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**Confidential**

**Lone Worker Study within the  
National Health Service, Local Government  
and Housing Associations**

Commissioned by:

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On behalf of:

The Suzy Lamplugh Trust

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12 July 05

## Executive Summary

### Concern about aggression

Over half all male lone workers have experienced aggression.

More abuse is experienced by males. (52% for males and 40% for females).

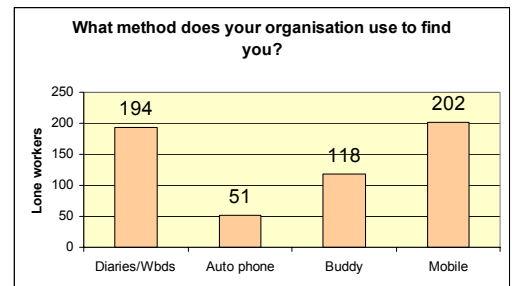
81% of lone workers are concerned about violence and aggression.

10% of lone workers experience punching, kicking, pushing incidents.

### Mobile phones

Mobiles are relied on heavily but:

- 1) A significant number of workers use their own private mobile; a “work” mobile is often not available.
- 2) UK mobile coverage is not perfect so help cannot always be summoned in the more remote areas and from deep inside buildings.



### Initiatives to improve personal safety

In the NHS 16% of lone workers propose an auto phone or Buddy system to improve their safety and 13% of NHS lone workers propose more mobile usage.

The two most popular initiatives in local government appear to relate to training (21%) and better policy/procedures (20%).

In the housing sector, lone workers are most interested in auto phones and Buddy systems (17%) as well as better policy/procedures (17%).

### Training

This is frequently quoted by lone workers as the most important factor in avoiding physical and verbal abuse. One Approved Social Worker with an Emergency Duty Team put the point well:

*“I can’t emphasize training enough. There are ways of assessing and handling clients in distress or who are personality disordered. Ultimately it is these kinds of skills that keep social workers safe.”*

Applying methods successfully to stop incidents escalating is of paramount importance – as well as creating more time for help to arrive.

Management is very concerned about lone workers – especially as they have been – or still are - lone workers themselves but a few differences emerge when discussing the best future initiatives.

### Frequency of management support after reported incidents

Frequency of management support to the lone worker varies from 59% following shouting insults to a much lower 40% after punching/kicking incidents. This might reflect that procedure change for more serious incidents takes longer to achieve.

### Changing jobs due to aggression

Very few lone workers left their job due to violence (2%). These roles exist within vocational careers so people may accept higher levels of personal risk.

## **Incidents most likely to happen by sector**

A lone worker in the housing sector has a high risk of being taken hostage. 11% reported at least one incident in their career. The housing sector job roles which experienced hostage incidents include Housing and Assistants Housing Managers.

The NHS job roles which experienced hostage incidents include Health Visitor, Occupational Therapist, Community Staff Nurse, Support Worker, Community Childcare Nurse and Health Visitor.

A lone worker in local government has a high risk of being punched, kicked and pushed. (10% reported at least one incident in their career).

The next biggest risk in local government is being threatened by a weapon. (9% reported at least one incident in their career). Job roles include Centre Manager, Operations Manager, Health & Safety Manager, Health and Safety Officer, Housing Technical Officer, Building Inspection Controller and Dangerous Building Controller.

Only 1% of lone workers in the NHS referred to a weapon incident. A District Nurse Team Leader was locked in a room, threatened with a fist and with a pair of scissors.

Only two racist remark incidents were mentioned; one in local government and one in the NHS. The remaining incidents related to shouting, swearing and silence.

## **Summary of initiatives proposed by lone workers**

	<u>NHS</u>	<u>Local Govt</u>	<u>Housing</u>
Auto phone/ Buddy	16%	13%	17%
Training	12%	21%	14%
Better policy/procedures	3%	20%	17%
Mobile	13%	7%	3%
Paired visits	7%	11%	0%
Reporting system	6%	4%	0%

## **Management / staff differences within proposed lone worker initiatives**

In the health sector, the most quoted initiative is for Autophone/Buddy systems (particularly by staff but with little interest from management).

Paired visits is not mentioned by managers in the NHS but was by staff to suggest this is an issue.

In local government, the most quoted initiative is for training followed very closely by the desire for better policies. Both issues well supported by staff. Few references for training initiatives by management reflect that a significant amount of training is already carried out.

Amongst housing associations, managers were most interested in creating better policies whereas staff seemed unconcerned.

## **Location**

Nearly all lone working is in a town setting - only 3% is in rural-only areas. Many respondents worked in the North NHS region. There were fewer completed replies from London, Northern Ireland and Scotland.

## **Adoption of new technology**

Lone workers appear not to be scared of technology – most use email and rely on computers daily.

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## Scope of research

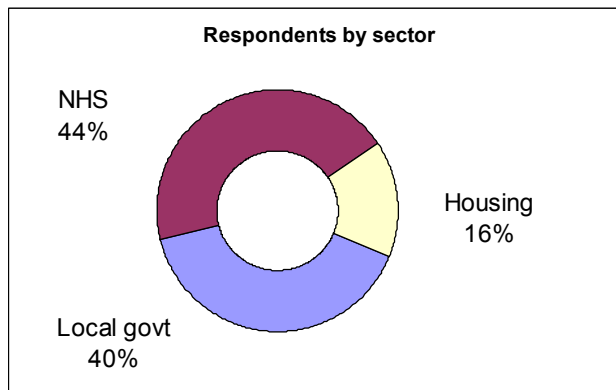
LookOut call (C3 Ltd) wants to identify lone worker safety issues within the UK. LookOut call (C3) wishes to work with the Suzy Lamplugh Trust to define actual and perceived levels of verbal and physical abuse amongst lone workers, especially in the NHS, social services and housing associations.

## Methodology

LookOut call (C3 Ltd) supplied a local government database to which we added telephone numbers. We then asked at the council main switchboard for appropriate personnel who would be involved in lone working such as Health and Safety individuals and Building Inspectors etc. We found that we were given Managers and Advisors as the more junior individuals were out of the office. However, the benefit was that the advisors often called on many years of experience and could provide various anecdotes.

NHS nurses and midwives, social workers and housing officers were interviewed sensitively to construct a realistic “snapshot” of current levels of violence and the implications of subsequent changes to existing working practices following actual and perceived verbal and physical abuse.

## Analysis of telephone interviews



Three specific sectors were chosen where lone workers were considered to be at potential risk: healthcare, local government workers and the housing sector.

226 lone workers were interviewed by telephone in May and returned questionnaires in June.

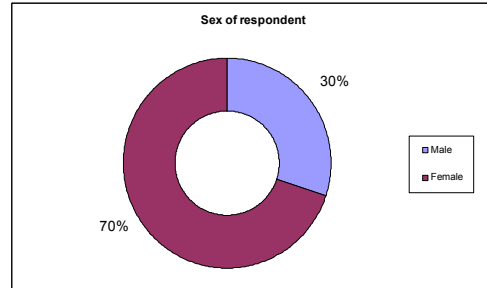
<b>Role</b>	<b>Manager / Director / CEO</b>
Local govt	32%
Housing	60%
NHS	10%

The more interesting quotations have been highlighted in blue font. Replies have only been edited if there was confusion about their meaning.

**1. Profile of lone workers**

Interviews were only conducted with those who confirmed they were a lone worker at times during their work.

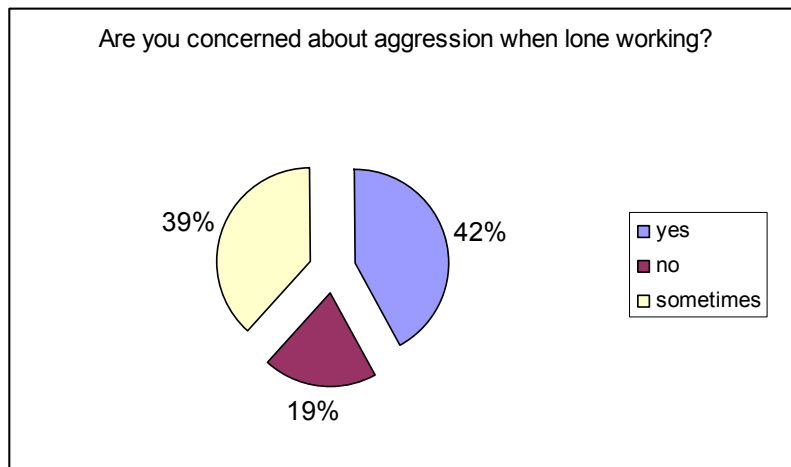
70% were female, 30% were male.



**2. The concern of violence and aggression when lone-working**

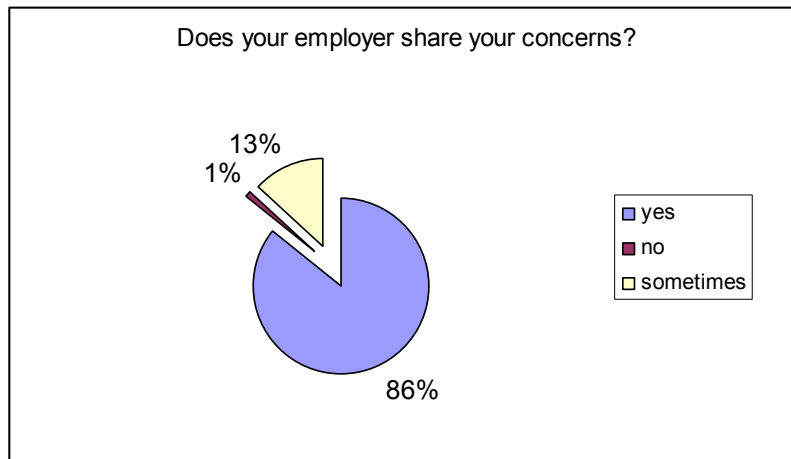
The risk of aggression features predominantly in most lone workers' minds. 81% of lone workers are concerned about violence and aggression.

Yes 42%      Sometimes 39%      No 19%



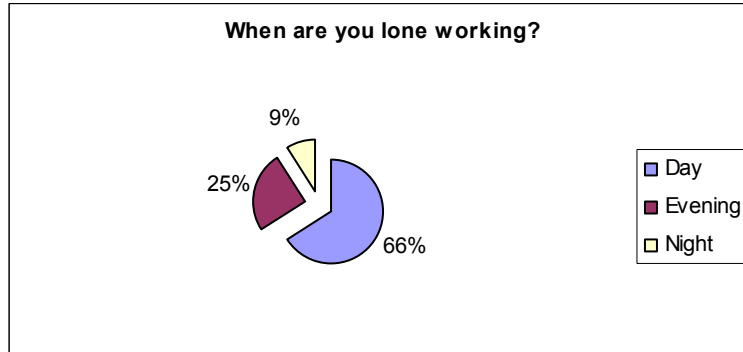
**3. Employer concerns for lone workers**

99% believed that their employer shared their concerns; this includes 14% that thought their employer sometimes shared their concerns.



#### 4. Lone working shifts

Out of hours and evenings were the times which worried lone workers most. Two thirds of lone workers interviewed had day shifts. Only 9% had night shifts.



#### National Health Service

##### Managers

No comments

##### Staff

Occasionally after 5pm  
Occasionally working past 5pm  
And at weekends  
Weekends occasionally  
Occasionally 5-7pm evenings and 9am-1pm on Saturdays  
Don't know my shifts as I'm new in post  
Sometimes a late arranged visit  
Occasionally after 5pm  
Weekends 5pm - 6.30pm

#### Local government

##### Managers

Work in teams for evenings

##### Staff

Head of Health and Safety Department  
Environmental Health Officer  
Building Inspection Controller and Dangerous Building Controller  
Social Worker  
Early evening

#### Housing sector

##### Managers

Residential home. Two staff overnight but this means lone working at times.  
I live in hostel with 6-20 people

##### Staff

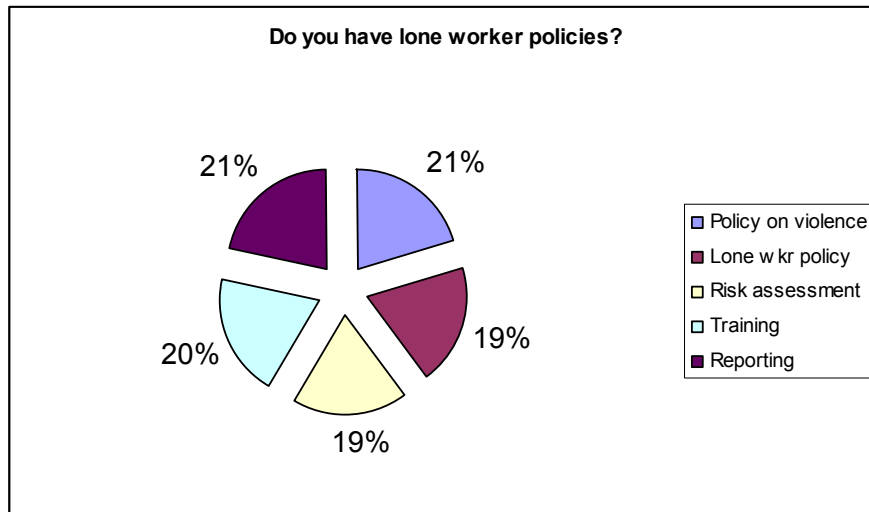
No comments

**5a. Procedures and policies within organisations**

Lone workers were asked if any of the following existed within their organisation:

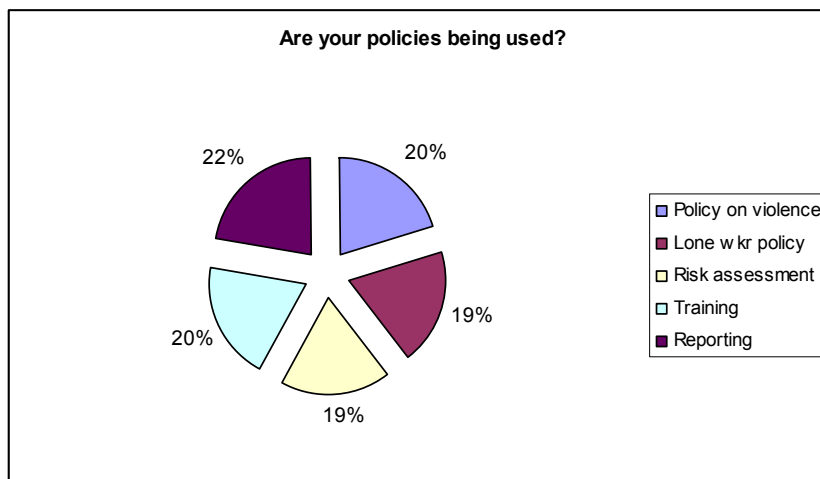
- Policy on violence and aggression at work
- Lone worker policy
- Risk assessment training (relating to aggression)
- Training to help staff defuse difficult situations
- Reporting systems following incidents

Most lone workers said that their organisation had all of the above. This table shows some minor variations:



**5b. Are policies used in organisations?**

In most cases, if the policy existed, it was used by the organisation but policies on risk assessment training (relating to aggression) appeared less implemented than any of the other policies relating to lone workers. Lone worker policy was the second least used policy.



Almost everyone said they used their reporting systems following aggressive incidents.

## 5c. Comments about existing lone worker policies

### National Health Service

#### Managers

We use general risk assessments

Training is available but none of my team attended as yet due to pressures of service delivery

Staffing levels are dictated by funding which often means that level of risk cannot be helped. Not enough training in personal safety

#### Staff

Risk assessment training has to be finished by 2006 by government decree. Have a serious action ward policy - and a manager for incidents.

We do have policies but people put different levels of importance on following this information i.e. one of my colleagues does not see the point of risk assessing clients because he has never personally felt "at risk".

I anticipate that some staff may not report incidents if they do not result in injury or damage to property; the organisation encourages the reporting of all incidents - actual and potential.

Training: very occasionally

Training relates more to physical abuse situations

Training is more to do with physical abuse and not verbal abuse

We are to work out our own lone worker policy

I am not aware of a lone worker policy but one may exist

There is no feedback on reported incidents

A lone worker policy is being developed

Just done training to defuse situations

Risk assessment training: completed violence training level III

### Local government

#### Managers

Company is looking again at generic risk assessment for lone workers.

Must use two staff after 5pm

Feel in no danger with day meetings

Computer system in process of being installed but rely on paper system at present

Springfield Training (outside trainers) for conflict mgt and body language. We are reviewing full systems; waiting for union agreement and new specs for training programme.

Reviewing policies at present

Special lone worker system is starting in 2 months

We are developing risk assessment systems at present; new system will be used.

Council is looking at l/w policy

Developing policies so they will be more comprehensive

Has database but not many people are reported.

In response to serious incidents to staff, I have implemented a pilot lone working initiative for Dundee City Council in the past two years and have evaluated this. We have corporate lone working guidelines as well as a database of potentially dangerous persons for staff to check for alerts before visits. I would be happy to share information from the pilot with you and discuss difficulties we have encountered and what we consider to be an improved way forward to establish a local call centre response based with our community alarm centre.

#### Staff

Special training given to handle young offenders and drug users. Different reporting systems used for different levels of risk.

Work in pairs. Keep a database of offenders. Each department develops their own special lone worker policy.

We double up for visits for violent situations

Use council housing database for list of risks, then double up. At night we double up.

Reporting; use my judgment as I don't want to increase paperwork.

Deprived areas are visited - mainly related to food and welfare.

No database exists. No interaction takes place.

Have a database

Risk register used showing potential violent clients. Only 3 violent people are on this register.  
Different levels of training for different personnel.  
Have an incident reporting system  
Have a database for difficult cases  
No specific l/w policy; reports are given as required.  
We transfer information between depts. Have a database and a difficult customer list.  
Give conflict management training; both physical and understanding how issues/escalation occurs  
Updating lone worker policy at present. Reporting system to be better used.  
Risk assessment; we might fill in a form.  
Risk assessment - none sent this year so will run course for new starters  
Risk assessment training is not yet done  
Use double up when needed  
Carry out SLT risk assessment training. Have a retraining programme 14-16 June  
Our lone worker policy is in draft as is our Cautionary Contact Database. Our violence and aggression policy needs updating.  
Training to help staff defuse situations is not mandatory training. We have not had a system in place for reporting incidents apart from informally notifying a manager or through supervision but we are looking at this currently.  
Currently we are contacted via mobile phone if we have not contacted the office by a prearranged time. I am unsure what would happen if we are unable to be contacted.  
New reporting procedure has been introduced recently and publicised to all staff. It resulted in a significant increase of reports of violence and aggression.  
This is a complex issue. My job has become distinctly more dangerous in the last 3 years as risk procedures have become increasingly the rage. I can rarely get police help in helping me hospitalise patients in the community who need admission because of the Police's own risk assessment procedures. Crisis Resolution Teams no longer work with patients who are dangerous. The need for patients to be discussed at a Risk Assessment Panel before being sectioned with police involvement frequently means there is a delay of up to a week - which not only puts the public at risk but also EDT workers who have to mop up the resultant crises. EDT workers are frequently faced with difficult choices: to put themselves at risk in carrying out assessments or be blamed by senior management should they fail to do so - and the client (or his family) come to harm.

### **Housing sector**

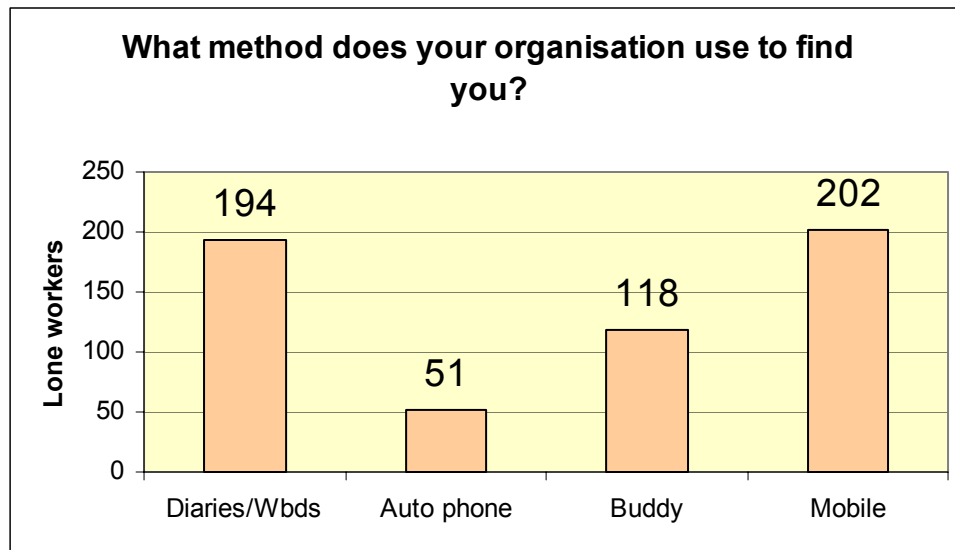
#### **Managers**

All incidents have to be reported  
We're issuing all lone workers with their own mobile phones. All notifiable incidents are reported.  
There may be mental health issues  
All incidents must be reported  
Have a list of violent applicants - we double up for these visits  
We have a crisis management system in place  
We have a risk register for difficult and dangerous tenants  
Reporting: We fill out a hazard list before we take a tenant on. I manage a team of seven lone workers; we have weekly meetings to review problems.  
Training: as required.  
I work from an office - a sole employee  
We work with the elderly in sheltered residential homes  
Most major risks are inside the building. Violence policy: I'm very concerned although staff seem not to care (CEO).

#### **Staff**

Use SLT training package for risk assessment. Every incident is reported.  
Training is on-going. We have had no major incidents.  
I have had demos and seminars from SLT.  
Risk: on going training programme  
Violence policy: we have just re-implemented an upgraded system. Risk: SLT training. Reporting: we have many ASBO clients. We keep a list of difficult clients.

**6. Communications used by organisation to help find lone workers in an emergency**



Mobile phones are by far the most used method to summon help and keep in communication with the lone worker's colleagues. Various related comments have been sorted by sector:

**National Health Service**

**Managers**

**Auto systems**

**Appointment diaries**

No diaries etc as I work on the premises but I still work alone.

**Buddy systems**

Looking at Guardian Angel. Have an escalation programme.

Currently looking at Lookout system

All staff have to text manager at end of shift that they're safe. Action is taken if no text is sent.

**Mobiles**

A bone of contention; some are supplied by the Trust, other nurses use their own and some have neither.

Some staff have Trust mobiles - others carry their own.

**Other comments**

Use personal alarms Have access to immediate support/phone/telephone for police assistance - code EDNA

Panic alarms on walls

Varies with departments

Regular discussions about safety in supervision and team meetings

**Staff**

**Auto systems**

Looking at auto phone. Buddy: operate an informal colleague/colleague system ourselves.

Employer is due to start automated phone based system but this is not due to start until mid June 05

Auto phone is being implemented. We use this within our team however.

**Appointment diaries**

We know which group each midwife is attending

Diaries: yes by day but nothing at night apart from you filmed on CCTV. Mobiles are provided.

We are allocated cases so staff whereabouts are known to their team members

Others have access to my e-mail calendar

Diary is sporadically filled in. No one would notice if someone was not back unless they were needed elsewhere.

### **Buddy systems**

SatNav systems don't give sufficient level of protection; in fact they give a false sense of security.

Use Guardian Angel

### **Mobiles**

Some mobiles are available if needed.

Some staff have mobile phones if they are on call, the expectation is to use your own personal phone at your own expense (which I think is inexcusable)

Inconsistent use of mobile phones (some people always have them turned off!).

### **Other comments**

Use a personal alarm

Community staff do have personal alarms issued

Also by word of mouth

Panic alarms, torch, timed visits

Rely on verbal communications with other team members

Verbal communications with colleagues

You ask colleagues to ring if not back in time or colleagues will ring if you are too long.

We go on home visits in two's if there's any doubt about safety

Our district nurses at Tamworth work with the same system. Also district nurses at Lichfield. All in the same PCT.

Alerting colleagues if any known hazard and telling people to look out for your return. Visiting in twos if necessary.

My own team has an office policy of when doing a visit and going straight home, they must ring a team member and say they are safe.

## **Local government**

### **Managers**

#### **Auto systems**

#### **Appointment diaries**

Outlook on computer/diary being installed.

#### **Buddy systems**

Buddy - depends on situation

Lifeline for park wardens; rings in-house to central services

Buddy for certain places and types of visits

We use Guardian Angel contract but some employees regard it as big brother watching you though some unions accept it.

Have concerns about apathy regarding people using Guardian Angel system.

Use Careline pre-programmed phones

It's a very quiet area normally. Discussions are advanced re Buddy.

Panic buttons for lone office is linked directly to the police. Buddy system activated the other day; a staff member went home without calling in.

#### **Mobiles**

Care is needed with mobiles when signal is not good.

Mobile and phone and PIN numbers to use lone working system (215 lone workers at present). Attempting to roll out to 800-1200 in the council/organisation but fundamental problems exist currently with workers not bothering to use the system. Some technical difficulties also exist working in tower blocks, walk ups etc. Our out-of-hours service is constantly in touch with our base and have special phones with satellite navigation which helps reduce risks, to avoid them being lost in rural areas or if they are forced off the road in bad weather or due to road rage.

Don't use diaries in parks but is used in other depts. I'm always checking my team on their mobiles.

#### **Other comments**

Counselling system to give support. City centre CCTV. All 13 LA's in Hants meet e.g. Gosport, Winchester etc. All have similar problems and views.

Must use two staff when visiting people at home

Specific clients need careful attention. We will be tendering for new training sessions soon.

Some double-up visits. Also a control room.

Now using security guards in libraries. Two person visits to disabled, mental health, children.

Staff are often at risk working in pairs or travelling between service users; not just within the definition of lone workers.

### **Staff**

#### **Auto systems**

Looking at auto phoned based system

Looking at automated phone systems

Auto phone system is not required in her dept.

Auto phones are on trial at the moment

Looked at auto phone system but not relevant - but for training division.

#### **Appointment diaries**

Use a computer-based appointment system. All staff must be accounted for each day.

Risk register is in place

Have violent housing customers' register. Double up on visits.

#### **Buddy systems**

Buddy system contacts your family. We have been directed not to enter any premises we don't feel comfortable with.

Careline system; council run initiative 24 hrs/day. Like red buttons in public toilets.

Careline for out of hours - a new system

Buddy; there's action within 15 minutes.

Phone rings every 30 mins so employee has to push button beforehand to deactivate alarm. Buddy software alerts for physical contact if there's no response.

Have 45 min programme; if no contact with office, action is taken.

We have a 24 call centre service for mobiles and buddy system

Buddy; 15 min leeway, call all contact numbers and sometimes police. Escalation system is in place.

Pre-agreed action agreed occasionally if needed

Buddy; if no action in 10 minutes of deadline, action is taken. Have database of difficult customers.

#### **Mobiles**

Mobiles used only by some when considered necessary

Mobiles: either council or own private phones

Mobiles are linked to a GPS positioning system

Use computerised GPS system via mobiles

Mobiles are provided

#### **Other comments**

Have a caution list and database to avoid single contact with difficult individuals.

Just an informal pre-agreed arrangements

Our new l/w policy has just been updated.

No as not related to my main job. However the people visited are very elderly and ill so no threat to me.

I am working in CLIC Sargent Cancer Care; families with children with cancer are pleased to see me.

We fill in lone visit forms

Lone worker forms are faxed to CCTV after 5pm. We are then contacted if no call has been received half an hour following the visit.

We have devised a system agreed by and operated by team members for each other.

### **Housing sector**

## Managers

### **Auto systems**

Police action within two minutes. Buddy: action is within 15 minutes if no call is received.

Some are issued but they are not really used

Auto system is under review for hostels. Buddy: we use "Contact-Care"

We are looking at this. Buddy; we have an informal system; nobody is allowed to go home without reporting in.

We have a scheme manager for our sheltered housing project.

Staff are required to set their own push button controls. Buddy: contact via mobiles is made if not back in 15 minutes of prescribed time.

We have a Piper alarm system

### **Appointment diaries**

We use Outlook on the computer. Buddy: part of crisis mgt system.

Everybody has a mobile

### **Buddy systems**

#### **Mobiles**

We use our own personal phones

#### **Other comments**

Like to avoid lone workers in high risk situations so double up with difficult customers.

We tend to ring the lone workers rather than wait for them to ring in.

## Staff

### **Auto systems**

Auto system: it's a portable alarm system.

### **Appointment diaries**

#### **Buddy systems**

Buddy: system is not formalised

GPS phone system is in process of being evaluated with help button included direct to emergency service

#### **Mobiles**

I would not visit a new client at the end of the day. I would always ring the office on my mobile if I change my visits from that outlined on the white board. I always check back into the office at the end of each day. If client is known to be aggressive/angry, this would be recorded on file and two workers would always visit, preferably one male or the client would be asked to visit the office where there are more staff available and panic buttons exist in the interview rooms. Any aggressive/abusive clients would be put on a shared register. Register is shared with Social Services and Housing Society (the largest provider of social housing in West Wilts).

#### **Other comments**

We have difficult cases in our residential home as some have mental health problems.

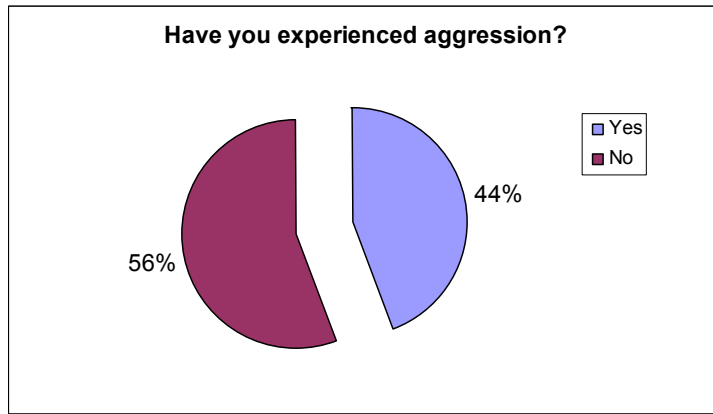
Have a robust set of systems

For dangerous situations, two people visit

Also issued with personal alarms

**7a. Experiences of lone worker aggression**

Just over half (56%) of lone workers have experienced aggression.



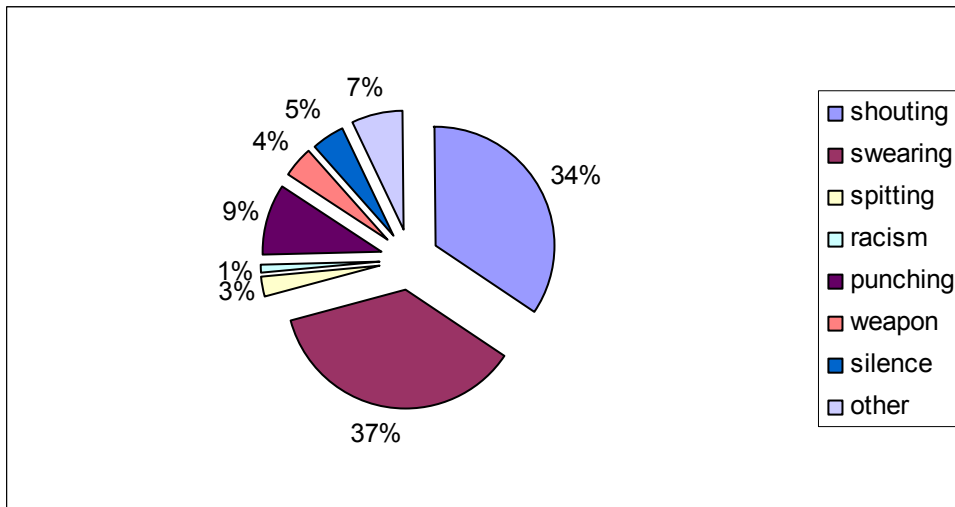
Over half all male lone workers experienced aggression. More abuse is experienced by males. (52% for males and 40% for females).

Experienced aggression	Percentage
Females – yes	40%
Females – no	60%
Males - yes	52%
Males – no	48%

**7b. Types of aggression**

The vast majority of the aggression is verbal (shouting and/or swearing) but a significant number (9%) of punching, kicking, pushing incidents were experienced by the lone workers. Some lone workers ticked several types if they experienced aggression.

**What form did the aggression take?**



**7c. Comments about incidents**

A lone worker in the housing sector has a high risk of being taken hostage. 11% reported at least one incident in their career. The housing sector job roles which experienced hostage incidents include Housing and Assistant Housing Managers.

The NHS job roles which experienced hostage incidents include Health Visitor, Occupational Therapist, Community Staff Nurse, Support Worker, Community Childcare Nurse and Health Visitor.

<u>Hostage taking</u>	<u>% of sector interviews</u>
NHS	7%
Local Government	4%
Housing	11%

A lone worker in local government has a high risk of being punched, kicked and pushed. (10% reported at least one incident in their career).

<u>Punching, kicking</u>	<u>% of sector interviews</u>
NHS	4%
Local Government	10%
Housing	6%

The next biggest risk in local government is being threatened by a weapon. (9% reported at least one incident in their career). Job roles include Centre Manager, Operations Manager, Health & Safety Manager, Health and Safety Officer, Housing Technical Officer, Building Inspection Controller and Dangerous Building Controller.

<u>Weapon</u>	<u>% of sector interviews</u>
NHS	1%
Local Government	9%
Housing	0%

Only two racist remark incidents were mentioned; one in local government and one in the NHS. The remaining incidents related to shouting, swearing and silence.

**National Health Service**

**Punched**

Nature of our client group - adults with learning difficulties and mental health problems.

**Service Manager (10 yrs experience as a Support Worker)**

When working in intensive care, had verbal threats, hit with phone, insults, swearing. No action taken with phone incident as patient was confused. **(Nurse - intensive care)**

Person in question was transferred to a more suitable place. **(Support Worker)**

No comment **(Community Nurse - for children with learning disabilities and challenging behaviour)**

**Weapon**

**I was locked in a room, threatened with a fist. Pair of scissors in his hand.** Incident reports are a complication so too time consuming for minor incidents. **(District Nurse Team Leader)**

**Hostage**

**I was attacked by a female client in my home. Refused exit by a couple in their own house. I had to call the police. The surgery supported me and the patients were asked to leave this practice.** **(Health Visitor)**

Verbal and written complaint. **(Occupational Therapist)**

## **Cambridge Resolution**

Management was very supportive and policies were adjusted to take in issues raised. **(Community Staff Nurse)**  
Visit in two's after a certain time. **(Health Visitor)**  
Objects (glass and bottle) thrown, furniture turned over... **(Support Worker)**  
Cornered by a car on a travellers' site. Verbal aggression. **(Community Childcare Nurse)**  
I was locked in a house. **(Health Visitor)**

### **Racism**

Had a professional meeting to address management issues - ie how to manage.  
**(Community Psychiatric Nurse)**

### **Spitting**

Worst time was when I called security to remove a bereaved patient from my office. The incident then turned into a formal complaint about me. I felt unsupported. **(Head of Patient Advice Liaison service)**

### **Shouting, swearing and remaining types of incidents**

Person was sent a "yellow card" letter asking for better behaviour. Offer of counselling was given to me but I didn't take it up.

Although the incidents weren't reported, it would have been recorded in client's notes. Generally the type of clients I work with have challenging behaviour.

Physical violence is rare and unpredictable - never been a serious injury - often in relation to people with no verbal communication who are afraid

The relative of a person I was visiting. Verbal with the perception of threat to my person

I have been kicked and punched but I put this down to their illness

Verbal aggression from patient and family.

Road rage whilst out on a visit: verbal aggression when parking a car.

Threats of violent aggression, insults, swearing. [Violent aggressive parents, drug dealing on the ward, some aggressive children.](#)

[You get used to abuse as you have to deal with it so often.](#)

Offer of counselling by Occ Health - no action taken up as I felt able to deal with it and had no lasting impact except insomnia for 2 days.

Verbal aggression and objects being thrown around a room. It is form filled in as per policy.

## **Local government**

### **Punched**

[Individual was sent to prison](#) **(Safety Manager)**

[Pushed down hole. Local action was notification of unacceptable behaviour.](#) **(Personnel Manager (H&S))**

No serious issues within this region. Prosecutions now taken but not for the punching incident.

**(Environmental Safety Manager)**

Threatened on scaffolding, had trowel thrown at him; it landed between his feet. Also threatened in a house and locked in room by wife of occupant. **(Building Inspection Controller and Dangerous Building Controller)**

I was the incident officer. Police checked for firearms certificate but no further action was taken.

**(Health and Safety Officer)**

Police were involved. The incident occurred in my role as Street Warden, when aged 22-25, with Bournemouth Council. **(Community Development)**

Too frequent to mention. All the above at one time or another. Needs to be stated, however, that such incidents are rare. I get hit maybe once a year. The other forms of violence do not worry me too much, though I do hate being spat at. I don't want to make light of such incidents - I do always talk about them with colleagues and following the case mentioned below, I brought myself for sessions of counselling which I found very valuable.

**(Approved Social Worker with Emergency Duty Team)**

No comments **Head of Health and Safety Department**

No comments **Duty Social Worker. Adultcare**

### **Weapon**

## **Cambridge Resolution**

Became involved with a fight between two women; one wanted to stab the other but no injury and situation was diffused. **(Centre Manager)**

Was shot at with an air rifle. Police did nothing so no prosecution. **(Health & Safety Manager)**

No comment **(Operations Manager)**

Threatened on scaffolding, had trowel thrown at him; it landed between his feet. Also threatened in a house and locked in room by wife of occupant. **(Building Inspection Controller and Dangerous Building Controller)**

I was the incident officer. Police checked for firearms certificate but no further action was taken.

**(Health and Safety Officer)**

Waved knife to intimidate; reported to police but no legal action. **(Health and Safety Officer)**

A long time ago in Camden, a caretaker used a breadknife after he had lost his rag. Was glad to get away. No witnesses so it was difficult to take action. No police involved. Now I would report every incident.

**(Housing Technical Officer)**

Too frequent to mention. All the above at one time or another. Needs to be stated, however, that such incidents are rare. I get hit maybe once a year. The other forms of violence do not worry me too much, though I do hate being spat at. I don't want to make light of such incidents - I do always talk about them with colleagues and following the case mentioned below, I brought myself for sessions of counselling which I found very valuable.

**(Approved Social Worker with Emergency Duty Team)**

### **Hostage**

Dogs were released on me. Person warned by police and warned of legal action if repeated.

**(Housing Division Support Manager)**

Boarded into someone's house. **(Senior Environmental Officer)**

Attempted to shut me in house. **(Social Worker)**

Blocking an exit from a client's house and disconnecting the phone. **(Social Worker)**

### **Racism**

Lot of aggression from teenagers with parks staff. 30 youths come up to a 50 yr old and are often verbally aggressive. We use CCTV and double up. This created a big change in policy. **(Safety Officer)**

### **Spitting**

Too frequent to mention. All the above at one time or another. Needs to be stated, however, that such incidents are rare. I get hit maybe once a year. The other forms of violence do not worry me too much, though I do hate being spat at. I don't want to make light of such incidents - I do always talk about them with colleagues and following the case mentioned below, I brought myself for sessions of counselling which I found very valuable.

**(Approved Social Worker with Emergency Duty Team)**

This was with a disabled child and I was supporting them in order to offer their family support as there was a gap in services, which the department was not filling.

**(Social Worker, with disabled teenagers)**

No comment **(Operations Manager)**

No comment **(Health & Safety Manager)**

### **Shouting, swearing and silence**

Gypsy evictions

Risk register in existence

Have a violent persons report

Not reported as there was no reporting system at that time

Was acceptable; locked in a building whilst working as a carpenter - but now situation is different

No action/report but discussed it informally with manager. One park warden had a large stone thrown through his car window at 11.30pm whilst answering a call.

We've had colleagues punched. Some were off work with stress and time off work.

CID called in. A sacked employee smashed my office and left a crow bar. Difficult to prove because action occurred after the threats had been made.

At the time, there was no policy for reporting aggression but new policies and procedures have been introduced.

Incidents concerned travellers.

No legal action has been taken as yet

What is aggression to one person is acceptable

Police took action, one person prosecuted.

No action

### **Avoided physical violence by means of SLT training experience**

Notes were made for future visits

Silence can be very intimidating. Have to deal with it. Part of the job.

We provided a diminished service to the individuals concerned.

Have database for difficult customers

Abuse from public dealing with abandoned vehicles

I had a threat with a knife years ago by an old lady with dementia.

Discussion with manager about how to avoid repeat incidents

### **Housing sector**

#### **Punched**

We take action by writing to them, keep reports, and have a marker on the database so that others, including contractors then go in two's. **(Chief Executive)**

We need additional training from police - self defence. No prosecution (as related to mental health issues)

#### **(Area Manager)**

We have been told to walk away from difficult situations.

I left the property; the people were added to our red folder so staff now visit in pairs.

Compile a "near miss register". Two people visit if there's a history of violence and if listed in the "near miss register".

Incident was recorded on file in their tenancy agreement. People could lose their homes.

Computer system shows alerts to identify potential issues. We then double up on visits.

Only mild swearing and I was already accompanied by another male colleague. Client calmed down and we were able to continue with our assessment. Client apologized for losing his temper.

#### **Hostage**

**Once locked in a house after a visit had ended. (Assistant Housing Manager)**

Staff are now encouraged to report all incidents. **I've been trapped in houses twice but I negotiated my way out in both situations. (Housing Manager)**

**A dog was set on me; I regarded this as part of the job. Have 8 staff on debt recovery and housing officers. (Housing Manager)**

#### **Shouting, swearing and silence**

There was not sufficient action taken by management.

Mainly settled there and then. We have a system to indicate violent/difficult customers, then two people visit

**He played a guitar and kept me in his mobile home until the song was finished.** A bit frightening at the time as he was verbally abusive.

Letters were sent. **At another organisation, a tenant hit another tenant with a 4 wood (golf) in our interviewing room. Police wouldn't come as it was "Not violent enough".**

Details are put on tenant's file. Use a red flag on the computer for difficult tenants.

**7d. Comments about incidents from Social Workers**

**NHS**

**Approved Social Worker**

She reported shouting and swearing incidents and received support from management.

**Social Worker, Elderly Mental Health Team**

She did not report shouting, swearing and punching incidents as she regarded it as part of her job.

*"I have been kicked and punched but I put this down to their illness"*

**Local government**

**Social Worker (with disabled teenagers)**

She did not report spitting and punching incidents as she regarded it as part of her job.

*"This was with a disabled child and I was supporting them in order to offer their family support as there was a gap in services, which the department was not filling. Eventually services were offered as although I did not report the incident, it did form part of my assessment of need which I was able to evidence more fully."*

**Duty Social Worker. Adultcare**

He reported shouting, swearing and punching incidents and received support from management.

**Social Worker**

She reported swearing and hostage incidents and there was no action taken.

*"Attempted to shut me in the house."*

**Social Worker**

She reported shouting, swearing and silence incidents and there was no action taken.

*"Changes in the working with the particular clients to ensure safe practice such as double ups, staying near door, etc."*

**Social Worker**

She did not report a weapon incident years ago as she had regarded it as part of her job.

*"I had a threat with a knife years ago by an old lady with dementia"*

**Social Worker**

She reported swearing and hostage incident and received support from management. Procedures were changed.

*"Blocking an exit from a client's house and disconnecting the phone."*

**Social Worker**

She has not experienced any lone worker aggression.

**Emergency Duty Team Social Worker**

She reported shouting and swearing incidents and there was no action taken but discussed the issues with management.

*"Discussion with manager about how to avoid repeat incidents"*

**Approved Social Worker with Emergency Duty Team**

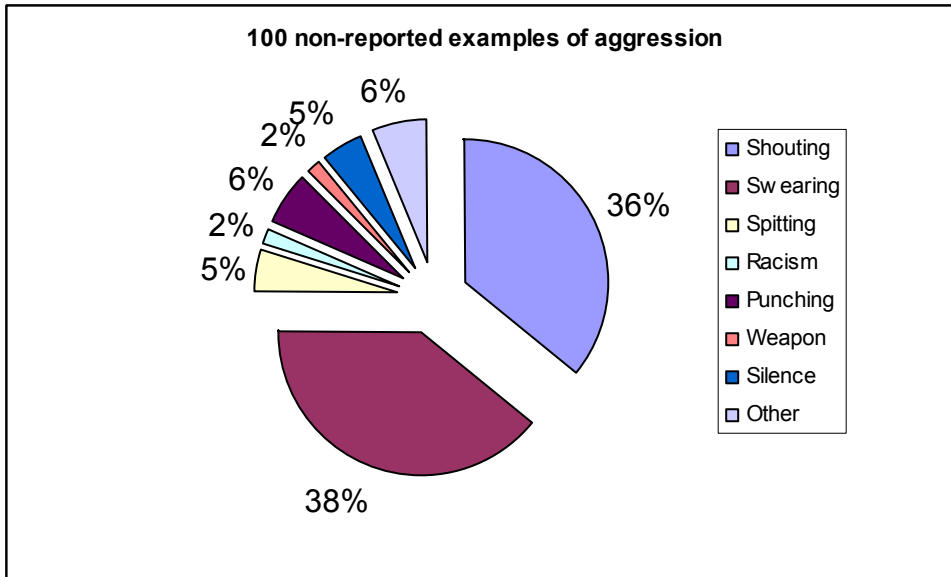
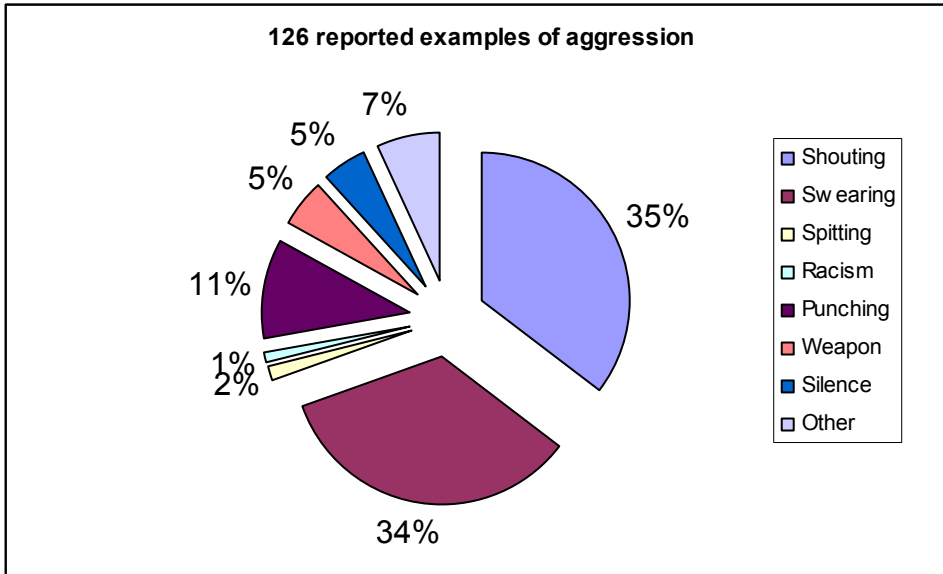
He did not report shouting, swearing, spitting incidents as he regarded it as part of his job. He reported punching and had support from management and he reported a weapon incident and received counselling.

*“Too frequent to mention. All the above at one time or another. Needs to be stated, however, that such incidents are rare. I get hit maybe once a year. The other forms of violence do not worry me too much, though I do hate being spat at. I don't want to make light of such incidents - I do always talk about them with colleagues and following the case mentioned below, I brought myself for sessions of counselling which I found very valuable.*

*The worst thing that ever happened to me was being held at knifepoint for three hours before the Stoke Newington Police rescued me. The perpetrator also threatened to throw his baby against the wall unless I told him where his partner was. He was held on remand but at his court hearing was given a conditional discharge. I remember his barrister calling it a "joke case". The man returned home that evening and beat up his wife so badly that she ended up in hospital. this was many years ago. I don't remember any contact at all from Senior Management though the police were great. I do remember the support of my immediate manager and my colleagues who were wonderful.”*

**7e. Extent of incident reporting**

Overall, analysis confirms that the more serious incidents had higher reporting rates. 18% of all punching incidents were not reported – but these incidents mainly related to ill individuals in care.



**7f. Examples of “other” incidents**

The “other” incidents, related to being locked in room or trapped in some way. These hostage incidents are analysed earlier in this report.

**National Health Service**

**Reported the incident**

Attacked by a female client in her home. Refused exit by a couple in their own house. I had to call the police. The surgery supported me and the patients were asked to leave this practice.

He sent in a verbal and written complaint

Management were very supportive and policies were adjusted to take in issues raised

Visit in two's after a certain time

Objects (glass and bottle) were thrown, furniture turned over...

I was cornered by a car on a travellers' site. Verbal aggression

**Did not report the incident**

I was locked in a house

**Local government**

**Reported the incident**

Boarded into someone's house

Dogs were released on him. Person warned by police and warned of legal action if repeated.

Attempted to shut me in house

Blocking an exit from a client's house and disconnecting the phone

**Housing sector**

**Reported the incident**

He played a guitar and kept me in his mobile home until the song was finished. A bit frightening at the time as he was verbally abusive.

**Did not report the incident**

Once locked in a house after a visit had ended.

Staff are now encouraged to report all incidents. I've been trapped in houses twice but I negotiated my way out in both situations.

A dog was set on me; I regarded this as part of the job. Have 8 staff on debt recovery and housing officers.

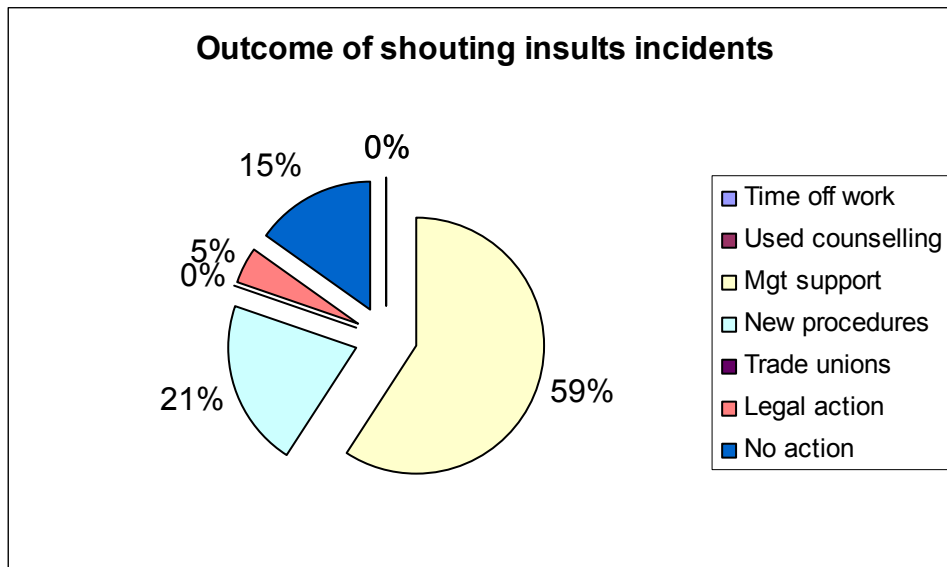
**7g. Outcome of the incidents if reported**

Frequency of management support to the lone worker varies from 59% following shouting insults to a much lower 40% after punching/kicking incidents.

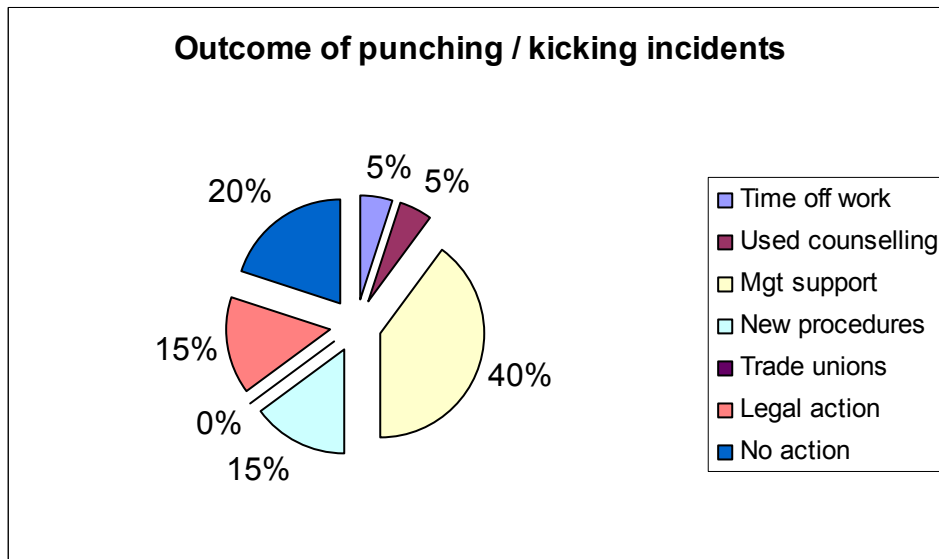
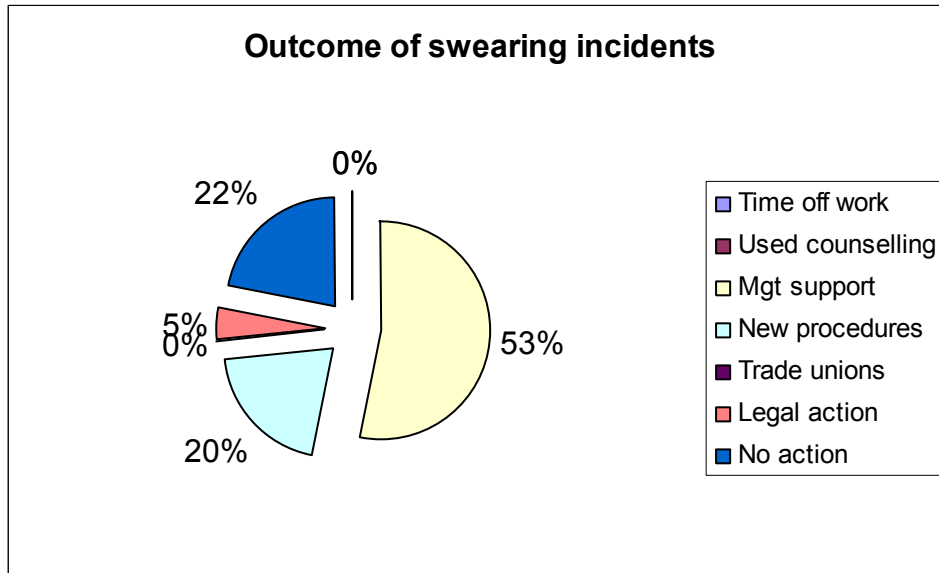
Type of aggression	Frequency of management support	Changes to procedures
Shouting insults	59%	21%
Swearing	53%	20%
Punching	40%	15%
Other (mainly hostage)	43%	29%
Weapon	56%	0%
Silence	50%	0%
Racism	50%	50%
Spitting	50%	0%

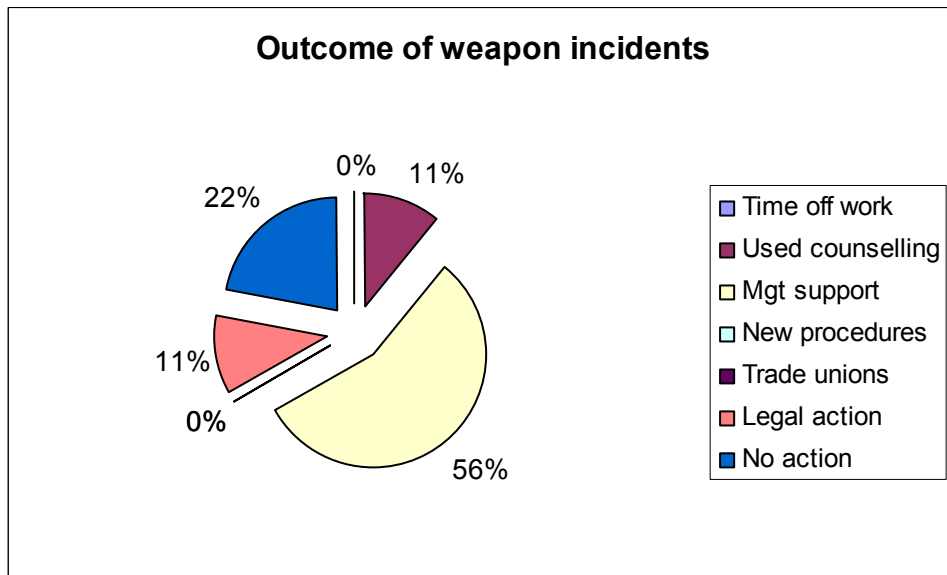
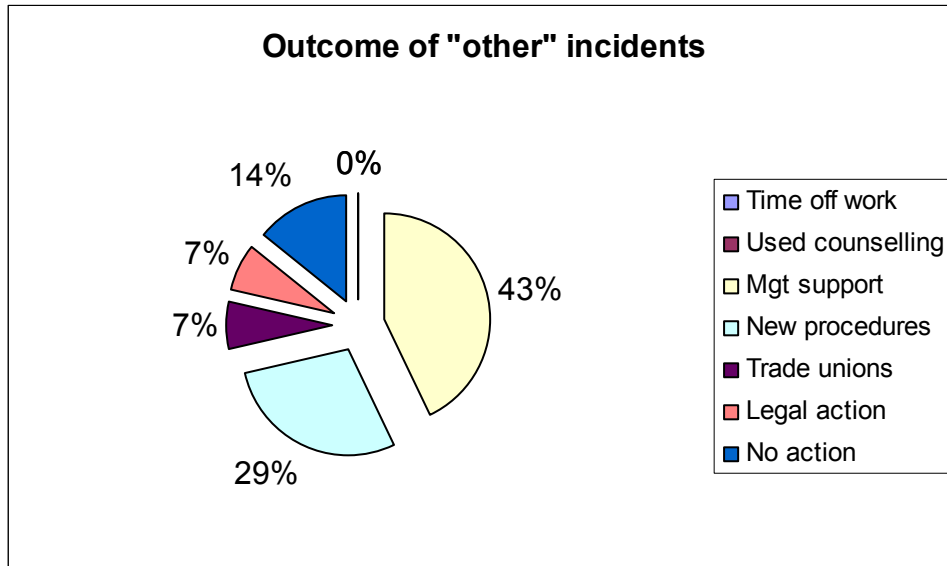
(Some incident types happened less frequently, such racism and spitting, so the percentage of management support might not be an accurate reflection).

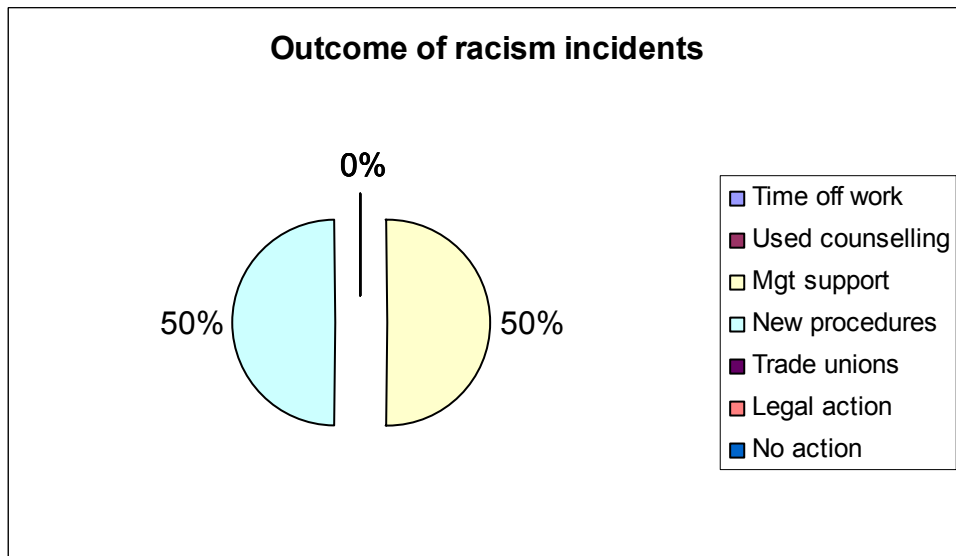
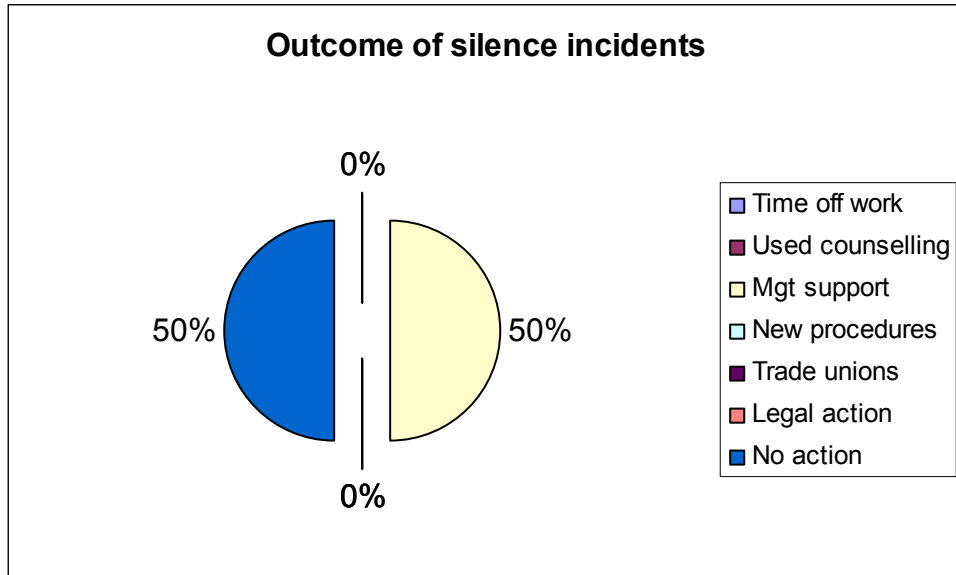
Pie charts for the eight types of incidents shows the proportion of outcomes if the event was reported.

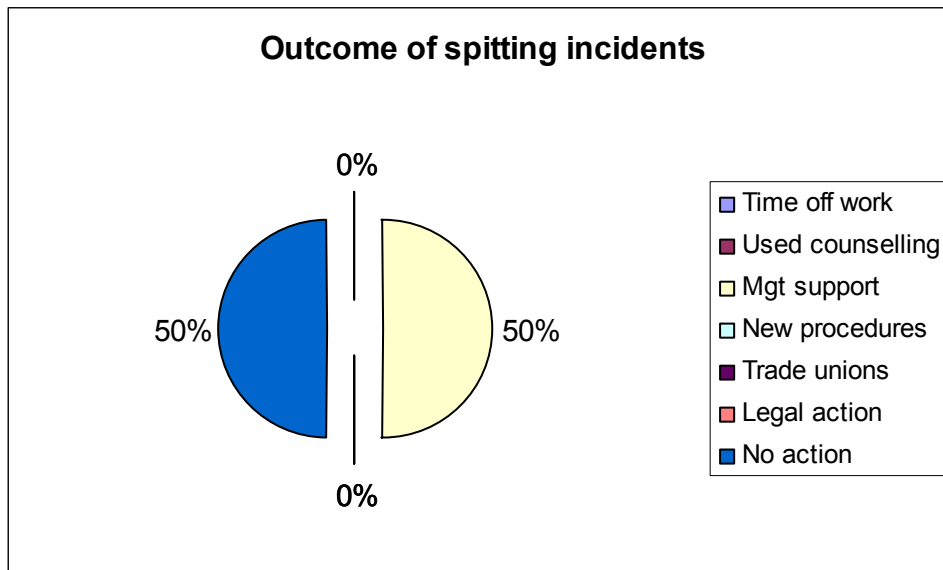


This chart has three 0% segments – time off work, used counselling and trade unions.









## 8. Additional issues as a result of these incidents

Overall, managers were keen to learn from each event and to change existing operating procedures to protect their lone workers. Many comments provide extra detail about their most worrying incident.

### National Health Service

#### Managers

Ultimately the service user was removed from the house but Social & Health Care (placing authority) were NOT supportive.

#### Staff

The "Patient Liaison" service visited the family; they were "allocated" another surgery.

Trust followed up complaint (verbal and written)

Debriefing by a colleague and risk was flagged up in the front page of the client's case notes.

Strategies were put in place i.e. ringing before going in house and ringing when coming out. We are working in pairs with this patient.

Received support from management

I did not fill in an incident form as it was out on visits while in car - it happened 5 years ago.

#### [Police protection activated on the ward](#)

Supported (supervision) by service manager. Service user was referred to the Community Team for "anger management". Community police visited for a "chat" with the service user.

I assisted application for a wheelchair so that a patient could be brought into the surgery for treatment (more people about).

#### [I no longer visit the travellers' site alone](#)

### Local government

#### Managers

Red dot file. Now go in two's for difficult visits. Evening meetings are now done in pairs.

Four injunctions and one sent to prison

Subsequent court case

Difficult people are put on risk register. Prosecutions carried out for difficult situations

Enforce bans from council property. Double up on some visits

We use pairs if necessary

Every incident must be reported. Some under-reporting gives management a concern.

ASBO orders are now in place  
Some tried to take it to court.  
Nothing  
n/a

### Staff

No legal action has been taken as yet  
Police involved. **Not often are people attacked; only 3 in 10 years.**  
**Building owner sacked worker in trowel incident. Re 2nd case, The inspector told occupants that he had to see the outside of the house before he could assess situation and he escaped.**  
Eventually services were offered as although I did not report the incident, it did form part of my assessment of need which I was able to evidence more fully.  
Changes in the working with the particular clients to ensure safe practice - ie double ups, staying near door, etc.  
**The worst thing that ever happened to me was being held at knifepoint for three hours before the Stoke Newington Police rescued me. The perpetrator also threatened to throw his baby against the wall unless I told him where his partner was. He was held on remand but at his court hearing was given a conditional discharge. I remember his barrister calling it a "joke case". The man returned home that evening and beat up his wife so badly that she ended up in hospital. This was many years ago. I don't remember any contact at all from Senior Management though the police were great. I do remember the support of my immediate manager and my colleagues who were wonderful.**  
Nothing (x 6)

### Housing sector

#### Managers

Follow up actions e.g. letter to the tenant and legal action  
Nothing  
I have been a social worker for 15 years. **Worst case for me (in another job) happened when police were present and they took no action. I was badly hit across the head and lost my hearing for 24 hours. Aggression is not from those you expect sometime.**  
**We looked after Jack Roy years ago, a regular absconder, took him in our cars at night. Never dreamed he was a danger - until he killed a social worker on a train!**

### Staff

Reported it on incident sheet - not to visit alone.  
Nothing

## **9. Resignations due to violence and aggression**

Very few lone workers resigned from their job due to violence, only 2.2%, which includes incidents relating to behaviour by other colleagues.

It is likely that most lone worker jobs are vocational so that these dedicated individuals tolerate higher levels of personal risk.

Reasons for leaving, against their job titles, include:

### **Local government**

#### **Head of Health and Safety Department**

Because LA would not take action

#### **Environmental Health Officer**

Walked out of job because of violence

#### **Building Inspection Controller and Dangerous Building Controller**

Left jobs because of aggression/swearing/violence.

#### **Social Worker**

Bullying by colleagues which was not satisfactorily addressed by senior management.

### **National Health Service**

#### **Community Nurse - for children with learning disabilities and challenging behaviour**

Previous job was in a medium secure unit - nursing. Got injured severely resulting in permanent injury so could not do similar type of work again (felt like I'd lost my nerve!).

#### **Health Visitor**

Verbal abuse from a colleague!

### **Housing sector**

#### **Housing Officer**

No reason given.

**10. Initiatives to improve lone workers' personal safety**

The three sectors, NHS, local government and housing interviews, were compared to highlight the different levels of violence between these sectors.

In the NHS 16% of lone workers propose an auto phone or Buddy system to improve their safety and 13% of NHS lone workers propose more mobile usage.

The two most popular initiatives in local government appear to relate to training (21%) and better policy/procedures (20%).

In the housing sector, lone workers are most interested in auto phones and Buddy systems (17%) as well as better policy/procedures (17%).

	<u>NHS</u>	<u>Local Govt</u>	<u>Housing</u>
Auto phone/ Buddy	16%	13%	17%
Training	12%	21%	14%
Better policy/procedures	3%	20%	17%
Mobile	13%	7%	3%
Paired visits	7%	11%	0%
Reporting system	6%	4%	0%

**The management / staff differences of opinion on the best lone worker initiatives**

In the health sector, the most quoted initiative is for Autophone/Buddy systems (particularly by staff but with little interest from management). It is much the same ratios regarding having mobile phones in the health sector.

Paired visits is not mentioned by managers in the NHS but was by staff to suggest this is an issue.

In local government, the most quoted initiative is for training followed very closely by the desire for better policies. Both issues well supported by staff. The low support for training by management may reflect that significant amount of training is already carried out in the local government sector.

Amongst housing associations, managers were most interested in creating better policies whereas staff seemed unconcerned.

**National Health Service**

**Training**

More training and more focus on strategies to deal with challenging aggressive persons.

Programme related to training people

Greater staff awareness and early reporting of incidents

Perhaps training in self-defence.

More training in how to de-escalate situation

Keeping awareness levels up to avoid problems

Personal awareness. Ensure you put yourself first and take no risks that compromise you

Shared responsibility within my team for personal safety

Self defence training.

Make awareness training available. Also risk assessment training.

Risk assessment.

Discussion of case scenarios to raise awareness and "pre-think" possible options e.g. where there is a dog in the house or a history of domestic violence.

### **Auto phone/ Buddy**

Automated phone system where you log in/out of your visits. As manager, I text into nobody that I am safe. Who keeps track of me? (I'm a manager of nurses delivering respite in homes of children with complex needs.

Be more vigilant. Have more phone signals.

An auto phone system; I have talked to managers here about this.

Maybe a Buddy system - something/some process to go through to flag up any problems or anyone not returning from a visit.

Buddy system

Buddy/manager system.

A monitoring system which is able to trace staff

Have a location device and have the ability to summon assistance covertly

Maybe a buddy system - something/some process to go through to flag up any problems/anyone not returning from a visit.

[Formalised buddy system - no actual protocol except one which only our patch agreed to. But still it is still problematic with the last person going off duty - who to tell?](#)

Tracking system

More contact with a link person at base.

To increase communication across the team.

Improve communications

Improved contact liaison

Improved contact

### **Mobile**

Work mobile phone

Mobile telephones that have coverage in all areas. A system where you can contact someone on arriving and leaving from work

[Mobile telephone tends not to have coverage in rural areas](#)

All staff to be provided with a mobile phone

We visit clients at their homes - it is difficult to improve on the mobile phone

A mobile phone

Provision of mobiles, automated phones or buddy systems

[Work mobiles; at present we use our personal phones.](#)

Personal alarms

Having personal alarms

To use a personal alarm

In-built alarms in name badges

Some type of personal alarm which would be connected to a central office

### **Reporting system**

Better support system. I have no one to debrief. People are getting more aggressive and more personal. Need to offload to somebody.

Safety has improved tremendously as we have become aware of the risks. [Nurses, after decades, have never perceived a risk. Culture has changed.](#) Whiteboards now have actual locations added rather than the town!

More effective reporting system

Central reporting in system

Some sort of reporting in to base system.

By strictly adhering to policies that are in place and monitoring of practices by managers

### **Paired visits**

Perhaps joint working where there are concerns around working with certain individuals.

Two staff on duty when carrying out MHA 83 assessments

Going out in two's when out of hours. I take my husband as he is a social worker but single social workers can't do this. There's not enough support. When out of hours, there are only four of us so you're reluctant to call them as we are all so busy.

Work in pairs

Double sleep over shift so two staff over shift.  
More staff so joint visiting could happen  
To improve numbers within the team.

### **Better policy/procedures**

A lone worker policy would assist with identifying the risk in a more substantive, formal manner.  
Clinic base needs appropriate intercom/camera doorbell to office upstairs  
Access to information on the person I am visiting.

### **Nothing**

Nothing at the moment

DK. As midwives have a large no of visits which can quickly change when a mum rings up urgently. With 60 midwives in the area, it would be difficult to track all movements.

Listen to my instincts! Refuse to visit where I felt unsafe.

Quite happy with current arrangements

Don't know

## **Local government**

### **Training**

Conference on safety, violence and aggression; did one and it was very successful. Introduce partnership working.  
Our dept pioneered Guardian Angel; others should use it in Scotland. Need greater sharing of information.

Employees taking more responsibility and understanding the risks

Training would be the most helpful. Not mobiles or tracing systems

Refresher training is vital to keep it in your mind.

Basic training in awareness. SLT has been very helpful. SLT gave me many ideas which I use in my courses training lone workers.

Maintaining an awareness of policies

Training systems and seminar on violence and safety at work.

Awareness training. Using risk assessment values.

We have been running a training programme for the last two years - so no further training is needed.

Risk assessment, alarms/deterrent as needed and in house training to avoid aggression.

Our retraining 14-16 June should cover all aspects

Completion of the various policies and training to all staff. Further training would be of benefit on the recognition and diffusion of aggressive situations.

Constant reflection on and discussion about the problems and potential problems faced

Additional training in risk assessment (She is an SLT trainer)

Training; I can't emphasize this enough. There are ways of assessing and handling clients in distress or who are personality disordered. Ultimately it is these kinds of skills that keep Social Workers safe.

Greater awareness by all staff to pass info on but already good in my organisation.

### **Auto phone/ Buddy**

New advisor will introduce new systems

Electronic systems to monitor people when out and about - e.g. social workers.

Preset calling times, vary intervals due to mission

Badges worn on person as CCTV is not possible in remote areas.

With palm held device operatives can receive orders and inform new database.

Wanted an automated phone based system but the trade unions would not allow it as it traced each employee's location

Automated system for tracking and calls

Careline for out of hours. Security company in support - often police are not available.

Automated system would help. Used to have radio system but it's now old.

We are trialing GPS systems at the moment

Colleagues in Connexions phone into the office at the beginning of any home visit and at the end. If they have not reported in after an agreed time, the office phones them. Also we are asked to keep an electronic diary up to date but our diaries are forever changing but we do not have palm tops which make updating the diary another job which does not get done; therefore palm tops would help to ensure the office knows where we are. (They usually write on the white board if we do not go into the office that day).

Use of a call centre and recorded calls, i.e. an open phone.

### **Mobile**

Ensuring staff call in after 5pm; some occasionally forget to do this.

Different forms of lone worker exist - some frequent like home care with staff visiting 7-8 service users/day and some less frequent like social workers visiting 1-2 service users/day. Different technologies exist like ID cards that have voice communication to a call centre may be better for home care staff (who can't carry mobile phones at all times on their person when providing personal care).

Mobile phones do not work in all areas; we need an emergency button system.

Mobile phone signals can be an issue in some places.

Address reliability of mobile phones, chase up, call at lunch time or after work.

Difficult as there are risks due to the nature of job. More money for everyone to have a mobile phone as standard kit would help as we have to use our own.

### **Reporting system**

Looking at software system.

Our new system will improve the situation

Hope computer system will remove human error

Use a monitor board for night and out of hours visits. I feel not enough care is given to us.

### **Paired visits**

Lone workers are a thing of the past. No unaccompanied work is done when we know there will be difficulties.

We don't let them work alone currently.

Double up for violent cases

Double up for rent collection services as it is high risk.

Double up for visits with a risk element

Home visits to be carried out in pairs

Not a lot you can do. We don't employ two people to go as it's not cost effective. They did in my previous employer.

Having a colleague on the rota who would do joint visits with me if necessary. (Not realistic because of expense - but since you ask....).

Procedures are in place but it can be difficult with no witnesses. Would now use two people.

Working in pairs

### **Better policy/procedures**

Have a database for potentially violent service users. Share information.

Consider the design of the building.

Our lone worker package is being evaluated currently.

Better liaison with police. I am concerned about workers' stress and fear.

No blame culture; showing that it is no weakness to report aggression.

Formalising procedures, checks, actions etc. Information sharing for difficult customers etc.

Out of hours working protocols

Getting Local Authority Social Work Directors to see how counterproductive the police risk assessment procedures are, and how they put both clients and their staff at risk. To lobby for going back to the old system whereby EDT workers could negotiate police assistance directly with officers on duty in the CAD room.

Having a moratorium on policies dealing with violent situations - in my experience they exist only to "cover" senior management and create more paperwork.

We are currently looking at IdentiCard - as used by the NHS - like a credit card.

First aid kits.

Information sharing with other organisations

Quicker response from police. Their minimum response time is 30-40 minutes.

Just finished six months exercise and review of a lone worker package.

Hard to say as every situation I go to may potentially be a risky one. On the whole I feel Social Services have and are improving their lone worker policy.

Employers should prosecute for every incident. These notices "no staff harassment" need to be credible.

Visits in cars (because of geography) reduce the dangers.

Parks people are particularly concerned as they work up to 11pm.

**Nothing**

Have full system so no extra action

We're well covered

Very satisfied with company policy

Use common sense; it's a difficult skill to train. You either have it or you don't.

Staff are not keen to use the Guardian Angel system. (This is the mgr replying as the lone worker wasn't allowed to reply to our questions).

Not really

n/a

Nothing comes to mind

No additional plans as our system seem to work well.

No plans for further improvements; this is a very quiet borough!!

We're fully covered; our risk assessment is very integrated

No further actions are planned

Unsure, however I am happy that I only have female people to visit; I would feel less comfortable visiting males alone in their homes.

Lone worker policy is adequate

All is being done for lone workers.

Have good systems in place.

We have pretty good policies at the moment

I have only been in position since the beginning of April

None

n/a

**Housing sector**

**Training**

Need clear policies and guidelines. All staff must fully understand and follow these guidelines.

Training is well covered - we have core training updated annually

Training to understand the risks and how to manage them. Staff often don't realise the risks they are putting themselves in.

We need to be more vigilant. We tend to become complacent.

Need to be very aware of people situations - collecting rent, advice on rights - as people become complacent when visiting houses for several years.

**Auto phone/ Buddy**

Trialing speed dial on mobiles and our automated phone based system. (Has responsibility for lone workers).

A new telephone tracking system is being considered.

Well covered here but is sometimes difficult to make staff ring in at the end of a day. One man lives on his own so there is no family to report he is missing that evening. He regards ringing in as an intrusion.

Improve the technology side of things when we have money to invest. Management of H&S is good.

Possibly using tracking systems

Our process is to call once we are outside the property and again when we leave. However I phone when I am in the property and confirm who is in the property with me.

There is a duty to report back after every visit. It's essential.

**Mobile**

We need short/sharp action to summon help. Mobiles can't be dialled when receiving aggression.

**Reporting system**

**Paired visits**

**Better policy/procedures**

Currently working on a violence and aggression policy

We have an internal safety meeting every two months.

Use a "bother system" on doors e.g. a camera to tell who is outside and in what state of mind.

Need to keep follow up procedures updated and keep handing out advisory notes to staff

New procedures are in place. Client group is mainly over 80 yrs. Some alcoholics but most are not violent. We are currently looking at risk assessment systems to improve situations. (We have mental health tenants).

**Nothing**

Not sure. I take people on visits to shared ownership properties.

All aspects are covered

Reviewed our systems but we don't think any further action is needed.

Have most bits and pieces

All is fine

Not at the moment

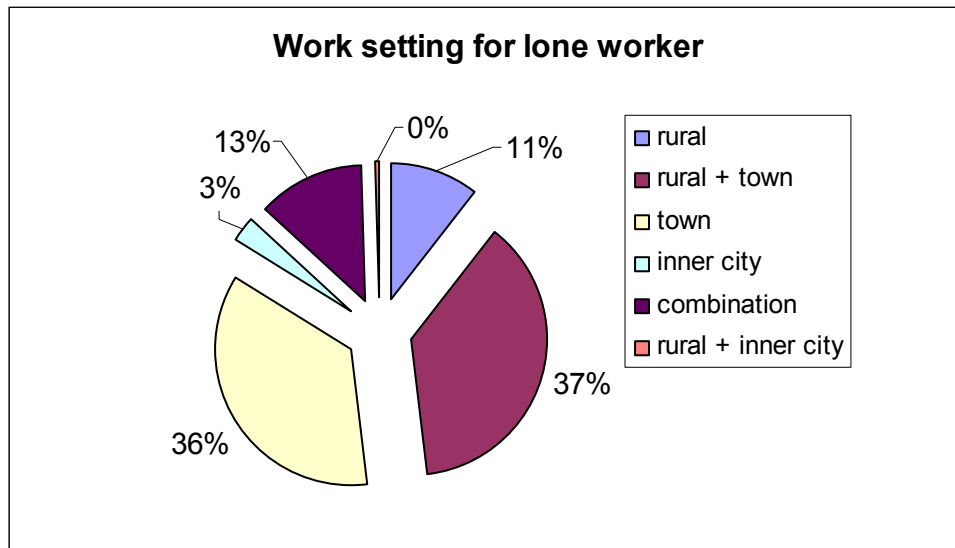
No

No - hopefully not!

We're fully covered

**11. Type of working environment**

Most (89%) lone working involves a town setting - only 11% is in rural-only areas. Combination means rural and town environments.



Inner city work only accounted for 3% - which seems low so "rural and town" must have covered inner city as well.

## **12. Location of respondents**

Please refer to appendix a for a list of all organisations that took part in the survey

## **13. Role of lone worker**

Below is a list of typical job titles associated with the survey

### **National Health Service**

Risk Assessment Manager  
Associate Director of Health Visiting  
Head of Patient Advice Liaison service  
Facilities & Estates Manager  
Primary Care Manager  
Manager for respite team of nurses.  
Specialist Nursing Services Manager  
Deputy Service Manager + Support Worker  
Deputy Service Manager (for adults with learning difficulties)  
Service Manager (10 yrs experience as a Support Worker)  
Health Improvement Manager  
Approved Social Worker  
Auxiliary Nurse  
Auxiliary Nurse (GP practice)  
Cardiac Rehabilitation  
Community Childcare Nurse  
Community Children's Nurse  
Community Midwife  
Community Nurse  
Community Nurse - for children with learning disabilities and challenging behaviour  
Community Nursery Nurse  
Community Psychiatric Nurse  
Community Psychiatric Nurse  
Community Sister Working Out of Hours  
Community Staff Nurse  
District Nurse  
District Nurse Team Leader  
Early Years Family Worker  
Health  
Health Care Assistant  
Health Care Assistant Relief  
Health Visitor  
Intermediate Care Sister  
Nurse  
Nurse - intensive care  
Nurse Specialist Older People  
Nursery Nurse  
Occupational Therapist  
OT Tech III  
Patient Liaison Officer  
Physiotherapist  
Risk Control Officer  
Risk Management Coordinator  
School Nurse  
School Nursing Sister

Service Development  
Service User/Carer Project Coordinator  
Social Worker, Elderly Mental Health Team  
Specialist Nurse  
Staff Nurse  
Stroke Coordinator  
Supervisor of Midwives  
Support Worker  
Training Support Services  
Volunteering Project Leader

## **Local government**

### **Managers**

Assistant Manager Housing Trust (Kingfisher)  
Careline Assistant Manager  
CCTV & Health and Safety Manager  
Centre Manager  
Controller Manager (Home visits and equipment for the elderly)  
Emergencies Planning & Project Manager  
Emergency Safety Manager  
Environmental Protection Manager  
Environmental Safety Manager  
Group Manager for Surveyors  
H&S Manager  
Health & Safety Manager  
Health & Welfare Manager  
Housing Division Support Manager  
Human Resources Manager  
Manager - Buildings and Works (Inspections)  
Manager, Business Development  
Manager, Commercial Health Dept  
Operations Manager  
Personnel and Safety Manager  
Personnel Manager  
Personnel Manager (H&S)  
Safety Manager  
Safety Manager/Advisor  
Senior Park Ranger  
Service Manager, Assessment and Care Management  
Service Manager, Operational Support.

### **Staff**

Abandoned Vehicle Officer  
Admissions Officer (doorstep visits are via the library service)  
Approved Social Worker with Emergency Duty Team  
Assistant Community Liaison Officer  
Building Inspection Controller and Dangerous Building Controller  
Community Development  
Corporate  
Duty Social Worker. Adultcare  
Emergency Duty Team Social Worker  
Environmental Health Officer  
Head of Health and Safety Department  
Head of Personnel and Safety Officer  
Health and Safety Administration Officer  
Health and Safety Advisor  
Health and Safety Advisor + Env Health Officer  
Health and Safety Coordinator

Health and Safety Officer  
Health and Safety Regulator  
Housing Officer  
Housing Technical Officer  
HR Business Manager and Special Investigator  
Neighbourhood Worker  
Personnel office  
Personnel Officer - Development, Housing, Social Services  
Principal Health & Safety Officer  
Public Health Officer  
Risk Management Officer  
Safety Advisor  
Safety Officer  
Senior Environmental Officer  
Senior Health & Safety Advisor  
Senior HR Officer  
Social Services Emergency duty team Practitioner  
Social Worker  
Social Worker (with disabled teenagers)  
Technical Officer, Health & Safety  
Training & Safety Officer  
Welfare Rights Officer

## **Housing sector**

### **Managers**

Area Manager  
Assistant Housing Manager  
Chief Executive Officer  
H&S Manager (Regional)  
Health & Safety Manager  
Housing Manager  
Housing Support Manager  
HR Manager  
Operations Director  
PA to Housing Manager  
Personnel Manager  
Service Improvement Manager  
Sheltered Housing Manager  
Supported Housing Manager  
Technical Services Manager

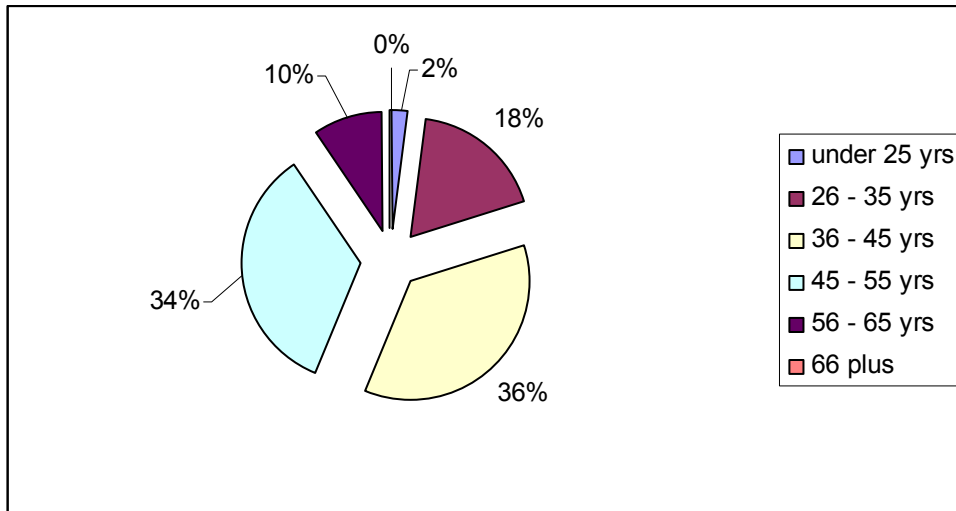
### **Staff**

Asset Management Officer  
Facilities Officer + H&S Officer  
Health & Safety Officer  
Housing & Special Needs Officer  
Housing Officer  
HR Advisor  
HR Team Administrator  
PA to CEO  
PA to Director of Housing  
Senior Housing Officer

### 14. Age range of lone worker

It is likely that few organisations put under 25 year olds in lone worker situations. As discussed, the age analysis also reflects the challenge of obtaining access to the younger lone worker who is usually out the office.

#### Age Range





## Appendix A

### Organisations that participated in this survey

#### National Health Service

Abingdon and S Oxfordshire  
Advance Support  
Berkshire Healthcare NH Trust  
Birmingham Heartlands Hospital  
Blackburn and Darwen PCT  
Burntwood, Lichfield & Tamworth PCT  
Canterbury & Coastal PCT  
Castle Point and Rochford PCT  
Conway & Denbighshire NHS Trust  
Conway & Denbighshire PC Trust  
Doncaster & Bassetlan NHS Trust  
Dorset HealthCare NHS Trust  
Easington PCT  
East Devon PCT  
Hillingdon PCT  
Horsham and Chanctonbury PCT  
Kingston PCT  
Lincolnshire Partnership NHS Trust  
Luton Primary Care Trust  
North Cumbria Mental Health and Learning  
Disabilities Trust  
North Sheffield PCT  
North Wales  
Oxford PCT  
Oxfordshire Learning Disability Trust  
Oxfordshire PCT  
Pembrokeshire & Derwen NHS Trust  
Peterlee Sure Start  
Royal Berkshire and Battle Hospitals NHS Trust  
School Health (in North East England)  
SMPH  
St Albans and Harpenden Primary Care Trust  
Ulster Community & Hospitals Trust  
Waveney Primary Care Trust  
West Middlesex University Hospital  
Wokingham PCT

#### Local government

Allerdale Borough Council  
Arun District Council  
Ashford Borough Council  
Aylesbury Vale District Council  
Basingstoke and Deane Borough Council  
Bassetlaw District Council  
Bath & North East Somerset Council  
Boston Borough Council  
Bournemouth Borough Council  
Brent Social Services  
Bristol City Council  
Cambridgeshire County Council  
Canterbury City Council  
Denbighshire County Council  
Denbighshire Social Services  
Derby City Council  
Derbyshire Dales District Council  
Dundee City Council  
Durham City Council  
East Hampshire District Council  
East Lothian Council  
East Northamptonshire Council  
East Renfrewshire Council  
Elmbridge Borough Council  
Essex County Council  
Fareham Borough Council  
Fife Council  
Gedling Borough Council  
Gloucestershire County Council  
Gloucestershire Social Services  
Gwynedd Council  
Halton Borough Council  
Hart District Council  
High Wycombe & Aylesbury Council  
Hinckley and Bosworth Borough Council  
Horsham District Council  
Ipswich Borough Council  
Isle of Anglesey County Council (Cyngor Sir Ynys M)  
Kingston Upon Hull City Council  
Knowsley Metropolitan Borough Council  
Lancashire County Council  
Leicester City Council  
Leicestershire Council  
Maldon District Council  
Malvern Hills Council  
Medway Council  
Mendip District Council  
Merthyr Tydfil County Borough Council (Cyngor Bwrdd)  
Mid Devon District Council  
Mid Suffolk District Council  
Middlesbrough Council  
Mole Valley District Council  
Neath Port Talbot County Borough Council  
Newark and Sherwood District Council  
Newcastle City Council

## **Cambridge Resolution**

Newport Civic Centre  
Norfolk County Council  
North Ayrshire Council  
North Cornwall District Council  
North Devon District Council  
North Dorset District Council  
North East Lincolnshire Council  
North Hertfordshire District Council  
North Lincolnshire Council  
North Shropshire District Council  
North Warwickshire Borough Council  
North Wiltshire District Council  
Oadby and Wigston Borough Council

Oswestry Borough Council  
Pembrokeshire County Council  
Pendle Borough Council  
Purbeck District Council  
Reading Borough Council  
Rotherham Metropolitan Borough Council  
Royal Borough of Kingston Upon Thames Council  
Rushmoor Borough Council  
Salford City Council  
South Holland District Council  
Tewkesbury Borough Council  
Tunbridge Wells Borough Council  
West Dunbartonshire Council

### **Housing sector**

Abbeyfield (Medway Valley) Society Limited  
Beechdale Community Housing Association  
Bentilee Community Housing Limited  
Bournemouth Churches Housing Association Limited  
Brighton Housing Trust  
Bromford Charitable Housing Association Limited  
Buckinghamshire Housing Association Limited  
Central Methodist Housing Association Ltd.  
Chiltern Hundreds Charitable Housing Association Limited  
Colne Housing Society Ltd.  
Craven Housing Limited  
Durham Aged Mine Workers Homes Association  
Eden Housing Association Limited  
Emman  
Foundation Housing Association Limited  
Havelok Housing Association Ltd.

Leicester Newarke Housing Association Ltd.  
Midsummer Homes Housing Association Limited  
Minster General Housing Association  
Nashayman Housing Association Limited  
Rodney Housing Association Limited  
SHAL Housing Limited  
Southdown Housing Association Limited  
St. Matthew Housing  
Stoke-on-Trent Housing Society Limited  
Sussex Housing & Care  
Tamar Housing Society Limited  
Templar Housing Association  
Tunbridge Wells Borough Council  
West Wiltshire District Council  
Windmill Housing Association Ltd  
Wirral Methodist Housing Association Limited  
York Housing Association Limited

## Appendix B

### Questionnaire

Organisation:

1) At some point in your work, are you a lone worker?  YES  NO  
*(If no, interview ends)*

2) Is the risk of violence and aggression a concern to you when you are lone-working?  
 YES  NO  Sometimes  DK

3) Do you think your employer shares the concerns of lone workers?  
 YES  NO  Sometimes  DK

4) When are you lone working?  Night shift - Midnight to 8am  
 Day - 8am to 5pm  Evening - 5pm to midnight  
 Other .....

5a) Does your organisation have any of the following? – just say “Yes / No” to this short list)

5b) Is this policy used in your organisation?

Yes No Policy on violence and aggression at work Yes No Sometimes

Yes No Lone worker policy Yes No Sometimes

Yes No Risk assessment training (relating to aggression) Yes No Sometimes

Yes No Training to help staff defuse difficult situations? Yes No Sometimes

Yes No Reporting systems following incidents Yes No Sometimes

Comments:

6 When lone working, does your organisation use any of the following to help find you in an emergency?

Yes No Appointment diaries or whiteboards  
Yes No Automated phone based systems (enabling staff to record details of visits etc)  
Yes No Buddy/Manager systems (which takes pre-agreed action if you fail to log-in)  
Yes No Mobile phones  
Yes No Anything else? – Please give a few details:

7) Have you ever experienced lone worker aggression?  
 YES  NO *(If no, please go to question 10)*

7a. What form did the aggression take? *(List incident types)*

Type of incident	Did you report the incident ?	If no, why not? [a] No time; admin is too complex [b] Part of job Waste of time; [c] nothing is ever done Reporting is discouraged [d]	If Yes, what was outcome? a. Time off work b. Used counselling service c. Support from Management d. Changes to procedures e. Trade union involvement f. Legal action taken g. No action
<input type="checkbox"/> Shouting personal insults	Yes No	a b c d	a b c d e f g
<input type="checkbox"/> Swearing at you	Yes No	a b c d	a b c d e f g
<input type="checkbox"/> Spitting at you	Yes No	a b c d	a b c d e f g
<input type="checkbox"/> Racist remarks	Yes No	a b c d	a b c d e f g
<input type="checkbox"/> Punching, kicking, pushing	Yes No	a b c d	a b c d e f g
<input type="checkbox"/> Use of a weapon	Yes No	a b c d	a b c d e f g
<input type="checkbox"/> Silence	Yes No	a b c d	a b c d e f g
<input type="checkbox"/> Other	Yes No	a b c d	a b c d e f g

Comments

.....  
 .....

8) Did anything else happen as a result of the incident? (For the most serious incident)

.....

9) Have you ever left a job because of violence and aggression?  YES  NO

.....

10) What initiative would improve your personal safety as a lone worker?

.....  
 .....

11) Town: .....

12) Work setting:  Rural  Town  Inner city  Combination  Other.....

13) Profile  Male  Female

Sector:  Housing  Healthcare  Local Government  Other

What is your role? .....

Age range:  <25  26-35  36-45  46-55  56-65  66+ yrs