

CommunityCare

The heart of your social care career

Managing fear in social work

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A word from the team

The coronavirus (Covid-19) pandemic has created unprecedented challenges for social work, placing vulnerable children and adults at greater risk and exacerbating mental health problems. At Community Care Inform, we are doing all we can to ensure that our online resources provide maximum support to social work teams in our subscribing organisations.

We want to thank all social work and care staff for the incredible work you continue to do, providing vital help to people in need of care, support and protection. Looking after your own wellbeing is always essential, but perhaps never more crucial than now. This is why we have made our guide to managing fear in social work freely available to everyone on Inform [Children](#) and [Adults](#) sites. It's a comprehensive guide and is full of research, information and ideas to use in your practice. If you are pushed for time and want to jump straight to tools to try, go to the section on [case examples of violence and aggression – what might you do? \(p9\)](#).

The Community Care Inform team

Accessing further resources on Community Care Inform

A large number of local authorities and universities work with us so ask your manager, principal social worker or learning and development team if you already have access, or contact our helpdesk. Independent or agency workers can also enquire about individual licences. Tel: 0202 915 9444 or email: ccinformhelpdesk@markallengroup.com.

During the pandemic we are regularly updating our legal coverage of the Coronavirus Act 2020 and its implications for other legislation, and our links to useful resources for social workers practising during the outbreak on both [Inform Children](#) and [Inform Adults](#). You can also find practice guidance, learning tools and legal information on a wide range of topics from attachment theory to criminal exploitation, deprivation of liberty to self-neglect.

Learning points

- Tips on dealing with the most common sources of fear in social work: violence or harassment from service users; overwhelming workloads and something "going wrong"; and being aware of unsafe practice in your own and other agencies.
- The legal protections available to social workers against harassment and discrimination, and in cases of whistleblowing.
- Exercises and case examples to help social workers and their managers consider responses to different fear-inducing situations and ensure appropriate procedures and policies are in place to ensure workers feel safe.

Introduction

This article examines key aspects of social work that can cause us fear, and how fear affects practitioners – both personally and professionally. It looks at the evidence, policy, guidance and law on the causes, effects, and ways to deal with fear in social work practice. It includes case examples of issues that can arise and possible responses.

What do we mean by fear in social work?

Fear can be defined as a distressing – in extreme cases immobilising – emotion aroused by immediate or impending danger, pain or harm, sometimes to the point of causing terror and dread. The 'danger' can be physical or psychological. The emotion may sometimes feel irrational but fear comes when we feel out of control of the risks and effects of the situation we are in. For example, if a service user makes threats I know to take seriously – perhaps because they have done similar things in the past, or the manner in which they threaten me – it is rational for me to feel fear. If a service user who had been extremely hostile towards me told me they had coronavirus and threatened to spit on me, of course I would feel fear. And even more so if they did spit on me.

Fear is what we experience at an extreme end of concern and anxiety. Fear is visceral – it makes us less able to rationally assess and work with risks.

Causes of fear for social workers

Before, we considered an obvious source of fear for social workers practising during the current pandemic. More generally, research indicates that the most common causes of fear are:

1. Having to deal with violence or threats and aggression from service users or carers. Social workers as an occupational group experience one of the highest victimisation levels of threats, harassment and violence (British Association of Social Workers, 2019; Health and Safety Executive, 2019).
2. Feeling overworked and stressed, leading to fear of not coping, and/or something going wrong and being blamed/held personally accountable (British Association of Social Workers, 2019; Community Care, 2019).

fear



3. Concerns about our own and service users' and carers' health and safety.
4. Not being able to protect vulnerable children or adults (see Littlechild et al, 2016; Community Care, 2011), both in our own practice and and also becoming aware of dangerous or neglectful practices within our organisation or other agencies (British Association of Social Workers, 2014).
5. Bullying or harassment from colleagues and managers.

We are also often working in a climate of other people's fear. Social work has a proud tradition of being the key profession, particularly in recent decades, of taking forward the agenda of empowerment for some of the most disadvantaged and oppressed people in our society. But this often involves working at the sharp end of society's fears, anxieties and traumas and being involved in service users' lives when they are overwhelmed by emotions and distress (Megele, 2015). Many service users either are or have at some point

been subjected to abuse or disempowering relationships or situations. They may be very concerned about the judgments and actions social workers will take.

We often have to work with people who have learnt to use aggression, violence and harassment as ways of controlling others, situations and their environment. Dealing with such people and situations respectfully whilst also ensuring the safety of all of those involved – including ourselves – can be a delicate and demanding balancing act. The level of responsibility and unpredictability make the pressures on social workers uniquely acute.

As a newly qualified practitioner, I clearly remember working with situations of risk to children and families where the level of support I was receiving meant that I would go home from work worried about the safety of children, go to sleep thinking on my worries for the children, and wake up worried about the safety of those children. It took me some while to learn how to deal with the stresses and to feel it was ok to be assertive with managers in obtaining support for them.

Personal and organisational factors

When it comes to fear in a work context, there is interplay between the structural/organisational and personal. Our assessment of, and reactions to, fearful situations are partly led by our own learning from past experiences such as messages received in childhood or events and relationships in our adult lives, but they will also depend on how well supported (or not) we feel by supervisors, managers and agency policies, and pressures we are under at work. We will look at both of these areas and how they overlap.

If we think about previous learning, if a practitioner was abused as a child or experienced domestic violence by a partner as an adult, and then started working with an individual or family where similar harm was taking place, the trauma that may have resulted from their own abuse could affect their perceptions of what is happening and how to work with the service user(s). It would be important for them to recognise this, and be able to get support to work in as objective a manner as possible. Or to be able to talk with their supervisor/manager about case allocation if that particular one is 'catching' on something which they find particularly difficult. We are all human beings, and it may be that we have to recognise that in a particular situation, the dynamics we are dealing with create a level of fear that is not manageable personally and is not appropriate from a professional perspective in terms of how able we are to do the work.

Therefore we need to be able to trust colleagues, supervisors and managers. These conversations may also be needed if you have worked with an individual or family and received serious threats or been assaulted ([see section on violence below for how managers and individuals](#)

[can respond in such situations](#)). Being able to discuss feelings and fears about carrying on working with those service users and to have decisions about incidents recorded is extremely important. The guidelines from Social Work England and Social Care Wales set out [below](#) can be useful in demonstrating to managers that it is not about you as an individual not being 'strong' enough in dealing with these issues, but about meeting professional requirements.

This is where the overlap between internal and external factors occurs. In dealing with situations where I am fearful, I need to consider my own personal learning and attributions about situations and how I might or might not find it ok to demand support in dealing with them. We all have personal responses to how comfortable we feel about asking for help or saying we are scared, but it will also be dependent on how safe we feel in the organisation we are working for – is there a culture of support? Where can we look to for support if we do not feel that that it's currently there, or worse, we are operating in a 'blame culture'? The next section considers employers' duties and responsibilities to protect workers. You can use this [exercise in the section on violence](#) and [reflection questions at the end of the guide](#) to consider how supported you currently are and what you and your agency can do to increase the available support if necessary.



Employers' responsibilities to social workers' wellbeing

While we can understand and are empathetic to the reasons why service users may behave in certain ways and individuals should be supported by their managers to deal with the unique pressures of the job, there are also duties on employers to say that social workers should not be subjected to situations that can lead to stress and fear brought on by service users and carers, or indeed from within our agencies.

The regulatory body Social Work England demonstrates this - albeit in fairly generalised statements relating to social workers' rights to safety and wellbeing - in its [guidance on applying the professional standards](#) (p.17):

“Where others fall short, or if social workers are confronted by wrongdoing or cultures of unsafe or inappropriate practice which could affect the support provided to people, they should report it through the most appropriate means. This could include, but is not limited to, bullying and/or harassment, corruption, unlawful or gross negligent use of public money or resources, practices that pose a risk to public health and safety, or any criminal offence.”

This clearly relates to the reporting of abuse of services and service users, but can also be applied to social workers themselves. In addition, the guidance says, “We encourage social workers to seek support when dealing with stress and to notify Social Work England if they think it may impact on their practice.” (p11)

This recognises the stresses that social workers may face because of the demands put upon them by their workplace (albeit rather tangentially). The regulator does not state explicitly nor give guidance on how to deal with the issues addressed in this guide. Social workers can be concerned about the effects on them if they report concerns (see the section on whistleblowing) and need support from managers to undertake this emotionally and professionally demanding work. To me, the message from Social Work England's statements individualise the issues to the social worker; I would argue this does not necessarily fit with the legal position in relation to these areas for employers which is discussed below.

For practitioners in Wales, [Social Care Wales' Code of Professional Practice for Social Care](#) includes a number of points relevant to fear-inducing situations, including that you must not put yourself or other people at unnecessary risk (5.7), that you should seek assistance from your employer or the appropriate authority if you do not feel able or adequately prepared to carry out any aspect of your work or you are not sure about how to proceed in a work matter (6.5) and that managers must support a culture where staff have the opportunity to raise concerns (7.2).

The [practice guidance for social workers accompanying the code](#) also says (under 7.5, 'Safety, well-being and resilience'):

“You must take steps to stay safe in situations where there is a risk of harm to you. This includes working with your employer as they carry out their duty of care to you. You must adhere to relevant policies such as health and safety, managing behaviour, violence against staff and lone working. You should recognise the effect that challenging work situations may have on you. You should work with your employer to identify ways to support your well-being and develop resilience.”

I would argue that social workers need to have their wellbeing given greater credence. Greater concern for the effects of fear on personal and professional lives is necessary for effective assessment and interventions in the situations we work in.

Employers’ responsibilities in relation to employees’ occupational health took a major turn following the case of [Walker v Northumberland County Council](#). The High Court ordered the council to pay damages to a former child protection team manager who had taken time off work following a first nervous breakdown, and when he returned to work was not provided with the support he requested and his workload was not reduced. He then suffered a second breakdown. This landmark judgement clarified that employers’ duty of care to

employees encompasses not just preventing reasonably foreseeable risks of physical injury but also of psychiatric harm. On the facts of the case, the council was under a duty of care not to cause the social work manager psychiatric damage when it should reasonably have foreseen that this would occur, and was therefore negligent. If a practitioner is incredibly stressed from overwork, this will impact on how they handle fearful situations, so it is important to look at your occupational health policies and be aware of the law when discussing worries with managers if this is becoming a real area of concern for you.

The remainder of this guide will look at dealing with some specific sources of fear in turn – violence, harassment or bullying, and recognising dangerous practice within your own or other agencies – as the law and guidance on these areas is distinct, acknowledging that in practice situations there is likely to be some overlap.

Violence against social workers

Skills for Care uses the Health and Safety Executive (HSE) definition of work-related violence:

“Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This includes sexual and racial harassment, and threats to family and property”.

Incidents of violence and aggression towards staff are a major problem in social work. The Health and Safety Executive’s [Violence at Work](#) statistics (2019) show that health and social care specialists are at much higher risk of assaults and threats at work than the general population, second only to ‘protective service workers’ such as

police and firefighters. Its data is based on the national crime survey and showed 5.1% of health and social care workers suffered an incident of violence at work, compared to 1.4% average across all sectors of the working population.

BASW (2018) has called for employers to do more to support staff against such threats. The workforce development organisation Skills for Care research report on violence against social care workers (2013) showed how it has negative, and sometimes severe, impacts on staff retention, morale, motivations, illness, and stress levels.

In their research with social work and social care staff, Harris and Leather (2012) found that the more an individual was exposed to service user violence, the greater their reported stress symptoms became.

They concluded that fear is an important consequence of exposure to such behaviour and recommended that more attention be paid to the place of fear in social care work, and how staff are supported to deal with it. Their findings confirmed earlier research by, for example, Brown, Bute and Ford (1986), Smith et al (2004) and Norris (1990). Littlechild (2005; 2016) found that personalised threats against workers such as being told someone knows where you live, where your children go to school and so on, often has a more devastating effect on feelings of anxiety and fear than other forms of abuse and threats.

Aggression and violence can affect a social worker's professional confidence to carry out the work effectively; they may be left with fear about similar happening in future, either from the aggressor and/or in work with other service users.

Case examples from Littlechild et al, (2016):

A worker had to move out of her family home and have safety alarms fitted when moving back in, after suffering harassment and threats of violence by a mother and father over many months. The father took photographs of the worker and her car, and was arrested by the police when he was in the office car park with a baseball bat waiting for her. The mother threatened to make, and pursued, many complaints which the worker perceived as aggravated complaints, making it clear that this was intended to harass the worker. None of the complaints were upheld. The worker said " ..It was the constant barrage of letters as well as threats of physical harm which affected me". Both the parents of the child were later imprisoned for harassment.

Another respondent was aggressively confronted in front of her young children in a shopping centre by a parent. The parent subsequently made door-to-door enquiries in her neighbourhood and found the worker's home. The worker spent a long period attempting to get the parent to leave their doorstep and desist from carrying out the serious assault he was threatening. The worker reported this to the police despite the parent threatening to kill the worker and her children if she did so. The worker pursued a prosecution, despite finding the stresses of doing so considerable. The parent received a six-month suspended sentence after the worker and her partner had testified in court.

Exercise: Consider how you might feel as the worker in the above circumstances. What would you do to try to deal with the fear that you might be feeling? Who would you go to and in what way to ensure your safety and wellbeing?

Reflection questions

Case examples of violence and aggression – what might you do?

These are very briefly described scenarios; there will of course be more factors and history in a real case and there is no single right answer as to how you would deal with it. But as an exercise, consider what you might do in these situations and if helpful, think about similar current or previous scenarios that you have dealt with.

A service user with longstanding mental distress and involvement by mental health services

You as the social worker have to discuss with them possible assessment under the Mental Health Act. They feel vulnerable and scared about seeing a professional and what might happen as a result of the assessment.

Suggested reflections and actions: In this situation, the social worker needs to be aware of issues that might exacerbate the person's fears even more, for example if they have had negative experiences of being detained before or are distressed about specific incidents leading to the assessment. If these issues have to be broached, this needs to be done in a planned and careful way, with back-up and safety procedures, for both the service user's and social worker's sake.

A service user with severe dementia

When you are visiting, they have difficulty remembering you and your role, appear confused and threatened by what you are there to do and react with hostility.

Suggested reflections and actions: If there is anxiety and confusion, knowing in advance non-threatening 'safe areas' of talk that can be used to defuse the situation is helpful, maybe relating to a favourite tv programme, family member and so on.

A parent whose child is on a child protection plan

They have been resistant to working with you and responded aggressively, and on this attempted visit, they claim to have Covid-19 and spit at you.

Suggested reflections and actions: In this situation, you should follow government regulations and guidance on testing and self-isolation. It is also important that, when it is practical and appropriate to do so, you record discussions with your manager about your own safety, medical follow-up and wellbeing. This should include how the parent will be worked with and appropriately challenged about their behaviour, both so that you are safe and the the child is protected properly. It is important how this is done. We need to ensure that, while we hold on to social work values and make clear we are not rejecting the parent, we need to work with them to make clear that such behaviour is not acceptable. This may most appropriately be done by your agency rather than you as an individual if you reasonably decide and say to managers that it is too risky for you to work with them again. In other cases, you and your employer may agree that techniques such as mediation or restorative conflict resolution are appropriate. Or it may be that prosecution and/or an order to protect you (for example, under the Protection from Harassment Act 1997 (see TUC, 2019) is needed.

If you and your manager agree that you should continue to work with the person, there should be an agreement with the parent on what basis this will take place, with clear limits and boundaries set by the agency. These areas are covered in detail in Littlechild et al. (2020, forthcoming).

Tips for individuals in potentially aggressive or violent situations

If you have concerns in advance of meeting with a potentially aggressive person, discuss and think through the situation and risks within it with your supervisor and/or colleagues.

Organise back-up. If you are to be alone with a potentially violent service user, take a colleague with you, have one wait outside the door (which will perhaps be left open), or arrange for a colleague to call after a certain period if you have not returned. Prepare what action will be taken on your behalf by colleagues in a given situation.

For visits outside the office, make sure you are provided with a personal safety alarm or an app on your phone for lone worker safety. Check and make use of your agency's lone worker policies. Are others aware of your whereabouts and what action to take if you do not contact them by a certain time?

The role of supervisors in relation to violent incidents

Supervisors and managers need to ensure they have clear and transparent plans to support staff in situations of actual or potential violence or harassment to ensure safety and wellbeing.

Fears and anxieties that practitioners may have after experiencing violence or aggression may mean they need support in dealing with their other work for the rest of the day, week, and potentially beyond. They should not be expected just to carry on as normal in the aftermath of a traumatic incident. If the person is really shaken, do they need help in thinking about getting home? In addition, we know that some workers have experienced violent service users waiting for them in a car park as they go to their car, followed them, stalked them at home and where they go shopping – these cases caused some of the highest levels of anxiety and fear in workers (Littlechild et al, 2016).

Plans need to be put in to place by supervisors and/or managers to anticipate further aggression and violence and deal with this in terms of setting limits and boundaries with the service user - [see the SAFE model of responding to fear-provoking behaviours below](#). Victims need to be given support and protection in dealing with the after-effects, and planning for how they deal with the situation with the service user; on whether they carry on working with them and if so under what conditions, and any possible effects on their work in general (See Littlechild, 1997; Littlechild et, 2016).



In addition to the support from their line manager in terms of their wellbeing and planning their safety, some workers may want to seek counselling, which many agencies now make available for staff.

How supported do you feel in relation to violence and aggression?

If the answer to any of the below is 'not very', consider how you could approach the issue with managers or peers to help you feel safer. Consider to what extent your agency's culture and policies make you feel:

1. Confident of a supportive response if an incident occurred or you were worried about going into a situation?
2. That you wouldn't be left in a situation where you cannot gain access to help.
3. Clear and confident about the specific type of support that will be available.
4. That proper and appropriate debriefing (possibly independently, in addition to debriefing with your line manager) is available.
5. Safe with managers and colleagues to work through difficulties.
6. That a perpetrator of violence against professionals can be made aware of limits/ boundaries, so you feel safe to continue to work with them or that they can be allocated to another social worker.

Bullying and harassment

Social workers can experience fear arising from bullying and harassment from both service users and carers, and colleagues and managers (BASW, 2019; Chartered Institute of Personnel and Development, 2005). Such behaviours of non-physical violence and threats can include abusive behaviour, sexual/racist/disablist/LGBTQ+ abuse, and harassment. Bullying usually involves persistent offensive, intimidating or humiliating behaviour which attempts to undermine an individual or group of people. It is often face-to-face but can be in writing, by telephone, text messaging, email and on social media. Harassment can be seen as part of bullying, but is a term that is defined legally in the Equality Act 2010, whereas there is no legal definition of bullying.

The Health and Safety Executive defines workplace bullying as a pattern of behaviour rather than isolated instances, happening "repeatedly and persistently over time".

Victims of bullying report a range of physical symptoms, including a loss of appetite, difficulty getting to sleep or staying asleep, palpitations, and psychological symptoms such as anxiety, depression, burnout, and low self-esteem. Staff can have their confidence affected to the extent that they are unable to continue in their work (Chartered Institute of Personnel and Development, 2005).

The increase in cyberbullying and abuse and harassment of social workers through social media is evidenced through (limited) research at present (Kagan et al, 2017). BASW's research (2018) found that social workers had experienced a growth in such abuse, with service users and/or family members posting malicious information about social workers on Facebook, YouTube and so on. 11% of respondents had received threats over social media, with 4% having had a family member threatened in this way, which they found particularly worrying.

Harassment is defined for the purposes of the Equality Act 2010 and this definition includes “unwanted conduct related to a relevant protected characteristic” which “has the purpose or effect of” violating an individual’s dignity, creating an intimidating, hostile, degrading, humiliating or offensive environment for the victim. Under the Equality Act, harassment covers (among other things) the provision of services and public functions and work. Therefore, an employer must not harass an employee or someone applying for work, and will need to show they took all reasonable steps to prevent harassment. It should be noted that not all of the protected characteristics fall under this definition of harassment. Protected characteristics under the Equality Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Other legislation also provides protection from harassment. For example, the Health and Safety at Work Act 1974 places a duty on employers to ensure, as far as reasonably practicable, the health, safety and welfare of their employees when at work. The legal duties of employers to protect the health and safety of their workers, mean that failure to deal with and take reasonable steps to prevent harassment and violence could be unlawful ([HSE, undated](#)).

Case examples

A service user says or implies that they believe that I am a homosexual, and that this is a dirty and immoral thing I do, and make clear that they think less of me as a person and social worker because of it.

A service user, without using direct words, implies that because of my ethnicity or faith, my competence in my work and being able to help them with their difficulties is less than someone who does not have those attributes.

Employers should take all reasonable steps to prevent or respond to such situations. These might include taking into account the [SAFE model of responses to such behaviours](#), and potentially legal responses such as injunctions, court orders or prosecution (see below).

As well as the potential for harassment of workers because of their ethnicity or faith, social workers can sometimes be fearful of being accused of racism and/or identifying a cultural practice as abusive. Social workers need to practice, and be supported to practice in a culturally sensitive way, but not engage in ‘cultural relativism’ (where social workers from one particular cultural, ethnic or faith background have little or prejudiced knowledge of a particular culture, and



attribute potentially abusive behaviours to aspects of culture, which they believe they have no right to criticise).

Harassment in the courts and criminal justice system

In certain cases where there has been harassment from a service user, you can (as the victim) and hopefully with the support of your employer, make a civil claim under the [Protection from Harassment Act 1997](#). This could result, for example, in damages or an injunction. This legislation specifically prohibits a person from pursuing "a course of conduct" which "amounts to harassment of another" which "he (sic) knows or ought to know amounts to harassment of the other". A person is presumed to know that conduct is harassment if "a reasonable person in possession of the same information would think the course of conduct amounted to harassment of the other". The [Protection of Freedoms Act 2012](#) inserted stalking as a specific form of harassment covered by the act.

Stalking is defined as including monitoring a person's use of the internet, contacting a person by any means, loitering in a public or private place, interfering with the person's property or spying on a person. It is recognised that all of these can be used by service users to intimidate social workers (Littlechild et al 2016). There are two offences established: "stalking" and "stalking involving fear of violence or serious alarm or distress".

If there is a potential criminal offence or civil remedy in relation to any of these matters, it is important to discuss with your supervisor/manager, and possibly with trade unions and/or your professional association about taking a legal route forward.

Whistleblowing about unsafe practice

Whistleblowing is when a worker informs their employer, a regulator, customers, police or media about wrongdoing, risk or malpractice that they are aware of through their work. These actions can be formally described as 'making a disclosure in the public interest'. A social worker can make a disclosure if they reasonably believe, for example, a criminal offence has been committed, a person is failing to comply with their legal obligations or the health or safety of an individual is being endangered. This is called a 'protected disclosure', and full details are of these (and other key matters to take account of, and also protect yourself with if you decide you need to raise concerns and potentially whistleblow) are set out in the [useful guide for health and social care published by the Whistleblowing Helpline](#).

Briefly, in relation to fears about the effects of whistleblowing, workers making a 'protected disclosure' are protected from being subjected to any detriment (such as not being promoted, being bullied, or being dismissed) by the [Employment Rights Act 1996](#) (as amended by the [Public Interest Disclosure Act 1998](#)).

Whistleblowing is now incorporated into the professional standards for social workers. Social Work England's professional standard 6 (promote ethical practice and report concerns) requires social workers to "report allegations of harm and challenge and report exploitation and any dangerous, abusive or discriminatory behaviour or practice" (6.1), and "raise concerns about organisational wrongdoing and cultures of inappropriate and unsafe practice" (6.5). (See [Social Care Wales website](#) for advice for workers in Wales).

Guidance and policies have been strengthened because of a number of high profile cases where whistleblowers were found to have been treated badly by their employers. Alison Taylor, the social worker who went to the media concerning the abuse which was taking place in residential young people's units in North Wales, was initially sacked. In 1986, she had approached a local councillor to complain about violence by staff to children in residential care, after trying to raise the issue with a number of her managers – each time she raised it within the council she was ignored.

Eventually, her pressing for an inquiry resulted in eight prosecutions and seven convictions of former care workers at the Bryn Estyn home, including offences of buggery, attempted buggery and indecent assault. Although she was eventually found to have been unfairly dismissed by an employment tribunal in 1995 and won compensation from the council who employed her, she suffered stress and ill

health as a result of her disclosures and campaigning, and never worked again as a social worker. Abuse taking place in the area's children's homes in the 1980s was still being investigated in 2016.

The Francis Inquiry (2013) into dangerous practices and abuse at Mid Staffordshire NHS Foundation Trust led to the introduction of the “duty of candour” on health and social care providers to inform service users or their families where care they have provided is believed to have led to serious injury or death (hence Social Work England's professional standard 6.5 above).

The social work role in highlighting dangerous practice was also evident in the Winterbourne View hospital scandal, where a substantial minority of the patients at the privately run hospital had a care coordinator who was a social worker, and where there had been 40 safeguarding referrals to local authority adult social care services in 43 months, including 27 allegations of staff-to-patient harm.

Reflection questions

- How might you respond to the knowledge Alison Taylor had? Or if you had been one of the care coordinators at Winterbourne View? What could you do to initially raise concerns within your agency?
- If you determined you needed to go beyond your agency, how would you plan to protect yourself in making a protected disclosure under the Employment Rights Act 1996? Who might you approach for support in doing this?

Other sources of support

- Your trade union/professional organisation.
- The Department of Health and Social Care funds [Speak Up](#), a free, confidential whistleblowing helpline for NHS and care staff and employers who need advice about raising concerns and for employers on best practice: 08000 724 725.
- [Public Concern at Work](#) aims to help whistleblowers safely raise concerns about their workplace, and works with organisations to help them to instil whistleblowing cultures.

Conclusion

Reflection exercise – responding to fearful feelings

1. What situations can you think of that might induce fear for you?
2. Why?
3. What factors in the situation are key to identify and deal with?
4. How easy do you find it recognise this, and seek support for it?
5. What in your personal learning and experiences might contribute to this fear, and how can you best plan to get support, from whom, to minimise its effects on your practice and personal wellbeing?

To conclude this guide, I propose the acronym SAFE as a model to use when thinking about managing sources of fear in your work and getting the support you need.

The SAFE model

- **Support** – What is the nature and level of support available to you? If you are unsure or concerned about some aspects of this, can you find out or raise this?
- **Assertiveness** – How assertive are you able to be with managers regarding your own health and safety, and the health and safety and wellbeing of others, particularly in relation to violence and harassment and whistleblowing? Use the tips in this guide to remind yourself and others about your rights and the legal framework. This might include keeping records of concerns raised (for example, sending an email to your manager summarising issues discussed verbally) to cover yourself and provide evidence, and seeking the support of your manager if you need to challenge service users.
- **Fit** – There needs to be a fit between our own needs, service users' needs and agency needs and pressures. We often need to negotiate where we fit in the middle of that and how we relate to colleagues, managers, senior managers, and understand what the law says.
- **Empathy** – as social workers, our empathy for others is one of our most powerful tools, especially when managing potentially fearful situations. It can help us understand service users' attributions, motives and actions. It is also what we need from colleagues and managers to feel safe and supported in the situations we go into.

Where to go next

Our fear and social work podcast gives more tips on being assertive to get the support you need, on [Inform Adults](#) and [Inform Children](#).

The guides to emotional resilience and secondary trauma give more advice on looking after yourself, see secondary trauma on [Inform Adults](#) and [Inform Children](#), and emotional resilience on [Inform Adults](#) and [Inform Children](#).

The core skills hubs on [Inform Adults](#) and [Inform Children](#) contains more guides applicable to social workers practising in all types of team.

References and further reading

British Association of Social Workers (2014)

[BASW Whistleblowing Policy](#)

British Association of Social Workers Northern Ireland (2018)

[Insult and Injury: Exploring the impacts of intimidation, threats and violence against social workers](#)

Belfast: BASW

British Association of Social Workers (2019)

['Blame culture' contributing to rise in children in care, MPs told'](#)
Professional Social Work magazine, 6 February 2019

Brown R, Bute S, Ford P (1986)

Social workers at risk: The prevention and management of violence
Basingstoke, UK: Macmillan Education.

Chartered Institute of Personnel and Development (CIPD)

[Bullying and harassment at work](#)

Community Care (2011)

['Special report: hostile and intimidating parents'](#)
Community Care, 17 November 2011: pp.4-5 and 18-20

Community Care (2019)

['Blame and shame in social work is not just about media headlines'](#)
Community Care, 31 January 2019

Health and Safety Executive (2019)

[Violence at Work Statistics](#)

Kagan M, Orkibi E and Zychlinski E (2017)

["Wicked", "deceptive", and "blood sucking" Cyberbullying against social workers in Israel as claims-making activity](#)

Qualitative Social Work, 17 (6):778–794.

Littlechild B (1997)

Dealing with Aggression - Practitioners' Guides
BASW, Birmingham

Littlechild B, Hunt S, Goddard C, Cooper J, Raynes B & Wild J (2016)

['The effects of violence and aggression from parents on child protection workers' personal, family and professional lives'](#)

Sage Open, 31 January 2016

Littlechild B with Mills K and Parkes R. (2020, forthcoming)

Working with conflict in social work practice
London: Open University Press, McGraw-Hill Education

Megele C (2015)

Psychosocial and relationship-based practice
Northwich: Critical Publishing.

Norris, D (1990)

Violence against social workers
London: Jessica Kingsley

Smith M, Nursten J, McMahon L (2004)

['Social workers' responses to experiences of fear'](#)
British Journal of Social Work, 34, 541-559

TUC (2019)

[Tackling Third-Party Abuse and Harassment: A Guide for Trade Union Reps](#)
London: TUC

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