures noted included:

- *Conducting a criminal record search with police at the time of referral, clients then flagged for risk on client management system. Address of clients reported to have threatened staff can be viewed on H&S incident reporting system's Workers' Hazard Check -Safety Alert Form to building reception and security staff. Where a risk is identified by worker or supervisor, factors to consider listed in safety article of collective agreement as well as possible features of individual safety plan.*
- *Workers identify risk with their supervisor. In situations of heightened risk, an emergency case conference is called with all employees who are involved with the case and a union member of the JHSC. The case conference is facilitated by a Director of Service or Human Resources staff. A safety plan is created and communicated to all parties involved. When necessary, a safety alert is posted on the intranet and an email is sent to all staff.*
- *Use of CWIS, e-forms, alerts and documentation in MPI's - internal intranet communication as needed - regular supervision between worker and supervisor.*
- *Supervisor consultation Office Safety Alerts Safety planning Red flagging in the system (this electronic form documentation system includes fillable field that allow workers to note high risk clients and their behaviour for the benefit of anyone reviewing the file).*
- *Client database -- Frontline -- allows for flagging of violent clients and comments to qualify the alert. Informing of all staff when a situation is critical and providing a description and photo of individual(s). Also communicates clear directions on how to respond, should client present him/herself.*
- *Ongoing liaison with police; emergency response plans.*
- *High-risk clients are identified through the Police/Justice system or through historical incidents. Workers assigned to these cases participate in a teleconference with the supervisor and the H&S co-chairs to mitigate risk and establish a safety plan. Various methods are used to mitigate the risk - two workers at all times, meet in safe place (e.g. office) where police assistance is quickly accessible (panic alarm necklace is worn). Offices are equipped to enforce a "lock-down" process where staff are alerted to activate the process if the identified client attends the office or threatens staff. Follow-up meetings continue until the threat has subsided.*

82. How satisfied is your senior management team with the way that this CAS assesses/manages potential risks posed by clients? **[n=32]**

3.1%	Very dissatisfied
9.4	Somewhat dissatisfied
3.1	Neither satisfied nor dissatisfied
50.0	Somewhat satisfied
34.4	Very satisfied

PI = 75.8

Section 6: Safety of this CAS Office

83. Is this CAS office designed to minimize risks from interactions with clients and others who may visit the office (for example, designed for clear visibility of all interactions, secured staff areas, alarm features, client-interview set-up, absence of sharp edges or items that could be used as weapons)? **[n=34]**

97.1%	Yes
2.9	No

84. What, if anything, could be done to improve the design of the CAS office to minimize risk/improve worker safety?

The most commonly-cited improvement involved installing video surveillance (security cameras) in such areas as the lobby and meeting rooms of CAS buildings. Keeping meeting rooms separate from staff areas was also a major concern, as well as ensuring that all staff are vigilant about requiring identification from those entering secure areas. Not allowing meetings with the public and/or clients in secured areas of the building was also noted as well as improving sight lines in reception areas, and adding physical barriers between receptionists and the public.

85. Do you have security guards on duty at this CAS office(s)? **[n=34]**

11.8%	Yes, at all locations
8.8	Yes, at some locations
79.4	No

86. How satisfied is your senior management team with the way that the physical design of the office and related security provisions protect employee safety? **[n=34]**

2.9%	Very dissatisfied
5.9	Somewhat dissatisfied
8.8	Neither satisfied nor dissatisfied
41.2	Somewhat satisfied **(SKIP TO Q.88)**
41.2	Very satisfied **(SKIP TO Q.88)**

PI = 77.9

87. In your senior management's opinion, what could be done to improve safety at this CAS office?

No responses were provided to this question.

Section 7: Managing Potential Risks in the Community (client's home, neighbourhood, etc.)

88. Does the CAS have a procedure in place for assessing and managing potential risks in the environment outside of the CAS office (e.g. client's homes, supervised access sites, etc.)? **[n=34]**

76.5%	Yes
23.5	No

89. Please describe the procedure, including its strengths as well as ways that it could be improved:

Procedures in place to protect workers in-the-field included:

- *Reviewing referral information and client files, checking Caselook/Fasttrack, developing a safety plan with supervisors, going out with another worker, alerting or being accompanied by the police, conducting day-time home visits, maintaining telephone contact with supervisor, sign-in/sign-out book.*

- *Being able to view the address of locations where staff feel threatened on H&S incident reporting system's Workers' Hazard Check.*

- *Supervisors meet with employees before they go out on a call -- might include the pairing up of employees or asking the police for assistance if a high risk case.*

- *Policy manual identifies potential workplace hazards both in and out of the office. Supervisor assesses risk with employees during one-to-one supervision meetings.*

- *Providing workers with a safety handbook on proper procedures.*

- *Workers assigned cell phones and satellite phones (where needed). When there is a known risk, using a buddy system or police escort. Checking-in with supervisor.*

- *Providing staff with cell phones (such as REACH mobility), extensive safety planning prior to attending communities, being aware of high crime areas.*

- *A background investigation routinely conducted on the family(s) prior to assigning the worker to a case file. Supervisor and workers determine safest means of servicing the client.*

90. How satisfied is your senior management team with the CAS's assessing/managing of community (e.g. neighbourhood) risks? **[n=33]**

3.0%	Very Dissatisfied
15.2	Somewhat Dissatisfied
6.1	Neither Satisfied nor Dissatisfied
54.5	Somewhat Satisfied
21.2	Very Satisfied

PI = 68.9

91. Which, if any, of the following are currently in place and effectively enforced by this CAS? *(Select all that apply)* **[n=34]**

68.6%	A policy/procedure on reporting/checking in when a worker is in the field
60.0	A policy/procedure on when employees should call for back-up
51.4	A policy/procedure on working alone
51.4	A policy/procedure on when employees should leave an unsafe situation
20.0	None of the above

92. When risk assessment suggests that a worker is at increased risk of assault or abuse, how often do your staffing levels and practices permit co-teaming? **[n=33]**

87.9% Whenever needed
9.1 Most of the time
3.0 Some of the time
0.0 Rarely
0.0 Never

93. At this CAS, is there a check-in system when employees are in the field after-hours? **[n=33]**

78.8% Yes
21.2 No **(SKIP TO Q.95)**

94. Please describe main features of this system, including strengths and areas for improvement:

Very few CASs reported that they had no formal system in-place. The most common ways of checking in after hours involved the use of a sign-in/out book, using a cell phone to call or text the supervisor when the visit has been completed and the worker is back at home. Ensuring that all employees have a cell phone when they make visits off-site. Some noted that workers partnered up with another worker if knew that a client is high risk.

Section 8: Use of Technology to Protect Employee Safety

95. In the opinion of your senior management team, how effective are the following in terms of enhancing the personal safety of CAS employees? *(Select one for each of (a) to (k); if a security feature is not available at this CAS, choose 'N/A')*

		Not at all Effective	Somewhat Effective	Very Effective	N/A
(a)	Video surveillance equipment in CAS offices	0.0%	57.6%	21.2%	21.2%
(b)	Additional exterior lighting in CAS offices	0.0	50.0	47.1	2.9
(c)	Emergency codes to alert staff of emergencies within the CAS building	8.8	23.5	50.0	17.6
(d)	Alarm system/panic stations within/outside the CAS building	6.1	36.4	39.4	18.2
(e)	Panic pendants for staff in high-risk situations within the CAS building	6.1	36.4	39.4	18.2
(f)	Restricted access to staff areas	2.9	17.6	79.4	0.0
(g)	Cell phone contact for staff in the field	0.0	38.2	61.8	0.0
(h)	Communications technology to stay in touch where there is no cell phone service	6.1	18.2	9.1	66.7
(i)	Phone or other device with emergency call button for staff in the field	6.1	6.1	24.2	63.6
(j)	Use of phone-based system or other electronic system to track workers in the field	8.8	5.9	11.8	73.5
(k)	Two-way radios available for staff in the field	6.1	3.0	6.1	84.8

96. How satisfied is your senior management team with this CAS's use of safety-related technology? **[n=34]**

8.8%	Very dissatisfied
5.9	Somewhat dissatisfied
32.4	Neither satisfied nor dissatisfied **(SKIP TO Q.98)**
44.1	Somewhat satisfied **(SKIP TO Q.98)**
8.8	Very satisfied **(SKIP TO Q.98)**

PI = 59.6

97. Please explain why you are dissatisfied (e.g. which technology needs to be improved):

The majority of CASs indicated that they would like to have more access to safety-related technology when workers are in the field. This could include an electronic sign-in/sign-out system which would show the location of the worker. To help to defray the costs of these systems, a provincial approach, which would include funding from the Ministry of Children and Youth Services would be beneficial. Also, some CASs noted that there is a shortage of cell phones available for workers at their CAS. Devising some way of communicating with workers in areas where there is no cell phone service is also needed.

Section 9: Information Provided to Clients

98. Does this CAS provide information to clients about the role of the CAS and its workers in order to manage client expectations of CAS staff? **[n=33]**

93.9%	Yes
6.1	No **(SKIP TO Q.100)**

99. What types of information does this CAS provide to clients? *(Select all that apply)* **[n=33]**

78.8%	Brochures about CAS role and mandate
72.7	Briefings by case workers
81.8	Information about other services that may aid clients (e.g. supportive services in the community)
24.2	Other (please specify): **Other responses included:** *Client complaint procedure/process and rights; 'Respect' posters placed in all offices; Investigation results conveyed in writing; Allowing outside support at meeting if desired by client.*

100. In your management team's opinion, is providing clients with good quality information a significant factor in increasing their cooperation? **[n=33]**

87.9%	Yes
3.0	No
9.1	Don't know

101. How satisfied is your senior management team with the information provided to clients? **[n=33]**

0.0%	Very Dissatisfied
9.1	Somewhat Dissatisfied
12.1	Neither Satisfied nor Dissatisfied **(SKIP TO Q.103)**
54.5	Somewhat Satisfied **(SKIP TO Q.103)**
24.2	Very Satisfied **(SKIP TO Q.103)**

PI = 73.5

102. Please explain why you are dissatisfied and what could be improved:

The only reason for dissatisfaction pertained to the type of information provided to clients regarding the role of the CAS -- this needs to be improved.

Section 10: Incident Reporting, Learning from Incidents, Role of the JHSC

103. Does this CAS have a system for reporting incidents which involve assault/abuse/threats/trauma? **[n=34]**

91.2% Yes
8.8 No **(SKIP TO Q.105)**

104. Please describe the main features of this system, including strengths and areas for improvement:

The use of an Accident/Incident Report Form for workers to fill out was most commonly reported system for reporting incidents. Weaknesses: the system relies on self-reporting and at times the form does not make it to HR in a timely manner; supervisors require additional training and time to complete thorough investigation of incident. Areas for improvement: Need to have a separate form for the investigation phase and a separate form for incidents involving violence in the workplace; need to improve the follow-up aspect of incident reports and re-design the form with more check boxes and drop-down responses so statistics can be readily obtained; add space for supervisory recommendations and risk assessment. Another system in place was described as follows: Supervisors are required to complete report within 24 hours of receiving notice from worker, and attend with high priority to incidents requiring (emergency) medical and police intervention. Strength: well known by its acronym (AIRIP for Accident/Incident Reporting and Investigation Procedure) and administered internally. Weakness: More challenging to maintain now that it resides with Lotus Notes, since replaced by Microsoft Outlook for all other internal communications.

105. Does this CAS have a protocol for capturing "near misses" for employees (i.e., incidents that could have resulted in 000injury to the employee)? **[n=34]**

52.9% Yes
47.1 No

106. Does this CAS produce statistical reports on safety issues? **[n=33]**

66.7% Yes
33.3 No **(SKIP TO Q.108)**

107. Who, if anyone, are statistical reports on safety issues shared with? *(Select all that apply)* **[n=24]**

91.7% JHSC
45.8 Supervisors
29.2 Staff
0.0 None of the above
37.5 Other (please specify): **Other responses included:** *Executive Team; Information incorporated into HR Annual Report and shared with Senior Management, Board of Directors, Peer Support Team and other staff upon request; Board of Directors; Posted on Health & Safety Communication Board; All staff, through an Annual HR report available on the Agency Intranet; Executive Director.*

108. Do staff receive feedback on CAS actions in response to incident reports/incidents they are involved in? **[n=34]**

88.2% Yes
11.8 No

109. How many times in 2013 have staff been disciplined at this CAS for safety infractions revealed from incident reports/investigations?

Mean = .16 [n=31]

110. How satisfied is your senior management team with the CAS's incident reporting process (e.g. comprehensiveness of follow-up)? **[n=34]**

2.9%	Very dissatisfied
8.8	Somewhat dissatisfied
17.6	Neither satisfied nor dissatisfied
47.1	Somewhat satisfied
23.5	Very satisfied

PI = 69.9

111. Has your JHSC made recommendations about worker safety (from assault, abuse, etc.) in the past year?

50.0%	Yes
50.0	No **(SKIP TO Q.113)**

112. Please describe the recommendations and indicate whether they were implemented:

Most responses dealt with recommendations pertaining to worker safety while in the field after hours, including developing a formal protocol for workers; designing a brochure for safety in the community; and revising and distributing a staff safety handbook. Key recommendations regarding safety features inside the CAS office included the use of personal safety pendants, double staffing; posting "Respect" posters re: Violence in the Workplace; locking entry doors in satellite offices; securing the reception area. Recommendations were also made to address workers' psychological safety.

113. Please indicate the extent to which your CAS's senior management team agrees with the following statements as regards the prevention of workplace violence related to interactions with clients: *(Select one for each of (a) to (k))*

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	DK/ NA
(a) Employees know what to do when they encounter an emergency or threatening situation	0.0%	0.0%	6.1%	57.6%	33.3%	3.0%
(b) Supervisors talk about potentially dangerous work with staff beforehand so they can minimize risks	0.0	0.0	6.1	27.3	63.6	3.0
(c) Employees have ready access to technology that allows them to stay in touch with the office at all times	3.0	15.2	6.1	27.3	42.4	6.1
(d) Employees can effectively assess the risks of a home visit beforehand	0.0	9.1	18.2	45.5	27.3	0.0
(e) Employees are skilled at de-escalating conflict	0.0	3.0	9.1	54.5	33.3	0.0
(f) This CAS has effective procedures in place when back-up is needed and as to when to leave a situation	0.0	6.5	16.1	29.0	48.4	0.0
(g) If a threatening-dangerous situation arises, employees can readily get support from police or others	0.0	6.1	6.1	36.4	51.5	0.0
(h) Employees can get help from the police/co-worker when making a home visit or transporting a client	0.0	0.0	6.1	33.3	57.6	3.0
(i) This CAS has an effective system for checking in with employees when they are working outside the office	3.0	18.2	9.1	33.3	36.4	0.0
(j) The safety policies in this CAS are consistently carried out in practice	3.0	0.0	21.2	45.5	24.2	6.1
(k) Supervisors attempt to resolve safety issues that are raised by employees	0.0	0.0	3.0	30.3	66.7	0.0

Your Health & Safety Program: Evaluations and Recent Reviews

114. Has your health and safety program ever been formally evaluated or audited by an independent agency? **[n=34]**

44.1% Yes
55.9 No **(SKIP TO Q.116)**

115. Please describe the evaluation, including the year conducted, who performed the evaluation and any changes which have been made as a result:

Evaluations were conducted by a variety of agencies/private organizations since 2009. By far, the most common were conducted by WSIB (Workwell Audit), followed by the Ministry of Labour audits. Others noted included: Health care sector health and safety association, OSACH (now PSHSA) in 2009; Occupational Safety Group Audit, 2012; Health Care Health & Safety Association of Ontario, November 2004; Contracted with private company for assistance in updating policies, procedures and practices.

116. In what year was the health and safety policy/program last reviewed and updated by the CAS?

Mean = 2012 [n=29]

117. Which of the following did the review include assessments of? *(Select all that apply)* **[n=34]**

57.1% Training programs for supervisors
60.0 Training programs for front-line staff
45.7 Operational procedures for working alone
42.9 Communications when workers are in the field generally
40.0 Communications when workers are in the field after hours
40.0 Uses of technology to enhance worker safety
60.0 Incident reporting
40.0 Within-CAS communications
25.7 Information systems
8.6 Information/education programs for clients
28.6 Supportive programs for secondary trauma
11.4 None of the above

118. Whom did this most recent review involve consultation with? *(Select all that apply)* **[n=34]**

2.9% Board of Directors
54.3 Senior managers
82.9 Joint Health & Safety Committee or health & safety representatives
37.1 Union or employee association
37.1 Employees generally
14.3 External consultants
0.0 Clients
5.7 Others
5.7 None of the above (why was consultation limited)? **Other responses included:** *No formal system for comprehensive review of all elements in one process.*

119. Did the review/update result in a written policy/program document which is available to all workplace parties? *(Select all that apply)* **[n=31]**

87.1% Yes, and this document is available to all (e.g. on website or similar medium)
12.9 No, the document is not published

Interagency Collaboration

120. How satisfied is your senior management team with this CAS's interaction with other service agencies? **[n=34]**

2.9%	Very dissatisfied
2.9	Somewhat dissatisfied
14.7	Neither satisfied nor dissatisfied **(SKIP TO Q.122)**
50.0	Somewhat satisfied **(SKIP TO Q.122)**
29.4	Very satisfied **(SKIP TO Q.122)**

PI = 75.0

121. Please explain why your team feels this way:

No responses were provided to this question.

122. How satisfied is your senior management team with this CAS's relationship with the police in general? **[n=34]**

5.9%	Very dissatisfied
11.8	Somewhat dissatisfied
0.0	Neither satisfied nor dissatisfied **(SKIP TO Q.124)**
55.9	Somewhat satisfied **(SKIP TO Q.124)**
26.5	Very satisfied **(SKIP TO Q.124)**

PI = 71.3

123. Please explain why your team feels this way:

Most responses dealt with the fact that there is a need for more consistency in police response or the type of support offered/provided; in most cases, CASs are not sure how quickly they will respond when called for assistance, and there is a feeling that they are sometimes reluctant to provide assistance to CAS workers. Others had a more positive opinion of their relationship with the police, noting that they meet with the police regularly and have developed a responsive relationship -- they provide training and educate our staff on such topics as drugs in the community).

124. How satisfied is your senior management team with the police response when CAS employees request assistance? **[n=34]**

2.9%	Very dissatisfied
11.8	Somewhat dissatisfied
2.9	Neither satisfied nor dissatisfied **(SKIP TO Q.126)**
55.9	Somewhat satisfied **(SKIP TO Q.126)**
26.5	Very satisfied **(SKIP TO Q.126)**

PI = 72.8

125. Please explain why your team feels this way:

The issue of timing (i.e., the length of time it takes police to respond when assistance is requested) was the only area which was identified as being unsatisfactory.

Section 11: Areas for Improvement

126. In terms of safety practice and/or training, which of the following are most needed at this CAS? *(Select all that apply)* **[n=34]**

42.9%	Improved management (e.g. demonstrating commitment, support; providing resources, training)
57.1	Improved supervisory skills (specifically dealing with safety issues)
65.7	Improved training for front-line workers (specifically dealing with safety issues)
45.7	Improved training for support/office staff (e.g. reception) (specifically dealing with safety issues)
60.0	Improved technology
11.4	Improved (clearer) job descriptions
25.7	Improved support from the police
5.7	None of the above
14.3	Other (please specify): **Other responses included:** *Need for increased funding for safety program management to dedicate time to update and practice all documented policies, procedures and programs; a Provincial strategy, in collaboration with other CASs and community partners; Updated H&S policies and procedures that meet OHSA (Health Care regulations), including infection control, working alone, emergency response protocols (e.g. bomb threats). Need for Provincial templates; Provincial direction and support resources.*

127. What is the greatest need for improvement in terms of safety at this CAS?

Key themes were:

- *dealing with police (i.e., the need for increased collaboration, increased response times).*
- *assessing/addressing workers in rural/isolated areas in terms of worker safety and lone workers in the field after hours (ensuring that workers who are out in the field after regular business hours are safe and report in; policies and procedures are in place for those who are working alone, including being able to electronically track workers when in the field.*
- *consistent application and reinforcement of roles, responsibilities and compliance.*
- *developing formal risk assessment tools.*
- *the need for additional financial resources to improve worker safety, this is especially true for smaller organizations with limited resources to effectively implement initiatives that would enhance worker safety.*

128. If this CAS has a specific program or innovation related to worker safety that you think is particularly helpful and/or that may benefit other CAS's to help improve their worker safety, please describe:

Very few programs were noted, among them:

- *Wellness Program, Bill 168 online version.*
- *REACH Cell; Detailed Policies/Protocols; Security; Safety Planning is very extensive; computer system flags high risk individuals.*
- *An evidence-based framework for the Continuum of Care for employee well-being that is multi faceted. It looks at annual debriefing for all employees as a intervention to mitigate the effects of secondary traumatic stress symptoms, EAP, critical incident debriefing, worker safety, employee orientation.*

Shared Program Development/Delivery

129. Does your senior management team feel that more collaboration with other CAS's would be desirable in order to aid the development of safety policies & programs? **[n=32]**

93.8%	Yes
6.3	No

130. How does your senior management see your CAS's involvement in shared services over the next 5 years? *(Select all that apply)* **[n=34]**

42.9%	Mainly involving third party delivery of specific shared programs developed elsewhere
60.0	Involving joint delivery of programs delivered by the CASs
22.9	As a recipient of services from other CASs
25.7	As a compensated provider of services to other CASs
5.7	None of the above
8.6	Other (please specify): ***Other responses included:*** *Sharing information and policies only; sharing of some backdoor services in a share community service organization.*

131. Would an involvement in shared services be beneficial to this CAS? **[n=30]**

76.7%	Yes
23.3	No **(SKIP TO Q.133)**

132. What type(s) of shared services collaboration do you feel would be most helpful to CAS's over the next 5 years?

Training was seen as an important area in terms of sharing expertise (e.g. shared training on best practices related to safety, shared training resources, Provincially-developed training module on worker and supervisor safety). Technology-based safety solutions, where services can be shared and purchasing power leveraged. Making bulk purchases (i.e., health and safety equipment). Sharing of organizational expertise was also noted (e.g. information sharing, whereby CAS representatives meet to discuss mutual issues and/or innovative solutions.

133. What does your senior management team see as priority topics as regards shared services for this CAS?

Priority needs included: technological tools such as cell phones programmed with a one-touch button to police or to an on-call supervisor to alert them that a worker requires assistance. An electronic system that allows employees who work in the community to stay in touch with their supervisor and notify them if they are in an unsafe situation; group purchase of technology to track workers in the field; sharing of policies & procedures and technology costs when both CASs have the same needs (i.e., rural area not urban); a single point after-hours program for the entire province or region.

134. Do you have any other comments about the overall process for developing shared services?

Comments included:

"Understanding GPS-based technology needs to balance safety and privacy, be user-friendly and accurate. Smaller CASs have a bigger need to receive shared services."

"It should be funded outside of the internal budgets for participating agencies. Funding should also take into consideration the time necessary for the development, implementation and participation of all stakeholders in the various shared training initiatives."

Section 12: Other Comments

135. If you have any comments regarding worker safety or would like to clarify any of your responses, please provide them below:

The following are direct quotes from respondents:

"The #1 risk to physical and psychological safety is working alone. JHSCs need to focus less on site and comfort issues, and what is part of the job and unpleasant, and more on hazards such as threats. We must recognize discrepancies between Organizational and Worker survey results."

"We have recently amalgamated. Many of our programs, including H&S are intrasite as we review to create standardized procedure/training/practices."

"Due to the amalgamation, combining the cultures and past practices our agency continues to struggle with harmonization of policies and procedures.'

"The survey has not touched on issues of driving, winter driving , driving in remote locations or known areas of concern. Strategies and responses to these concerns would be most helpful."

"We place great emphasis on worker safety. Files are reviewed to asses for risk with the information available at time of assignment of file to a staff member. We have sign-in and out of building system as well as out of office on Lotus Notes. This allows the employee to 'document' risk which is monitored and reviewed by employee and manager. Not all staff use the tools provided at all time so we do review our 'safety process' each year at an all staff meeting each January. We are challenged with cell phone technology due to "dead zone areas" in our county. Our EAP utilization rate has been consistent over the last few years. We have a Wellness Committee that supports activities for staff wellness. We do not have a peer support program in-house but rely on our EAP services. We promote our EAP services regularly in the Agency. Supervision is an integral part of the performance management and employee safety. It is during supervision that managers and employees further dialogue around worker safety. Staff also document any type of abuse in the case note which the manager reviews with the employee if the employee has not reviewed the situation with the manager directly."

"It is difficult for individual 'resource' challenged organizations to properly prioritize health and safety initiatives/strategies. Worker safety should be a provincial priority with provincial expectations that are Ministry driven, endorsed and funded, regardless of size (or proportionate) to size."

Contact Information/Notice of Collection of Personal Information (Voluntary & Strictly Confidential)

To aid the researchers in ensuring that all key groups have been able to provide input to the evaluation, we are requesting the following contact information. This information will be helpful in the event that the researchers need to contact you to clarify any of your responses.

All identifying information will be kept strictly confidential by SPR Associates and will not be disclosed to **any** persons outside SPR Associates senior staff. All data gathered from the survey will be reported in aggregate form and no individual agencies' responses will be revealed. A summary of the final report will be provided to all survey participants.

136. Please indicate the contact information for the key contact for this CAS:

Name: _____

Title: _____

CAS: _____

City: _____

First 3 characters of this CAS's office postal code: _____ _____ _____

Daytime telephone: _____

Work E-mail: _____

THANK YOU FOR TAKING THE TIME TO SUPPORT OUR EFFORTS TO PROTECT EMPLOYEE SAFETY