



# **Research on abuse and violence against the social care workforce: focus on personal assistants**

Report

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## Acknowledgements

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## Executive summary

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This exploratory study by the Institute of Public Care for Skills for Care was conducted to address the following questions:

- What do stakeholders understand as workplace abuse or violence for PAs?
- What are the key issues regarding exposure to abuse and violence for PAs from the differing perspectives of the major stakeholders?
- To what extent is this an issue for PAs and what are the triggers for abuse and violence?
- What are the current responses to violence against PAs?
- What are the gaps in workforce development in this area?

This research sits within a broader context of work at Skills for Care which seeks to ensure a skilled and competent workforce who are supported and enabled to recognise and positively work with people whose behaviour challenges.

After reviewing the literature, relevant legislation and guidance, an on-line survey of local authority workforce leads, members of the PA Framework Steering Group, PA agencies and PAs was conducted, followed by interviews with a cross-section of PAs and other stakeholders.

There is evidence that although most PAs do not experience violence at work, it does happen to some PAs; while a majority of PAs have experienced abuse – mainly verbal abuse. The perceived potential risk of violence is a concern for PAs; however verbal abuse is more of a concern for PAs than other forms of abuse or violence.

Some of the issues around abuse and violence against PAs are common to other groups of lone workers but some are specific to PAs, in particular, for those who are self-employed. PAs face unique risks and challenges associated with their isolation and vulnerability, working often in people's own homes (not unlike the risks and challenges of their employers). Like their employer, PAs are also potentially vulnerable in one-to-one situations, lacking back-up if needed and without a witness if something happens. The often close working relationship between employer and PA can create situations where boundaries may blur and either side could potentially take advantage of the other, including financial abuse.

While physical assaults may be easier to recognise, the identification of abuse and violence may be difficult for PAs to recognise as such, partly because of their lack of knowledge of rights and roles, partly because it may be linked to an individual's condition and therefore seen by the PA as part of the job. This was evident when asked

to identify triggers for abuse and violence as PAs themselves largely identified the triggers for abuse and violence in the characteristics and situation of their employer or linked to the individual relationship between PA and employer, with triggers such as the employers' pain and frustration widely mentioned. Other stakeholders mentioned factors such as poor knowledge of employment practice and responsibilities, lack of training of employers and PAs, lack of monitoring, and failures to provide information on risk and the past history of clients.

Support in all its forms: training, supervision, mentoring, counseling and peer support, is not available to many PAs. In addition, a number of those contacted reported problems linked to the lack of information available about a potential client on which to make a proper assessment of risk, and the lack of any mechanism for reporting or recording problems.

PAs, local authority workforce leads and other stakeholders frequently mentioned the need for: training for both PAs and their employers around roles and responsibilities, de-escalation and self-protection; opportunities for supervision and support; and mechanisms for recording and reporting. This was both to enable PAs and PA employers to prevent problems arising, and to handle them more effectively if they did occur.

A number of local authorities and other organizations have established services to support PAs providing training, help with DBS checks, and support groups, as recommended in the PA Framework. PAs highlighted the value of peer support and networks where they existed. It would be useful to extend these services to other areas, and opportunities for refresher courses to share good practice would also be welcomed by some PAs.

Other measures were considered potentially useful. These included: codes of practice, guidelines for PAs and employers, and a confidential advice and support helpline. Skills for Care and other organizations provide some useful relevant guidance along these lines (e.g. *Work Smart, Work Safe*), but there is more work needed to raise awareness of the resources that already exist, and for material specifically focused on PAs.

This was an exploratory study which established that the main issue of concern for PAs is verbal abuse and fear of potential physical violence. While it would not be appropriate to make specific recommendations at this stage, the results indicate the need for further work to look at existing models of practice and what support might be needed by PAs and their employers to prevent and manage abuse or violence.

# 1. Introduction

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**In recognition of the growing number of PAs and following an earlier study, Skills for Care commissioned the Institute of Public Care to explore the extent of abuse and violence against Personal Assistants.**

## 1.1 Background

This exploratory study of the extent to which abuse and violence against Personal Assistants (PAs) is an issue, and the key concerns associated with abuse and violence against this workforce group, has been prepared by the Institute of Public Care at Oxford Brookes University for Skills for Care. It follows an earlier project on violence and the social care workforce which identified a lack of understanding and information of the issues that may or may not face PAs around abuse and violence. It also sits alongside broader work to develop the workforce to be able to react and respond proactively and positively to people whose behaviour challenges.

There has been a significant growth in the number of PAs in recent years, following the introduction of personal budgets and direct payments, together with a growth in the number of self-funders linked to demographic change (IPC, 2011). The Vision for Adult Social Care: Capable Communities and Active Citizens (2010) made clear that: *'The provision of personal budgets for all eligible people will mean Personal Assistants, directly employed by people who use care and support services, working in new, creative and person-centred ways'* will *'play an increasingly important role in providing tailored support to meet individual needs'*. However, PAs are a relatively under-researched group in the social care workforce.

Equally, although most social care and support staff will encounter violence or threat at some point in their working lives, there has been limited research to investigate the subject, apart from the recent study by Skills for Care and the Institute of Public Care (Skills for Care, 2013).

This project aimed to review recent research, key policy and guidance of relevance to PAs concerned with abuse and violence; and to investigate whether or not workplace violence is an issue for personal assistants; and if it is, what are the main issues facing this group?

Specifically, the project aimed to address five key questions:

- What do stakeholders understand as workplace abuse or violence for PAs?

- What are the key issues regarding exposure to abuse and violence for PAs from the differing perspectives of the major stakeholders?
- To what extent is this an issue for PAs and what are the triggers for abuse and violence?
- What are the current responses to violence against PAs?
- What are the gaps in workforce development in this area?

## **1.2 Definition**

For the purpose of the review, the definition of violence is taken from the Health and Safety Executive cited in the NHS Direct's Violence in the workplace policy but substituting social care for health care (NHS Direct, 2012):

*Any incident in which a person working in the [social] care sector is verbally abused, threatened or assaulted by a [service user], member of the public or a member of staff arising out of the course of their work.*

As some people who receive care and support services may lack mental capacity, some incidents which are perceived as violent by PAs do not reflect an intention to cause hurt or harm, but may rather indicate confusion, pain or other factors. This study has focused on how incidents are experienced and perceived by PAs.

## 2. Overview of research methods

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**The study involved a review of recent research and policy guidance, an on-line survey of relevant stakeholders, and interviews with a sample of PAs, workforce development leads and staff in other relevant organisations.**

The project involved three areas of work:

- A review of relevant policy and research in the last five years on: workplace violence and PAs including the extent and nature of the problem, causes, responses and gaps in knowledge.
- An on-line survey of PA agencies, representative bodies, PA Framework steering group members, and others identified through these groups to investigate the extent and characteristics of the issue, current responses, and gaps in relevant workforce development.
- Phone interviews with a sample of 30 stakeholders including PAs to investigate in more detail the extent and nature of the issue.

The researchers obtained support from ADASS to contact local authorities for their views and experiences.

### 2.1 Policy and research review

#### Search strategy

Searches were undertaken of the following databases:

- Web of Science
- Social Care Online
- Social Services Abstracts
- Applied Social Sciences Index and Abstracts (ASSIA)
- Google Scholar

We also included a search of the grey literature in this field, including searches of the following web-sites:

- Department of Health
- Skills for Care Research Knowledge Base
- Social Care Institute for Excellence
- Health and Safety Executive

- UNISON, Unite and GMB unions.

### Selection criteria

To be considered for inclusion, studies had to be:

- In English.
- Published or carried out from 2008 onwards in the UK.
- Referring to the adult social care workforce, although children’s services were included if there was relevant material.
- Addressing one or more of the following key questions:
  - What do stakeholders understand as workplace abuse or violence towards PAs?
  - To what extent is workplace violence an issue for PAs and what are the triggers for abuse and violence?
  - What are the key issues regarding abuse and violence against PAs from the differing perspectives of the major stakeholders?
  - What are the current responses to violence against Personal Assistants?
  - What are the gaps in workforce development in this area?
- Providing quantitative or qualitative data relevant to the outcomes mentioned above, or a systematic review (or meta-analysis) of the relevant literature.

### Keywords

A variety of search terms were used, appropriate to the different databases that were searched. Search terms included: social care AND personal assistant\* AND violence or abuse or assault; social care AND lone worker.

The sections below present the search terms used for different databases and the number of articles generated. There was some overlap between the different searches within each of the topic areas. However, after sifting, no relevant articles were identified that met the selection criteria.

Database	Search words	Number of results	Number of results meeting selection criteria
Web of Science	Social care AND violen* OR abuse OR assault AND personal assistant	2	0
	Social care AND violen* OR abuse OR assault AND lone work*	2	0

*Research on abuse and violence against the social care workforce: focus on personal assistants*

Database	Search words	Number of results	Number of results meeting selection criteria
<b>Social care online</b>	Social care AND violen* OR abuse OR assault AND personal assistant	172	0
<b>Social Service Abstracts</b>	Social care AND violence OR abuse OR assault AND personal assistant	2	0
<b>ASSIA</b>	Social care AND violence OR abuse OR assault AND personal assistant	2	0
<b>Google Scholar</b>	Social care AND violence AND personal assistant	30	0
	Social care AND abuse AND personal assistant	256	0

The initial searches using the above search words resulted in over 400 abstracts. There was a lot of overlap and most items were excluded as they did not meet the selection criteria. Screening of articles reduced this number to no items, apart from guidance documents mainly concerned with lone working. However, searching for a companion project relating to the relative risks of abuse and violence for social care staff working in different contexts, two articles of relevance were identified.

### **On-line survey of PA agencies, representative bodies, PA Framework steering group members, and other stakeholders**

IPC worked with Skills for Care and the PA Workforce Steering Group to identify stakeholders for an on-line survey of wider stakeholders including PA agencies, PAs, local authorities and other relevant organisations. The survey was designed to:

- Establish the extent to which workplace violence is an issue for PAs, what is understood by it, triggers, and investigate current responses.
- Identify the key issues for stakeholders regarding abuse and violence against PAs.
- Establish gaps in terms of workforce development.

Responses were obtained from 27 stakeholders providing services to the full range of people receiving care and support, most of who were working for a local authority in

workforce and PA support roles, seven who were working as Personal Assistants, and three of whom were working in a PA agency.

### **Phone interviews**

Following completion of the survey, 30 telephone interviews were conducted, mainly with PAs (23) but including members of the PA Framework steering group, PA agency staff, local authority workforce development staff and a local disability organisation, in order to obtain a deeper understanding of the questions covered by survey. Where respondents to the on-line survey expressed a willingness to take part in the interviews, they were contacted and invited to participate. In addition, IPC used publicly available PA registers from a spread of local authorities across the country (e.g. Derbyshire, Oxfordshire, Brighton and Hove, Nottinghamshire, Dudley and Suffolk) to identify potential PA interviewees.

The interviews shared the aims of the on-line survey but sought to provide a more detailed picture – particularly from the PAs' perspective. All participants were contacted initially by email with an outline of the purpose of the survey, and appointments were made for telephone interviews.

## 3. Research, legislation and guidance

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The review of the research literature found no research looking specifically at abuse or violence towards Personal Assistants working in social care. There is general legislation and guidance concerned with workplace violence in social care, particularly in relation to lone workers and domiciliary care which is relevant to PAs.

### 3.1 Research on abuse and violence against Personal Assistants

The review of the literature found no research results specifically related to PAs and whether or not they had experienced abuse or violence. However three studies covering care in a person's home may be relevant. Harris and Leather (2011) detail the results of a survey of 363 social care staff working in a UK Shire County Department, and 20 interviews with a stratified sample of staff known to be regularly at risk of violence. They found that homecare workers (who undertake a similar role to many Personal Assistants) were the least at risk of work-place violence. While on average, residential workers experienced verbal abuse several times a month, and threats/intimidation and physical violence around once a month; home care staff might only experience verbal abuse once every few months, with threatening behaviour and actual assaults happening very infrequently, if at all.

A second study (Zelnick et al, 2013), which technically was outside the selection criteria as it was based on research in the US, also found that there were more incidents of work-place violence in in-patient and institutional settings than elsewhere, including people's own homes. However, the home of the person receiving care and support was *perceived* to be the most risky setting for both direct care and clinical staff. The authors question however whether this difference between perceived and actual risk may in fact be due to under-reporting of incidents in someone's home.

A survey by Community Care which looked at violence against social care staff (McGregor, 2013), found that social workers and care staff are as likely to be attacked in the office as they are in the home . Furthermore, it suggested that care staff were more likely to experience threats and abuse than qualified social workers. This survey also found that many councils were failing to record incidents properly, and that only 53% of social care workers surveyed who said they had experienced violence had reported it to their manager. Of these, 62% said their manager did not take any steps to investigate the incident.

From this limited range of evidence, it seems likely that although Personal Assistants will experience some abuse and violence, they are less likely to experience abuse and violence than social care staff working in other settings.

### **3.2 Legislative framework**

There appears to be no specific law dealing with PAs or with lone working, which most PAs are likely to be doing. However, most health and safety legislation is relevant, although drafted for more traditional workplace situations.

In particular, the following have a direct impact on an employer's responsibility to protect PAs from abuse and violence at work:

- The Health and Safety at Work etc. Act, 1974 (HSWA) places a legal responsibility on employers to ensure as far as possible, the health, safety and welfare at work of their employees and others who may be affected by their undertaking. Under the Act an employer has an obligation to ensure that any potential risk of violence is eliminated or controlled. However, the Act does not apply to activities classed exclusively as 'domestic services' carried out in 'private households' (Health and Safety Executive). Personal care provided within someone's own home may be 'domestic service', and therefore may fall within this dis-application. Whether the HSWA dis-application applies in specific circumstances will need to be considered on a case by case basis (and in relation to detailed legal interpretation), but as an indicative guide:
  - If a carer works for the NHS, Local Authorities or employment agencies, then they are unlikely to be employed exclusively as domestic workers and the HSWA may apply.
  - If delivery of the care requires specialist training (for example, people handling and dealing with challenging behaviour) then the HSWA is likely to apply.
- Safety Representatives and Safety Committees Regulations, 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 require employers to inform and consult with employees in good time on matters relating to their health and safety.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 requires employers to notify their enforcing authority in the event of an accident at work resulting in death, major injury or incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence against a person at work. This does not include verbal abuse.
- The Management of Health and Safety at Work Regulations, 1999: Employers must have suitable arrangements in place to manage the risk from violence to

employees and others. Arrangements include identifying the risks, implementing reasonable practicable control measures and monitoring their effectiveness.

- The Corporate Manslaughter and Corporate Homicide Act, 2007 allowing prosecution of companies and organisations where serious mismanagement results in a gross breach of a duty of care.

In England, Wales and Northern Ireland, physical assaults on Personal Assistants would be covered by one of the following categories of the 1861 Offences against the Persons Act: common assault; assault occasioning actual bodily harm; unlawful wounding/inflicting grievous bodily harm (proof of intent not necessary); wounding/causing grievous bodily harm with intent.

The Protection from Harassment Act, 1997 which covers: harassment, stalking, fear of violence, stalking involving fear of violence, breach of a civil injunction and breach of a restraining order may also apply.

Pressure from UNISON and other trade unions has also resulted in a clause (paragraph 5.9d) being inserted into the Code for Crown Prosecutors (CPS) (for England and Wales) which states that a prosecution is likely to be in the public interest if the offence was committed against a person serving the public (UNISON, 2013).

### **3.3 Guidance**

As reported in the wider IPC/Skills for Care evidence review in 2013, guidance is available for employers and staff, and this is briefly summarised below. However, much of the guidance has been developed for organisational employers, rather than individuals and may therefore be inappropriate or irrelevant to the context within which most PAs are working.

Guidance includes:

- The National Taskforce on Violence against Social Care Staff Action Plan (NTVASCs, 2000) which established principles designed to promote the recommendations for training, good practice guides and strategies to reduce violence and a self-audit tool for employers.
- The National Occupational Standards for Health and Social Care (Skills for Care, 2012) codes for employers and employees to guide, manage, and direct approaches to threat or violence at work.
- The European Union Social Dialogue supported by HSE, the Department for Business Innovation and skills (BIS) the Advisory, Conciliations and Arbitration (ACAS) have published guidance: Preventing workplace harassment and

violence, to support implementation of the European level Framework. This is not specific to social care.

- Skills for Care 'Work Smart, Work Safe' guidance for staff and volunteers provides advice for risk assessing, planning and reducing risk and what to do after the incident.
- The Ministry of Justice, supported by the Department of Health have published a practitioners' guide for 'Working with personality disordered offenders' (2011) offering advice for managing extremely challenging people. This in-depth guidance is aimed more to inform and guide treatment pathways for individuals, but does contain a section for staff coping with difficult individuals.
- UNISON has a guide to tackling violence at work (2013).
- The TUC have produced a guide to lone working for safety representatives (2009).

Most relevant to PAs is the Department of Health's *PA Framework* (Department of Health, 2011). However, although the Framework states that '*there is much that employers need to know, from employment law to the information requirements of external organisations, including health and safety, unfair dismissal and anti-discrimination legislation, and working time and national minimum wage regulations*', there is no explicit guidance regarding abuse or violence of PAs.

The PA Framework recommends that those supporting PA working at the local level consider the needs of PAs operating alone to be part of a peer group or community of practitioners. For understandable reasons, much of the policy focus related to Personal Assistants has been concerned with protecting individual employers and risk assessment.

Legislation and guidance provide a framework for employers and employees in regard to the requirements of employers to support and risk assess the work environment, and to be aware of their statutory responsibilities. However, much of both the legislation and guidance is designed for organisational, rather than individual, employers and offers little specific guidance in relation to the situation of a PA, mostly working alone in someone's home.

### **3.4 Summary**

The review of the research literature found no research looking specifically at abuse or violence towards Personal Assistants working in social care. There was some evidence comparing different workplace settings which indicates that Personal Assistants are less likely to be exposed to incidents of abuse or violence than social care staff in other settings.

There is general legislation and guidance relevant to workplace violence in social care, particularly in relation to lone workers (which PA's essentially are) and domiciliary care staff (who do a similar role and often work alone).

The lack of research evidence confirmed the need for further work to:

- Understand the extent to which workplace violence is an issue for PAs working in social care.
- Investigate whether PAs as lone workers face any additional issues specific to their working situation.
- Explore what guidance and good practice is appropriate to PAs working for individuals who receive care and support to enable them to prevent, avoid or respond to abuse and violence.

## 4. Key findings from the research

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**There is evidence that although most PAs do not experience violence at work, it does happen to some PAs, while a majority of PAs have experienced abuse – mainly verbal abuse. Although many PAs identified the employers’ individual characteristics as potential causes of abuse or violence, there is an appetite for greater training, monitoring and support for both PAs and individual employers as means to prevent incidents and help PAs who experience abuse and violence.**

The results of the on-line survey and the telephone interviews are presented in this section. Personal Assistants were defined as:

*A personal assistant (or PA) is defined as someone working with people who need social care, either because of their age or disability, to enable them to live as independently as possible. A personal assistant (PA) is usually employed by people who are directing their own care through a direct payment or individual budget from the local authority, or are funding their own support. Sometimes PAs work directly for the person they are supporting, and sometimes are employed through an agency.*

### 4.1 Extent to which workplace violence is an issue for PAs

Most of the PAs interviewed had not been exposed to violence against them or against other PAs that they knew of. There was no evidence to indicate that violence is widely experienced by PAs. However, a small number of PAs had first-hand experienced violence by the people they were providing care and support to. Examples cited included being shoved, elbowing in the head, and stamping on the PA’s hand. Some interviewees knew of other PAs who had experienced workplace violence.

While actual incidents do not appear to be widespread, both PAs and other stakeholders thought that violence *could* be a problem for PAs due to the nature of PA work, as one interviewee commented, it could be more the risk of violence than violence itself. A slight majority (56%) of survey respondents thought that violence against PAs is a common problem, although the reasons for this are not clear.

### 4.2 Extent to which workplace abuse is an issue for PAs

The majority of PAs who were interviewed had experienced verbal abuse while at work. For some, it was a regular experience, while others commented that it was often a reflection of the employer’s frustration.

- *Definitely verbal. Very often because they pay your wages and they’re your boss, there’s nowhere else you can go to. They can say what they like. (PA)*

- *Because clients have good and bad days like everyone else. For a lot of people in their 80s, they've had a very hard life and they're giving it back to other people when things get on top of them, when they are stressed. (PA)*
- *People can be verbally abusive, but when is that verbal abuse rather than frustration with the situation? It's difficult to define what becomes verbally abusive. (PA)*

PAs mentioned other forms of abuse which they had encountered in their work as PAs including sexual harassment (being too 'touchy feely'), racist abuse, financial exploitation, bullying and controlling behaviours. Verbal abuse from other carers was also mentioned by a couple of PAs.

### **4.3 Responses to abuse and violence**

Survey respondents were asked about actions PAs had taken following an incident of violence. Most respondents had not come across such incidents, but some (6) were able to give examples as illustrated below:

- *Some have started going through the motions of a tribunal but then given up due to the time factor plus stress caused with the process. (PA)*
- *I have supported a PA to take an employer to tribunal. (Local authority)*
- *I am aware that there are cases going through with a union at the moment. (PA)*
- *Staff are encouraged to record incidents and this is referred to a health and safety group. (Local authority)*

PAs who had experienced abuse reported a range of actions, from putting up with it, to leaving the job. Some had reported it but felt there had been a lack of support from either the agency or the relevant care professionals. A couple of interviewees mentioned employers who had experienced a high turnover of PAs, which appears to illustrate that many PAs respond to violent or abusive employers by resigning. Self-employed PAs noted the lack of any organisation to report to about incidents of abuse or violence.

### **4.4 Perceptions of most serious problem for PAs**

PAs and other stakeholders frequently mentioned concerns relating to the risks of lone-working in general, and more specific challenges associated with the position of PAs, particularly those employed directly by people receiving care and support.

The survey asked participants about which types of issue they thought were the most serious problem for PAs. Verbal abuse and threats were considered by a majority of those answering the question as the most serious problem (Table 1).

**Table 1 – Most serious problem for PAs**

<b>If you think that violence or abuse is an issue for personal assistants what types of violence or abuse against them are the most serious problem? Please tick up to three types.</b>	<b>Response Count</b>
<b>Abuse</b>	
Verbal abuse	18
Threats	11
Racist abuse	6
Financial abuse	4
Harassment	3
Internet abuse	0
<b>Violence</b>	
Physical assault – requiring first aid	9
Physical assault – requiring medical assistance	3
Sexual assault	3
Deliberate damage to their property	1
Other (please specify)	7

N=20

Individual respondents also mentioned personal experience of abuse of employment rights, homophobic abuse and manipulation.

A range of concerns around abuse or violence were mentioned by those taking part in the telephone interviews. However, PAs and other stakeholders mainly cited verbal abuse and physical violence as the most serious concerns. Verbal abuse was mentioned as the most widespread form of abuse and violence; while physical violence was (understandably) seen as the most dangerous issue of concern:

- *Guess there's a risk of all sorts of abuse. They're in a very vulnerable position – anyone where you're a lone worker....Almost anything that could happen to a disabled person could happen the other way round, including financial abuse. (Local disability organisation)*
- *Probably verbal – most common and when PAs are asked to undertake tasks which may not be safe, such as moving and handling. (Local authority workforce development staff)*
- *Physical violence – being hit with something. Lone working could make this dangerous. If you were hit with something which caused you serious harm – there would be no-one to call emergency services for you.(PA)*

- *Always aware of physical risks – we've got mainly female workers. They all have lone worker training and do individual risk assessments. (Independent living service provider)*

Other concerns, based on the specific circumstances of the PA role, which were mentioned by PAs and other stakeholders included the fact that a PA's home contact details could be available to an employer, the potential for unfounded accusations which could be difficult to disprove, and the risk that things could go adrift with neither employer nor employee aware of rights and responsibilities.

#### **4.5 Specific challenges of PA work**

PAs and other stakeholders frequently identified the vulnerability and isolation of PAs. This was perceived as most challenging for those who were self-employed. Specifically, PAs could find themselves caring and supporting people with no background information which might alert them to potential risks:

- *You are going into strangers' houses – and you have no history of that person. Could be very vulnerable when you are on your own. (PA)*
- *Lack of protection for PAs in terms of being able to check a client's history. No way to inform people when or where working. (PA)*

Interviewees also highlighted the lack of a support network for self-employed PAs on a day-to-day basis:

- *There is not enough care and support. Would like to have someone to rant and rave to about some things. (PA)*
- *Knowing where to get support, how to deal with it, confidence to explain to clients that certain behaviours are not acceptable. (Local authority workforce development staff)*

And specifically, when problems emerged, self-employed PAs rarely had anywhere or anyone to turn to:

- *It's harder working on your own. You've got no comeback. (PA)*
- *As a self-employed PA, where would you find redress? As a worker with an agency you have somewhere to go. A PA has no recourse – it's not so clear. If an agency, there are steps to complain. (PA)*
- *There's a lack of guidance about who to go to if things go wrong. A lot of employers have no employer skills. And a lot of employees too. (PA individual employer)*

- *The relationship between the client and PA can get tense and be quite isolated, so if there are any issues, who do you go to? (Local authority workforce development staff)*

These comments also raise the issue that PA employers may have little previous experience of being an employer which may lead to confusion or conflict about roles and responsibilities:

- *The PA role is very smudged. Often they don't see it as work and I have to keep reminding them. (PA individual employer)*
- *It's difficult to define what becomes verbal abuse. (PA)*

Many of the challenges identified by PAs and other stakeholders of PA work were related more generally to lone working and working in people's homes – challenges not necessarily unique to the work of PAs.

#### **4.6 PAs' attitudes on abuse and violence against them**

PAs and other stakeholders were asked what they thought PAs' attitudes were to abuse and violence against them. Many thought that PAs tend to see abuse or violence as part of the job, although it depended to some extent on both the employee and the employer. For example, it was more likely to be seen as part of the job by those working with people with dementia or challenging behaviour.

- *Depends on the sector: if you're dealing with challenging behaviour, then it is part of the job. (PA)*
- *If you work with people with dementia, you probably live with it and see it as part of the job. (PA)*
- *Sometimes you get used to it, especially with clients with dementia or other mental health. It's expected. (PA)*
- *Depends on the person – different people see it differently and it depends on the relationship with the client. (PA)*

One PA commented that some PAs felt unable to take any action because they were worried about losing their job: *I've even had PAs who have said 'I can't join a union because they will sack me'*. An interviewee who ran a PA agency commented that some staff saw it as a challenge.

## 4.7 Main causes of abuse or violence against PAs

PAs and other stakeholders were asked about the main causes of abuse and violence against PAs. Many (particularly PAs) identified the employers' individual characteristics as potential causes: personal character, condition, and frustration at their situation:

- *Frustration, fear, anger, pain. (PA agency)*
- *Frustration or pain or person's character. (PA)*
- *It can be common in dementia patients. Usually a trigger which can't always be avoided. (PA agency)*
- *Mainly through mental health illness, dementia, schizophrenia – down to that or problems of anger management. (Independent living service provider)*
- *A nasty person. (PA individual employer)*

Mismatches between expectations of employer and employee were also identified as potential causes of abuse or violence:

- *Getting boundaries right – expectations of each. (Local authority workforce development staff)*
- *Cultural. Employer and employee differences and understanding of the job description. (Local authority staff)*
- *Mismatch between expectation of service user and service provided. (Local authority staff)*

In addition, poor employment practices and lack of employment knowledge could lead to abuse:

- *I think that there would be a number of factors contributing to this; the individual not understanding their responsibilities of being an employer, the PA not recognising the abuse, and if they do, not knowing how to report it, there could be many others. (Local authority workforce development staff)*
- *Bad employer practices as in the service user will neither be guided by given employment rules or adhere to them, lack of monitoring by the authorities or relative. (PA)*
- *Employers not being aware of, or not taking note of, what their responsibilities are. Also believing that they own the PA, because they are their employer. (PA)*
- *Not understanding role as employer. (PA individual employer)*
- *Lack of employment knowledge. (PA)*

## 4.8 Other factors

The potential contribution of agencies and local authorities in providing support, monitoring and training both employers and PAs were also mentioned by both PAs and other stakeholders:

- *[Employers] not monitored, no training...PAs who work with employer prone to violence should have support, someone who is trained. Or employer should do employment course on how to be an employer and course for PAs on how to deal with it. (PA)*
- *Lack of monitoring makes them more vulnerable. (Local authority workforce development staff)*
- *Lack of support from agencies or local authorities as they are working directly for the individual and therefore their terms and conditions would not be regulated. Some people employed directly may have residency issues especially in our borough so that would affect what gets reported. (Local authority workforce development staff)*
- *Many service users who employ a PA are not experienced employers, fail to understand what this means in reality, and are not really supported to be good employers. (Local authority staff)*

Another factor which was referred to by PAs and other stakeholders was the need for information about their employer's past history and risk assessments to enable PAs to be informed and prepared for incidents:

- *I think it depends on the client and often I find that clients with Mental Health issues OR dementia - we are not provided with enough detail about their past history/triggers so therefore perhaps our approach is not always right for the client. (Local authority staff)*
- *Lack of relevant information from commissioners. (PA)*
- *Insufficient support from managers and insufficient training. Also poor initial assessments of individuals prior to support being in place. (PA)*

## 4.9 Ways to prevent or avoid abuse or violence towards PAs

Both PAs and other stakeholders were asked about the best ways to avoid or prevent abuse or violence towards PAs. A number of measures recurred: training for employers and employees, and support, supervision and monitoring for PAs. Some of the steps suggested below may help to prevent abuse or violence occurring at all, for example by prepared PAs and PA employers for their roles and responsibilities; while others, such as calming and defusing techniques may help to prevent problems escalating:

- *Education, courses, mentoring and communication between PA and agency. Shared experience. (PA)*
- *Proper training for employers from the council who provide the money to employ their staff. (PA)*
- *Compulsory base line awareness training for employers. (Local authority staff)*
- *Better education for employers and PAs – to recognise their rights and responsibilities. (PA individual employer)*
- *Training for PAs and employers, and support – a 24 hour helpline for advice and support. (PA)*
- *Safeguarding training and procedures being in place and closer supervision and support for both employers and their PAs. (Local authority workforce development staff)*
- *Improved training for the task they are completing or the service user they are supporting. (Independent living service provider)*
- *Calming and defusing techniques. (Local authority staff)*
- *Training and understanding why someone is being violent ...and what to do about it. (PA)*

A few interviewees mentioned training provided by their local authorities that had been useful, including East Sussex, Suffolk, and Leicester. Other forms of local authority support, such as better assessments and monitoring were also seen as potentially useful:

- *Better training and support from managers. Better initial assessment of individual's needs. (PA agency)*
- *By better establishing the suitability of service users to be employers of SW's/PA's. (PA)*
- *If we can get as much background as possible on any potential risks; but quite often we're thrown in at the deep end with very little information. (Independent living service provider)*
- *Maybe someone from the authorities could monitor clients' behaviour towards employed staff. Hopefully giving advice or warnings to that employer? [Survey]*
- *Risk assessment from the outset – cuts both ways. CRB checks for both. (PA)*
- *Regular monitoring and risk assessments by the LA. (Local authority workforce development staff)*
- *Understanding of client's medical condition, and if working for an agency, they need to disclose risk assessments. (Local disability organisation)*

Another measure which was mentioned both in response to the question of how to prevent abuse or violence, and how to support PAs was the creation of PA networks or forums to facilitate peer support and the sharing of information and experience:

- *Better support and peer networks for PA's so they are aware of their rights and where to go if they experience abuse. (Local authority staff)*
- *By ensuring that there are more robust processes and procedures from the issuing local authority so that PAs can feel valued and supported. We understand that both being a PA and an individual employer can be an isolated role so there needs to be more support provided either by setting up PA groups/forums, confidential helpline, training around having a contract of employment etc. (Local authority workforce development staff)*
- *Support groups. (PA)*

Other suggestions included: a code of practice for PA employers; guidelines from social services informing future employers of what is acceptable; paying for two PAs if someone is known to be violent or abusive; joining a union; and physical training in how to protect yourself, for example, lessons in aikido for self-defence.

Wider awareness of the existing guidance from Skills for Care and elsewhere and implementation of the recommendations of the PA Framework in relation to supporting PAs with peer groups or other communities of practice would address many of the points made by PAs and other stakeholders to the question of prevention and support.

#### **4.10 Ways to support PAs following abuse or violence**

There is some overlap to the ways in which survey respondents and interviewees thought abuse or violence could be prevented and how PAs could be supported if they are exposed to an incident of abuse or violence.

The most frequently mentioned means of support was training, followed by formal recording of incidents by the local authority (Table 2). Types of training mentioned included de-escalation and blocking techniques. Mentoring, counselling and legal advice were also mentioned by more than half of the survey respondents, and by interviewees.

**Table 2 - How can PAs best be supported following an incident**

<b>How can PAs best be supported following an incident of violence or abuse? Please tick as appropriate.</b>	<b>Number</b>
Training	14
Formal recording by local authority	13
Mentoring	12
Counselling	12
Legal advice	10

N=18

Regular supervisions were also seen as important by those responding to the question. Some PAs had managed to create their own informal sources of support, such as the day centre where they had worked before becoming a PA, the local AgeUK, and the team of PAs supporting an individual with multiple sclerosis. However, a number of PAs who were interviewed commented on the lack of someone to report to or discuss problems with:

- *Not a lot in place to deal with the emotional consequences of the experience. Need someone you can see for support on a regular basis. You're exposed to a lot of things. (PA)*
- *Handy to have someone I could report it to or discuss it with – like the social worker. I've not got anybody. (PA)*
- *Being self-employed, who can I go to? Pay someone to talk about it? Charge someone who's frail and vulnerable? If you were with an agency, they might help. (PA)*

Some interviewees commented on the value of sharing information and experience as a way of supporting PAs:

- *Would like independent group or organisation where PAs can go to discuss issues. (Local disability organisation)*
- *Even forums where people can go and talk anonymously. You learn from shared experience. Helps to know you're not alone. (PA)*
- *A local network to provide support and advice – a forum. Would have to be council-led and you'd need cooperation between the council, clients and employees. (PA)*
- *I think PA's need a formal support network and the budget holder/personal employer need to be made aware of what they need to do and are not able to do. (PA)*

A couple of interviewees suggested a confidential help-line as a potential means of providing advice and support to PAs.

The lack of recording for self-employed PAs was seen as an issue of concern:

- *There needs to be a mechanism in place for PAs to approach the local authority in order for us to record this information. (Local authority workforce development staff)*
- *...If there is no formal record of the event, then nobody will understand how severe the problems are. (PA)*

#### **4.11 The main obstacles to responding effectively to abuse or violence towards PAs**

While it appears that most PAs do not experience violence at work, a range of factors were seen as obstacles to the effective response to abuse or violence towards PAs when it does occur. Two seem particularly related to the specific position of PAs in terms of isolation and vulnerability: fear of not being believed where it is one person's word against another's; and a lack of knowledge about their rights as employees. The following quotes illustrate these two key obstacles:

- *Think you won't be believed so prevents reporting. (PA)*
- *Not being believed, lack of response from authorities when asked for help or support. (PA)*
- *In my case I believe the service user exploited the fact that as my employer he could treat me as he liked and that as a vulnerable service user any complaint against him would not be believed or given due credence. (PA)*
- *The same as for employers – no witnesses – one person's word against another. Fear of telling someone. Barrier also of who do you go to? It's going to mess up the relationship. (PA individual employer)*
- *The fact that the relationship happens 'behind closed doors'. (Local authority staff)*
- *It's whether they're going to be believed and where do they go? There is no line management structure. It could be a really big issue and while being investigated, who pays the PA? And what are the implications for the personal budget? The PA is in a very vulnerable position – what happens to them afterwards? They have to go back to work with that person. (Local disability organisation)*
- *Because PAs are not directly employed by the local authority we would not be able to get involved - It is one person's word against another and usually the*

*employer, who is deemed more vulnerable, is likely to be believed. (Local authority workforce development staff)*

- *Lack of awareness of rights, where to go and to whom to report incidents. (Local authority workforce development staff)*
- *PA's not being aware of their rights, and employers not being aware of their responsibilities. No formal records being kept. (PA)*

A third obstacle mentioned by some PAs was the difficulty of tackling your employer where they are themselves the violent or abusive person, and the strong possibility that trying to raise concerns about abuse or violence will lead to PAs losing their job:

- *Employers can just turn around and give notice. PAs spend a lot of time with that person, so they put up with a lot more than they would from a big organisation, as they have nowhere to go to. (PA)*
- *The main obstacle is that it's your livelihood. (PA)*

Another reason which was cited as preventing effective responses to abuse or violence was that PAs may accept inappropriate behaviours – either by becoming used to it or by not considering it worth tackling:

- *Staff become immune to being physically abused and are fearful of their job being at risk if they complain. (PA)*
- *Sometimes PAs think something may not be worth reporting. (Independent living service provider)*
- *The acceptance of inappropriate behaviours and a lack of power to intervene. (Local authority workforce development staff)*
- *Not understanding it – that there is an issue – if people don't know what constitutes abuse, things could happen in jest but be perceived differently. (PA individual employer)*
- *PAs do not know what safeguarding against abuse is and they do not know how to report it. (Local authority workforce development staff)*

PAs also mentioned a concern about what might happen to the people they were working for if they raised an issue: *Whose need is being put first? A tricky one – you need to protect both people.* The ethics of taking action against a frail and vulnerable person were a cause for concern, for example: *You'd be worried because you've got a frail elderly person – you don't want to get them into trouble (PA).*

A number of other obstacles were indicated in the survey and interviews, including: a reluctance of some PAs to indicate they were struggling; the need to get other professionals involved such as CPNs and GPs; the lack of a line management structure and unclear policies and procedures. A last obstacle mentioned by an interviewee running a local disability association was the difficulty of actually finding PAs in order to help them: *A huge bunch of individuals - knowing who they are.*

#### **4.12 Potential for sharing good practice on preventing and responding to violence against PAs?**

There was a strong consensus on the value of sharing good practice on preventing and responding to violence against PAs:

- *It would be very useful particularly in the community we provide services in and also as this is a growing job market we need to share good practice and knowledge on effective ways of monitoring and recording any form of violence and abuse against PAs. (Local authority workforce development staff)*
- *A local network to provide support and advice – a forum. (PA)*
- *Sharing good practice and embedding learning and being aware of bodies that can help is a good thing. (Local authority workforce development staff)*
- *Could share through local authority databases and leaflets in doctors' surgeries. (PA individual employer)*
- *Spread good practice among organisations that support employers and being able to signpost PAs. (Local disability organisation)*

Peer networks were seen as particularly useful – although not very widespread.

The findings indicate that it is often difficult for PAs to access training. Where local authorities had provided it, this had been valued and appreciated by PAs but often appeared to be a one-off opportunity. One PA suggested that annual training for PAs would be a good way to share good practice and refresh skills.

#### **4.13 Other comments**

A number of interviewees commented on the low pay and lack of career structure for PAs. Accessing training was problematic where the PA had to pay for it and lose pay in order to attend the training.

A number of schemes operated by local authorities were mentioned as providing a useful service to PAs – including some free training, free DBS checks and a forum or support group.

Although there was in principle support for direct payments and personal budgets, it was felt that there were some individuals for whom it was inappropriate for PAs to provide care and support due to the level of risk involved: *There are some individual employers out there should not be employing their own staff. I think it's [individual budgets] a brilliant system and I think it works really well for many, many people, but I think there are some people who just go through staff like there's no tomorrow, who all leave for the same reason and nothing's ever done about it. They're putting the health and safety of their employees at risk (PA).*

## 5. Conclusions and recommendations

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**There is evidence that although most PAs do not experience violence at work, it does happen to some PAs, while a majority of PAs have experienced abuse – mainly verbal abuse.**

**PAs mostly work alone in the home of the person they provide care and support to, who is often their direct employer. This puts them (and their employers) in a vulnerable position where it may be difficult to prevent, identify, or report incidents of abuse or violence, or to deal effectively with them when they occur. There is limited access to training, support or peer forums in order to share experiences and good practice. Greater access to training, support and peer networks is recommended, along with wider awareness of the PA Framework, Skills for Care’s Work Smart, Work Safe and other relevant guidance and resources to ensure PAs and employers are aware of their rights and responsibilities.**

This exploratory study has provided the first evidence about the extent to which workplace abuse and violence is an issue for PAs. Abuse – mainly verbal abuse – had been experienced by a majority of the PAs interviewed. Incidents of violence towards PAs providing care and support appeared much less common.

The perception of the potential risk of abuse or violence was a concern for PAs given the nature of the work – where people are often working alone in someone’s home, without access to training, support or supervision, and sometimes little information about the person they are providing care to.

PAs themselves largely identified the triggers for abuse and violence in the characteristics and situation of their employer, or linked to the individual relationship between PA and employer with triggers such as the employer’s pain and frustration widely mentioned. Other stakeholders mentioned factors such as poor knowledge of employment practice and responsibilities, lack of training of employers and PAs, lack of monitoring, and failures to provide information on risk and the past history of employers.

While physical assaults were seen as easier to recognise, some interviewees thought that identification of abuse and violence might be difficult for PAs to recognise as such, partly because of their lack of knowledge of rights and roles, partly because it might be linked to an individual’s condition and therefore seen as part of the job. A range of different types of abuse and violence had been experienced by the PAs contacted for the project, from verbal and bullying to physical assaults.

Some of the issues around abuse and violence against PAs are common to other groups of lone workers but some are specific to PAs, particularly those who are self-employed. PAs face unique risks and challenges associated with their isolation and vulnerability, working often in people's own homes (not unlike the risks and challenges faced by their employers). Support in all its forms: training, supervision, mentoring, counselling and peer support are not available to many PAs. In addition, a number of those contacted reported problems linked to the lack of information available about a potential employer on which to make a proper assessment of risk, and the lack of any mechanism for reporting or recording problems.

Although the main concern is around the vulnerability of a person receiving care and support in a one-to-one situation, PAs are also potentially vulnerable in these situations, lacking back-up if needed and without a witness if something happens. The often close working relationship between employer and PA was felt to create situations where boundaries may blur and either side may potentially take advantage of the other, including financial abuse.

In terms of prevention of abuse or violence and support for PAs when something happens, interviewees and survey respondents frequently mentioned the need for: training for both PAs and their employers around roles and responsibilities, de-escalation and self-protection; opportunities for supervision and support; and mechanisms for recording and reporting.

A number of local authorities and other organizations have established services to support PAs providing training, help with DBS checks, and support groups, as recommended in the PA Framework. PAs highlighted the value of peer support and networks where they existed. It would be useful to extend these services to other areas, and opportunities for refresher courses to share good practice would also be welcomed by some PAs.

Other measures were considered potentially useful. These included: codes of practice, guidelines for PAs and employers, and a confidential advice and support helpline. Skills for Care and other organizations provide some useful relevant guidance along these lines (e.g. *Work Smart, Work Safe*), but there is more work needed to raise awareness of the resources that already exist, and for material specifically focused on PAs.

This was an exploratory study which established that the main issue of concern for PAs is verbal abuse and the fear of potential physical violence. While it would not be appropriate to make specific recommendations at this stage, the results indicate the need for further work to look at existing models of practice and what support might be needed by PAs and their employers to prevent and manage abuse or violence.

A final quote from a survey respondent indicates the challenge in safeguarding PAs and their employers and the need for action:

*'The PA workforce is largely an unknown entity with very little known about their current qualifications and training and what their learning and development needs are. They miss out on lots of training opportunities as they or their employers don't meet the criteria to make them eligible to complete accredited training. The employers are largely unsupported in meeting their responsibilities of being an employer and therefore don't support their PAs appropriately. I think safeguarding in general for both PAs and their employer, who are often the person being cared for is an area that needs action'.*

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