Capacity Building
CENTER FOR STATES

The Child Welfare Worker
Safety Guide

Introduction

Ensuring child welfare worker safety is a complex concern. Doing so encompasses not only taking measures to prevent the threat or reality of physical violence, but also promoting psychological and emotional safety, as well as resilience, within the workplace. In order to create a culture and climate that promote child welfare worker safety, agencies need to address all of the parameters of child welfare worker safety in their policies and practices. This publication examines current research regarding child welfare worker safety, focusing on the context and root causes of violence against child welfare workers, the laws and policies states have used to address the issue, and the strategies that agencies and workers can use to enhance workers' safety and well-being in the workplace.

The potential for violence against child welfare workers is distressingly common. This is not surprising, since child welfare workers provide services to children and their families under a variety of high-risk circumstances and stressful conditions. For example, a 2003 survey of social workers about violence on the job (violence is defined here as physical assault, attempted assault, property damage, or threats) found that 58 percent of the 1,129 workers who responded said they had experienced at least one violent incident in their careers to date (Newhill, 2003). Another, larger, study conducted by the National Association of Social Workers in 2004 found that 44 percent of social workers faced personal safety issues on the job; of that 44 percent, many were in their first five years on the job and worked in child welfare or mental health care (Whitaker, Weismiller, & Clark, 2006). Finally, in 2011, the American Federation of State, County, and Municipal Employees reported that approximately 70 percent of child welfare workers in the United States have been victims of violence or threat of violence in the workplace.

Over the last 10 years, several fatal incidents have occurred involving social workers. As James J. Kelly, former president of the National Association of Social Workers, noted:

> In the past few years alone, we have witnessed the fatal stabbing of a clinical social worker in Boston, the deadly beating of a social service aide in Kentucky, the sexual assault and murder of a social worker in West Virginia, the shooting of a clinical social worker and Navy Commander at a mental health clinic in Baghdad, and the brutal slaying of social worker Teri Zenner in Kansas. These are only a few of the murders of our colleagues, which, along with numerous assaults and threats of violence, paint a troubling picture for the profession (Saturno, 2011, para. 2).

More recently, in August 2015, Lara Sobel, a Vermont Department for Children and Families worker, was fatally shot as she was leaving work in Barre, VT. She was shot by a woman who was angry that she had lost custody of her daughter (http://www.mynbc5.com/article/hundreds-mourn-death-of-lara-sobel/3324515).

In addition to the physical and emotional costs, violence against child welfare workers has been associated with significant direct and indirect costs for child welfare agencies, including increased medical expenses for victims, higher expenditures for mental health care services, lost productivity, low worker retention, and other costs (Kim & Hopkins, 2015). Lack of psychological and emotional safety also takes a toll on child welfare workers, resulting in poor worker retention and lower job satisfaction. Each of these safety issues needs to be addressed in order to allow child welfare workers to effectively serve children and families.

Bills to enhance social worker safety have been introduced in the U.S. Congress three times, but none have passed. The federal bills generally would have established a grant program to provide for safety measures such as global positioning system equipment, self-defense training, conflict prevention, and facility safety, as well as educational resources and materials to train staff on safety and awareness measures. Several states, including California, New Jersey, Washington, Vermont, and Kentucky, recently have adopted safety guidelines for social workers and caseworkers. Several states also have led the way in addressing worker safety through legislation and by adopting policies to prevent workplace violence and create safer work environments for social workers. For example, following a 2014 attack on a New Jersey social worker, armed guards now patrol state child welfare agencies, employees wear alert pendants, the number of safety trainings has increased, and child welfare professionals can call on the Human Services Police Force, the New Jersey State Police, and local police departments for an escort around the clock (Teri Zenner Social Worker Safety Act, 2009). Other states such as West Virginia and Kentucky enacted social worker safety laws following child welfare worker homicides.

Child welfare caseworkers have the enormous responsibility of making decisions regarding the safety of children and youth in their charge. In the process of doing their work, a significant number report facing physical and emotional risk on a regular basis. However, systemic challenges and entrenched organizational culture can adversely affect the safety of child welfare professionals. As one child welfare worker observed, "What bothers me most about our profession, especially in the context of child protective services, is that we fail to place value on ourselves. We put the needs and safety of our clients over our own" (Miller, 2008). The Child Welfare Worker Safety Guide increases knowledge in the area of child welfare worker safety and helps states and jurisdictions begin to address the challenge of child welfare worker safety in its many dimensions. In addition, the Guide provides strategies and tips for states and jurisdictions on ways to improve organizational capacity for child welfare worker safety.

Part I: What is Child Welfare Worker Safety?

The safety of children and families is the primary concern of child welfare organizations. As a result, states and jurisdictions continually search for ways to prevent harm to children and families by improving their safety practice and culture. Recently, child welfare organizations have begun to look to other high-risk industries such as health care, nuclear power, and aviation to see how these industries have applied the principles of safety science in their organizations. Though these industries are very different from child welfare, they share a similar interest in risk management and the desire to prevent catastrophic accidents (Cull, Rzepnicki, O'Day, & Epstein, 2013). By applying the principles of safety science to child welfare culture and practice, states and jurisdictions hope to improve their ability to keep children and families safe. These principles can also be applied to keeping workers safe, as well as creating a culture of psychological safety and emotional resilience in the child welfare organization.

Though many associate the safety risk of child welfare workers with the threat of physical violence, child welfare worker safety encompasses all aspects of worker well-being while on the job. This includes physical, mental, and emotional factors. In addition, child welfare worker safety encompasses safety from legal risk and prosecution for decisions made in good faith.

Safety culture can be defined as one in which values, attitudes, and behaviors support a safe, engaged workforce and reliable, error-free operations (Cull, Rzepnicki, O'Day, & Epstein, 2013), which research shows leads to better outcomes for children and families. Research also shows that leaders can encourage and enable safety culture through the support of behaviors and practices that prioritize the safety of children and families (**safety climate**) as well as the ability of individuals to speak up without fear of reprisal (**psychological safety**), a practice that also works to create a safe environment for children and families (Vogus, Cull, Hengelbrok, Modell, & Epstein, 2016).

A successful safety culture balances individual accountability with system accountability, and values open communication, feedback, and continuous learning at all levels of the organization (Cull, et. al., 2013). Families and children in the child welfare system also benefit, because a healthy safety culture encourages child welfare workers to be more effective and efficient in their work and to be more proactive about voicing and looking for solutions for challenging concerns. A commitment to safety culture in all its forms—physical, emotional, and psychological—ultimately works for everyone in the child welfare system.

At the leadership level, an organization with a healthy safety culture is committed to several principles (Cull, Rzepnicki, O'Day, & Epstein, 2013):

- **Leadership commitment to safety**, in which leadership supports frontline staff and supervisors by listening to their perspectives and concerns. This creates a mentoring culture in which more experienced staff mentor junior staff, and helps maintain constant vigilance for organizational weaknesses that might negatively affect safety.

- **Prioritizing teamwork and open communication based on trust**, in which difficulties in practice can be discussed candidly at all levels of an organization without fear of reprisal. In this context, it is important to encourage critical thinking by all staff to analyze cases and uncover individual biases that might interfere with good decision-making.

- ◻ **Developing and enforcing a non-punitive approach to event reporting and analysis**, in which an organization develops strategies for identifying, reporting, and managing practice errors. In addition, clear guidelines should be developed that distinguish between reportable, non-punitive errors from punishable actions, and that encourage the reporting of near misses. This also requires the creation of a blameless, confidential reporting system that supports the work necessary to uncover threats to safety. In 2005, the Tennessee Department of Children's Services (DCS) created a confidential safety reporting system to identify opportunities to improve the child welfare system, the safety of the individuals the department serves, and the safety of DCS employees.
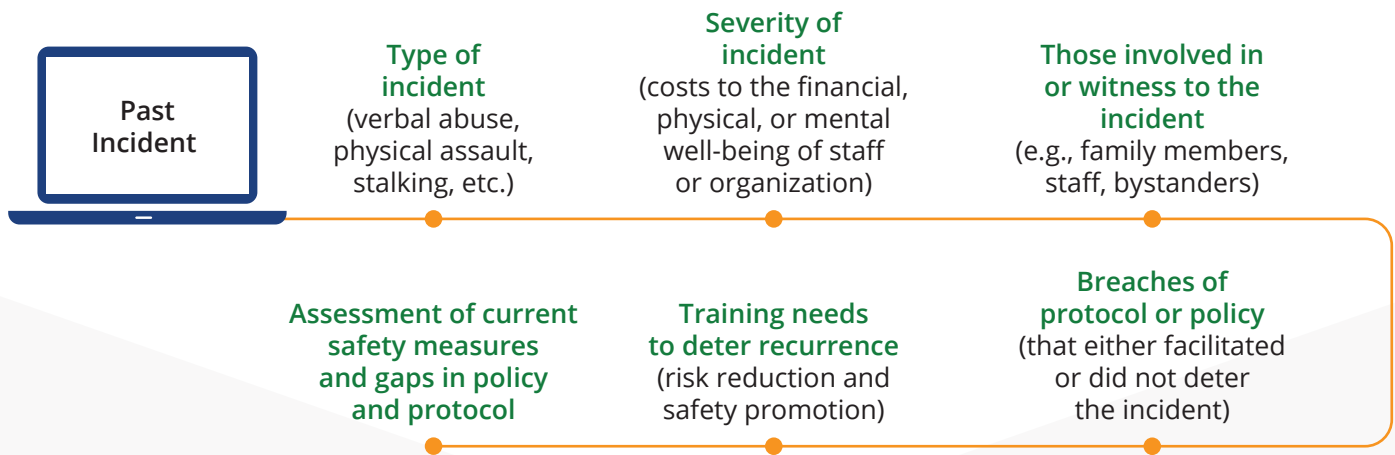
- ◻ **Committing to becoming a learning organization**, in which all workers, supervisors, and managers are encouraged to learn from their mistakes. Organizations should ensure that all workers have access to training and state-of-the-art knowledge to enable them to think critically about the challenges they face in the field and the possibilities for resolving them. Supervisors and managers also need to create a learning culture by demonstrating their support for applying knowledge gained during training and providing opportunities to learn from mistakes.

Recent studies hypothesize that improvements in organizational safety culture have the potential to create additional stress for child welfare workers by adding perceived additional work and reporting requirements. However, this effect can be mitigated by active leadership commitment to safety, worker training regarding the new requirements, and a clear articulation of how the new safety culture will benefit not only children and families, but the workers themselves (Vogus, et al., 2016).

One of the first principles of child welfare worker safety is the idea that child welfare workers should be able to do their work in environments free from physical, verbal, and psychological violence and threats of violence (National Association of Social Workers, 2013). This requires agency leaders to prioritize the safety of child welfare workers at every stage—"from violence prevention and organizational responses to violent acts to providing resources and supports to social workers who experience acts of violence" (National Association of Social Workers, 2013, p. 9).

Another important principle of child welfare worker safety and an effective safety culture is a commitment to prevention of violence and risk of violence. Child welfare organizations should strive to adopt a proactive preventative approach to violence and risk management. This means that prevention policies, trainings, and activities should use available information gathered through incident reporting and other data, to minimize the risk of future violence. Thus, past incidents should be assessed and used to determine future actions and policies that would prevent their recurrence. The graphic on the next page describes the factors that should be considered when evaluating past incidents (adapted from National Association of Social Workers, 2013).

A third important principle of child welfare worker safety involves physical safety while in the office or workspace. Such a space should not only be physically safe for those occupying it—child welfare workers, families and children, visitors, and others—but should actively promote safety. The elements and practices of a safe workspace include easy access to doors and exits; quick access to an alarm system that can alert other staff of an existing safety risk; visually open spaces or meeting rooms; the presence of another team member when meeting with a potentially aggressive individu-

Past Incident

Type of incident (verbal abuse, physical assault, stalking, etc.)

Severity of incident (costs to the financial, physical, or mental well-being of staff or organization)

Those involved in or witness to the incident (e.g., family members, staff, bystanders)

Assessment of current safety measures and gaps in policy and protocol

Training needs to deter recurrence (risk reduction and safety promotion)

Breaches of protocol or policy (that either facilitated or did not deter the incident)

al; restricted access to easily weaponized objects (e.g., scissors, stapler, paper weights, etc.); secure entry and access; well-lit spaces; and secure entrances for workers' spaces that are separate from public spaces (National Association of Social Workers, 2013; Southern Area Consortium of Human Services, 2016). In other words, child welfare agencies cannot assume that child welfare offices are safe spaces (in contrast with site or home visits, for example). They must devote substantial resources to making sure that workers are as safe as possible in their office work environments.

Part II: Child Welfare Worker Safety and the Risk of Workplace Violence

Compared to other human services workers, child welfare workers are at the highest risk for encountering workplace violence (Kim & Hopkins, 2015). There are many reasons for this. Unlike other human services workers, child welfare workers routinely visit families in their homes. As a result, they may encounter dangerous, unpredictable situations and/or visit unsafe neighborhoods at a greater rate than other workers. In their work with families in stressful conditions, they may encounter situations involving substance abuse and mental health issues that contribute to the safety risk for child welfare workers (Public Children Services Association of Ohio, 2012). In addition, child welfare workers are among the few human services workers who sometimes work with involuntary families, which contributes to the risk of physical and emotional abuse they often face.

These physical and emotional risks may lead to trauma, which may manifest as heightened levels of anxiety, fear, stress, and depression. If left unaddressed, this constant exposure to traumatic events may lead to worker burnout or possibly to the worker leaving the agency or the child welfare field (Kim & Hopkins, 2015). In fact, recent studies suggest that child welfare workers are particularly vulnerable to job-related stress and burnout because of the inherently stressful nature of child welfare work and the presence of organizational stressors such as high caseloads (Leake, Rienks, & Oberman, 2017). This can be exacerbated if workers do not feel they have organizational and supervisory support in the workplace. Conversely, research consistently shows that a supportive supervisory and organizational climate is associated with higher job satisfaction for child welfare workers (Kruzich, Mienko, & Courtney, 2014).

Potential Causes of Child Welfare Worker Safety Risk

Potentially unsafe work environment during home visits

Family members with untreated substance abuse or mental health issues

Visits to dangerous neighborhoods

The nature of involuntary work with families

Lack of organizational or supervisory support to ensure worker safety

In recent years, the risk faced by child welfare workers who work in rural communities has become an area of significant concern. One recent study argues that the majority of child welfare worker deaths occur in rural areas, which have witnessed a significant increase in violence toward child welfare workers (Hawranick, McGuire, & Looman, 2009). Possible factors contributing to this include a collapse of family structure, poor housing conditions, widespread unemployment, lack of affordable and accessible health care, and substance abuse. In addition, according to Hawranick, McGuire, and Looman (2009), because many rural families live in isolated areas, it is often difficult for child welfare workers to see them as frequently, which affects the worker–family relationship. This also impacts emergency response times if a worker identifies a threat of violence or is the victim of violence (Hawranick, McGuire, & Looman, 2009).

Whether the area is urban, suburban, or rural, one situation in which child welfare workers often are at risk of physical, verbal, or emotional abuse is during family home visits. Research indicates that home visits may help reduce the possibility of child maltreatment and improve child development outcomes in addition to other potentially positive outcomes (Kim & Hopkins, 2017). Thus, child welfare workers spend the majority of their time visiting the homes of families they serve in order to assess the service needs of children and families and to monitor the well-being and safety of children in the family. However, as a result, Kim and Hopkins (2017) observe that child welfare workers are vulnerable to an increased threat of workplace violence, including verbal threats, physical attacks, and being threatened with weapons. It is important to note that the vast majority of people with whom child welfare workers interact are not violent. Thousands of child welfare workers help thousands of families every day without any violence at all. However, the inherent stressors that lead families to interface with the child welfare system also increase the risk of violence for child welfare workers who interact with them.
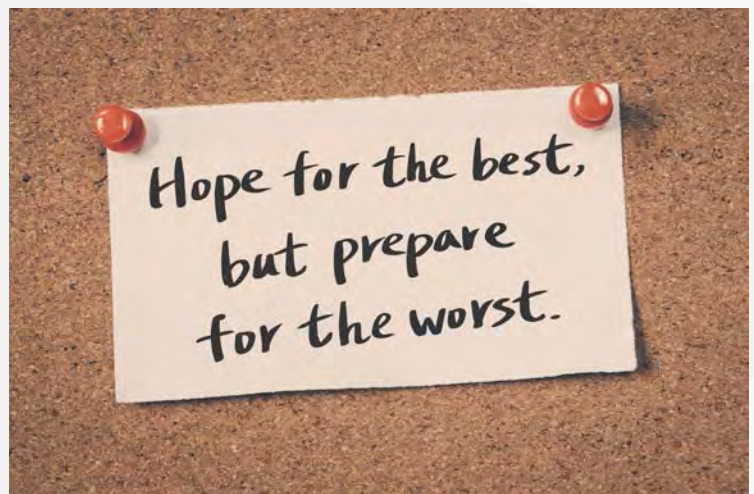
Child welfare worker safety risk during home visits is influenced not only by the specific environmental stressors related to a particular family but also by individual worker attributes, such as age, gender, education level, degree of autonomy on the job, years of practice and experience, life experiences, income, and availability of a personal support system. For example, "male or younger social workers were more likely to be the targets of clients' violence than female or older workers" (Kim & Hopkins, 2017, p. 2). Male and younger social workers also were more likely to report physi-

cal threats than older and female workers (though not verbal abuse, which was reported equally by both groups). These findings may be explained by the fact that more male social workers work in the highest risk settings and were more likely to be assigned families with potentially violent or aggressive members (North Carolina Division of Social Services and Family and Children's Resource Program, 2016). In addition, significant differences were found between the experiences of rural and urban child welfare workers, with the latter group experiencing much more threat of violence and fear for their safety. This is in contrast to the findings of a 2009 study (discussed above), which found that child welfare workers in rural areas are at greater risk of violence (Hawranick, McGuire, & Looman, 2009).

Steps to Reduce Risk of Violence for Child Welfare Workers

There are a number of steps child welfare workers can take to make themselves safer during home visits with children and families. It is important to emphasize once more that violence or the threat of violence against most child welfare workers is rare. These steps are precautions workers can take in those rare times that they need to
do so.

The first set of actions child welfare workers can take concerns their responses to threats of violence, which can reduce their level of stress. These include keeping calm using deep breathing techniques, holding reasonable expectations for themselves and acknowledging that no one is perfect, and working to keep a positive attitude even in a difficult situation (Family to Family, 2002). Other actions in this category include building an effective personal and professional support system, relying on coworkers and teammates, and cultivating a positive relationship with their supervisor, all of which have been shown to reduce fear of violence, as well as to promote clearheaded thinking when faced with threat of violence (Family to Family, 2002).

A second set of actions concerns assessing the potential for violence before going on a home visit. Screening or investigation/assessment workers should collect information from the referring person in order to prepare for the home visit, including asking the following questions:

- ☐ Have there been reports of violence related to this family? If yes, when and what type?
- ☐ Can you describe the neighborhood?
- ☐ Are you aware of any weapons the family might have on the premises?
- ☐ What are the family's attitudes toward violent behavior?
- ☐ Does the family use physical punishment for their children?
- ☐ What is the family's attitude toward child welfare workers?

❑ What is the family's attitude toward the referral and upcoming visit?

The worker should also call the family to schedule the visit when possible. The initial phone call allows the caseworker to begin to develop a relationship with the family, demonstrate respect, and de-escalate the family's anxiety about the visit. The call can also help determine the family's attitude toward involvement with the child welfare system (Family to Family, 2002). Child welfare workers should avoid giving out personal information, such as a home address or personal phone number, to family members during the initial phone call or any other time (Southern Area Consortium of Human Services, 2016).

If he or she is concerned, the worker should try to drive by the family's home to assess the neighborhood and surroundings (Southern Area Consortium of Human Services, 2016; National Association of Social Workers, 2013). Finally, the worker should share any safety concerns with a supervisor before going on the home visit, and should let a coworker know where they are going and how long they plan to be there. If there is significant perception of risk of violence, the child welfare worker making the visit should share their schedule with coworkers and supervisor, and arrange a phone check-in with their supervisor or coworker at an appointed time (Southern Area Consortium of Human Services, 2016). Some evidence indicates that workers might feel safer during home visits if they can go in pairs, particularly during evening visits, visits to a potentially hostile family, or visits by a female worker to a male family member's home. However, this poses the danger of the family feeling "outnumbered" by the visiting workers and being put on the defensive at the beginning of the visit. Thus, when considering whether to make the home visit alone or with another worker, each situation should be evaluated individually (Kim & Hopkins, 2017).

Home visits should be made as early in the day as possible to be sure of leaving the family's home during daylight hours and when coworkers and supervisors can easily be reached. Before leaving the office, workers should leave a map and directions to the family's home with coworkers or their supervisor, and should make sure their mobile phones are fully charged. When arriving at the family's home, workers should take commonsense precautions, such as parking their car in a well-lit, easily accessible area, locking all valuables in the trunk, and scanning the immediate environment for any safety concerns. It bears noting that if at any time the worker feels unsafe, he or she should leave the environment immediately (Family to Family, 2002).

Before entering the family's home, child welfare workers should state clearly who they are and the reason for the visit. They should wait to be invited inside before entering the home, and should not take a seat until they are invited to do so by a family member. Workers should try to meet in areas of the home that minimize danger to their physical safety, such as the living room, and avoid isolated rooms such as bedrooms or basements (Southern Area Consortium of Human Services, 2016).

In general, child welfare workers should be aware that while some families will see their visit as an expression of concern and a welcome offer of assistance, other families may view their visit as a threat (Newhill, 2012). As a result, it is important for workers to assess the family members' mood and body language, and trust their gut feelings when making an evaluation of the family members' state of mind and the potential for violence during the visit. It goes without saying that all family members should be treated with dignity and respect at all times during a home visit. Workers should take a collaborative approach with families during the home visit, and should provide ample op-

portunities for family members to present and discuss their points of view during the visit (Southern Area Consortium of Human Services, 2016).

Several jurisdictions have recently initiated workplace safety programs for child welfare workers. (These programs are provided as examples only and are not endorsed by the Center for States.) For example, the Massachusetts Department of Children and Families provides child welfare workers with safety handbooks that describe worker safety protocols, has instituted worker safety training so workers better understand what to do if they encounter a violent situation on the job, and implemented a "buddy system," which requires each visit to be conducted by at least two workers (Sioco, 2010). In addition, all child welfare workers are provided with a cell phone so they can communicate with supervisors and law enforcement in case of an emergency. In a second example, the Child Welfare League of Miami, Florida, has created "OK Connect," a program in which child welfare workers are provided a cell phone or laptop with a GPS system that alerts their supervisors of their location in real time. In case of an emergency, workers can press a button on their phone or laptop to alert their supervisors that an emergency is occurring, enabling the supervisor to contact law enforcement (Sioco, 2010).

Emotional Trauma and Resilience

One common effect for child welfare workers who have experienced or fear violence is emotional trauma. Experiencing or fearing workplace violence takes a significant emotional toll on child welfare workers and is the source of a substantial amount of trauma and stress in child welfare work environments. The effects for child welfare workers may include increased risk for depression and anxiety, burnout, and "compassion fatigue," leading to increased worker turnover, increased absenteeism, and reduced workplace effectiveness for child welfare agencies (Wieclaw, et al., 2006; Kruzich, Mienko, & Courtney, 2014).

Historically, this issue was managed with workplace stress prevention programs that "teach the individual to deal with stress, rather than addressing the problem at the source" (Chan, Chan, & Kee, 2012, p. 77). Though these programs often are effective at relieving the stress felt by child welfare workers, they are not very effective at preventing the stress from occurring again, often on a regular basis. As a result, social work education programs and child welfare organizations are beginning to approach the issue of child welfare worker emotional trauma by training workers to be more resilient, which involves cultivating the dual qualities of self-efficacy and hardiness. One recent study indicates that these qualities function as protective factors against emotional workplace trauma and can be taught to child welfare workers to enable them to rebound when they are faced with difficult situations such as workplace violence (Chan, Chan, & Kee, 2012, p. 77).

> **Self-efficacy** is the belief in one's ability to organize and execute the course or courses of action required to achieve the necessary and desired goals. **Hardiness** is the combination of the belief in one's ability to control life events; the ability to view stressful events as challenges to be overcome; and the ability to conceive of important tasks as meaningful and important in and of themselves (Chan, Chan, & Kee, 2012).

A framework developed in 2007 for dealing with violence-related trauma in the workplace combines stress prevention and resiliency training. The framework, "Five Essential Elements of Immediate and Mid-term Trauma Interventions," outlines five actionable steps to help workers rebound from a traumatic workplace event. These steps are outlined in the table below.

Five Essential Elements of Immediate and Mid-Term Trauma Interventions

(Adapted from Strolin-Goltzman, Kollar, Shea, Walcott, & Ward, 2016.)

Promote safety	- As perceptions of safety increase, stress reactions decrease. - Establishing actual safety may be achieved more quickly than reestablishing a sense of safety for workers. - Useful steps that can be taken by agency leadership include establishing a timely and open communication plan with all child welfare staff, updating safety training and policies, and providing effective mental health services.
Promote connectedness	- Organizational leadership should be committed to promoting workplace connectedness through social support activities if a threat of violence or violent incident has occurred. - Social support activities include knowledge sharing, mutual problem solving, sharing of traumatic experiences, advice, and the normalization of reactions to a traumatic event related to workplace violence.
Promote calming	- Immediately after a workplace crisis, workers should be encouraged to get adequate sleep and practice self-care activities, for example, meditation or yoga. - Additional strategies include encouraging more social support activities and providing education about the effects of trauma.
Promote self-efficacy	- Individuals should be encouraged to view themselves as experts with the skills to overcome the crisis. - A belief in the efficacy of the group to solve challenges related to workplace violence can encourage healing and recovery for individuals. - Resources, such as training, strategies, and peer support, can promote empowerment for individuals who have experienced a threat or incidence of workplace violence.

Promote hope	☐ Evidence shows that the more individuals are able to retain hope after a traumatic event, the more likely they are to have a positive and quicker recovery.
	☐ Organizational leaders should use hope-building strategies to restore a sense of workplace resiliency and community if workplace violence has been experienced by workers. An example of a hope-building strategy is engaging community leaders in a discussion about how agencies and community organizations can facilitate healing after a traumatic event.

Another factor that can mitigate the effects of workplace violence for child welfare workers is a feeling of **social and organizational support** in the workplace. Recent studies indicate that the level of perception of organizational support at a child welfare organization—defined as the degree to which an organization's leadership values the contribution of workers and cares about their well-being—is positively correlated with child welfare workers' organizational commitment (Kruzich, Mienko, & Courtney, 2014). In particular, one study found that child welfare workers who ultimately made the decision to leave an organization or the field of child welfare altogether rarely "felt well taken care of or rewarded for a job well done, and perceived management as less interested in their health and well-being than those who intended to stay" (Kruzich, Mienko, & Courtney, 2014, p. 21). Organizational social support has been shown to be especially important in addressing child welfare workplace violence. For example, Kim and Hopkins (2015) note that, in one qualitative study, nearly all respondents (20 of 21) noted the important role played by managers in reducing the exposure of child welfare workers to violent situations. In another study of child and youth service workers, nearly 90 percent of respondents said that support from managers and coworkers was an important aspect of recovering from assault (Kim & Hopkins, 2015).

A 2017 study confirmed the importance of organizational support for the mental health and resilience of child welfare workers. Using a sample of 2,302 caseworkers from three states, the researchers examined the causes and consequences of burnout in their sample population (Leake, Rienks, & Oberman, 2017). They discovered that, while client-related burnout certainly existed, it was work-related burnout—defined as burnout related to organizational factors—that played the biggest role in causing child welfare worker burnout. Organizational solutions include creating and maintaining healthy work conditions for staff by instituting reasonable limits to caseload sizes, limiting administrative tasks and paperwork, working with staff to make sure they have the necessary resources to effectively do their jobs, and "fostering an agency climate of professional sharing and operational support" (Leake, Rienks, & Oberman, 2017, p. 10).

Finally, **team psychological safety**—defined as "the belief that the team is a safe environment for interpersonal risk taking"—is a critical aspect of building resilience for child welfare workers (Kruzich, Mienko, & Courtney, 2014, p. 21). Psychological safety does not imply lack of criticism or consistently smooth interpersonal relations. Rather, psychologically safe teams and workplaces are characterized by interpersonal trust and the understanding that the personal consequences of well-intentioned and considered risk will not be adverse (Kruzich, Mienko, & Courtney, 2014, p. 21). Team psychological safety requires the creation of a healthy safety culture in child welfare organizations. As de-

scribed above, such a culture is characterized by leadership commitment to safety; making team-work and open communication a priority; developing nonpunitive approaches to event reporting and analysis; and becoming a learning organization (Cull, Rzepnicki, O'Day, & Epstein, 2013). In other words, by reframing well-intentioned mistakes and near-misses as opportunities for learning and growth, organizational leaders can make it safe for child welfare workers to report events as they occur. In this way, the creation of a "psychological safety net" at child welfare organizations can work to improve the safety of child welfare workers.

Part III: Laws and Policies to Address Child Welfare Worker Safety

Federal Laws and Policies

At the federal level, there have been a few failed attempts at passing legislation to support state and local jurisdictions' social worker safety efforts. The Teri Zenner Social Worker Safety Act was intro-duced in the 110th and 111th Congress in honor of a mental health social worker brutally murdered by a 17-year-old family member during a home visit; neither bill passed. In the current (115th) ses-sion, Representatives Kyrsten Sinema (D-AZ) and Elise Stefanik (R-NY) introduced a similar bill, the "Social Worker Safety Act of 2017" (H.R. 1484). If passed, H.R. 1484 would establish grant funding for states and jurisdictions to provide safety training, equipment, and supportive services for social workers and similar professionals.

To address the significant risk of job-related violence faced by healthcare and social services work-ers, the U.S. Department of Labor's Office of Safety and Health Administration (OSHA) developed the "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers." Accord-ing to OSHA, 70 to 74 percent of workplace assaults from 2011 to 2013 took place in healthcare and social service settings (OSHA, 2016). The Guidelines note that, while workplace homicides receive the most public attention, most workplace violence involves serious nonfatal injuries (OSHA, 2016). The Guidelines make recommendations for healthcare and social service violence prevention programs in five core areas: (1) management commitment and worker participation; (2) worksite analysis and hazard identification; (3) hazard prevention and control; (4) safety and health training; and (5) recordkeeping and program evaluations. In addition, there are several recommendations to reduce risk to workers in the field, including:

- ❑ Providing paging systems, GPS tracking, and cell phones
- ❑ Establishing areas in the office for family members to de-escalate
- ❑ Having a log-in/log-out system, and requiring workers to contact their manager after each home visit, with a plan of action established if a worker does not call in
- ❑ Ensuring that workers have the discretion:
  - ▪ To assess homes for exit routes during home visits
  - ▪ To properly maintain vehicles used to make home visits
  - ▪ To end a visit if they feel threatened or unsafe, and to call law enforcement or another worker for backup assistance at any time

State Laws and Policies

California was the first state to pass a workplace violence law (Haynes, 2013). The law allows employers to obtain a temporary restraining order on behalf of their employees and an injunction against anyone who has been unlawfully violent or made a credible threat of violence in the employer's workplace. At least nine other states have passed similar laws (Haynes, 2013).

In 2007, New York enacted the Public Employer Workplace Violence Prevention Act, which required public agencies to develop a plan to assess risk factors in the workplace and train employees to recognize and protect themselves from workplace hazards. It also requires public employers to have a written program that prevents workplace violence (Hayes, 2013; Lancman, n.d.).

Also in 2007, Kentucky enacted the Boni Frederick Memorial Bill (S.B. 59), in honor of Boni Frederick, a social services aide who was killed by parents of an infant during a scheduled parent-child visit. S.B. 59 was emergency legislation that authorized $2.5 million to hire more frontline child welfare workers and $3.5 million for worker safety improvements, including providing staff with GPS-enabled emergency alert technology and installing buzzer entry systems in child welfare offices. The law also created a state commission to study social worker safety and make recommendations to better meet worker safety and funding needs (Capitol Notes, 2007; Torres, 2007; Kentucky Cabinet for Health & Family Services, 2007; https://www.socialworkers.org/Practice/Social-Work-Safety).

Similarly, in 2009, West Virginia enacted legislation in honor of Brenda Lee Yaeger, a child welfare worker who was sexually assaulted and murdered during a home visit. The law (H.B. 2566) expanded application of increased criminal penalties for assault and battery to cover commission against any government representative or healthcare worker. Previously, the increased penalties applied to a narrower list of emergency personnel, first responders, and others.

In 2010, Kansas enacted legislation mandating that M.S.W.-degree holders and specialist clinical social workers complete at least six continuing education (CE) hours of "social worker safety awareness training" as part of their CE requirements (K.S.A. 65-6313). This legislation was in reaction to Teri Zenner's killing—the same incident that spurred introduction of the federal legislation described above. In 2013, the Governor of Massachusetts signed legislation requiring all programs providing direct services that are licensed, certified, or funded by the state's Department of Health and Human Services to establish a workplace violence prevention and crisis response plan. This legislation was in response to a 2008 incident in which a psychotherapist for a program providing intensive therapeutic services to families with children suffering from chronic mental illness was stabbed to death by a teenage

family member during a home visit (Pace, 2013; American Public Human Services Association, "Fallen Heroes," http://www.aphsa.org/content/APHSA/en/the-association/awards/FallenHeroes0.html).

States also have addressed workplace violence through departmental policies. For example, New Jersey's Department of Children and Families requires all new employees to receive workplace violence training, and all employees to report concerns or incidents of workplace violence (including threats, verbal abuse, and intentional property damage). The Department's Office of Employee Relations is required to investigate incidents and recommend actions (NJ Division of Children and Families, 2008). In another example, Washington's Children's Administration, in the Department of Children, Youth and Families, requires each office to have a safety committee to routinely monitor all safety and risk issues, from natural disaster preparedness to safety awareness and skills training compliance (Washington State Department of Social and Health Services, Children's Administration, n.d.).

Part IV: Building Organizational Capacity for Improving Child Welfare Worker Safety

Organizational capacity refers to the potential of a child welfare system to be productive and effective by applying its human and organizational assets to identify and achieve its goals. Building organizational capacity for child welfare worker safety encompasses all five dimensions of capacity building: resources, infrastructure, knowledge and skills, culture and climate, and engagement and partnership (Child Welfare Capacity Building Collaborative, 2015). It is important to note that, although child welfare worker safety education and training is important, it should not be the only consideration in building capacity for child welfare worker safety. Rather, education and training should be part of a comprehensive approach to improving child welfare worker safety that takes into account all of the factors listed below.

Resources

Resources include concrete materials and assets, such as staff, funding, facilities, equipment, data collection tools and systems, informational and program materials, curriculum, and technology.

- ☐ Institute effective data management and incident reporting to document and track instances of threat and acts of violence involving agency staff (National Association of Social Workers, 2013). The reporting system should be able to allow for data analysis sorted by a number of variables, such as type of incident, location, pervasiveness, and other types of information. The data analysis can then be used to inform agency leadership and staff on an ongoing basis about the incidence and prevalence of violence, and can help guide the development of safety protocols. Data analysis can also help inform the agency about the types of risks faced most regularly by their workers and can assist in developing specific strategies for managing these risks through case consultation, trainings, and policy development.

- ☐ Agency leadership should work with political and other partners to ensure that adequate funding is available for child welfare worker safety training, necessary technology such as mobile phones for workers, informational and program materials, and other needs.

◻ Child welfare agency facilities have been identified as the first line of defense when considering how to make child welfare workers safer on the job. To make the workplace safer, child welfare organizations should consider organizing the physical space in a way that minimizes risk for workers. For example, office spaces should be open and well-lit, easily weaponized objects should be minimized, and a silent alarm system that alerts workers to a potentially dangerous situation in their workplace should be installed, among other measures (National Association of Social Workers, 2013; Southern Area Consortium of Human Services, 2016). Substantial resources should be invested in making the child welfare workplace as safe as possible for both workers and the families they serve.

Infrastructure

Infrastructure includes organizational structures and processes, such as policies, procedures, governance structures, service array, decision-making processes, practice protocols, training, human resources systems, and quality improvement systems.

◻ Create safety policies that effectively communicate the commitment of the agency's leadership to worker safety to all staff; govern the management of potentially dangerous behavior in the workplace; and establish safety teams or committees to ensure adherence to an organization's safety policy, as well as to provide support in case of an incident (National Association of Social Workers, 2013; Hawranick, McGuire, & Looman, 2009).

◻ Establish a safety committee that (National Association of Social Workers, 2013; Southern Area Consortium of Human Services, 2016):

■ Oversees the adoption, implementation, and ongoing review of an agency's safety policies

■ Develops a safety plan to which all agency staff can refer in case of an emergency (North Carolina Division of Social Services and Family and Children's Resource Program, 1998)

■ Ensures that safety protocols are instituted, updated, and practiced regularly by all staff

■ Identifies technology, physical measures, and other innovations that could promote the safety of agency staff

■ Provides ongoing risk assessment that identifies the staff, settings, and working conditions that are most clearly associated with the risk of violence

■ Institutes orientation and service training on practices that can reduce or eliminate the risk of violence

Knowledge and Skills

Knowledge and skills includes expertise and competencies, for example, practice knowledge, leadership skills, team building, analytic abilities, and cultural competency.

◻ The importance of supervisory support for child welfare worker job satisfaction, worker retention and recruitment, and the quality of services provided to children and families cannot be overstated. Supervisors can play an important role in:

- Creating an environment that prioritizes physical, emotional, and psychological safety for child welfare workers
- Coaching workers and reinforcing what they learn in safety and emotional resilience training
- Helping workers recover after a traumatic event in the workplace

◻ To support their critical role in child welfare practice and child welfare worker safety, supervisors should receive substantial, ongoing training and coaching in best practices for child welfare worker supervision, the use of data, and implementing evidence-based practices in child welfare (Social Work Policy Institute, 2011).

◻ Preparing child welfare workers to stay safe on the job needs to start early. Child welfare workers need to begin learning about and preparing for safe workplace practice during their education programs both in classroom settings and field placements. Social work safety, including child welfare worker safety, needs to be part of the child welfare workforce core training curriculum. Workers need to continue building on this base of knowledge throughout their professional lives by participating in safety training procedures and protocols as needed, at least annually (National Association of Social Workers, 2013), and receiving regular coaching from supervisors.

◻ Knowledge of trauma-informed and trauma-responsive care can help child welfare workers affected by workplace violence participate in their own recovery and resilience development, as well as provide support for other workers to do so. Organizations should provide employee training and support programs in these areas to contribute to the overall health and resiliency of an organization (Strolin-Goltzman, et al., 2016; Chan, et al., 2012).

Culture and Climate

Culture and climate involves the norms, beliefs, values, and attitudes that influence behavior, for example, shared vision, goals, morale and motivation, attitudes, and openness and "buy-in" to new programs and practices.

◻ To change the culture of child welfare agencies to be safer for both workers and families, organizational leaders need to prioritize safety through policies, behaviors, and practices. Agency leadership should promote the creation of policies that encourage accurate, timely, and risk-free reporting of errors by child welfare workers, not only to correct the errors in question, but also to anticipate and prevent future errors. Such communication would work to make both workers and families safer (Cull, et al., 2013).

Community and Partnerships

Community and partnerships include inter- and intra-organizational relationships, such as internal teaming, connections, stakeholder involvement, communications, and interagency collaboration.

☐ The public's perception of child welfare work has an important impact on the safety of the child welfare workforce. It is important for child welfare agency leaders to build relationships with other community organizations, as well as the community at large, to improve the public's perceptions of child welfare work. Workers will be safer on home visits if the public perception is that they are doing work that helps the community and are working for an organization that is seen positively in the community. In addition, child welfare agencies should be responsive to the needs of the community, including answering questions the community may have about child welfare processes and legal frameworks.

☐ Child welfare agencies should strive to become "learning organizations" that prioritize learning from mistakes and are open to discussion of challenging issues. To achieve this, agencies should partner with other community organizations, policymakers, and the media to discuss challenges and get input on developing innovative and appropriate solutions.

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