Social Services: Stress, Violence and Workload Research Project

Site: Study Site 1 – Mid sized Agency

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The authors of this report wish to thank the staff, management and clients of the Study Site 1 for their cooperation and commitment to this project. Funding for the project from the Worker’s Safety Insurance Board of Ontario is gratefully acknowledged.

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EXECUTIVE SUMMARY

Funding levels in the intellectual disabilities field create a situation in which workers and managers report that staffing levels and wages are sub optimal. The physical setting of many of the programmes provides a stressor due to their impermanence, inadequate heating, lack of equipment and generally uncomfortable and unstimulating condition. Management points out that there is little they can do about many of these problems as since of September, 2001, THE STUDY SITE has not received an increase in its base funding for seven years although demands on the agency have increased significantly.

Our three participant observations, seventeen in-depth interviews and extensive document review show the following:

* Workers report feeling over worked, not respected for their skills, lacking in supports and resources and lacking the decision making capacity to make meaningful changes. Many feel that over work means that they have difficulty meeting clients needs which exacerbates a vulnerable and, at times, volatile group of service users. Stress related symptoms and injuries sustained due to violence are widely reported among workers.

* The documentary data show that reported violent incidents directed at staff have diminished in the last few years while violent incidents involving clients have remained at the same level. While it is clear that the policies, procedures and staff training implemented by management to reduce the risks to staff have had a positive impact, our interview and participant observations indicate that workers are under reporting violent incidents.

* Best practices included situations in which workers have support from and shared decision making power with management which helps to provide the opportunity to build team relationships and strategies with co-workers, caring, change-oriented relationships with clients and safer, less stress and injurious environments for all involved.

This is a preliminary report. A final report will be available later this year. Data from this project will also be included in a report comparing the three case studies. The comparison report will be available early in 2003.
PRELIMINARY REPORT
Social Services: Stress, Violence and Workload Research Project

Site: Agency 1 - Association for Community Living

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I. Introduction

In January 2001, the STUDY SITE became part of a McMaster University based, WSIB funded study on the relationship between stress, workload and violence in the social services. Research has shown that health care and social services workers experience the highest rates of non-fatal workplace violence and injury among Canadian workers (Pizzino, 2000; Boyd, 1995; CUPE, 1994; PSAC, 1994). The purpose of this study was to generate a detailed portrait of work life within this social services agency in order to identify factors that precipitate and contribute to injuries, stress and health problems. The study aimed to make recommendations and identify prevention strategies and best practices that would contribute to the reduction or elimination of injuries, stress and health hazards in STUDY SITE workplaces.

3 This is a preliminary report. A final report will be available later this year. Data from this project will also be included in a report comparing the three case studies. The comparison report will be available early in 2003.

4 This study site is a mid sized agency in Ontario serving the needs of people with intellectual disabilities. Throughout this report the agency will be referred to as the study site. Please refer any questions to Dr. Donna Baines at bainesd@mcmaster.ca.
The study was conducted by a research team centred at McMaster University that included experts on work organization, social work, violence and health and safety. The STUDY SITE provided the research team with very generous access to workers, managers and supervisors, day programme and vocational sites and residences, and made available extensive documentary data.

The research method included an analysis of documentary data, seventeen in-depth interviews, three participant observations (at a residence and two day programmes), as well as interviews with workers identified in the literature as being at higher risk of illness and injury. 5

**The Agency**

The STUDY SITE was a not-for-profit, grass roots, community agency which supports people with intellectual disabilities. It provided and provides a very wide range of services including residences, a family support programme (Special Services at Home), community-based adult day programmes that emphasize personal and social growth, vocational programmes including transitional employment programmes, work experiences, skill training and supported businesses, and pre-school and respite care programmes. Programmes are located in various sites throughout the mid sized Ontario city in which it is located.

The agency provides services to approximately 1000 children, adolescents and adults with intellectual disabilities in the larger metropolitan area. There are 130 full-time, front-line staff and more than 200 part-time staff. The STUDY SITE was selected as the first site in this three site exploratory study due to its reputation as a progressive and positive force in the intellectual disabilities community. This study is seeking to understand the broad parameters of workplace health challenges in this field hence we are interested in the richest possible range of experiences.

**Background**

The developmental services field has undergone extensive changes in the last thirty years. In the 1970s, people with developmental disabilities were treated as patients and were generally isolated from their communities and segregated in large institutions. Since that time, there has been a push toward deinstitutionalization and the integration of people with developmental disabilities into their communities. The change has been dramatic; between 1970 and 2000, the number of people with intellectual disabilities living in institutions in Ontario has fallen from 10,900 to less than 1000. The introduction of the Canadian Charter of Rights and Freedoms during the same period reflected a growing recognition of the rights of people with disabilities and society’s responsibility to provide services that facilitate individual growth and self reliance in the context of a caring community.

5 For a more detailed discussion of the methodology please contact Donna Baines, Labour Studies and Social Work, McMaster University - bainesd@mcmaster.ca.
Often at the forefront of lobbying for these changes, agencies working with people who have intellectual disabilities have significantly altered how they provide services. People with disabilities and their families are empowered to make choices regarding work, education, residence and lifestyle. These choices are then supported by the agencies and their staff. As one STUDY SITE manager explained:

*A kids, adults and adolescents don’t adjust to us - we adjust to them.*

Reflecting these changes, in 1993, the STUDY SITE and its Board of Directors identified that their goal and vision would be:

That all persons live in a state of dignity, share in all elements of living in their community, and have equal opportunity to participate effectively.

**STUDY SITE Goal Statement**

...that individuals should experience the security of inclusion in communities that embrace the right to live as independently as possible, supported to the extent that is necessary to meet individual needs and in a manner that uses and respects the ordinary resources in the community. The fulfillment of this community responsibility will require providing the necessary resources and supports.... **STUDY SITE Outcomes Statement**

As part of their move toward integration, the STUDY SITE closed two large *sheltered workshop* settings in the mid-1990s and decentralized their programming. Workshops with up to 100 adult participants and 10-15 staff members were replaced with several smaller, community-based, day and vocational programmes for 16-24 participants and 2-4 staff.

At the same time that the STUDY SITE was developing programmes incorporating this new understanding of the rights and needs of people with disabilities, provincial funding for services and supports to people with developmental disabilities was substantially cut. **As of September, 2001, THE STUDY SITE has not received an increase in its base funding for seven years.**

**Faced with the need to prioritize, the agency chose to decrease the number of middle and senior managers rather than make cuts to front-line staff.** In the last seven years, middle management has been cut by more than 30% and there are 15% fewer senior managers. The number of front-line staff has remained relatively unchanged but, partly as a consequence of deinstitutionalization, the number of clients the agency serves has increased significantly: *We seldom say no to a service [request] but what it has meant is ever-increasing numbers [of clients] with essentially the same numbers of staff.* **STUDY SITE manager.**
Methodology

This study undertook seventeen in-depth tape recorded interviews, three participant observations in day programmes or residences, and a review of documents related to health and safety (including policy documents, incident reports, first aid reports, serious occurrence reports and minutes from committees such as the Joint Health and Safety Committee). The participant observation sites and the interviews sample were built using a snow ball sampling method in which key informants were asked to suggest names of other individuals or places that might provide valuable data. Field notes were taken at the participant observations which ranged from eight to twenty hours each depending on when the observers felt saturation had been achieved or no new information could be generated from further observation. Interviews were transcribed verbatim. Data was analysed for commonalities and differences using N5\(^6\) until a mapping of the data could occur.\(^7\)

II. Implications for the Employees of the STUDY SITE

The STUDY SITE workers and managers are coping with significantly higher workloads. **Expectations have multiplied but resources have diminished.** The aging of the client population coupled with the after effects of deinstitutionalization mean that clients generally have complex and multiple needs, and present greater challenges to the agency as a whole.

*Myself and my coworkers are bending over backwards and leaping hurdles...to keep the quality there but we are killing ourselves.* @STUDY SITE worker

*Without any hesitation, I would say...having less staff means its more difficult to work with the clients.* @STUDY SITE worker

According to the data we collected the increase in workload and sub-optimal working conditions appears to be linked to a high level of symptoms associated with stress. Many workers have reported symptoms of stress ranging from emotional distress, sleepless nights, chest and neck pains, headaches, stomach aches, nausea and constant worry, to decreased motivation and lessened job satisfaction. Our data shows that a major source of stress has been the need to cope with persistent aggressive behavior from clients. As with other social service and health care workers, workers in the developmental services field are at high risk for workplace violence (Armstrong et al, 1997; Boyd, 1995, CUPE, 1994). The risk of violence increases for workers who work alone or who provide care to ill or aged

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\(^6\) This qualitative data processing package is called NUD\(*\)IST 5 and is widely used by projects using multiple data sources and coders.

\(^7\) For a more detailed discussion of the methodology please contact Donna Baines, Labour Studies and Social Work, McMaster University - bainesd@mcmaster.ca.
persons (NIOSH, 2001; Pizzino, 2000; Carmel and Hunter, 1989). Under staffing at the STUDY SITE has meant that there are more workers working alone or with only one or two coworkers. With fewer staff members to manage and build relationships with their often higher need clients, some workers are finding that their clients are having more frequent outbursts and are more difficult to control.

Government funding cutbacks are impeding efforts by STUDY SITE management, staff, clients and families to attain their goals. The agency does not have the resources to realize its vision, and workers are at increasing risk of stress, injury, illness and violence. This report raises some of the problems and issues workers and managers have been experiencing during this period of change. It also identifies the best practices observed and recommendations that could reduce the risk of violence in STUDY SITE workplaces, lessen workers’ stress and improve their morale along with helping the agency realize its goal of better meeting the needs of individuals and families coping with intellectual disabilities.

II Concerns and Issues in STUDY SITE Workplaces

This section of the report will discuss concerns including implications of under funding, workload, stress, violence/abuse, and wages.

1) Implications of Under Funding

It is widely documented that Associations for Community Living throughout Ontario are chronically underfunded (OACL web site; CACL web site). The STUDY SITE is operating with less money now than it had in the mid-1990s, while providing services to many more clients who are presenting more complex challenges. This section will discuss the implications of under funding in four subsections - - management spread thin, under staffing on the front lines, inadequate infrastructure and fewer community supports.

i) Management Spread Thin

Prioritizing front line service to clients, the management of the STUDY SITE absorbed the most recent cuts in funding to the agency. This resulted in the loss of certain positions and the redistribution of responsibilities among the remaining managers and directors. Workers and managers noted that this means that management is spread thin and many duties have been downloaded on staff. Managers, directors and workers agreed that the agency would benefit from a larger management component although they are also unified in their recognition that front line service must not be further cut or programme integrity and safe functioning will be comprised. Lacking increases in funding, managers and directors can fine tune their management approaches and supervisory styles but will not see an expansion of their numbers in any meaningful way. The funding and workload pressure experienced at the level of management is understood by and reverberates through the agency as a whole.
ii) Under Staffing on the Front Lines

Client-staff ratios vary across the programmes and residences according to the needs of the clients. In a few cases they are higher than they were in the early 1990s (Ahey ≠ at a ratio of 1:4", STUDY SITE manager), and in others, where clients are seen as being more independent, they are lower, sometimes much lower (Another programmes might be a ratio of 1:8 or 1:10", STUDY SITE manager). However, even where client-staff ratios have not changed significantly, there are more demands on workers than previously, including:

$ An aging client population which means that clients have more complex medical needs and are often less mobile and need more personal care.

$ Programmes and residences are accepting more clients with multiple needs who present more challenges. Workers are seeing more clients who are both developmentally disabled and either physically or psychologically challenged.

$ With the cuts to middle management, workers have increased administrative responsibilities and tasks.

$ With fewer people to share the work, workers have more demands on them to make their programmes work.

$ There are fewer staff to provide support with aggressive clients. Combined with the restructuring of the agency which means that workers work in smaller groups, workers are finding that it is more difficult to handle aggressive clients.

Workers report that under staffing makes it difficult for workers to build close relationships with all of their clients. Workers rely upon this relationship building to help them meet the needs of their clients and to prevent outbursts and violent incidents. Therefore, workers and other clients in understaffed locations are more at risk. Although this research project concerns itself with the well being of workers, our data shows that clients are generally at higher risk of experiencing violent than are staff. The same individuals who threaten or hurt staff are even more likely to victimize their fellow clients. Clearly, it is in the interest of the entire agency to creatively engage with the factors contributing to violence and stress in order to ensure the safety and well being of clients and workers.

Workers and management are unanimous in calling for increases in staffing levels. One worker, when asked what would best benefit the programme replied:

More staff, more staff. That ≠ the only solution because there ≠ always people wanting service and the government needs to recognize that. @

iii) Inadequate Infrastructure

Due in part, to the funding crunch, day programmes are located in community settings such as recreational centres where rents are very low and clients can be out among the public. Unfortunately, these community settings often lack basic programme infrastructure which means that staff must take
much longer to perform basic documentation tasks (for example, writing multiple copies of reports in long hand) which takes them away from direct contact with the clients for longer periods of time and places additional work on fellow employees. Other resources that are lacking include desks, computers, printers, telephones, fax machines and photo copy machines.

Some programmes may have access to only one or two rooms that are also regularly used for other purposes. Some programmes are forced to vacate their space for an afternoon a week, or even for two weeks in a year when the space is required for other programmes, or when the centre is closed for maintenance. At these times, workers are responsible for finding alternate accommodation for their clients which in some cases may mean that they bring the clients and the staff into their own homes due to the paucity of better alternatives.

The lack of an appropriate space that is specifically designed to meet their needs can put workers and clients at risk:

_If you have someone like we did a year ago that is aggressive, there is less methods of coping with them because there is no place to put them. We are working out of one big room that has two washrooms attached and that’s it. So, if someone is aggressive, there is really no place to take them. It has been suggested in the past that we use the washroom and we have done that although it’s not very appropriate._ STUDY SITE worker.

In many locations there are no lifts for clients who require toileting. Back injuries tend to be common in this field hence the lack of lifts presents a serious risk of injury and lost time.

Resources are insufficient to provide a stimulating programme for clients unless workers make use of their personal resources. Workers bring materials from home and use their own money to buy materials for programming. While this reflects commendable dedication from STUDY SITE employees, depending on the willingness and ability of workers to subsidize programming costs from their own money is not a long term solution to the lack of funding. Relying upon the charity of individual workers to compensate for lack of resources, may cause some programmes to have more resources than others and makes long term resource and financial planning very difficult. In addition, individual worker’s subsidization of programme resources **should not be seen as a substitute for dependable and reasonable funding levels.**

Resources in residences are also sparse. Financial resources for running the household are very tight and there are little or no discretionary funds available to provide even modest social and recreational opportunities such as renting a video or buying occasional Areats or extra food for the residents. Our data shows that workers often spend their own money on these items in order to provide the clients with some of **The small things in life that most of us take for granted.**
With few resources available for maintenance and decorating, workers take on these tasks themselves: “Sometimes I do more for [the agency building] than I do in my own home in regards to painting and keeping it up to par.” STUDY SITE worker.

iv) Fewer Community Supports

Workers not only have to cope with cuts to the STUDY SITE, but also with cuts to other community supports upon which people with intellectual disabilities rely. This includes hospitals programmes, welfare rates especially those for single parents with disabled children, home care services, physical, speech or behavioral therapy, after-school and day programmes for children and adolescents, and respite care. **All of these cutbacks mean that clients and their families are ever more dependent on STUDY SITE staff as they are often the only community support they have.** Several workers were explicit in claiming that the families with whom they work place expectations upon them to compensate for other programmes that have been cut as they have no where else to turn.

1) **Workload**

Workers across the STUDY SITE report that their workloads have increased considerably as a result of all the changes in the agency.

> We have lost over 15 positions in the bargaining unit since 1989 and we lost none of the work; in fact the work has increased. It’s all across the association. Residential workers have had massive amounts of work downloaded from supervisors onto them and then with the cuts to the positions, and the individualization of services and being out in the community, it has forced a lot more work on the people than they have had in the past. STUDY SITE worker

> When I started I had a caseload of 18 and now it’s 30. STUDY SITE worker

The interviews and participant observations revealed a strong commitment to client care despite a very heavy workload. While the managers we interviewed seemed aware of these heavy workloads and were sympathetic to the challenges faced by their employees, some workers reported a reluctance to talk to management about the workload and pace as they felt it was interpreted as evidence of the worker’s inability to manage her time effectively rather than as an unrealistic volume and pace of work. Workers suggested this response impacts on workers’ willingness to challenge agency practices for fear of being seen as unable to deal with their jobs. We will address this dilemma further in the section on Recommendations.
Workload will be discussed in three subsections - - tasks and responsibilities, pace and unpaid work.

i) Tasks and Responsibilities

Workers reported an overall increase in tasks and responsibilities. As mentioned earlier, some of this increase took the form of workers assuming some of the work previously performed by supervisors. While there is now more administrative work required of them there has not been a corresponding increase in time to get it done. In addition to designing and facilitating their programmes or running their residences, workers reported that they must complete paper work, write individual support plans, maintain their physical plant and keep in close touch with extensive care networks that include parents, other support workers and agencies, employers, public transportation systems and doctors. In many cases, if they are sick, workers are also responsible for finding a replacement for themselves. As one worker said:

*I do everything a supervisor does, just nobody recognizes it.*

STUDY SITE worker

Tasks and responsibilities have also increased because the client needs have increased due to client aging, and a deinstitutionalized or never institutionalized client population with more complex needs who can no longer depend on a wide range of care services,

*It is a bigger workload because you have to spend more time. If you want someone to do a certain thing you might have to demonstrate it three or four times. You might have to help people put on their clothes or do up their zippers or cut up their food for their lunch.* STUDY SITE worker.

ii) Pace

The pace of workers' jobs has increased as well. With fewer staff to spread the work around our interviews and participant observations revealed that there is not enough time to accomplish the many and varied tasks assigned to staff:

*It is very fast paced here, very chaotic at times. I don't think you can ever complete everything. There is always something that you got to do.* STUDY SITE residence worker.

*There is very little of the day that is spent preparing and planning*
because there is no time for it. Most of it is spent flying by the seat of your pants. STUDY SITE day programme worker

Some workers report that they do not get a single break in their whole work day. Programmes or residences with only two or three full and part-time staff members are spread too thin to permit workers to even take breaks. As workers reported: So we just work through that break. But it means that during the day, you never have time when you are by yourself. So, even when you are eating, there is constant demands on you by the clients. STUDY SITE worker.

Workers reported that the increase in workload and pace puts them in crisis intervention mode much of the time. The hectic pace of work is not only stressful, but also causes workers to have less time for what most considered the most important aspect of their work: assessing the needs of their clients, developing care plans and monitoring client progress: I wish I had more time to do planning for the individuals and to see what their needs are. STUDY SITE worker. One worker described the past as one in which they were able to support services to individuals in a proactive way and now instead of being proactive, you are being reactive.

iii) Unpaid Work

Workers regularly attempted to augment their underfunded programmes or residences with their own personal resources, time and emotional support. Most reported working many hours of unpaid time preparing activities, baking birthday cakes, shopping for their programmes, working with clients or taking work home. Workers asserted that their highest priority is the quality of client care, sometimes paper work or household chores are left to later and done on workers own time: You feel guilty that you are behind in your paperwork. I come back and do it because I know I am behind. One worker reported that she can be called upon by desperate parents at all hours:

Sometimes, families being in a crisis, they don’t know who to call, so they will call me at three o’clock in the morning: This has happened, what shall I do? And usually I call and find out, or I go myself and do it but that is on my own time that I do that. STUDY SITE Worker.

2) Stress

Severely increased workloads, added responsibility, isolation, no back-up, very limited resources, violence on the job and, sometimes, pressure from supervisors make workers jobs very stressful. Symptoms of stress include headaches, emotional distress, chest pains, feelings of anxiety, digestive problems, depression, lowered morale and insomnia. The section on stress is divided into five subsections: stress in residence work, stress in programme work, reluctance to take sick time, supervision, and stress and violence.
i) Stress in Residence Work

Workers in residences feel that they are at particular risk and have higher stress levels due to a higher workload and greater responsibility than workers in day programmes who, they point out, have the option of sending an aggressive client home to the residence while they have nowhere to send aggressive clients: *No-one knows how hard it is to work in a residence - you never get a break.* Workers who work alone on the night shift report feeling very high levels of stress which they feel could be alleviated if they had someone else with whom they could share the responsibility of looking after high need clients.

ii) Stress in Programme Work

With the decentralized model and the reduction in supervisors, workers in day and vocational programmes are almost wholly responsible for every aspect of their programmes such as opening the door in the morning, maintaining the agency vehicles and developing and carrying out creative programming to giving injections, developing and managing individual treatment plans, counseling parents and ensuring the safety of clients and that of members of the public who may come into contact with clients: *It is stressful from the time you wake up in the morning and you're driving to work, really. You know, anything can happen along the way.*

iii) Reluctance to Take Sick Time

Because staff are spread so thin, workers report feeling enormous pressure to continue working even when they are sick or injured,

*There is real pressure for staff to continue working when they are sick. Because you know that if you phone in sick, somebody might have to work by themselves or be short-staffed. Even if your supervisor can get somebody, it may be 10 or 11 before they do, so it puts a lot of pressure on staff not to phone in sick and to work when they're not feeling well.*

iv) Supervision

The cuts in front line supervision have left workers feeling conflicted. While some workers would appreciate more on-site support and less isolation, most appreciated it when they were given autonomy and some decision-making power. Everyone reported that the additional responsibility and the increased workloads were a source of stress: *I wouldn't want to go back to the job the way it was five years ago. But that's more because we're on our own, but there is more stress.* Many workers were frustrated with the high level of responsibilities built into their jobs coupled with the low
level of authority to make important decisions - for example, to place restrictions on clients who may pose a danger to recreational centre patrons, to influence funding or policy decisions, or to locate and maintain affirming environments for their programmes. Workers were particularly concerned about control over the financial resources for their programmes or residences, and whether and when they would be forced to move their programmes temporarily to another site.

For some workers with more frequent contact with supervisors, a major source of stress came from the feeling of being *micro-managed*:

> they feel that their supervisors are kind of micro managing them in the sense of super scrutinizing everything they're doing... it's like you're being, sometimes you almost feel like you're being watched.

They felt that their skills were seldom acknowledged and that praise or encouragement was rare. Some resented supervisors who would make decisions without calling upon the expertise of the workers who had the greatest familiarity with the clients and the job. Other workers felt that their supervisors made demands without recognizing how difficult their jobs were.

v) Stress and Violence

A common source of stress was working in tense, violent, or potentially violent environments. In both residences and day programmes workers reported that working with aggressive, unpredictable clients added considerably to their stress. As the literature shows, where violence exists, stress is present (National Life Insurance Company, 1993). The literature shows that personal costs of violence on the job include a decrease in worker motivation and confidence, reduced self-esteem, quality of relationships with clients, peers and supervisors, increased depression, anger, anxiety and irritability, as well as medical symptoms such as stomach disorders, post traumatic stress disorder, headaches, chronic fatigue syndrome and muscle pain (Varita, 1993; Bassman, 1992). Our data show a similar association between violence, personal costs, and physical symptoms. One worker remembered dreading coming to work knowing that a particular, very aggressive client would be present:

> You just felt tight, your stomach would get into a knot when he was around. You're just totally on tender hooks because you never knew what was going to happen.

Another worker talked about feeling nauseated before coming to work, in anticipation of violence at work:

> When it has been quite tense here, I did experience headaches and, like, nauseousness before coming to work.

The severity of symptoms and stress described by the research participants merits its own section in the report as discussed below.

3) Violence and Abuse in the Workplace

i) Introduction

This section will discuss violence and abuse in the workplace in four subsections: introduction, the changing patterns of violence, part of the job and the documentary evidence.
I've come home and I've got scars on my hands. They, like, scratched me or pinched me, or I come home with bruises up and down my arms you know, and some days you think, well, what's the point? STUDY SITE worker

Pizzino (2000) used the following definition of violence in the workplace:

Violence is any incident in which an employee is abused, threatened or assaulted during the course of her/his employment. This includes the application of force, threats with or without weapons, severe verbal abuse and persistent sexual and racial harassment. (Pizzino, 2000)

Using the definition above, findings from our study suggest that most STUDY SITE workers had experienced, and continue to experience, some level of violence in their workplaces: Hitting, scratching, biting, hair pulling, kicking, that pretty much covers the gamut @ STUDY SITE worker. Their experiences are similar to those of social services and health care workers across Canada (Pizzino, 2000, Armstrong et al, 1997; Boyd, 1995; Wigmore, 1995; CUPE, 1994). For example, the 1993 CUPE survey showed that 65% of social service workers were subjected to some form of violence on the job while evidence from B.C. indicates a tenfold increase in claims from social service workers (Boyd, 1995) @ at a time when injury claims across all work sites were on the decline.

Both residential and day and vocational workers at the STUDY SITE reported that they experienced aggression, threats and violence on a regular basis. Residence workers felt that there was more violence in the residences than in the day programme: You still have some [client] behaviors in day programme but nothing like here. Another residence worker described the violence she regularly encounters on the job: [client] violence toward each other, violence toward staff, verbal abuse to each other, verbal abuse to staff. They are more violent with each other than they are with staff, but that has also escalated with staff. @

Day programme staff reported that, while most violence stems from a few clients, many of their clients have at some point exhibited threatening, aggressive or violent behavior. Perpetrators target both staff and clients, but other clients are targeted more frequently than staff. Workers and clients have been spit upon, kicked, scratched severely enough to leave scars, hit, punched in the face or head, pushed to the ground and have had objects hurled at them. Verbal abuse is common. Workers are forced to be constantly vigilant and alert to any signs that a client may be about to have an outburst.

2. Boyd notes that during the period he studied (1982 to 1991) an increase in the number of workers covered by WCB may account for about 20% of this increase.
I have a guy sitting behind me [in the agency van]. He has hit people; has hit staff; might do that again because he is pissed off. I am not wearing my seat belt. I want to be able to exit if I have to if this person decides to cash out.

ii) Changing Patterns of Violence

Managers pointed to a decrease in incident/accident investigation reports (documents completed by workers to record episodes of concern, including violent episodes) as evidence of reduced levels of violence. Significant changes included shifting from the high school-like setting of the big vocational centres to more adult environments in the community where clients are expected to be more responsible. In these smaller sites there is less telegraphing of behaviors (one person= outburst setting off a wave through the group). There is also less noise and fewer distractions and consequently less stress for clients. Now, rather than 100 clients, there may be pockets of 20 individuals with two staff and no supervisor on site. But what borne out is that the incident reports have been significantly reduced.

At the same time, the agency implemented a policy of just above zero tolerance for aggressive behavior, sexual and racial harassment and sexual behaviors. Managers supported this policy by encouraging workers to give victimized clients the option of laying charges, and to lay charges themselves when they experienced abuse: A person is either removed from the environment or the potential victim is given a set of options as to what they want to see happen.

It is commendable that STUDY SITE management has worked to change the culture of the organization, to set some expectations and to put some policies in place to lessen violence and reduce the risk for clients and staff: For a social service organization it a massive cultural change. Things aren=s swept under the carpet. They were aware that before the large congregate environments had tolerated behavior that would not be tolerated on the street.

People were fist-fighting and they be broken up and they back at it fifteen minutes later. The fact is, people were not even given the message to stop doing it. I mean, you were getting people saying, well, so-and-so had it coming, or that = a natural consequence. Well, that = kind of perverted. Certainly if that occurs on the street, that = unlawful, uncivil behavior. So the fact of the matter is, somebody= going to be seriously injured and in terms of accountability, it = going to be us.
Policies and procedures that have been put into place to reduce personal risk within the association include the development of a Behavior Management Policy and Procedures Manual which lays out specific procedures for the emergency handling of aggressive client behavior, a policy on the use of physical restraints, and an Occupational Health and Safety Manual. STUDY SITE Personal Safety Procedures (1992) specify that the agency will provide a safe and secure working environment consistent with the Occupational Health and Safety Act, information on aggressive clients to workers, and training for all workers in crisis prevention and intervention. These procedures followed a 1992 order by the Ontario Ministry of Labour (initiated by CUPE) that the agency establish written procedures for the safe handling of aggressive clients.

STUDY SITE management was confident that all of these changes have resulted in far fewer episodes of violence in the day programmes: At used to be that we were getting a few [incident reports] a week from the [large] programme. We now may get something once every month. Some programmes, I don’t get [incident reports] in six months.@STUDY SITE manager

Some workers confirmed that there are now fewer violent incidents in their programmes than previously, but others were emphatic that having fewer staff to back one another up made it much more difficult to work with and control aggressive clients and, as a result, there were more frequent outbursts: The ability to handle difficult or aggressive clients has been made harder, no doubt about it....in [the larger centres] you usually had a number of co-workers that you could rely on to use restraints if that was necessary or....to bring various skills to use to de-escalate a situation without resorting to physical restraining.@STUDY SITE worker

Some felt that the behavior management policy limits what workers can do to control an aggressive situation, and that its effectiveness is undermined by under staffing,

...I’m not knocking the behavior policy, it’s a good thing...But it definitely does limit the variety of responses that you can use towards an aggressive individual. And what also happens when you have the behavior policy, and you have cut-backs in funding, is the staff are put in this increasingly precarious position where they can’t take action to prevent violence because... you don’t have the staffing and you’ve got limited responses to deal with it. STUDY SITE Worker

Some workers asserted that a few years ago, management was taking a more direct approach to curbing violence and was challenging the notion that clients are not responsible for their actions because of their disability. Some workers reported that this approach was sometime reversed: At sort of went back to the norm where violence isn’t viewed quite the same as violence outside this setting.@STUDY SITE worker. And, despite the efforts that have been made to change the culture of the association, violence against staff continues to be seen as part of the job by management and by some workers:
Violence against staff has never been viewed with the seriousness that it merits. And it has never been viewed that way by front line staff either, in some cases, because you kind of get used to it.

STUDY SITE worker

iii) APart of the Job@

Our data shows that for workers violence tends to be seen as Apart of the job.@Workers reported that disabled clients are not responsible for violent acts in the same way as are those without intellectual disabilities. They noted that clients Acannot help@acting out because of a cognitive disability, and their Abehaviors@are seen as neither intentional nor rational. Consequently, workers often find it difficult to label incidents in their workplaces as violent. Clients=Aviolence is seen as symptomatic of their disability and it is the worker Ajob@to manage the client and control the situation to minimize violent episodes.

Aggressive clients probably may strike out but I just see it as someone out of control; someone who is angry and just not realizing what they are doing. I don=Asee that really as abuse. What I see as abuse would be if someone was angry and knew what they were doing and perhaps beat up on another client. STUDY SITE worker.

There was an implicit and sometimes explicit assumption that if a worker complains about violence or abuse that she is in effect saying that she cannot do her job. The risk of complaining to management is that the worker will be heard as saying she is not competent or cannot handle the stress of the job. Many workers internalize this message and assume responsibility for client violence. Abuse and violence becomes the worker Aproblem. Agood worker@has less violence in their Aprogramme@or Aresidence. As one worker explained,

I see that as part of my job. If that happened again, I would question myself again. I would say: Did I contribute to it; to the fact that the person got upset? I would question my motives, what I said, what I didn=Ado. STUDY SITE worker

Most workers report being highly committed to their clients and see themselves as the first line of defense for vulnerable clients who are at constant risk of abuse and neglect by an uncaring and stigmatizing society. Indeed, our Participant Observations substantiated a high degree of concern, skill and patience among the staff on our observation sites. At STUDY SITE, workers have often worked with the same clients for years and have developed close bonds with them. As a result, there is a tendency for workers to minimize their experiences of abuse and to place the needs of the clients ahead of their own. Protecting their clients is also seen as Apart of the job@and contributes to workers contribution to reluctance to take such actions as calling police and laying charges when a client has been abusive, or even to complete incident reports.
v. The Documentary Evidence

Staff are responsible for documenting any incidents or behaviors which are out of the ordinary. The STUDY SITE has a range of forms for reporting incidents. Incident Report forms are completed by any staff in the agency in the event of an accident, aggressive incident, calamity or other notable or atypical event; copies are sent to the programme supervisor and director and the family is notified. Incidents that are not deemed to be particularly serious may be recorded in the programme progress notes or the day, or they may go in the First Aid Record of the programme. If the incident is very serious, for example, broken limbs or death, a Serious Occurrence form will be completed and sent to the Executive Director. In addition, any time there is a chemical (PRN) or physical restraint used, a detailed Behavior Review Team: Report on the Use of Crisis Intervention Strategies form is completed and sent to the agency Behavior Review Team for formal review, comments and approval. WSIB forms are submitted when workers have been injured and require time off work to recuperate and heal. Due to delays in accessing WSIB data and rather than further delay this report, we will comment on the data in a final version of this report later this year.

The STUDY SITE managers and directors asserted during our interviews that they encourage workers to complete the appropriate forms when necessary, and to communicate atypical client behavior to the family. Managers also noted that the Incident Reports were and are used for staff performance appraisals and that an excessive number of Incident Reports may be seen to indicate a degree of worker incompetence: If I see 14 Incident Reports from you, I ask: What is going on? STUDY SITE manager. On the other hand the lack of Incident Reports is seen to be a reflection of a well functioning programme and especially skilled workers. These and other reporting issues will be discussed in greater detail in its own subsection below.

a) Incident Reports

Incident Report forms from the STUDY SITE Vocational and Day programmes for the years 1995, 1996, 1997, 1999, and January to April 2001 were analyzed for what they could reveal about violence in the workplace. While the Incident Reports also recorded such things as seizures, fires, rashes, thefts and clients feeling suicidal, the study analysis focused on worker illnesses, worker injuries, and violent incidents experienced by clients and staff. In general, the data showed that recorded incidents of violence toward staff decreased markedly between 1995 and 2001, while documented incidents of violence toward clients were essentially unchanged in this period. The data were analyzed in terms of gender and role (staff or clients) of perpetrators and victims, types of injuries inflicted on staff and clients, and a comparison of frequency of incidents.

All the perpetrators were clients. Seventy-nine percent of the perpetrators were male (total of 218) while 21% were female (total of 58) (see chart below).
The diagram above illustrates that overall, 51% of victims (total of 113) reported on the Incident Reports provided to this study were staff, and 49% were clients (total of 107).
Female staff, who are the majority of workers, were victimized more frequently than male staff: female staff were 35% of total (clients and staff) victims (total of 77) and male staff were 16% of all victims (total of 36). Male clients were more frequently victimized than female clients:

30% of total victims (clients and staff) were male clients (total of 66) and 19% were female clients (total of 41) (see chart above).

Recorded injuries were categorized in the following way: being pushed, grabbed or lunged at; kicked; bit; scratched or pinched; hit (less severe and not in the face or head); punched severely and/or in the face or head, or choked; and verbal assaults and physical threats. The incidents experienced by both staff and clients included such injuries/occurrences as: pushed several feet hit 8 times in the face, punched in the stomach, having one’s groin grabbed, having an object hurled at one’s eye, kicked on the shin, choked, tackled to the ground, threats issued against a pregnant worker’s baby, hand biting, grabbed by a client while driving, and having one’s glasses broken.

The diagram above illustrates that of the injuries that were reported in the years: 1995, 1996, 1997, 1999 and January to April 2001; staff incidences were comprised of pushing, grabbing and lunging comprised 19% (24 incidents), kicking, 9% (11 incidents), biting, 8% (10 incidents), scratching or pinching, 6% (7 incidents), hitting, 17% (22 incidents), punching, hitting in face or head or choking, 22% (22 incidents), verbal abuse or physical threats, 24% (31 incidents).
As the diagram above illustrates, of the injuries that were reported in the years: 1995, 1996, 1997, 1999 and January to April 2001; client incidences were comprised of pushing, grabbing and lunging were 25% (30 incidents),
kicking, 6% (7 incidents),
biting, 2% (3 incidents),
scratching or pinching, 1% (1 incident),
hitting, 30% (36 incidents),
punching, hitting in face or head or choking, 34% (41 incidents),
and verbal abuse or physical threats, 3% (4 incidents).

Records show that clients received a higher rate of more serious injuries/assaults (punching, hitting in face or head or choking) than staff: 34% of their injuries were more serious vs. 22% for staff. There were 8 recorded incidents of abuse toward people who were neither staff nor clients including DARTS drivers, lifeguards and members of the public.

While many injuries were accompanied by a client outburst, there was also a large number of recorded client outbursts which did not result in an injury to anyone but which were highly disruptive to staff, clients and programmes and involved severe agitation, shouting, damaging property and/or throwing objects. There were 30 such outbursts recorded for the years under study.
As the diagram above shows, recorded incidents of staff violence have declined while
recorded incidents of client violence are virtually unchanged. It is difficult to explain this finding as
it seems unlikely that the change in agency policy would protect workers but not clients. This is clearly
not the intention of the policy and it is hard to imagine that the perpetrators of violence have changed
their behavior so that staff are safer while clients remain the victims in violent situations. The consistency
of the level of violence experienced by clients demands another explanation and other interventive
strategies. Most likely reporting practices within the agency have changed with workers becoming
more reluctant, for the many reasons discussed above, to document incidents of violence in which staff
are the victims while they continue to document acts of violence perpetrated against clients. This and
other reporting practice issues will be discussed in greater detail in its own section below.

b) Serious Occurrence Forms

There were 24 Serious Occurrence forms completed between 1993 and April 2001. These forms are
completed only in the case of dire events. They included three deaths by natural causes, three sexual
assaults and several head injuries and broken limbs.

c) First Aid Reporting Forms

Staff complete ASeizure, First Aid and Accident Report@ forms for incidents that require some first aid
intervention but which are not generally very serious. The ASeizure, First Aid and Accident Report@ forms for one CAC were analyzed for the period between April 1997 to March 2001. The forms
reported a range of injuries to staff and clients resulting from client actions including scratching, kicking,
pinching, pushing, slapping, head butting, hitting, choking, and, in one case, knocking a tooth out. Many
of these injuries would receive first aid treatment E.g., the scratches. During this period, 28 staff and 47
clients received injuries of this nature, along with three members of the public. The injuries were similar
to those recorded in the Incident Reports but staff chose to complete this form rather than an Incident
Report. While Incident Reports are intended to cover the CACs as well as the vocational programmes, there were very few Incident Reports from the CACs.

d) Behavior Management Review Forms

Behavior Management Review Forms are to be completed whenever a staff makes use of a chemical (referred to as PRNs or medications used as needed) restraint or a physical or mechanical restraint, or when a client must be physically transported by staff. Clients can only be restrained if it is in the interest of the safety of all and clients can only be restrained if it is clear that they are not in a rational frame of mind. Staff receive Crisis Prevention and Intervention training (CPI) to be able to determine when to use a restraint, and, just as importantly, to be able to intervene in a manner that can prevent the need to use a restraint.

The researchers examined Behavior Management Review Forms from September 1998 to March 2001. Most of the forms were completed by staff working in the CACs, or in the Charlton respite facility which works with children and young people under 21 years of age (there are no physical restraints used with people under 21). Almost all of the restraints recorded were PRNs.

While there were many client outbursts or situations of client anxiety recorded that did not result in injury to anyone, the majority of incidents involved an injury including being punched, grabbed, kicked, hit, pulled to ground, bit, pinched and scratched. There were 80 instances of staff being injured and 13 instances of clients being injured. Of the 80 injured staff, 76 were women. There were also 51 outbursts without anyone being injured.

The data showed a dramatic drop between 1998 and 1999 when there was a total of 124 incidents (including outbursts) recorded, and 2000 when there were only 16 incidents recorded.

e) Under Reporting

The documentary data above show that recorded incidents of violence directed at staff have diminished in the last few years. While it is clear that the policies, procedures and staff training implemented by management to reduce the risks to staff have had a positive impact, our interview and participant observations indicate that workers are under reporting violent incidents. Further, some of the documentary data indicates that workers in some of the day programmes are recording violent incidents in a manner (the First Aid Report) that minimizes the significance of the incident rather than reporting the incident on the incident report forms that would be reviewed by management.

Workers reported that they rarely completed incident reports:

“They give us the training and our trainer tells us we document it if we ever threatened, and I think a lot of staff don’t. STUDY SITE worker”
We rarely put incident reports in...we could have an incident report every day. STUDY SITE worker

These are some of the major findings in regard to reporting practices:

C Workers are reluctant to write up their clients because they are protective of them. They are also hesitant to stigmatize their clients, or make their lives harder than they already are. One worker talked about how every detail of clients’ lives is monitored and recorded: They have no privacy. If our car were not working, we might kick it and swear but we wouldn’t be written up, but they are. STUDY SITE worker.

C Workers often distinguish between clients who intend to injure a staff or client and those who lack the cognitive abilities to understand their behavior, or who injure others while cognitively impaired, for example, while having a seizure. Where they believe that the client is not intending to injure another, they will not write them up.

C The view that clients are not responsible for their behavior because of their disability (He [client with many incident reports] is really a good person and...is actually more self-abusive than abusive, and that if there is an incident, it is the responsibility of the worker who failed to manage the situation successfully, contributes to the reluctance of workers to complete incident reports: Something that we probably lacking in is that we don’t follow through with the documenting, we just accept [violent incidents] as part of the job. And that is the problem...we accept it as part of the job. STUDY SITE worker.

C Workers felt that without adequate follow-up on the part of the agency, there was not much point to filling out incident reports: you know where they [incident reports] end up - in a box. STUDY SITE worker. Those who are victimized felt that there is not enough follow-up or support from the agency.

C The agency gives the message that workers submitting too many incident reports may be viewed as lacking the competency to do their job properly. Further, there are reports that some supervisors actively discourage staff from completing incident reports on aggressive clients.

The general reluctance of workers to write up their clients makes the persistence of reports of violence by clients toward other clients particularly significant. Workers are well aware that clients are victims of violence much more frequently than staff and some argue that if the agency protects staff it will be protecting clients as well: for every assault on a staff, there probably 8 assaults on a client...if you look at staff safety....look over and there is client safety on the other side.
f) Reporting to WSIB

While the data on WSIB claims for this agency has not yet been fully compiled, interview evidence indicates that WSIB claims are made infrequently, and rarely for violent incidents. While management states they are encouraging workers to report to WSIB, the prevailing view among workers is that WSIB is to be used only for accidents such as tripping or falling off a ladder, or physical injuries such as back injuries from lifting clients.

It is understood that WSIB pays for lost time, but most workers do not take time off if they are injured in a violent incident. Because violence is seen as part of the job, workers tend to minimize the impact of violent assaults and are reluctant to complain about injuries they may feel responsible for. Further, because of under staffing, most workers try very hard not to take time off work when they are ill or injured as they are reluctant to leave their co-workers short-handed and, in many cases, they have to find their own replacements. Workers feel that if there is no time-off taken, there is no reason to file a WSIB claim.

Workers who are experiencing stress related illnesses and/or symptoms would be unlikely to claim WSIB because of the stigma attached to stress leave, and because of the difficulty in isolating the causes of stress. Those who have taken time off for stress have taken sick leave.

4) Wages

The workers and managers of the Study site were unhappy about the very low wages paid to workers. They were aware that workers in ACLs across the province are paid 30-40 per cent less than people in equivalent occupations outside the association. The top wage is $15.90 an hour and workers have not had a raise since the mid-1990s. Part-time workers make $12.85 an hour with no benefits, pensions or sick pay. The agency depends heavily on part-time workers and many work at least 20 hours a week. Part-time SSAH workers can work in excess of 40 hours a week and are paid only $10.00 an hour.

Our data show that the low wages were a major source of stress for most workers. Many resort to multiple job holding to make ends meet: *I have three other jobs...but I haven’t had a raise in 9 years so I need to pay the bills.* STUDY SITE worker One worker stated that 90% of workers have another job. It was common for full-time staff to do part-time, paid, respite work with developmentally disabled clients, sometimes even taking their clients home with them for the weekend.

The low wages contributed to worker feelings of being undervalued. One worker compared her job with that of a police officer and observed that it might be worth it to put up with the high levels of violence and stress for $50,000 a year, but not for what they were being paid. Some workers worried that unless the low wages improve the agency is likely to experience higher staff turnover, particularly in the residences, which will mean that inexperienced and unskilled workers would be working with clients.
which places more stress on the entire programme.

5) **Skills**

Across the board, workers reported feeling that their skills are undervalued and unrecognized within the agency, by the government which under funds their work, and by the broader public who see them as doing not much more than *babysitting*. One worker told a story about a woman who approached her when she was out with her group and said to her: *My, you must have a lot of patience.* The worker replied, *It’s not about patience, it’s about skills.*

Workers see themselves as professionals and are proud of their skills and competencies. Most have university degrees or college diplomas and many years of experience in the field. One group of workers, asked to describe their skills, came up with a list which included: an in-depth knowledge of developmental and physical disabilities and a range of psychological and medical conditions, behavior modification and other therapeutic techniques, developing and monitoring treatment *programmes*, delivering skilled personal care, teaching socialization and life skills, knowledge of non-violent intervention techniques which included restraining and transporting clients, competencies in developing and facilitating recreational and vocational *programmes*, as well as writing skills and working in a team. They reported that their most important skills were communication and interpersonal skills.

Workers need very high levels of verbal and non-verbal skills in order to communicate with clients who may not be able to express themselves verbally and often face challenges in communicating with the outside world. The workers talked about being able to discern and *read* the way a client walks through the door in the morning how they are feeling that day. They asserted that they have to be keenly attuned to the least change in mood as these changes could result in behaviors that may threaten others in the group. Workers claimed and we observed high levels of skill in diffusing tense situations with a client, *We can nip things in the bud before they actually get out of hand.*

Being able to build relationships with their clients is a critically important part of their jobs, *a lot to do with the relationship between myself and the client.* Workers depend on their communication and relationship building skills to control their clients and to help their clients to control themselves. Workers reported that the biggest part of the job is helping clients to be aware of and to express what they are feeling. This helps clients to cope with and control their feelings and helps to prevent outbursts.

Some workers talked about the importance of doing the *up front work* in order to minimize violence in the group. By this they meant relationship building, communication and emotional work which includes setting and enforcing limits, building close bonds of trust and being in tune with clients. It also means being aware of their own emotional triggers to ensure that they can remain professionally detached.

Most workers in this field are women. Caring is defined, in this society, as a *natural ability* of women.
that does not require specialized knowledge and training (Baines, Evans and Neysmith, 1997). As a result, caring work, including the work of STUDY SITE workers, is generally not well paid or high status work. STUDY SITE workers are very clear that the caring work they do is highly skilled work. The pride that they take in their skills is a source of work satisfaction, that they note, compensates, to some extent, for the low wages and stress of the job.

6) **Diversity**

While a number of workers described racism, sexual harassment or discrimination or homophobia in their work sites, there appears to be some resistance to the idea that the STUDY SITE is racialized, gendered and homophobic.

A number of female workers denied that gender has an impact on their experiences as workers and as potential victims of client violence. Nonetheless, aggressive behavior is gendered, in that it is generally, though not exclusively, male clients being abusive to female workers. Indeed, the profile of violence against staff is distinctly similar to that of violence direct against women in the home - the female partner or female worker is in an ongoing caring relationship with the perpetrator and continues to interact in a caring manner with the perpetrator after the violence, those in authority rarely intervene, few internal (in the home or work site) or external (in the community as a whole) resources are available to the person who has been assaulted, and a lack of decisive intervention by those in authority is often seen to condone or normalize the violence while placing the onus on the victim to change her behavior and take responsibility for reducing the violence or absorbing it.

Recently, a few more men have been coming into the field and some workers feel that they are taken in higher regard by management and clients. One woman was annoyed that difficult male clients were given to the male worker, an action that she felt diminished her own competency: *I am as capable as any man so don’t be handing off the tough guys to the men because I find that offensive.*

STUDY SITE worker

While the agency has policies on racism, sexual harassment and homophobia, workers dealing with these issues feel isolated and worry that if they bring their concerns to management they will be viewed as problemakers and their jobs could become pretty difficult. There was concern that some supervisors seem to be able to get away with unacceptable harassing or homophobic behavior. The feeling was expressed that the agency is not a safe place for gay or lesbian workers to be if they are out. The literature shows that some workers are at greater risk for injury and illness. These groups include youth, workers of colour and women. Our data shows that these each of these groups have unique issues and challenges in the workplace ranging from receiving the worst shifts, to lack of support from management when violence occurs, to feeling undermined by fellow staff members, to being over stressed and over worked by work responsibilities that spill over significantly into home and family responsibility time. The involvement of management in all over time situations, supportive supervisors who regularly review interpersonal problems among staff and find ways to diffuse and resolve them,
mechanisms for sharing unpopular shifts late night shifts among staff, and a work place culture that celebrates diversity and does not tolerate discrimination would be first steps to ease the difficulties faced by these groups of workers.

III. Discussion of Issues and Concerns

This section will be discussed in subsections including recognizing stress, continuing to reduce violence, and best practices.

7) Management Spread Thin

As noted earlier, management rather than workers were reduced in the most recent round of funding cuts. This means that there are more management tasks distributed among fewer people leaving less time for each programme. Managers have few opportunities to expand their own skill set in order to meet the changing demands of programmes, clients and supervisory models. Supportive supervision tends to the supervisory model of choice in this field with supervisors and managers assisting employees in problem solving, trouble shooting, debriefing difficult experiences and planning for future programmatic and personal performance improvement. While many managers struggle to continue to provide this model of supervision, our data shows that more on-site management presence for programmes experiencing difficulties would reduce and diffuse stress for workers and clients. As noted earlier, some staff felt that their managers are always finding fault and that their presence just makes the job harder while others wished that management would take greater responsibility for dealing with situations such as clients refusing to leave programmes at the end of the day and initiating violence during transport, in the residences or during programme time. In some cases, the supervisors require opportunities to build these skills themselves as well as other management skills in order to meet the challenges of the contemporary development services agency. An overall lack of resources harms the agency’s capacity to assist supervisors in these key areas which in turn trickles down to the workers in the form of less support, structure, and problem solving as well as to the clients in similar ways. The agency as a whole would benefit from joint management - worker initiatives aimed at resolving conflicts among staff, appraising staff performance and helping build skills specific to the changing client population. Joint management, worker, client, family, policy planner initiatives are also required to build overall policy in this sector that more closely reflects the experience and knowledge of all players in this sector. While other parties may suggest such forums, it will ultimately be managements active pursuit of such goals that will make them a reality as they are the only ones with the authority to implement and monitor this kind of initiative.

8) Recognizing Stress

There appears to be a gap between workers’ experiences of stress and management’s understanding and recognition of workers’ stress. According to workers, high levels of stress are caused by
increased workloads, under staffing, higher-need and sometimes aggressive clients, additional responsibility combined, in some cases, without accompanying control, isolation and the pressures of the cumulative affect of government cutbacks to the social services that force workers to try to fill in the gaps and meet the heightened needs of clients and their increasingly desperate families.

According to managers, workers = stress is a result of having to adjust to the agency = shift from a traditional service-centred model to an empowerment model that emphasizes integration into the community. Moving from large workshops to taking clients into the community is seen as stressful because it is new. As one manager put it: Learning is stressful. While most workers find that assuming duties once done by supervisors and clerical staff to be stressful, assuming these duties is viewed by management as adult professional behavior. Workers are expected to work it out themselves, whatever the challenges.

Because workers are highly committed to their jobs and their clients, they are managing to work it out but at great personal cost. Many workers feel that managers and supervisors do not recognize how stressful their jobs are: Management don’t see it that way....they do paperwork, they don’t deal with clients....you wouldn’t know the workload until you do it yourself. STUDY SITE worker

There is no question that stress has increased for managers and supervisors who have assumed greater responsibility and much higher workloads than before. Senior managers have the added stress of negotiating with an unsympathetic government just to keep their agency afloat. Workers recognize that managers have a lot of stress in their jobs: An fairness to management, I mean, they may be under a certain amount of stress so maybe that = why they = inconsistent with us, some days they can be supportive and other days they can’t. STUDY SITE worker Workers want consistent support from management and recognition that they are also under a great deal of stress as they stretch themselves to the limit to make their programmes work without adequate resources. I guess I would like to be viewed as someone who is a professional that offers certain supports and services to client but is a human being too. STUDY SITE worker

The literature shows that further research is needed to understand the complexity of the worker-client dynamic and the kinds of stressors that are exerted on the worker within this relationship (Solderfelt et al., 1997). The classic models of understanding that stress is generated within contexts in which the worker has high demands, few controls and little support only capture a portion of the kinds of challenges facing front line employees in this sector (Karasek 1979, 1977 also Karasek and Thorell, 1990; Johnson and Hall, 1988; Kohn, 1977, also Kohn and Schooler, 1983; Stansfeld et al, 1998). Solderfelt et. al. (1997) suggest that other variables need to be considered such as administrative control, outcome control, choice of skills, closeness of supervision, control within and over a situation and ideological control. The report makes recommendations on many of these items in its final section. In short, it is important for workers at the STUDY SITE to have access to more supports from co-workers and supervisors as the demands of their work are high and the control they have over their work is low. While most workers have a lot of responsibility on the job they have very little power to
make policies or enact changes to make their work lives and the lives of the clients better. This results in a workplace in which stress is high and workers are vulnerable to stress related symptoms and illnesses. Mechanisms should be initiated that expand control such as joint policy making and monitoring initiatives. More opportunities for skill building and support supervision should be made available as well as joint management-worker problem solving and trouble shooting forums. Further recommendations are included in the final section of this report.

B. Continuing to Reduce Violence in the Workplace

While management and CUPE have taken many positive steps to reduce violence in STUDY SITE workplaces in recent years, the data from the study shows that the problem persists. Violence contributes to workers’ stress and compromises workers’ health and well-being. Workers need to feel that management is protecting them from workplace violence. Some workers feel that management focuses on protecting clients and that workers’ safety is secondary. The first step to protecting workers would be to recognize that more can still be done to protect workers and clients from violence in the workplace.

A. Evidence from our study suggests that workers are under reporting violence. Managers and supervisors need to encourage workers to report violent incidents without, at the same time, stigmatizing workers who do report.

B. Violence cannot be seen as just part of the job, or the norm. It also must not be seen exclusively as the responsibility of the individual worker but must be understood in the context of inadequate resources, under staffing and the way that work is organized.

C. While full-time workers have been trained in CPI, non-violent crisis intervention and prevention training, workers feel that there is not enough training. Employers need to encourage workers to go for follow-up training. All part-time and SSAH workers need to receive training, on work time and at the agency’s expense, something which is not currently the case. Workers also need training in other aspects of their job such as in various therapeutic techniques.

D. There is an agency policy to assess new clients and provide workers with information about aggressive clients. Workers feel that more could be done to enforce this critically important policy.

As workers pointed out repeatedly, most workplace violence is directed at clients. A violent workplace is not a safe place for either clients or workers.
9) **Best Practices**

Despite the stress of the transition, the shift from the *traditional* model of service delivery to an *empowerment* model has brought many benefits for clients and workers. The smaller *programmes* are reportedly less chaotic, programming can be *tailored* to the needs of the clients who benefit from closer ties to the community, and with a smaller group, some workers find it easier to build relationships and monitor their clients more closely. However, the success of this model is dependent upon sufficient staffing, enough financial resources to provide a stimulating *programme*, supportive relationships, shared control between staff and management, and a safe and stable environment. Where these elements are more present within the *STUDY SITE*, programmes function at a higher level, clients are much less likely to be aggressive, and stress and injurious situations are less likely to occur.

The following emerged as *best practices* from our data collection:

1. **RELATIONSHIP BUILDING WITH CLIENTS** - staff were less stressed and reported less violence in situations in which they had sufficient time, resources, and a positive physical environment in which to build supportive relationships with clients. Improvements in client behavior and quality of life reportedly occurred within the context of a caring, professional relationship and, indeed, social work literature supports this claim. These type of relationships take time and energy to build and maintain. Under staffing, under funding, unpaid overtime, part time rather than permanent staff and poor physical environments could be seen to be road blocks to these change oriented relationships.

2. **TEAM BUILDING** - where staff had sufficient time and resources to build positive team relationships with each other, they and their clients had less violent occurrences and less stressed working environments. Our participant observations showed and our extrapolation from interviews indicate that it is much easier to provide support and care to clients within the context of a well functioning team who can depend on each other and make use of each other’s strengths. Good communication and seamless team approaches more easily diffused difficult or injurious situations leaving clients and workers safer and more satisfied. The literature on occupational stress substantiates that supportive work relationships help mitigate the negative health effects of a stressful job. Team building worked best in contexts where the supervisor was supportive but provided latitude and decision making power to the workers.

3. **SUPPORTIVE, TEAM BUILDING SUPERVISORS** - again, our findings show that work sites where supervisors demonstrated a supportive and active interest in clients and staff, and provided latitude for staff decision making, reported the lowest levels of stress and the best capacity to build positive relationships among and between staff and clients. As caring relationships are the centre point of work with the intellectually disabled it is essential that management...
take the lead in providing support, problem solving, trouble shooting and hands on action where needed in order to diffuse difficult situations that may lead to injury, stress and violence on the job. Workers emphasized to us that while a positive tone and management presence is an important part of a healthier work environment, workers' decision making capacities and latitude must also be respected in order for the teams to work at their best. **We would like to emphasize that where we observed this management style, workers and clients benefitted from a stronger team approach from worker to management. Where this style was not present, stress levels and violent or abusive incidents were reported to be and observed to be much higher.**

4. ADDITIONAL RESOURCES - for certain historic reasons, some programmes at the STUDY SITE have access to discretionary funds (from client levies or the like) while others do not. These small funds seem to make significant differences in terms of what kinds of activities can be undertaken and what kinds of options are available when additional goods are required. While overall higher levels of core funding are what is most needed in this field, small discretionary funds appear to act as a release valve for pressure by providing other possibilities for client groups with few resources and possibilities of their own. This makes the work environment generally more positive and less stressed for everyone.

IV. Recommendations

What follows are a series of recommendations that would, if adopted, enable the agency and staff to meet their goals of creating and maintaining a safe and healthy workplace and providing high quality service to their clients.

1) Funding

* While we recognize the role the STUDY SITE has played in calling for adequate resources for the support and care of people with intellectual disabilities, the agency should continue to advocate for rights and resources for people with disabilities and, at the same time, advocate for rights and resources for those who work with, and care for, people with disabilities.

* More funding must be made available for stable infrastructure, more staffing, and appropriate wages that value the high level of professionalism among workers. Settlements across the human care field highlight the growing awareness of the link between service quality and fair wages.

* Infrastructure and time must be provided for workers to deal with increasing amounts of administrative work. Workers in community locations need laptop computers, portable printers, fax modems, cell phones and locking cabinets.

* Provision must be made to house *programmes* when community locations close for whatever reason. This provision must not include the workers' homes. Ideally, funding would be provided for stable and
accessible locations designed to meet or exceed the specific needs of the intellectually disabled.

* Programmes require sufficient funds to provide a stimulating programme for clients. Residences also require more funding to properly care for the residents.

* Additional funding is needed for small, community based agencies with outreach programmes to work with clients who are aggressive or who have complex diagnoses. These programmes would provide professional support for workers in STUDY SITE programmes and residences.

2) Workload

* Staffing should be increased to provide staff/client ratios that reflect the real needs of the clients, temporary relief must be made available for workers, all workers should be provided with breaks away from the clients and responsibilities of the programmes at some point during their shifts, and workers should not be working alone. While it is very challenging for management during this period of underfunding to find creative solutions, new initiatives such as floating staff (available for respite at which ever sites are experiencing the greatest challenges), overlapping staff shifts in settings where it is possible to identify especially stressed portions of the shifts, and management needs to be on site when programmes are experiencing difficulties such as clients refusing to leave day programmes, creating disturbances on transportation, or at the residences. Where floaters and overlap shifts are not possible, management must be an active and supportive presence for clients and workers. The development of discretionary funds for day programmes and residences stretched to the limit would also relieve the pressure in many sites.

* Greater support must come from management in order to resolve workload issues, and a sharing of responsibility for the functioning of programmes.

* Unless workers state that they would like to take on volunteer responsibilities, the agency must make a commitment that all work will be paid.

* Training and resources should be made available to assist workers in caring for the growing number of clients who are presenting more complex needs.

* More time must be allocated for completion of administrative or household tasks. Additional administrative/clerical staff need to be hired.
3) Violence and Stress

Definition of violence: Violence is any incident in which an employee is abused, threatened or assaulted during the course of her/his employment. This includes the application of force, threats with or without weapons, severe verbal abuse and persistent sexual and racial harassment. (CUPE, 1999)

* The agency needs to acknowledge that the problems of violence against workers and high levels of worker stress are occupational hazards at the STUDY SITE as they are throughout the disabilities services sector, the health services and social services in general. Violence cannot be considered to be apart of the job or the responsibility of the worker alone to manage.

* The STUDY SITE must make it clear to workers, clients and families that workers do not put themselves at risk of violence, rather employment in this sector often place employees in situations where they are at risk of violence. Client care is the priority but neither workers or clients can be put at risk.

* The agency requires a conscious shift in workplace culture so that workers do not feel that if they experience or report violence or stress they will be seen as unfit or unable to cope with the job. This shift must be initiated by management.

* As part of this shift in the culture, the agency would benefit from explicit recognition that the STUDY SITE and government are responsible for protecting both workers and clients from violence by providing adequate funds, resources, staffing and policies around violence.

* The agency requires clearly defined and understood mechanisms to report violence. These mechanisms must include the joint Health and Safety Committee. While the agency is to be commended for its Health and Safety Committee work, the role of this committee needs to be more widely understood and utilized in the prevention of illness and injury.

* The agency requires support and follow-up procedures (including psychological and medical support for trauma) for workers affected by violence. This should must include validation of workers feelings re: stress and violence.

* The agency should study and adopt aspects of the British government’s framework for investigating and solving workplace violence problems: The Health and Safety Executive (HSE’s) five-element analytical framework (Pizzino, 2000; Wigmore, 1995, HSE, 1986). This model is simple to follow and has proven to be helpful and effective in many agencies.

* Workers should be involved in solving the problem of violence in the workplace by identifying, implementing, and monitoring the effectiveness of preventive interventions.
* Policies regarding the assessment of all clients must be fully implemented. Workers must have all necessary information to identify potentially aggressive clients. This right is assured in the STUDY SITE Personal Safety Procedures document of 1992 but needs to be reinforced.

* Aggressive clients need to have 1-1 workers when they enter an STUDY SITE programme. Very aggressive clients may need to be temporarily removed from community programmes until adequate measures can be implemented to ensure the safety of all clients and staff. Extra staff and supports need to be provided to residences that house aggressive clients in order to safeguard other residents, staff and the client.

4. Policies and Practices

Policy development for the agency and the sector need to include all the players - clients, families, workers, management, and policy makers. When those who experience the problems come together with those who develop and enact policy, the results are most likely to meet the goals of self reliance, support and respect. While the agency cannot enforce this policy at the governmental level, it can become a leader in the sector through the development of forums for policy discussion and the careful and systematic monitoring of new initiatives by all parties effected. While we recognize that the present level of discussion in much of this agency has already made it a leader in the field, a bold expansion of these initiatives is called for to meet the comprehensive goals it has set for itself and the people it serves.

* Personal Safety Procedures, approved by the STUDY SITE in 1992, require that the STUDY SITE provide assessment and info re: aggressive clients to workers, provide training in handling aggressive behavior and provide a safe and secure working environment consistent with the Occupational Health and Safety Act. @We recommend that this policy be revisited and developed further.

* We recommend the development of a worker/management committee to deal with issues of violence and stress in the workplace (part of the Health and Safety Committee). This committee should take a proactive and highly visible role in the organization.

* Very clear policies and instructions need to be developed and widely circulated concerning how and when to report incidents of violence. Workers are to be encouraged to report incidents to WSIB where appropriate.

9 Further recommendations will be included in the final report. In particular, the Research Team in inquiring further into the Right to Refuse Dangerous Work and the call to lay charges when assaults against staff or clients have occurred.
* Incident Report Forms should be reworked in order to include a section where workers can check off the type and severity of injury sustained.

* Ongoing training is required for workers in both non-violent client interventions and in essential interpersonal and communication skills. Worker training is assured in the Personal Safety Procedures of 1992 but the scope of training that workers receive needs to be broadened.

* All training to be on work time and free of charge to all workers including part-time and SSAH workers.
References


