

Health and Safety Commission Paper		MISC/04/06	
Meeting Date:	N/A	Open Gov. Status:	Fully Open
Type of Paper:	Miscellaneous	Paper File Ref:	
Exemptions:	None		

## HEALTH AND SAFETY COMMISSION

### WORK-RELATED VIOLENCE - PROGRESS ON THE COMMISSION'S THREE-YEAR PROGRAMME 2000 - 2003 AND PROPOSALS FOR WORK IN 2004 - 2006

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#### Issue

1. A report on the success of the Commission's three year programme (2000-2003) to reduce the incidence of work-related violence (WRV); and plans for further work in 2004 –2006.

#### Timing

2. Routine

#### Recommendation

3. The Commission is invited to note the progress of the 2000-03 programme of work on WRV (Annex 2); and to note the work which is planned for 2004-2006 (Paras 20-21 and Annex 3). This work will build on the momentum and success of the 2000-03 programme and demonstrate HSE's continued commitment to working with its key stakeholders and partners to reduce the incidence of WRV still further.

#### Background

4. In March 2000 the Commission agreed a package of measures to tackle WRV (HSC/00/22) and for this programme to run for three years to 2003. The programme was developed following a Ministerial request for further action to address this increasingly serious problem at that time. The Commission took the view that violence was a societal problem and not just a health and safety issue. Nevertheless, it concluded that employers should do more to protect their staff and that there was scope for HSE's existing work and guidance on WRV to be supported by further initiatives

5. The Commission agreed a target to reduce the incidence of WRV by 10% by the end of the 3 year programme. This reduction would contribute towards the occupational health targets of Revitalising *Health and Safety* and *Securing Health Together*.
6. The British Crime Survey 2000 showed that in 1999 there were 1.3 million incidents of work-related violence. It was agreed to use this figure as a baseline to measure progress towards this target.
7. Further details about the development and structure of the programme are in Annex 1. Details of progress in taking forward the programme's key initiatives are in paras 4 to 5 of Annex 1 and in Annex 2.

## **Argument**

### ***Results of the British Crime Survey 2002/03***

8. The findings from the latest (2002/03) British Crime Survey (BCS) show that the number of violent incidents at work in England and Wales has fallen from around 1.1 million in 1999 to an estimated 849 000 in 2002/03. According to this data, the incidence of WRV has now returned to levels lower than those in 1991.
9. The findings from the survey (published in January 2004) show those people who work directly with the public continue to have an increased risk of violence. Those in protective service occupations, for example, police officers, fire service officers and prison service officers are most at risk of violence. Also at high risk are health and welfare workers, including nurses, paramedics and welfare officers; health professionals such as medical and dental practitioners; transport workers; teachers; workers in the leisure and hospitality industry; and corporate managers (including senior officials in national and local government) who come into contact with the public.
10. Further information about the BCS and key findings from the 2002/03 survey is in paras 6 to 18 of Annex 1.

### ***Progress in implementing key initiatives under 2000-03 programme***

11. Good progress has been made in implementing the key elements of the Commission's programme on WRV. Much of its success was the result of joined up working and effective communication with key stakeholders and partners. Key successes are outlined in para 4 of Annex 1 and further detail is in Annex 2.

### ***The scale and nature of violence***

12. The results of the BCS show a significant reduction in the incidence of WRV. This is a major achievement but needs to be treated with some caution as other sources present a different picture. For example RIDDOR shows a slight but steady increase in the level of WRV over the last few years. Furthermore, a 2002 TUC survey of over 5000 safety representatives highlights, that violent assaults and threats are the fastest growing health and safety concern in the workplace. In this survey WRV was ranked in the top five-workplace hazards, alongside stress, upper limb disorders, display screen equipment, and back strain. In addition, a recent report by the National Audit Office (NAO), estimates that around 40% of violent incidents in the NHS in England are not reported. This suggests that there is a problem of under-reporting. So there is pressure to do more to tackle WRV.

13. Reported WRV is rising in the NHS too and HSE's Health Services Priority Programme 2004/05 addresses this issue across the health services in England, Scotland and Wales. A report by the NAO in April 2003 - '*A Safer Place to Work: Improving the management of health and safety risks to staff in NHS trusts*' (England) revealed that in the last two years the level of reported incidents of violence and aggression against NHS staff working in acute, mental health and ambulance trusts has increased by 13%. Around 95 500 incidents were reported in 2001-02. In response to this NAO report, the Department of Health has established a new Special Health Authority (SHA), the Counter Fraud and Security Management Service (CFSMS), which has responsibility for security and violence issues across the NHS. It is tasked with taking forward the recommendations arising from the NAO Report. In December 2003 it launched a new strategy 'A Professional Approach to Managing Security in the NHS'. HSE is working closely with the CFSMS on WRV issues.

14. Media interest in the issue of WRV continues to be high, and there is now much greater awareness of the Commission's commitment to tackling the problem. HSE considers there is a need to build upon the momentum of the work carried out under the current programme. Work in the next phase builds on the evidence we have already obtained on the scale and nature of the risk of WRV, how it can be managed and what initiatives work best. Projects have been agreed under the appropriate work streams.

#### **Links to HSC's strategy and strategic programmes**

15. This work is being overseen by a group of external and internal stakeholders (the Interdepartmental Committee on Violence to Staff). The projects have been brought together in a table (Annex 3) to present a coherent picture to stakeholders of what we are doing to tackle WRV.

16. Work has been designed to reflect the key principles of the HSC Strategy for the future. We will develop stronger links with our stakeholders and enlist their support to help take forward this work; work with our enforcement partners in local authorities to help make a better impact in raising awareness of WRV and how to manage it; and develop more effective ways to get advice and support to those who need it, including small firms and other more vulnerable workers.

17. This work will also contribute towards the occupational health targets to reduce the rates of accidents and ill health caused by work. In particular, it supports the aims of the developing Occupational Health Support Strategy, to keep people in work and to rehabilitate people back to work more quickly.

#### **Links to HSC's stress priority programme**

18. Although WRV is not one of the HSC's priority programmes, it has direct links with two of them – health services and work-related stress. Violence is the third largest cause of injury to healthcare workers. DoH figures record 116,000 incidents of violence and aggression against NHS staff in England in 2002/03. Progress on WRV will help the health service priority programme to meet its objectives.

19. Similarly, WRV is recognised as an important factor in contributing to work-related stress. Any reduction in the incidence of violence will contribute to the suc-

cess of that priority programme too. As part of its work on stress HSE is developing Management Standards, including one on relationships and we expect that violence (and bullying) will be encompassed within this (further information on the Stress Priority Programme and the Stress Management Standards is in Commission papers HSC/03/30 and HSC/04/04).

### **Summary of key WRV projects in 2004-06**

20. Key projects are listed below under the relevant HSC Strategic Programmes:

- **Sector strategic programme:**
  - improved training programmes on WRV to help reduce the incidence of WRV to employees in the health services
  - better compliance amongst employers through a programme of inspections of WRV, targeted at NHS Trusts and nursing homes
  - other government departments setting an example of good practice in the management and reduction of WRV
  
- **Health and safety hazards strategic programme**
  - improved awareness amongst taxi drivers of WRV and how to manage it.
  - improved advice and information to HSE inspectors on inspection and enforcement issues regarding WRV.
  - more effective design of the workplace environment to reduce WRV.
  - increased stakeholder involvement and sharing of good practice on workplace stress and violence, through HSE's community website
  - improved compliance in the railway industry, through targeted investigations of areas of known weakness, with enforcement where necessary.

These projects might also provide products which could be marketed as part of the Better Health at Work Partnership. Further details of these and other projects are in the table at Annex 3.

21. HSE projects to tackle WRV are complemented by other initiatives by external stakeholders. For example:

- the Counter Fraud and Security Management Service's strategy to develop and deliver a national syllabus in conflict resolution training for all staff and professionals who work in or provide a service to the NHS and who may be at risk from WRV
- the development of training awards in conflict and violence management by the Institute of Conflict Management;
- development by the Welsh NHS Trusts of a violence and aggression training scheme; and
- initiatives by the Home Office to improve the impact of Crime and Disorder Partnerships in helping to reduce WRV in local communities.

### **European implications**

22. In July 2003 the International Labour Organisation (ILO) circulated a draft Code of Practice on Violence and Stress at Work in Services. The draft Code called for Member States to establish various approaches to tackle WRV, many of which are

already underway in Britain. The draft Code was discussed at a meeting of experts in October 2003. In response to objections by the employers representatives, the draft Code was recast in a preventative framework and all references to stress were removed. The revised draft was agreed by the experts meeting, and was approved by the ILO in November 2003, together with a recommendation from the experts meeting to develop a separate ILO Code of Practice on stress in the services sector.

23. The European Commission's (EC) Preliminary Impact Assessment (PIA) on the Prevention of Violence at Work indicates that an analysis of national legislation on WRV is proposed, as well as an analysis of the range of the problem in the EU and its incidence in terms of absenteeism and loss of productivity. The PIA identifies a number of policy options to tackle WRV – including development of hot lines, information campaigns and legislation.

24. In addition, the EC's Legislative Work Programme 2004 includes prevention of violence among the proposals which may undergo an extended impact assessment. With this in mind, it is likely that WRV will be included in the Luxembourg Advisory Committee's Action Programme during the next couple of years.

25. Work being taken forward in 2004-06 will stand HSC/E in good stead for any future EU Directive on WRV.

### **Consultation**

26. Other relevant directorates/divisions within HSE, and members of HSE's key stakeholder group on workplace violence, the Interdepartmental Committee on Violence to Staff, have been fully consulted about the proposals in this paper.

### **Presentation**

27. Although we exceeded our target to reduce the incidence of WRV, we know from other sources that the actual number of violent incidents and threats is likely to be much greater than that indicated in the BCS, as many incidents of WRV are not reported. The results of the BCS are encouraging and signal the need to build on the success and achievements of the current WRV programme. HSC/E needs to demonstrate to key partners and stakeholders continued commitment to tackling this important issue and to reducing the incidence of WRV still further.

### **Financial/Resource Implications for HSE**

28. Resources required to take this work forward have been agreed within the HSC's Strategic Programme framework.

### **Environmental implications**

29. None.

## **Other Implications**

30. None.

## **Action**

31. The Commission is invited to note the information about WRV projects to be undertaken in 2004-2006, as set out in Annex 3.



**Annex 1**

## **Work-related violence programme 2000-2003**

### ***Consultation***

1. The 2000-2003 programme is the result of detailed work by a HSE cross-directorate working group and full consultation with external stakeholders, including the TUC, the CBI, the Federation of Small Businesses and Other Government Departments. Relevant HSE directorates/divisions agreed to take the lead on the various elements of the programme. Progress on implementation has been monitored regularly through HSE's Stress Priority Programme Management Group, the Occupational Health Advisory Group, and the Interdepartmental Committee on Violence to Staff.

### ***Content of the programme***

2. The basis of the programme is guidance, research and enforcement action. It reflects in the main those sectors which are most at risk of WRV as identified in the 2000 British Crime Survey and other reports. These are the police, social workers, bar staff and security guards. Also at high risk are nurses, other health care professionals, transport workers (particularly taxi drivers), welfare community workers, and

national and local government officials. Employees in small organisations are shown to be at a higher risk too.

3. Initiatives under the programme have been cast under the five Securing Health Together programme headings (compliance, continuous improvement, knowledge, skills and support). This has ensured a more holistic approach to be taken by allowing the inclusion of other initiatives, which help contribute to the overall success of the programme. By identifying the contribution other parties are making, the programme has been owned and shared through partnership.

***Progress on key elements of 2000-03 programme (full details in annex 2)***

4. A major element of the programme was HSE's first ever conference on WRV in June 2000 with HSE's key stakeholder group the Interdepartmental Committee on Violence to Staff. Other key successes included:

- a continuous programme of inspections in the health services, the independent health care sector and care homes;
- support in the development of national occupational standards in managing work-related violence;
- publication of case study guidance to help small businesses manage WRV;
- publication on HSE's website of case studies on the management of violence for lone workers;
- support for the development of guidance and a National Action Plan in the social care sector;
- liaison with the Home Office to help secure more consistent prosecution and appropriate sentencing of assailants of workplace violence;
- inclusion of specific questions on WRV in the 2000 BCS to enable evaluation of the Commission's programme; and
- key conferences to promote the Commission's WRV programme and raise awareness of WRV.

5. Regrettably, it was not possible to implement a number of measures in the original programme due to other developments, changing priorities or availability of resources. These include:

- the establishment of benchmarks for enforcement – this was overtaken by the publication of national management standards for WRV;
- an EU conference to raise awareness of WRV – this was not necessary as HSE officials spoke at key European events on WRV;
- the establishment of a joint national forum with the security industry – due to resource constraints and other priority work;
- a guidance leaflet for taxi drivers – taxi drivers are now included in the lone worker case studies on HSE's website; and
- revised guidance for the retail sector and new guidance for the hospitality sector were not produced due to lack of resources and other work on priority programmes.

**The British Crime Survey**

6. The British Crime Survey (BCS) measures crime suffered by people living in private households in England and Wales. It has been conducted by the Home Office every two years since 1982 and became an annual survey from 2000. It takes the form of a self-reporting questionnaire and includes questions on WRV.

7. The BCS records physical attacks and verbal threats, but does not include verbal abuse. It covers incidents perpetrated by members of the public, but not by fellow employees.

8. The 2002/03 BCS reports on interviews conducted between April 2002 and March 2003 and incidents experienced by respondents in the 12 months prior to their interview. The response rate in the 2002/03 report was 74%.

### **Scotland**

9. A separate crime survey was conducted in Scotland 2000 and HSE commissioned a separate analysis of the 2000 findings, analogous to the BCS. However the findings were not published due to a very low response rate. Figures for Scotland were therefore not included in the baseline for the Commission's three-year programme. No further surveys have been carried out in Scotland.

10. HSE will be exploring with the Scottish Office the possibility of including data on WRV in the Scottish Crime Survey for 2003/04 onwards, with a view to developing a baseline in Scotland to measure the effectiveness of future initiatives to tackle WRV there.

### **Key findings from the BCS 2002/03**

11. There were almost 849,000 incidents of violence at work in England and Wales – 431,000 of these were assaults and 418,000 were threats. Overall, 376,000 workers had experienced at least one incident of violence at work – 196,000 had been assaulted while working and 203,000 had been threatened. (The number of victims is lower than the number of incidents because a victim can experience more than one incident).

12. Between 1991 and 1995 the number of incidents of violence at work rose by 64% from 847,000 to 1,310,000. Following the peak in 1995, the number of incidents fell to 757,000 for BCS interviews 2001/02, rising slightly since then, largely due to an increase in assaults. However this increase was not statistically significant.

13. The victimisation rate per 10,000 workers for all violence at work fell significantly by 29% between 1999 and the 2002/03 BCS. The rate for assaults at work fell by 28% and for threats by 31%.

14. The risk of being a victim of actual or threatened violence at work is low; the 2002/03 BCS indicates that 1.7% of working adults were the victim of at least one violent incident at work.

15. Over a quarter (28%) of all people assaulted or threatened at work were repeat victims, experiencing three or more incidents of workplace violence during the year. The level of repeat victimisation for violence at work was higher than for violence not at work (11%).

16. Overall, workers in protective services (eg police officers) faced the highest risk of assaults (12.6% - more than 14 times the average risk). Several of the health related occupational groups had relatively high risks of assaults and threats at work - for example, 3.3% of health and social welfare associate professionals, including nurses, paramedics, welfare officers and youth workers, were assaulted at work and 2.3% were threatened; 2.3% of health professionals, including medical and dental practitioners and psychologists were threatened and 1.4% were assaulted. Workers in caring personal service occupations, such as care assistants and nursing assistants, were also at relatively high risk of violence at work, with 1.3% reporting assaults and 0.9% reporting threats.

17. Just under a quarter (23%) of workers who had face-to-face contact with members of the public while working said they had received formal training in their current job to deal with violent or threatening behaviour. More than two-thirds of workers who had some form of contact with the public had received neither formal training nor informal advice. Even amongst high-risk groups the level of training did not exceed 54%, with the exception of protective services where 81% received formal training.

18. Just under a fifth (16%) of those workers who had contact with members of the public were very or fairly worried about being assaulted at work and 19% were very or fairly worried about being threatened. Those in occupations with a higher risk of violence – such as protective services; nurses and welfare workers; GPs and dentists; and public transport workers were most concerned.