PERSONAL SAFETY ADVICE WHEN VISITING CLIENTS

Skyguard’s comprehensive guide to help minimise risk when meeting tenants or patients in their own homes
Work-related violence against those working within the community is an often unspoken fact of life. Probably few social worker students or new practitioners realize when they enter the profession that they may be targets of assaults.

However, assaults and attacks shouldn’t come as a surprise because social carers and community nurses usually become involved with clients during periods of crisis and often interact with clients when they are emotionally distraught.

Violence includes physical assault, verbal assault, harassment and simple, yet menacing threats. Some assaults may be minor, but others can be lethal. Take, for instance, the case of Ashleigh Ewing who was brutally killed whilst out working alone on behalf of her employer. Ashleigh was stabbed 39 times on a routine visit to a mentally-ill patient.

Of course, the violent deaths of those like Ashleigh has triggered awareness of this issue. The resultant outcome of this awareness is the mandatory training for personal safety for social workers and ensuring that those who work alone in the field are equipped to deal with an incident and call for immediate help should problems escalate.

Robust health and safety legislation is now in place to protect all employees wherever they work, be it in an office environment or visiting someone in their home. Now, more and more companies are being prosecuted via the Corporate Manslaughter Act, which is designed to make it easier for companies to be found guilty for deaths arising from management failures that constituted a gross breach of their Duty of Care.

The Sentencing Council guidelines state that a Corporate Manslaughter fine should be up to £20 million. But it is no defence for an employer to say that they did not have the time, money or resources to reduce risk. There is the possibility of courts imposing publicity orders which can tarnish reputations, lower staff morale and in the worst cases, prison sentences for senior managers and those in a position of responsibility found to be negligent.

Of course, this doesn’t include the cost to your employee’s health. Statistics from the Health & Safety Executive report that stress accounts for 40% of all work-related illnesses. Industries that produce the highest rates of work-related stress are human health and social work – with a leading factor said to be work related violence.

Therefore, it’s imperative that every employee should be made aware of potential threats that may be encountered and how to mitigate this risk of violence.

Skyguard have put together this guide to help raise awareness of the problems faced on a daily basis for those in the community. Using our extensive knowledge of personal safety matters, we’ve created a comprehensive list in how to manage risk when out on call.
IT’S IMPERATIVE THAT EVERY EMPLOYEE SHOULD BE MADE AWARE OF POTENTIAL THREATS THAT MAY BE ENCOUNTERED AND HOW TO MITIGATE THIS RISK
In 2006, mental health worker Ashleigh Ewing was brutally killed whilst out working alone on behalf of her employer, Mental Health Matters (MHM). Ashleigh was stabbed 39 times by Ronald Dixon when she made a routine visit to his home in Heaton, Newcastle. Dixon, who had a long history of disturbing mental health problems, was locked-up in a secure hospital after admitting manslaughter.

In May 2013, a report by an independent panel concluded that a “more robust approach” to Dixon’s care, particularly from April 11, 2006, to the days leading up to Ashleigh’s death, would have resulted in a review as to how appropriate lone visits to Dixon’s home were.

22 year old graduate Ashleigh lost her life after being sent alone to Dixon’s home with a debtor’s letter ordering him to pay for a phone which he had smashed inside the property days earlier, to take the coins from inside.

Was it appropriate to send a young woman unaided to Dixon’s home? According to the independent report, Ashleigh should never have been sent alone.

Dixon had a long and brutal history regarding his mental health state. In 1994, Dixon was convicted of wounding after he admitted creeping into his parents’ bedroom and attacking them with a hammer while they slept. Then just four months before killing Ashleigh, he was arrested outside Buckingham Palace. He told police his name was King Ron, and he was going to kill his ‘mother’, the Queen.

Dixon was such a threat that he was rated as being among the top 10 most dangerous patients when he arrived at the Rampton Secure Hospital in Nottinghamshire, following his arrest for killing Ashleigh.

The coroner, David Mitford criticised MHM saying the risk, which was evidently high, was not properly assessed. The fact that so much was known about Dixon’s chillingly behaviour before Ashleigh’s death led to many demanding answers about what could have been done to prevent the tragedy.

The independent report commissioned in 2013 and chaired by barrister Joseph O’Brien, came to the same conclusions. “The panel is of the clear view that if a
reassessment of risk had taken place, lone working would have ceased prior to May 19, 2006."

**LEGISLATION**

Since Ashleigh’s death, numerous laws pertaining to health and safety have been passed. The Corporate Manslaughter Act came onto the statute book in July 2007 as the ‘Corporate Manslaughter and Corporate Homicide Bill’, and became effective on 6th April 2008. The Act clarifies the criminal liabilities of companies including large organisations where serious failures in the management of health and safety result in a fatality. Could MHM have faced prosecution under this Bill had it been passed in time?

An organisation will be found guilty of the offence of Corporate Manslaughter if the way in which any of its activities are managed or organised by its senior managers causes a person’s death, or amounts to a gross breach of the Duty of Care it owed to the deceased. The fact that the independent report and the coroner’s report both concluded that the risk posed was not properly assessed could’ve been damning.

David Mitford concluded that, “Mental Health Matters lacked their own assessment of the risk Mr Dixon presented and there were shortcomings in their systems that led to a failure in realising the significance of changes to him. In particular, that he’d stopped taking his medication, his paranoid schizophrenic, excessive drinking, his forensic history and his actions in London.”

Since Ashleigh’s death, Dr Rajesh Nadkarni of the local Northumberland, Tyne and Wear NHS Foundation Trust, has vowed that the tragic events have “led to significant improvements in practice.”

“Another improvement to come out of this tragedy has been the work done to ensure the safety of ‘lone workers’. Although Ashleigh didn’t work for us, her death caused us to consider and review how best we can safeguard staff during home visits.”

Lone working in general has become more prevalent in the last decade across all industries and sectors as organisations have cut costs in times of budgetary restraints… especially in the public sector where funding has continually been squeezed. With legislative penalties on the increase (major companies convicted of corporate manslaughter will face fines of up to £20m under sentencing guidelines), never has the Duty of Care to all employees – whether they work alone or not, been so important.

**COMMUNICATION**

With advances in technology, specifically in communications, contact with lone workers has never been easier. In 2006, the iPhone hadn’t even been launched and smartphones were stuff of dreams.

Apps, 4G coverage and touch screen technology have vastly improved how we communicate.

Violent attacks will continue to happen. But equipping lone workers with a ‘buddy system’ or a means to easily call for help in an emergency has arguably saved countless lives in the last few years alone. It’s a tragic shame that it’s all come too late for Ashleigh. However, her legacy has certainly improved lone working practices and for that, she will always be remembered.

As Nadkarni concludes, “I hope it may be some small comfort to Ashleigh’s family that her death has brought about real changes and improvement in practice that will reduce the potential for such devastating and life changing events occurring in the future.”

“THIS TRAGEDY CONTINUES TO INFLUENCE HOW WE ASSESS RISK AND HOW WE INVESTIGATE AND LEARN FROM INCIDENTS.”
Social workers face many stressors that impact on their professional and private lives. Care workers and those visiting clients/tenants and patients often work with mentally and emotionally unstable people, dwindling services and reduced benefits. This is coupled with working conditions such as understaffing, working alone, and working late hours.

This puts them at a high risk of workplace violence. Also, they constantly deal with very difficult situations under time constraints which can lead to frustration and burnout. This can cause high staff turnover which, in turn, impacts on colleagues. Social workers consistently experience increased paperwork, an increase in the severity of client problems, larger caseload sizes, longer waiting lists for services, assignment of non-social work tasks, and an increase in oversight. These all serve as barriers to effective practice and increase social worker stress.

The stressors can also cause social workers to be distracted during their client interactions. This may cause them to miss subtle signs of agitation and the escalation of emotions which can lead to acts of aggression by the clients.

Needless to say, those social workers who have experienced any form of aggressive behaviours from their clients will be impacted. Social workers may become so hyper-vigilant in the future that they would be unable to establish trusting relationships with their clients. They may suffer long-term physical or mental consequences from the episode; or they may even leave the profession altogether due to burnout or fear.
As we’ve already shown, there are obvious personal safety risks associated with conducting home visits so we offer the following advice to help minimise these risks. It’s worth noting that the advice isn’t just limited to those in the Care sector but many of the tips can be adopted by anyone visiting clients/residents in their homes on a regular basis.

**BEFORE THE MEETING**

01. For an initial home visit, try to schedule the appointment by telephone or letter so that the client will know to expect you and be prepared. If you speak to the client ahead of time, you may be able to get vital background information or an update on their current situation, which may have changed.

02. Always record the name, address and contact phone numbers of all clients where the information is easily accessible to colleagues.

03. Colleagues should also keep a record of your personal details to hand should an emergency arise. A photograph or description of the employee, the car make and registration and even medical conditions are worth noting should the emergency services require the extra information.

04. Whenever possible, conduct home visits accompanied by colleagues or employees from other agencies who are also working on the same case.

05. Carry a fully-charged personal safety device or mobile phone with a lone worker alarm application. You never know when you might need to quickly and discreetly raise an alarm.

06. Depending on the nature of the meeting, some clients can come to an office rather than have you meet them in their homes.

07. Let people know where you are going. Put appointments or meetings on your email calendar with names and contact information and make it public to your colleagues or use an app to alert a network of friends that you’re heading out.

08. Don’t ever venture out to meet anyone or attend to something by yourself without telling at least two people (preferably more) where you are going and when you plan to return.

09. Use a service like Skyguard’s ‘Voice Memo Timer’. Users can log their daily activities on their phone to provide details of where they are going and who they are meeting, and then typing in the number of minutes they wish to set for the alarm timer. If the timer expires, an alarm will be raised with Skyguard’s Incident Management Centre.
IN THE CAR
Use of a car is often a necessity for attending home visits. Though you might not think it, preparation for making a safe visit can start within your vehicle.

10. Hide a £20 note hidden in a compartment in case of an emergency (or simply a forgotten wallet at the petrol station).

11. Keep at least one portable phone charger or spare battery in your car — you never know when you might need your phone. A portable charger or spare battery are handy accessories but remember to charge these regularly (once a month should do) so you don’t lose your backup.

12. Keep your petrol tank at least half full. When the needle hits the quarter full mark, refuel.

13. Park in a well-lit area and where you can see your car clearly from the property. Do your best to park somewhere you won’t get blocked in. Always reverse into a parking space incase you need to make a quick escape.

BEFORE ENTERING THE PROPERTY

14. Familiarise yourself with the area - Use Google Street View to check out the location. Check for mobile phone reception and get a feel for whether the property is hidden away or in a quiet, secluded area.

15. Try to find out where the exits are in a home and in building hallways.

16. If the property is in a building with a lift, don’t use it if there are those waiting to use it who look suspicious or make you feel nervous. If you are feeling uncomfortable with the situation, pretend that you are using your mobile phone and thus cannot get in the lift. If you find yourself in a lift with someone who worries you, immediately press the button of the next floor so that you can get off.

17. Always be vigilant and assess the surroundings—both inside and outside a client’s home. Carry as little as possible. Only take with you what is essential for the meeting.

18. If you’re using a lone worker mobile phone check in service, make sure you set the timer before entering the property. Skyguard’s service also allows you to leave a voice message (Amber Alert) with details of the appointment. If the timer expires, it will automatically raise an alarm to Skyguard. The memo will be made available to our Controllers providing them with the additional information you left.
KEEP AT LEAST ONE PORTABLE PHONE CHARGER OR SPARE BATTERY IN YOUR CAR — YOU NEVER KNOW WHEN YOU MIGHT NEED YOUR PHONE.
DURING THE MEETING

Another reality of your life: You will meet with strangers on a regular basis. How do you ensure you do this safely?

19 Trust your instincts. If you feel uneasy about anything – whether when first speaking to the client on the phone or when meeting them in person – don’t tell yourself it’s fine; take action to improve your safety. For example, arrange for a colleague to attend the viewing with you or make an excuse to leave and don’t enter the property.

20 Do not get too comfortable and let your guard down with clients. Remember that you are providing a service for them—they are not your friends.

21 Don’t wear expensive jewellery or carry a designer bag. Wear clothes that you can easily move around in.

22 Always remember to keep your cool. Never show a client that you are scared. Always remain professional and if the situation gets out of control or dangerous—leave. Remember that you are the professional and are there to help the client. If you show that you are scared, the client might try to take advantage of the situation by being manipulative.

23 Don’t bury your head in your phone or juggling a bunch of items that might distract you. Walk in with purpose and look alert.
Avoid sitting in the kitchen (many possible weapons; boiling water, knives etc.) Always wait to be invited to sit. Sit in hard backed chair (easier to rise from this type of chair in a hurry).

If there are dogs in the house, ask the client to remove them. Under The Anti-social Behaviour, Crime and Policing Act 2014, Part 7 Dangerous Dogs – Keeping dogs under proper control, dog owners have a responsibility to ensure that they keep their dogs under control not only in a public place, but also in their homes.

Maintain a respectful and courteous attitude. Respect the individual’s personal space (maintain an appropriate distance).

Keep a clear path to the door. Avoid positioning yourself so that you become trapped if needed to make quick exit. Be aware of all possible exits in the property.

Avoid giving out personal information, such as your address or phone number.

Consider carrying a screech alarm, which you could use to shock and disorientate an attacker if necessary, giving you vital time to get away.

Consider carrying a personal alarm or use Skyguard’s mobile phone application. This can raise the alarm at the touch of a button and instantly alert Controllers that there’s an emergency.

Put a decent passcode lock on your smartphone, and if you have an iPhone, make sure Find My iPhone is enabled so you can remotely wipe your device if the need arises.

Visually check the surrounding area or parking area when leaving.

If you are being followed, do not drive home; drive to nearest police station and sound the horn or drive to open petrol station or business where you can safely call the police.

DO NOT GET TOO COMFORTABLE AND LET YOUR GUARD DOWN WITH CLIENTS. REMEMBER THAT YOU ARE PROVIDING A SERVICE FOR THEM - THEY ARE NOT YOUR FRIENDS.

Consider taking a self-defence course. A good program will include both practical ways to keep yourself safe as well as hands-on training for breaking holds so you feel confident that you will know what to do if that moment arises.
No matter how thorough you may be about using safety precautions, there will be some client interactions that may not go smoothly.

Social workers must be aware of indicators of impending violence to either eliminate or mitigate aggressive acts. One of the most important tips to adhere to is ‘trust your gut instinct’.

People are unpredictable and there’s no set formula as to when interactions may turn negative, but common factors have been identified which can make people more inclined to violence. Here’s a list of identifiers you may spot.

If a person has a history of prior violence, it is likely that they may become violent again as this tends to be a coping mechanism. This is the single best indicator of violence, so workers should investigate if the client/patient has been violent in the past.

Interactions with someone with a history of violent behaviour should be arranged in a controlled environment with assistance present or readily available. It is not acceptable to expect someone to visit such a case without appropriate controls.

Certain internal factors have been associated with aggressive encounters. These include fear, humiliation, boredom, grief, and a sense of powerlessness. To reduce risk, avoid putting clients in positions that embarrass them. Instead, try to give them knowledge that empowers them and help them see other, nonviolent options.

Physical factors such as lack of sleep, physical exhaustion, use of drugs or alcohol, heat, hunger, cold, physical disability, or chronic pain can lead to an increase in violent behaviour. Care workers should try to alleviate, as much as possible those situations that can be controlled, such as heat, hunger, cold, exhaustion, and lack of sleep prior to their interactions. Read, know and follow your employer’s policies regarding interactions with those under the influence of any type of substance.

Situational factors have also been found to be predictive of violence. Access to weapons, having experienced childhood abuse or aggression in the home, or feeling a sense of injustice or oppression can lead to violence. These factors should be assessed prior to any interactions or during an initial assessment in the field.

Violence has been shown to more likely to occur when children or adults are taken from their living conditions, especially if they are removed in front of family or friends. These interactions should always be planned events and never conducted alone.

Illness and medical conditions can be heavily associated with violence. Knowing the dynamics of addictions, mental illness, brain trauma, and other issues associated with acting-out behaviours can better prepare care workers for interactions with these persons.

Whether or not care workers have information about a person’s past history or current emotional state, there are signs they can look for to determine impending client agitation and possible aggression. Clenching of fists or jaws, having a “wild” look in the eyes, being out of touch with reality, speaking in a loud voice or becoming verbally abusive are all indicators to look for. If these behaviours occur, immediate steps to reduce the tension should be taken before the behaviours escalate to violence.
VERBAL DE-ESCALATION STRATEGIES

When a potentially violent situation threatens to erupt, verbal de-escalation techniques should be utilised. The most important tool in de-escalation is your brain.

**FIRST STEP**

The first step in verbal de-escalation is for the employee to remain in control of themselves:

- **35**

  - Appear calm and self-assured even if you don’t feel that way. Take a deep breath. Relax facial muscles and look confident. Anxiety can make a client feel more anxious and unsafe which can escalate aggression.

- **36**

  - Use a low tone of voice. When frightened, the tendency is to have a high pitch to your voice which can increase client anxiety. Speak in a clear and direct tone so clients can hear what is being said through their anger.

- **37**

  - Be respectful, even when firmly setting limits or calling for help. The agitated client will be very sensitive to feeling ashamed and disrespected.

**SECOND STEP**

The second step is the physical stance social workers and community based staff should take:

- **38**

  - Never turn your back on your client for any reason.

  - **39**

    - Try to be at the same eye level. Encourage clients to be seated, but if they need to stand, you should also stand up.

- **40**

  - Allow extra physical space between you and clients – about four times the normal distance.

- **41**

  - Do not maintain constant eye contact. Clients may perceive “staring” as disrespectful.

- **42**

  - Do not smile. This could be perceived as mockery or anxiety.

- **43**

  - Never touch them. Even if therapeutic touching is culturally appropriate with some clients, cognitive distortion in agitated clients can be misinterpreted as hostile or threatening.

- **44**

  - Avoid confrontational body language. Make slow movements. Avoid putting your hands on your hips. Do not point your finger. Keep hands out of your pockets.
The third step in verbal de-escalation is the actual discussion you have with clients:

- Do not be verbally defensive. Even if comments are directed at you, the likelihood is that they are not personal. The client is most probably angry at the situation… not you.
- Never tell a client to “calm down”. By saying this, you communicate that you do not understand and accept their viewpoint. This, in turn, validates their anger.
- Do not raise your voice or try to yell over screaming clients. Wait until they finish or take a breath and then talk calmly at an average volume.
- Do not use humour. Angry clients may misinterpret this as being disrespectful.
- Attempting to distract or change the subject can sometimes work, but be cautious - this could further anger clients who realise you are diverting them.
- Respond selectively. Answer all informational questions, no matter how rudely asked. Do not, however, answer abusive questions.

- Explain limits and rules in an authoritative, firm, but respectful tone.
- Give choices, where possible, to alternatives that give clients a way out of the situation without embarrassment. For example, giving them the option of talking later or agreeing on a cooling off period allows clients to save face.
- Be patient. On average it takes a person about half an hour to calm down from anger.
- Trust your instincts. If you have done what you can to calm the situation but de-escalation is not working, stop. Experienced social workers can usually tell within a couple of minutes if de-escalation strategies are working. However, if they are not, leave, activate your personal alarm or mobile application and call for help.
Tony Rao – A Consultant in old age psychiatry working for South London and Maudsley NHS foundation trust recently wrote about his experiences in dealing with those suffering from mental illness, addiction or worse still, both. What makes Tony’s situation all the more hazardous is that he often works alone.

Tony describes that a “full risk assessment and a personal alarm can sometimes be your only protection as a lone worker” but with obvious experience in these situations, a ‘gut feeling’ shouldn’t be ignored. Of course, having a gut feeling comes with the knowledge base of working in similar scenarios for many years and a sixth-sense for recognising danger is something that can only be developed after vast experience.

But what about those who are new to the role? Those who previously haven’t worked in the community? They won’t have honed that gut feeling to the extent that Tony has. And why should personal safety be placed in the hands of something so personally subjective? Could you imagine using ‘a gut feeling’ as a line of defence in Court when up against serious negligence claims?

Even with Tony’s vast experience of working in the community, it still didn’t prevent his ‘gut feeling’ from not detecting the threat that he faced on one particularly innocent looking visit. Which goes to show that you never know what is round the corner, even if you think ‘it’ll never happen to me’ or ‘I’ve done this too long to let anything get to me’.

A risk assessment of the situation, a personal alarm or similar mobile application cannot prevent an assault from happening, especially in circumstances such as what Tony describes what it does provide is a vital lifeline in the event of an emergency. Imagine Tony’s means of escape had been cut off? What would’ve happened may not bear thinking about.

“When you work in the community, often your only protection from serious dangers is a gut feeling. Referral letters from GPs frequently fail
to communicate the real risks in a situation – even when carefully read ahead of a home visit. Working in an area of high social deprivation means you have to be prepared for anything: a full risk assessment and personal alarm can sometimes be your only protection as a lone worker.

“This particular visit seemed pretty ordinary. A straightforward referral to assess a patient with a known drinking problem, similar to many others I had seen. The fact that it was in sheltered housing took the edge off some safety concerns too – the warden would be on site if something went wrong. Elderly person in a safe environment, I thought comfortably. How could I have got it so wrong?

“When I arrived it was just like any other morning. We are used to being let in by the warden if there is no answer from a flat. It could be that patients have their television on so loud that they can’t hear the buzzer. I knocked lightly on the door. No answer. I tried again, but still no answer. The door was ajar, so I called out to ask if anyone was there but there was still no answer. The room smelt like a bar from the previous night and the curtains were closed.

“I walked in slowly and then started to hear groaning. The sight of a dishevelled older man stirring from his slumber was not new to me but as he started to move, he moaned and asked “who are you?” I was about to reply when the simultaneous groaning of three other men sleeping on the floor stopped me in my tracks.

“After regaining my composure, I replied that I was a consultant from the community team and that his GP has asked me to see him.

“You’re what?!” he shouted. As I drew another breath to reply, he leapt to his feet. The rest happened so fast I did not have time to de-escalate the situation.

“He may have been nursing a hangover but I’ve never seen an older person run that fast. As chased me down the corridor it was all I could do to sprint away. The warden did not have the benefit of a further discussion about her concerns.”

“THIS PARTICULAR VISIT SEEMED PRETTY ORDINARY. A STRAIGHTFORWARD REFERRAL TO ASSESS A PATIENT WITH A KNOWN DRINKING PROBLEM.”
“The Skyguard device enables us to do this with confidence, as we are given a greater sense of security and wellbeing, knowing that there is a person at the other end and not a recording.”

Patricia Smith, Scheme Manager for Sheltered Housing at Amicus Horizon

“Our Home Treatment team visits mental health patients in their homes at point of crisis. We therefore work with a range of presentations, including often chaotic and erratic behaviour, heightened emotions which obviously has added risk involved.”

Dr Thomas Verghese of South West London St George’s Mental Health NHS Trust

“The response received to activation calls and accidental man down alarms has been fast and accurate which gives confidence in the support offered should there be a genuine incident. The availability of voice recordings for evidential purposes and the flexibility offered by the online portal were influential in our decision process.”

Mark Perkins, CHPS Health and Safety Manager
Skyguard’s service is proven in use across the property sector. Our personal safety alarms and mobile applications are already used by a large number of Estate Agents in protecting those on viewings... and the list is growing. Skyguard have a wealth of experience in delivering fast, effective backup, emergency support and incident resolution. We’re accredited to the highest industry standards and our MySOS alarm and Incident Management Centre impressed the National Police Chief Council so much, they’ve been awarded their coveted ‘Secured by Design’ accolade.

Our personal safety devices and apps enable users to raise an alert simply by pressing the SOS button. This connects them to Skyguard’s Incident Management Centre, where two-way audio enables trained Controllers to either listen in to the situation, speak if it is safe to so, and summon the appropriate emergency response. Utilising GPS technology, Skyguard’s Controllers can quickly locate the user’s exact location. We can even bypass the 999 system, leading to a faster response!

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We understand that implementing a lone worker protection solution can be a big step. That’s why at Skyguard, we’re offering you a 30-day free trial of our complete safety service. There’s no obligation to buy.

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