THE
A C A D E M Y
F O R   P R O F E S S I O N A L   E X C E L L E N C E

S A N   D I E G O   S T A T E   U N I V E R S I T Y   S C H O O L   O F   S O C I A L   W O R K

LITERATURE REVIEW:

WORKER SAFETY

PREPARED BY: EMILY SULPIZIO, MSW STUDENT (SAN DIEGO STATE UNIVERSITY)

FEBRUARY 2016

SACHS
Southern Area Consortium of Human Services

Table of Contents

Introduction

Social Workers are subject to risks of violence in various health and human service disciplines including child welfare, behavioral health, criminal justice, adult protective services, and domestic violence (NASW, 2013). Workplace violence is defined as harmful or disturbing acts or threats including physical assaults, badgering, or bullying at a place of occupation (OSHA, 2015). Violence in the workplace against social service workers may occur in a variety of settings including hospitals, nursing homes, residential treatment centers, group homes, community care settings, non-residential treatment centers, and field work settings (OSHA, 2015). Health and human service workers may face increased risk for workplace violence due to a number of reasons including the large number of individuals in need of social services, a decline in funding for services, limited staff, expanding caseloads, public disapproval of social services, fearful or angered clients, and a lack of understanding from the public of the purpose of social services (Newhill, 2012).

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

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

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

A. Safety in the Office

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

2. Preparing for Client Meetings in the Office
- Prior to meeting with a client, workers should conduct a detailed clinical risk assessment while paying special attention to the client's past history of drug and alcohol use, violence, and use of weapons (Saturno, 2011)[1].
    - Analyzing a client's risk factors including any clinical, demographic, or biologic risk factors help to determine if a joint interview is required or necessary (Saturno, 2011; Taylor, 2011).
    - Workers should review any previous reports of documentation on the client and should assess for any notes of violence or threats towards the client's former therapists, if the client has been hospitalized in the past, if the client is currently taking medications, and if the client has access to weapons (Quinn & Mason, 2011).
- Late afternoon or evening interviews with clients should be reserved for well-known, nonviolent clients (Newhill & Hagan, 2010).
- Once appointments are made, workers should share their schedule with their co-workers and try their best to remain on schedule in order to prevent clients from having to wait (Newhill & Hagan, 2010).

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

[1] See Appendix 1: Risk Factors for Violent Behavior

- These items must have restricted access and be hidden in a drawer during a client meeting to ensure safety (NASW, 2012; NASW, 2013; Syracuse University School of Social Work, 2011).
- Workers should arrange their office in a way that offers quick and easy access to the exit and is not confrontational to the client (Taylor, 2011).
- Positioning office furniture should be strategic in which it helps, not hinders, a worker during a hazardous situation. (NASW, 2012).
    - Workers should be sure there is a comfortable distance between themselves and their client and sit in a way that creates an equal balance of power to produce an environment that is non-threatening (Nelson, n.d.; Newhill & Hagan, 2010).
    - While many offices allow for the client to be nearest to the exit door, it is strongly suggested to place the worker's chair closest to the exit so the worker can leave in a hurry if necessary (NASW, 2012; NASW, 2013; Newhill & Hagan, 2010; Syracuse University School of Social Work, 2011).
    - It may also be helpful to place the worker's chair to face the exit to allow the worker a clear view of those who come in to the office (NASW, 2012). This strategy helps to avoid unsuspecting visitors who enter the office with no one aware (NASW, 2012).
- While many workers may shut their door during a client meeting to protect the privacy of their client, it is suggested for workers to allow the door to remain completely or partly open (NASW, 2012; Newhill & Hagan, 2010).
    - Keeping the door open when meeting with a client signals to the client that other workers in the office are on high alert, listening and watching (NASW, 2012).
    - It may also be helpful to have an additional exit out of the interview room if possible (Newhill & Hagan, 2010). All confidentially procedures must be ensured before following through with this safety protocol.

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

- If a buddy system is not available, all colleagues and staff should be alerted before meeting with a client who may be dangerous (Newhill & Hagan, 2010).
- Offices used for client meetings should also contain safety technology including hidden panic buttons or internal alert systems to call for help to supervisors and law enforcement and should contain telephones programmed for 911 emergency calls (NASW, 2013; Newhill & Hagan, 2010; Taylor, 2011).
- Before meeting with clients, workers should familiarize themselves with the safety policies and procedures of the agency or organization with which they are employed including any safety plans, emergency exit paths, policies regarding harassment, and rights of employees (Nelson, n.d.; Syracuse University School of Social Work, 2011).
- Workers should review with their supervisors or colleagues the best ways to respond during specific emergency situations in the office according to their employer protocols and be familiar with where safety aids are stationed in the office and how to call for help or contact police (Nelson, n.d.; Syracuse University School of Social Work, 2011).
- When meeting with clients, workers should remain on high alert, strive to keep calm at all times, and always speak to their clients in a polite, respectful manner (Nelson, n.d.).
  - Before beginning an interview, workers should assess their client's mood, behaviors, and body language for indications of anxiousness, unrest, or anger (Quinn & Mason, n.d.).
  - If a worker is concerned about the mood and actions their client is displaying, they should inform their coworkers or supervisor, request a colleague to sit in on the interview, or keep the door ajar to allow others to provide assistance if needed (Quinn & Mason, n.d.).
- Workers should only conduct business and meet with clients during regularly scheduled business hours and must alert a co-worker if they will be staying in the office to work after hours (Syracuse University School of Social Work, 2011).
- Workers should always trust their instincts, pay attention to their feelings, and seek support when needed (Nelson, n.d.).

The following are office safety procedures enforced by the Massachusetts Department of Children and Families[2]:

- Agency reception rooms must contain fortified glass to protect workers.
- All employees must wear their ID badges when on duty, both in the office and in the field.

---

[2] The legislation for the Massachusetts Executive Office of Health and Human Services (EOHHS) was passed under Section 30 of House Bill 57 (HB57) as part of Massachusetts' 2013 fiscal year's supplemental budget. This law requires programs that provide direct services to clients that are operated by, licensed, certified, or funded by a department or division of the Massachusetts EOHHS have a workplace violence prevention and crisis response plan.

- All employees must follow the "violent client" protocol and are to schedule meetings with potentially violent or high risk clients on the day of the week when a police officer is present in the office.
- All office interview rooms must allow for a wide range of view.
- All office entrances must be equipped with coded entry.

B. Safety When Making Home Visits
1. Plan for Visit
- In order to prepare for a client home visit, it is important to conduct a client risk assessment to review the client's past history of mental illness, violent incidents, or criminal behavior (Newhill & Hagan, 2010; NJDCF, 2015; Pope & Hadden, 2011; Taylor, 2011)[3].
- If client interviews can be made in the office, workers may wish to schedule an office visit as opposed to a home visit (Victor, 2014).
  - If a visit outside of the office is required, and the potential for danger exists, workers may work to schedule their client meeting in a public place (Victor, 2014).
- If a home visit is necessary, it is advised for workers to drive by their client's home before their first meeting takes place to assess the neighborhood and surroundings and analyze the safest place to park their car in order to reduce the risk for violence to occur (NASW, 2013; Nelson, n.d.; Pope & Hadden, 2011; Victor, 2014)[4].
  - Conducting an initial drive by and scan of the property allows for the worker to check certain risks that may exist around the client's home including uncontrolled animals, closed off entrances and exits, or loitering individuals (Pope & Hadden, 2011).
- In preparation for an unexpected event to occur, it is recommended for workers to design a safety plan detailing what to do in certain situations before embarking on a visit (Newhill 2012; Newhill & Hagan, 2010; Victor, 2014).
  - Conducting client risk assessments and formulating a plan of action helps workers to actively think of safety and lessen their fear of working with potentially violent clients (Quinn & Mason, n.d.).
  - When creating a safety plan, it may be helpful to examine previous experiences with similar types of client visits (Newhill, 2012).
- When visiting a high risk client, or a potentially violent client, it is crucial for workers to utilize a buddy system in order to be accompanied by a colleague during the visit (Newhill & Hagan, 2010; Victor, 2014)[5].
  - Workers may wish to conduct home visits in teams if possible, especially when conducting initial visits with unknown clients (NAIA, 2012).

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

- When a colleague is not available or the risk for violence is high, the worker should be escorted and accompanied on their visit by a police officer (Nelson, n.d.; Newhill & Hagan, 2010; Victor, 2014).
    - If a worker is unsure if a police officer should be contacted to request accompaniment on a client visit, they should consult with their supervisor (Pope & Hadden, 2011).
- Workers should also share their schedule with their coworkers or supervisor so others are aware of their whereabouts at all times (Newhill 2012; Newhill & Hagan, 2010; Victor, 2014).
    - Along with a schedule, workers should provide their supervisor or colleague with the address of where their client visit will take place, the reason for the visit, when they are expected to return, and information regarding the vehicle they will be taking on the visit (Cuadrado & Smith, n.d.; NAIA, 2012; NASW, 2013; Newhill, 2012; NJDCF, 2015; Pope & Hadden, 2011; Syracuse University School of Social Work, 2011).
    - Workers should also provide their supervisor or colleague with their vehicle information including their license plate number, and make, model, and color of the vehicle they are driving (Cuadrado & Smith, n.d.).
    - A sign-in/sign-out system may be helpful to track worker client visits and expected departure and arrival times (Pope & Hadden, 2011).
        - Notifying a supervisor or colleague of arrival and departure times helps to ensure someone will check-in and follow-up if a worker does not return when expected (Taylor, 2011).
    - Any changes in appointment field visits should be reported to the worker's supervisor or agency representative (NASW, 2013).
- Client home visits should always be made as early in the day as possible, when the sun is still out, and when supervisors and colleagues can be contacted in case of an emergency (Newhill & Hagan 2010; Quinn & Mason, n.d.).
- Workers should refrain from scheduling too many visits in one day (Newhill, 2012).
- Workers may wish to notify their client by phone that they will be visiting their home and advise them of the purpose of the visit, if possible (Nelson, n.d.; Syracuse University School of Social Work, 2011; Victor 2014).
    - Speaking to the client prior to the visit helps the worker retrieve important information regarding their client's situation, any safety precautions that may need to be taken according to the client, or whether or not their client's situation has changed (Nelson, n.d.; Victor, 2014).
    - If the interview is not an unannounced visit, clients should be advised as to what time the meeting will take place (Quinn & Mason, n.d.).
        - Additionally, clients should be notified by the worker when they are on their way to the client's home (Quinn & Mason, n.d.).
- Before leaving the office, workers should retrieve precise directions to their client's home and carry a guide or map in their car in case they become lost (NAIA, 2012; Syracuse University School of Social Work, 2011; Victor, 2014).

- It is also important for workers to have their cell phone with them, charged and ready to use (NAIA, 2012; NJDCF, 2015; Syracuse University School of Social Work, 2011; Victor, 2014).
  - All cell phones should be set to call 911 immediately in case of an emergency (Nelson, n.d.; Quinn & Mason, n.d.).
  - Agencies may wish to provide their workers with a cell phone equipped with a GPS tracker and audio or video recording features, and/or a personal safety device including a silent panic button or an identification badge holder with audio recording abilities (NASW, 2013).
- Before departing on a field visit, workers should ensure they are wearing appropriate clothes and shoes that allow for prolonged walking, standing, or climbing stairs and ample movement (Nelson, n.d.; Syracuse University School of Social Work, 2011; Taylor, 2011; Victor, 2014).
  - Workers should not wear accessories that can be easily pulled including a tie, necklace, or earrings and should pull back long hair (Nelson, n.d.; Taylor, 2011).
  - Additionally, workers should not wear expensive clothing items including watches, jewelry, or purses (NAIA, 2012; Quinn & Mason, n.d.).
  - Workers should refrain from carrying large amounts of cash on them when conducting home visits (NAIA, 2012).

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

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

3. During the Visit
- During the interview, workers are encouraged to keep their car keys and a functioning cell phone on them in a place that allows those items to be reached easily (Newhill, 2012; Newhill & Hagan, 2010; Pope & Hadden, 2011).

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

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

- It is best for workers to take a collaborative approach when conducting their interview and to give their clients an opportunity to let off steam or aggression before an emotion intensifies and a situation becomes violent (Newhill, 2012).
  - If a client becomes agitated, it is important for the worker to validate their feelings (Cuadrado & Smith, n.d.).
  - Workers should not force their clients to answer any questions (Cuadrado & Smith, n.d.).
- Clients should be treated with dignity and respect at all times (Newhill & Hagan, 2010).
- Clients should not feel cornered or be physically cornered by the worker (Cuadrado & Smith, n.d.).
- Workers should remain calm and collected throughout the visit and not show any signs of fear (NJDCF, 2015; Victor, 2014).
- It is important for workers to be on constant alert and be prepared to end the visit and leave the client's home if a situation becomes heated or escalated or the risk for violence is high (NJDCF, 2015; Pope & Hadden, 2011; Syracuse University School of Social Work, 2011).

4. Returning to the Office
- Once the visit has concluded, workers should prepare to approach their vehicle by having their keys ready to unlock their vehicle (Nelson, n.d.; NJDCF, 2015; Taylor, 2011).
- Prior to entering the car, workers should scan the floors and front and back seats of their vehicle (Nelson, n.d.; NJDCF, 2015; Syracuse University School of Social Work, 201l; Taylor, 2011).
- It is important for workers to be aware of their surroundings at all times. If workers know or perceive they are being followed, they should immediately drive to the closest police or fire station. If a police or fire station is not in a close distance, workers should drive to an open gas station or business and call the police when safe (Syracuse University School of Social Work, 2011).
  - Upon arrival at a safe place, workers should remain in their car, lock the doors, and sound the horn or flash their lights to attract attention (Taylor, 2011).
  - Workers should request to see personal identification of all personnel offering to help them (Nelson, n.d.).
- If a worker is approached by someone trying to force entry into their car, they should sound their horn and drive away as soon and as quickly as possible (Nelson, n.d.).
- When returning to their office, workers should not exit their vehicle unless they can walk without harm into the building (Syracuse University School of Social Work, 2011).
- Overall, workers must trust their instincts and never conduct an interview if they feel at risk (Newhill & Hagan, 2010).
- It is important to be aware of body language and to either call for additional help, or leave a situation immediately if a worker feels unsafe at any time (Nelson, n.d.; Syracuse University School of Social Work, 2011; Victor, 2014).
- Workers should refrain from letting their eagerness to help take precedence over caution (Newhill, 2012).

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

The following are a few summaries regarding workplace safety initiatives utilized in the United States and results of a safety program piloted in Canada:

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

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

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

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

Whether or not a client visit posed a risk, all staff were required to utilize the sign-in/sign-out system to monitor staff visits. Prior to embarking on a home visit, every worker completed a sign-out form noting their estimated time of return. Once completed, the form was given to the appropriate administrative support person. If an employee did not arrive back at the office when expected, the administrative support person contacted the manager who would then call the employee to confirm their safety. For all situations assessed as being high risk, the buddy system was enforced. While developing the safety plan, the worker's manager would provide the employee with a buddy to support the worker when making a home visit via a phone call or as a physical accompaniment with a colleague of the program, a family member of client present at time of the home visit, or escort by a law enforcement officer.

With responses from 42 pre-implementation surveys and 54 post-implementation, results showed the preferred elements of a staff safety program include a risk assessment tool, a buddy system for high-risk situations, and a sign-in/sign-out system for home visits. Respondents felt an increased awareness of safety due to use of the risk assessment tool, however, if there were many unknowns about a client, the assessment tool was not helpful. The post-implementation survey results found 72.7% of the respondents stated they were not always warned about a client's history of abuse or violence. Additionally, many staff mentioned appreciating having a colleague check-in with them if they did not return back to the office on time. With the sign-in/sign-out system came a sense of security knowing someone was tracking their whereabouts when on a home visit. Participants of the survey noted clerical support was not always available resulting in no support staff around to track employee's whereabouts, making the sign-in/sign-out system ineffective. Additionally, workers felt the buddy system was helpful, however, staff shortages often caused challenges preventing the buddy system to function as planned. Overall, most staff felt the safety program was successful in gaining safety awareness amongst staff.

C. Safety When Transporting Clients
- When it is necessary to transport clients, workers must follow guidelines to keep both themselves and their client safe (NASW, 2013).
- Any worries or fear regarding transporting a client should be discussed with a supervisor before the trip occurs (Quinn & Mason, n.d.).
- Before a worker welcomes the client into the vehicle, the worker should conduct a client risk assessment to assess the client's current state of being (Quinn & Mason, n.d.).
- Workers should evaluate if the client is displaying signs of aggression, if the client is under the influence of drugs, and if the client is in possession of a weapon (NASW, 2013).
  - If a client shows signs of agitation or anger, workers should refrain from personally transporting the client (NASW, 2013; Quinn & Mason, n.d.).
  - If it is unsafe for the client to be transported by the worker, law enforcement should be called to transport the client (Quinn & Mason, n.d.).
- In addition to assessing for safety of the client, workers should also determine if the vehicle is safe to use (NASW, 2013).
  - Workers should check to see if there are any items in the car that could be used as a weapon and if so, should remove them immediately (NASW, 2013).

- Items that could be used as a weapon include pens, pencils, books, or hot beverages (NASW, 2013).
  - Additionally, workers should determine if the car is in proper functioning order (NASW, 2013).
    - The vehicle should contain a full tank of gas, have working headlights and taillights, and should contain emergency safety equipment including jumper cables, road flares, and a spare tire (NASW, 2013).
- While the vehicle is in operation, clients should be seated behind the passenger seat of the car (Quinn & Mason, n.d.).
- Assessments of the client's state of being should be conducted on an on-going basis throughout the trip (Quinn & Mason, n.d.).
- Workers should drive in the far right hand lane of the road (Quinn & Mason, n.d.).
- When the vehicle is unoccupied, workers should keep the keys to the vehicle on them and ensure the doors are securely locked (Quinn & Mason, n.d).
- If a worker is transporting a young child, the worker should ensure all child safety locks are turned on in the car and must provide the child with an appropriate car seat according to the child's size and age (NASW, 2013).
- If a colleague is available to accompany the worker, a buddy system should be utilized to ensure safety when transporting clients (NASW, 2013).

D. Defusing Techniques

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

1. Preparing for a De-escalation Discussion
- When preparing to hold a de-escalation discussion, workers first must work to disguise their feelings of stress with feelings of confidence, and relaxation (NASW-MA, 2011).
- Workers must remain calm when a client begins to become agitated or violent (Quinn & Mason, n.d.).
  - It may help workers to calm down by stopping to take a deep breath (Nelson, n.d.).
- Additionally, workers must keep in mind the importance of exemplifying self-confidence and not portraying themselves as a victim (Taylor, 2011).

- Workers should relax their facial expression to hide any signs of anxiety that may trigger the client to become further escalated and use a balanced, soft, low tone of voice when speaking with their client (NASW-MA, 2011; Nelson, n.d.; Newhill & Hagan, 2010; Syracuse University School of Social Work, 201l; Taylor, 2011).
- It is important for workers to prevent themselves from taking offense to any words or comments directed at them and to convey dignity and respect for their client at all times (Newhill & Hagan, 2010; Turner, 2015).
  - Agitated or hostile clients have the potential to become even more aggressive if they feel they are being judged and/or disrespected (Newhill & Hagan, 2010).

2. Body Language and a Worker's Physical Stance
- Workers should evaluate the placement of surrounding unsecure objects that could be used as a weapon and position themselves between their client and those objects (Tuner, 2015).
- Additionally, workers must place themselves in way that does not leave their client cornered (Turner, 2015).
- When engaging in a conversation to defuse a situation, workers should be sure they are at a common eye level with their client (Elliot, 2012; NASW-MA, 2011; Taylor, 2011).
- It is suggested for workers to ask their client to take a seat (Taylor, 2011).
  - However, if the client wishes to stand, the worker must stand as well to remain at a balanced level of power (NASW-MA, 2011, Quinn & Mason, n.d.).
- During this time, workers must practice steady breathing, relax, and model nonaggressive body language for the client to follow (Turner, 2015).
- Workers should create an exaggerated distance between themselves and their clients, and stand at an angle as opposed to face on to their client while being sure to never turn their back on their client (NASW-MA, 2011; Syracuse University School of Social Work, 201l).
- Workers should not approach someone who is angry or scared until they have determined they are not the reason the person is in fear or until they are requested by their client to console them (Elliot, 2012).
- While working to defuse a situation, workers should not grin at their client, point or wave their finger at their client, or touch their client during this time (Taylor, 2011).
- It is important for workers to avoid sharing eye contact with their client for long periods of time and to look away to allow for their client to break their stare and glance elsewhere (NASW-MA, 2011; Turner, 2015).
- Additionally, workers should assess their client's focus of vision and take note of where they are looking. People experiencing frustration are likely to direct their visual attention towards what is causing them to feel angry (Elliot, 2012).
- Workers should keep their hands free from their pockets, and visible to allow for protection and to show the client the worker is not armed (NASW-MA, 2011).

3. Holding a Diffusing Conversation
- In order to hold a conversation to diffuse anger and aggression, workers must remember to keep a calm, steady voice, abstain from yelling or talking loudly over the client, and listen intently (NASW-MA, 2011; Syracuse University School of Social Work, 201l).
- If the name of the client is known, workers should refer to their client by name when speaking to them (Turner, 2015).
- It is critical for workers to move slowly and to remain in control of the conversation and situation (Syracuse University School of Social Work, 201l).
- Workers should refrain from verbally disputing with their client or trying to persuade their client in any way (NASW-MA, 2011; Syracuse University School of Social Work, 201l).
- Workers should maintain a supportive approach and must not try to defend themselves, or reflect judgement onto the client (NASW-MA, 2011; Quinn & Mason, n.d.).
- Workers should work to prevent themselves from challenging or accusing their clients (Elliot, 2012).
- Workers should project their tone of voice just below their client's and gradually lower their energy and tone as their client becomes more calm (Taylor, 2011; Turner, 2015).
- Workers should guide the conversation with the intent to reduce arousal in their client. One technique is to offer the client choices which result in positive solutions to help to suggest different, safer behaviors (NASW-MA, 2011).
- It is important for workers to focus on their client's emotions first, and aim to control the conversation (Elliot, 2012).
- When speaking, workers must be sure to use clear, succinct sentences and refrain from swearing or using foul language (Turner, 2015).
  - Workers should be firm when speaking and relay to their client their want to help (Quinn & Mason, n.d.).
- It may also be helpful to actively listen to the client's words, express empathy with the client's situation and feelings without empathizing with their behavior, and to ask them questions about their thoughts as opposed to their emotions (NASW-MA, 2011; Taylor, 2011).
- Workers should refrain from ignoring any questions asked by a client and try to reframe all responses to questions (Turner, 2015).
- It is also important for workers to verbally recognize their client's anger and allow time for their client to talk (Elliot, 2012; Quinn & Mason, n.d.; Taylor, 2011; Turner, 2015).
- In an effort to divert the client's attention, workers may wish to offer a piece of candy or gum to the client (Quinn & Mason, n.d.).
- Workers must remember to trust their instincts and either remove themselves from the situation, alert a colleague for help if possible, tell their client to depart, or call 911 if the situation continues to escalate (NASW-MA, 2011; Syracuse University School of Social Work, 201l; Quinn & Mason, n.d.).
  - If a worker is assaulted by a client, they should speak loud and verbally call for help (Quinn & Mason, n.d.).

- If a client begins to de-escalate and shows signs of calming down, workers should praise their client for their actions regardless of how small of a step toward a more safe direction was made (Turner, 2015).

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

E. Reporting Incidents and Employer Response

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

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

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

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

- Every program must have established prevention of violence and emergency response plans.
- Violence prevention plans must include:
  - Safety strategies and protocols set in place to limit the risk of violence in the workplace.
    - Examples include modern security features in buildings, panic buttons, safety training, and policies regarding staffing and programs.
  - The requirement of all staff to complete eLearning or in-person safety trainings that meet the guidelines set by the Executive Office of Health and Human Services (EOHHS).
    - All new hires must complete safety training within the first three months of beginning employment.
    - All training completion must be tracked and kept on record.
    - Employees must take refresher safety trainings every two years.
  - Yearly workplace assessments to review incidents of workplace violence and what action was taken, and the effectiveness of building security systems in place.
- Violence prevention plans may include:
  - The ability to alarm others of an emergency or need for emergency assistance through the use of technology.
  - Assessment of agency staffing, security systems, and escape routes.
  - Workplace safety teams or committees to oversee that safety policies and procedures are adhered to.
- Every program must develop emergency response protocols for any occasion of workplace violence towards an employee.
- Emergency response protocols must include:
  - Set guidelines for reporting incidents of workplace violence available for all employees.
  - A system or database in place to track all incidents of workplace violence.
    - All reports must include names of the individuals involved, date, time and location of the incident, a description of the situation, and the extent of all injuries.
  - Assistance and allocation of resources for all individuals involved in an incident of workplace violence.
  - A policy stating any act of workplace violence is prohibited and is cause for discipline and end of employment.
  - A policy prohibiting the retaliation against individuals who report an incident.
- Emergency response plans may include:
  - Workplace safety teams or committees to support and offer help to employee subject to workplace violence.

F. Establishing Committees

In order to keep employees and workplaces safe and supported, health and human service agencies are advised to develop safety policies and procedures involving the creation of safety teams or committees (NASW, 2013). Safety committees should be developed to continually analyze the effectiveness of current safety policies and procedures, make changes or add to existing policies, provide support for employees in the event that an incident occurs, and prepare

for safety before an emergency situation takes place (Elliot, 2012; NASW, 2013). Safety committees should keep record of all communication and decisions made during meetings to ensure all safety issues are addressed (NASW, 2012).

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

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

G. Worker Safety Trainings

Client Violence and Social Worker Safety[6] is a 60 minute webinar training taught by Dr. Christina Newhill, PhD, ACSW, as part of the NASW Lunchtime Series Webinar. This training is available for all NASW members, free of charge. Included in this training is information regarding possible causes of client violence, the importance of assessing client risk factors for violent behavior, and what risk factors to assess for when evaluating clients.

Risk Assessment of Violent Clients and Social Worker Safety[7] is a webinar training provided by the National Association of Social Workers. This training, taught by Christina Newhill, PhD, ACSW, presents information on both the prevalence and types of workplace violence in health and human service fields, and offers tips on how to support a safe environment in the office and when conducting interviews in the field.

The *Social Worker Safety and Situational Awareness*[8] training is a 90 minute worker safety training recommended by the National Association of Social Workers which aims to provide personal safety tips for social service professionals when working both in the office and in the field. The training, which is offered in person or as a live webinar, covers topics including ways to improve awareness of one's environment, procedures when visiting high risk clients, trusting intuition, de-escalation techniques, safety when traveling on the job, and safety in elevators,

---

[6] Newhill, C. E. (2011). Client violence and social worker safety. NASW Lunchtime Series Webinar. Retrieved from
http://c.ymcdn.com/sites/www.naswoh.org/resource/resmgr/imported/Client%20Violence%20and%20Social%20Worker%20Safety.pdf.

[7] Newhill, C. E. (2012). Risk assessment of violent clients and social worker safety. *University of Pittsburgh School of Social Work*. Retrieved from
http://www.socialwork.pitt.edu/sites/default/files/Pdf_Files/Session%2012%20HANDOUT.pdf.

[8] The Personal Safety Training Group. (n.d.). Social worker safety and situational awareness training. Retrieved from http://www.personalsafetygroup.com/training/social-work-safety/.

parking lots and secluded areas. Additionally, the training promotes the need for sharing client interview schedules, determining personnel to contact in case of an emergency, designating check-in times, and communicating safety plans. This training is intended for social workers, Licensed Marriage and Family Therapists, and Licensed Mental Health Counselors.

The Federal Emergency Management Agency (FEMA) released an online active shooter training titled *Active Shooter: What You Can Do[9]* to prepare all employees for potential active shooter situations. Training participants are guided on how to take action when in an active shooter situation, how to identify clues of potential violence in the workplace, ways to prevent violent incidents, and how to control the effects of an active shooter situation (FEMA, 2013).

Home Visiting with Families Affected by Substance Abuse and/or HIV[10] is a 57 minute online tutorial provided by the National Abandoned Infants Assistance Resource Center at the University of California, Berkeley. This training discusses the main procedures associated with home visits with a focus on how to remain safe when conducting client visits in the home.

The *Everyday Self Defense for Social Workers[11]* training was created in Kansas by Janet Nelson, ACSW, LCSW. The state of Kansas mandates all licensed social workers to take self-defense training. The self-defense training combines personal safety awareness skills with conflict avoidance skills, positive communication, stress reduction, and practice with physical skills. In addition, trainees learn techniques to using words, body language, and body positioning in order to avert and escape dangerous situations. The training helps participants increase their alertness, balance, and control. The self-defense training is taught both in person and online. The class qualifies for the safety awareness CE for both Kansas state social workers and social workers in other states, and has received authorization by the National Association of Social Workers.

The California Social Work Education Center (CALSWEC) has established competencies and learning objectives regarding *Introduction to Social Worker Safety in a Child Welfare Context[12]*. The worker safety training learning objectives, based on California Common Core curricula for child welfare workers, are divided into knowledge, skills, and values. After participation in the training, social workers should possess the knowledge to identify potential signs of harm, determine means of escaping danger, list factors that may cause a crisis, identify when and how to end an interview safely in an emergency, and utilize de-escalation techniques (CALSWEC, 2012). Through case examples and role play, trainees will develop skills to prepare for client home visits and will possess knowledge of various techniques to de-escalate heated situations with clients. Additionally, the training introduces values of managing personal safety through the use of commutation skills, both verbally and nonverbally, observing and reacting to possible

---

[9] Federal Emergency Management Agency. (2013). Active shooter: What you can do. Retrieved from https://training.fema.gov/is/courseoverview.aspx?code=IS-907.
[10] National AIA Resource Center. (2012). Home Visiting with Families Affected by Substance Abuse and/or HIV. *U.C. Berkeley*. Retrieved from http://aia.berkeley.edu/training/online/tutorials/.
[11] Nelson, J. (n.d.). Everyday self-defense for social workers. Retrieved from http://www.everydayselfdefense.com/online-classes.html.
[12] California Social Work Education Center. (2012). Introduction to social worker safety in a child welfare context. Retrieved from http://calswec.berkeley.edu/files/uploads/lo_swsafety_v2.0_final.pdf.

signs of danger, and the acknowledgement of cultural varieties when conducting client assessments (CALSWEC, 2012)[13].

The New Jersey Child Welfare Training Partnership in association with the New Jersey Department of Children and Families held a worker safety training in 2015 titled *Safety Awareness for the Child Welfare Professional[14]*. This two-day training presented information through the use of lectures and activities regarding techniques to maintain safety when working with children and families. Topics of the training include the 4 A's of safety, warning signs of potentially unsafe situations, de-escalation techniques, and strategies to remain safe and promote both positive well-being and self-care.

The Connecticut Department of Social Services provides a training entitled *Worker Safety[15]* taught by Orlando Cuadrado, MSW and Michael Smith. This training provides information regarding identifying unsafe conditions, skills for developing awareness of self, the environment, and of clients, and how to manage in crisis situations.

Personal Safety in Clinical Practice[16] is taught by Phil Quinn, Ph.D., Director of South Shore Mental Health (SSMH), EAP Program, and Ray Mason, Director of SSMH, Metro-Suburban Outreach. This training provides participants with tips on how to exercise caution and maintain safety when interviewing clients in the office or in the client's home. The information provided includes tips for reviewing client records, conducting evaluations and observations prior to meeting with a client, traveling to a client's home, and what to do when a client becomes aggressive.

The Idaho Department of Health and Welfare Family and Community Services conducted a *Home Visitor Safety[17]* training in collaboration with their Social Worker Academy. This training discusses safety tips when preparing to conduct client home visits, when traveling to a client's home, and when conducting an interview in a client's home.

Run, Hide, Fight[18] is an online video produced by the Department of Homeland Security which asserts what to do in the case of an active shooter situation. After viewing this video, workers will learn to first make an effort to escape or exit the premises safely, hide if it is not possible to leave the area, or fight the individual if the worker's life is in jeopardy and the potential for harm

---

[13] See Appendix 4: Social Worker Safety Competencies and Learning Objectives in a Child Welfare Context
[14] New Jersey Department of Children and Families. (2015). Safety awareness for the child welfare professional. *New Jersey Child Welfare Training Partnership*. Retrieved from file:///C:/Users/Academy/Downloads/Safety%20Awareness%20-PARTICIPANT%20GUIDE%20Rev%205%3013%2015%20Includes%20Appendices[2]%20(1).pdf.
[15] Cuadrado, O., & Smith, M. (n.d.) Worker safety. Retrieved from http://ncwwi.org/files/Incentives__Work_Conditions/CT_DSS_WorkerSafetyTraining.pdf.
[16] Quinn, P., & Mason, R. (n.d.). Personal safety in clinical practice. Retrieved from https://c.ymcdn.com/sites/www.naswma.org/resource/resmgr/imported/Safety_SouthShoreMentalHealthSafetyTraining-4.pdf.
[17] Idaho Department of Health and Welfare Family and Community Services. (n.d.) Home visitor safety. *Social Worker Academy*. Retrieved from http://healthandwelfare.idaho.gov/Portals/0/Children/HomeVisiting/Home%20Visitor%20Safety%20Training.pdf.
[18] Department of Homeland Security. (2012). Run, hide, fight. Retrieved from https://www.youtube.com/watch?v=5VcSwejU2D0.

is high (DHS, 2012).

Guidelines for Establishing Worker Safety Trainings

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

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

H. Action by the Academy

The Academy for Professional Excellence[19], a project of San Diego State University School of Social Work, was established in 1996 to support the health and human service community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 10,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy provides basic worker safety training through multiple programs[20]. The Public Child Welfare Training Academy (PCWTA) offers Lineworker Core training. The Behavioral Health Education and Training Academy (BHETA) provides training on violent or criminal behavior risk factors, and de-escalating violent situations. The Multi-disciplinary Adult Services Training and Evaluation for Results (MASTER) program offers an online worker safety course as part of their new worker core for Adult Protective Services workers. Additionally, the Academy has established a cross-program committee and is in the process of developing an advanced multi-disciplinary worker safety training. The worker safety training involves the development of an eLearning, simulation site training, and a mobile app in alignment with the eLearning. This training is intended for health and human service workers including behavioral health service providers, adult protective workers, and child welfare workers.

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

---

[19] Academy for Professional Excellence. (n.d.). About the Academy. Retrieved from http://theacademy.sdsu.edu/about-the-academy/.

[20] The courses described in this section are Academy trainings that are offered under contract to child welfare, behavioral health, and adult protective service workers via a Learning Management System.

Line Worker Core trainings will encompass parts of the updated curriculum as of January 1, 2016.

The training *8 Major Criminogenic Risk Factors for Violent and Criminal Behaviors[21]* is an eLearning provided by the Behavioral Health Education & Training Academy within the Academy for Professional Excellence. This eLearning course provides information on risk factors for violent and criminal behaviors, discusses prevention and intervention techniques, and describes treatment methods to reduce risk.

Introduction to Working with People Who Are at Risk for Violent Behavior or Who Are Criminally Involved[22] is a recorded webinar provided by the Behavioral Health Education & Training Academy within the Academy for Professional Excellence. This eLearning is an introductory course on working with people who are at risk for violent behavior. After completing the training, participants will be able to identify the causes behind criminal and violent behavior, determine potential violent situations, and identify trauma-informed care techniques to ensure safety in both the office and in the field.

APS Worker Safety[23] is an eLearning provided by the MASTER program, Multi-disciplinary Adult Services Training and Evaluation for Results, within the Academy for Professional Excellence. This training teaches safety guidelines to follow when conducting home visits.

[21] Behavioral Health Education and Training Academy. (2014). 8 Major criminogenic risk factors for violent and criminal behaviors. *Academy for Professional Excellence*.
[22] Behavioral Health Education and Training Academy. (2014). Introduction to working with people who are at risk for violent behavior or who are criminally involved. *Academy for Professional Excellence*.
[23] Multi-disciplinary Adult Services Training and Evaluation for Results. (2014). APS worker safety. *Academy for Professional Excellence*.

References

Academy for Professional Excellence. (n.d.). About the Academy. Retrieved from http://theacademy.sdsu.edu/about-the-academy/.

Behavioral Health Education and Training Academy. (2014). Introduction to working with people who are at risk for violent behavior or who are criminally involved. *Academy for Professional Excellence.*

Behavioral Health Education and Training Academy. (2014). 8 Major criminogenic risk factors for violent and criminal behaviors. *Academy for Professional Excellence*.

California Social Work Education Center. (2012). Introduction to social worker safety in a child welfare context. Retrieved from http://calswec.berkeley.edu/files/uploads/lo_swsafety_v2.0_final.pdf.

Cuadrado, O., & Smith, M. (n.d.) Worker safety. Retrieved from http://ncwwi.org/files/Incentives__Work_Conditions/CT_DSS_WorkerSafetyTraining.pdf.

Department of Homeland Security. (2012). Run, hide, fight. Retrieved from https://www.youtube.com/watch?v=5VcSwejU2D0.

Elliot, D. (2012). Worker Safety for the APS Supervisor. *National Adult Protective Services Association*. Retrieved from http://www.napsa-now.org/wp-content/uploads/2012/06/Safety-APS-webinar.pdf.

Executive Office of Health and Human Services. (2013). Human service workers violence prevention and crisis response plan guidelines. Mass.gov. Retrieved from http://www.mass.gov/eohhs/gov/commissions-and-initiatives/hsw-safety-regs/guidelines-for-implementation.html.

Federal Emergency Management Agency. (2013). Active shooter: What you can do. Retrieved from https://training.fema.gov/is/courseoverview.aspx?code=IS-907.

HaeJung, K. (2012). Public child welfare workers' safety experiences: Predictors and impact on job withdrawal using mixed-methods approach. *University of Maryland, School of Social Work*. Retrieved from https://kb.osu.edu/dspace/bitstream/handle/1811/54751/NSDRSW_25_1_kim_paper.pdf?sequence=2.

Hutchings, D., Lundrigan, E., Mathews, M., Lynch, A., & Goosney, J. (2011). Keeping community health care workers safe. *Home Health Care Management & Practice*, 23(1), 27-35. doi:http://dx.doi.org/10.1177/1084822309360383.

Idaho Department of Health and Welfare Family and Community Services. (n.d.) Home visitor safety. *Social Worker Academy*. Retrieved from

http://healthandwelfare.idaho.gov/Portals/0/Children/HomeVisiting/Home%20Visitor%20Safety%20Training.pdf.

Kelly, J. J. (2010). The urgency of social worker safety. *National Association of Social Workers*. Retrieved from http://www.socialworkers.org/pubs/news/2010/10/social-worker-safety.asp.

Kim, H., & Hopkins, K. M. (2015). Child welfare workers' personal safety concerns and organizational commitment: The moderating role of social support. Human Service Organizations: Management, Leadership & Governance, 39(2), 101-115.

Multi-disciplinary Adult Services Training and Evaluation for Results. (2014). APS worker safety. *Academy for Professional Excellence*.

NASW. (2012). Organizing for office safety. *NASW Center for Workforce Studies*. Retrieved from http://careers.socialworkers.org/documents/Organizing%20for%20Safety.pdf.

NASW. (2013). Guidelines for social worker safety in the workplace. Retrieved from https://www.socialworkers.org/practice/naswstandards/safetystandards2013.pdf.

National AIA Resource Center. (2012). Home Visiting with Families Affected by Substance Abuse and/or HIV. *U.C. Berkeley*. Retrieved from http://aia.berkeley.edu/training/online/tutorials/.

NASW Massachusetts. (2011). Verbal de-escalation techniques. Retrieved from http://www.naswma.org/?page=520.

Nelson, J. (n.d.). Essential ideas for personal safety. *NASW North Carolina*. Retrieved from http://c.ymcdn.com/sites/www.naswnc.org/resource/resmgr/imported/Everyday%20Self%20Defense%20Tips%20Handout.pdf.

Nelson, J. (n.d.). Everyday self-defense for social workers. Retrieved from http://www.everydayselfdefense.com/online-classes.html.

Newhill, C. E. (2011). Client violence and social worker safety. NASW Lunchtime Series Webinar. Retrieved from http://c.ymcdn.com/sites/www.naswoh.org/resource/resmgr/imported/Client%20Violence%20and%20Social%20Worker%20Safety.pdf.

Newhill, C. E. (2012). Risk assessment of violent clients and social worker safety. *University of Pittsburgh School of Social Work.* Retrieved from http://www.socialwork.pitt.edu/sites/default/files/Pdf_Files/Session%2012%20HANDOUT.pdf.

Newhill, C. E., & Hagan, L. P. (2010). Violence in social work practice. *NASW Mental Health Section Connection.* Retrieved from http://www.socialworkers.org/assets/secured/documents/sections/private_practice/newsletters/2013%20Private%20Practice%20Newsletter%20-%20Summer%20Issue.pdf.

New Jersey Department of Children and Families. (2015). Safety Awareness for the child welfare professional. *New Jersey Child Welfare Training Partnership*. Retrieved from file:///C:/Users/Academy/Downloads/Safety%20Awareness%20-PARTICIPANT%20GUIDE%20Rev%205%2013%2015%20Includes%20Appendices[2]%20(1).pdf.

Occupational Safety and Health Administration. (2015). Guidelines for preventing workplace violence for healthcare and social service workers. *United States Department of Labor*. Retrieved from https://www.osha.gov/Publications/osha3148.pdf.

Occupational Safety & Health Administration. (2015). Safety and health topics. *United States Department of Labor*. Retrieved from https://www.osha.gov/SLTC/workplaceviolence/.

Pope, N. D., & Hadden, J. B. (2011). Tips for making home visits in child welfare. *The New Social Worker*, 18(3), 12-13. Retrieved from http://www.socialworker.com/featurearticles/practice/Tips_for_Making_Home_Visits_in_Child_Welfare/.

Quinn, P., & Mason, R. (n.d.). Personal safety in clinical practice. Retrieved from https://c.ymcdn.com/sites/www.naswma.org/resource/resmgr/imported/Safety_SouthShoreMentalHealthSafetyTraining-4.pdf.

Saturno, S. (2011). Violent crime and social worker safety. *Social Work Today*. Retrieved from http://www.socialworktoday.com/archive/exc_032511.shtml.

Sioco, M. C. (2010). Safety on the job: How managers can help workers. *Children's Voice*. Retrieved from https://mariacarmelasioco.carbonmade.com/projects/3259343#1.

Syracuse University School of Social Work. (2011). Social worker safety tips. Retrieved from http://falk.syr.edu/socialWork/documents/2011/BSW/Safety Tips 2011.pdf.

Taylor, B. J. (2011). Avoiding assault and defusing aggression. Transforming social work practice. *Southernhay East Exeter: Learning Matters*.

The Personal Safety Training Group. (n.d.). Social worker safety and situational awareness training. Retrieved from http://www.personalsafetygroup.com/training/social-work-safety/.

Turner, J. T. (2015). Working with people who are at risk for violent or criminal behavior. *Alliant International University*. Retrieved from file:///C:/Users/Academy/Downloads/People%20at%20Risk%20PPT%20slides.pdf.

Victor, P. (2014) 20 Safety tips for home visits. *NASW New York City Chapter*. Retrieved from http://www.naswnyc.org/?489.

Appendices

Appendix 1: Risk Factors for Violent Behavior[24]

- Demographic Risk Factors
    - Young Age
    - Male Gender

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

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

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

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

---

[24] Sources: Newhill, C. E. (2011). Client violence and social worker safety. NASW Lunchtime Series Webinar. Retrieved from
http://c.ymcdn.com/sites/www.naswoh.org/resource/resmgr/imported/Client%20Violence%20and%20Social%20Worker%20Safety.pdf.
Newhill, C. E. (2012). Risk assessment of violent clients and social worker safety. *University of Pittsburgh School of Social Work.* Retrieved from
http://www.socialwork.pitt.edu/sites/default/files/Pdf_Files/Session%2012%20HANDOUT.pdf.

Appendix 2: Worker Safety Intervention Plan[25]

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

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

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

- Where and when it is best to meet with the family member (e.g., meet with family member at a neutral setting, not at the family home);

- Who, if anyone, should be present when CP&P field staff meet with the family member (e.g., another CP&P staff member should be present during home visits; the Human Services Police should accompany the assigned worker when new allegations are under investigation; the person's therapist may be willing to provide assistance/prevent a crisis);

- Whether or not the child should be present when CP&P meets with the parent(s); and

- Specific actions to be taken under certain circumstances which have been in evidence in the past (e.g., immediately leave the family home—with or without the children—if the person appears to be under the influence of drugs or alcohol or actively psychotic).

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

"If an after-hours crisis is anticipated, the assigned worker or supervisor contacts SCR and leaves special instructions for case handling precautions. If a case presents ongoing serious concerns

---

[25] Source: New Jersey Department of Children and Families. (2015). Safety awareness for the child welfare professional. *New Jersey Child Welfare Training Partnership*. Retrieved from file:///C:/Users/Academy/Downloads/Safety%20Awareness%20-PARTICIPANT%20GUIDE%20Rev%205%2013%2015%20Includes%20Appendices[2]%20(1).pdf.

regarding risk to staff safety upon intervention, the supervisor advises the County SPRU Coordinator, who forewarns the SPRU staff of risks associated with the case. In addition, the LO Manager consults with the SCR Administrator/designee to determine whether special arrangements are to be implemented to accommodate the case. Special arrangements may include requesting after hours assistance from the Human Service Police, in accordance with the Protocol for Requesting HSP Services, found in (CP&P-II-C- 4-300)."

Appendix 3: Guidelines for Utilizing Teamed Response (Buddy System)[26]

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

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

1) Division records indicate a history involving:

      a) assaults or threats of violence; or

      b) a conviction involving the use of a weapon.
      In these situations, the buddy should be the Human Services Police or other law enforcement officials.

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

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

 4) All responses to known high crime and initial responses to known drug-use locations.

      a) High crime and drug-use areas are established by mutual agreement between Local Office Management and field staff on an office-by-office basis.

      b) Areas designated as high crime or drug-use areas must be communicated by Local Office Management to the Area Director as soon as such determination is made.

      c) Area Office SPRU Coordinators share this information with SPRU Supervisors and SPRU Workers.
      The decision whether or not a SPRU Worker needs a teamed response is a decision that will be made by the Local Office or Area Director.

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

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

---

[26] Source: New Jersey Department of Children and Families. (2015). Safety Awareness for the child welfare professional. *New Jersey Child Welfare Training Partnership*. Retrieved from file:///C:/Users/Academy/Downloads/Safety%20Awareness%20-PARTICIPANT%20GUIDE%20Rev%205%2013%2015%20Includes%20Appendices[2]%20(1).pdf.

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

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

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

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

Appendix 4: Social Worker Safety Competencies and Learning Objectives in a Child Welfare Context

CALIFORNIA COMMON CORE CURRICULA

FOR CHILD WELFARE WORKERS

INTRODUCTION TO SOCIAL WORKER SAFETY IN A CHILD WELFARE CONTEXT

COMPETENCIES and LEARNING OBJECTIVES

RELEVANT CHILD WELFARE OUTCOMES

Well-being 1
Families have enhanced capacity to provide for their children's needs

Well-being 3
Children receive services adequate to their physical, emotional, and mental health needs

LEARNING OBJECTIVES

Knowledge:

K1. The trainee will be able to identify at least three possible signs of danger, taking signals from the family, the environment, and from themselves, while working as a child welfare social worker.

K2. The trainee will be able to identify at least three methods of avoiding or mitigating danger as a means of maintaining personal safety and increasing capacity to focus on the family.

K3. The trainee will be able to describe common family dynamics that can contribute to a crisis.

K4. The trainee will be able to explain when and how to terminate an interview due to safety concerns.

K5. The trainee will be able to describe effective communication skills that can be used to defuse or successfully prevent violent outbursts, including:
      a. Acknowledging the power differential that exists;
      b. Using neutral language and avoiding passing judgment;
      c. Expressing empathy with family members' situations and feelings;
      d. Describing family members in ways that let them know they are valued partners.

K6. The trainee will be able to describe the role of the supervisor in maintaining social worker safety, including:
      a. Consulting with the social worker about his or her safety;

b. Providing information about county agency policies concerning child welfare social worker safety.

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

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

Skills:

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

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

Values:

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

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

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

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

RELATED TITLE IV-E CURRICULUM COMPETENCIES

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

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

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