



# Vermont State Employees' Association

155 State Street, Montpelier, VT 05602;  
Fax: (802) 223-4035 E-mail: vsea@vsea.org

Phone: (802) 223-5247  
Website: www.vsea.org

Joint Legislative Child Protection Oversight Committee  
November 18, 2015  
Vermont State Employees' Association  
Worker Safety Legislation Recommendations

1. Caseloads

- a. Impose a caseload cap to include:
  - i. Open, Ongoing cases do not exceed 12-15
  - ii. Investigations- no more than 100 per year
  - iii. 1 administrative assistant for every 12 social workers
  - iv. Supervisors manage no more than 6 social workers

Notes: We have included Connecticut's Consent Decree for your perusal and more detailed information on caseload rationale.

2. Provide all 12 buildings that house Family Services Division staff with trained, armed law enforcement or security personnel.

- a. Currently, only three of these building have any security:
  - i. Burlington
  - ii. Bennington (Courthouse)
  - iii. Rutland

3. Ensure any legislation that is written includes mandating state police officers SHALL make themselves available when called by a Family Services Division Social Worker who feels that h/she needs assistance when meeting with a family either at a home visit or in the office itself. The request shall be at the discretion of the social worker.

Notes: This will require an adequately staffed state police force.



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## Introduction:

Workplace violence is a very real and present danger that has garnered much attention across the country over the past several years, with legislation being passed in several states, starting with **California** enacting the first law in 1994. Other state's that have that have enacted similar laws or, in **Connecticut's** approach, through a Consent Decree that was initially enacted in 1991 and updated in 2004, include: **Arizona, Arkansas, Colorado, Georgia, Indiana, Nevada, North Carolina, Rhode Island and Tennessee**. Most recently, **New Jersey** has issued several issuances of procedures and policies addressing worker safety issues, including teamed field responses (the buddy system). **Vermont** has also introduced bills related to this subject; H.74, introduced by Representative Pugh and others (Related to safety protocols for social and mental health workers); S.143, introduced by Senator Pollina (Protecting employees from Bullying and Harassment at work), and S.9, introduced by Senator Sears and others (Related to improving Vermont's system for protecting children from abuse and neglect (this bill passed into law as Act 60).

The State of Vermont has been grappling with this issue for a while now, and had already been taking actions to look at this issue seriously prior to the murder of Lara Sobel, a Family Services Social worker, who was shot and killed as she exited her workplace on August 7, 2015. In light of this horrific tragedy, Vermont lawmakers are preparing to introduce workplace violence legislation this year (January 2016).

VSEA is proposing the following recommendations to be included in any legislation that is introduced. They come from several sources, including:

- The National Association of Social Workers (NASW)
- The Federal Occupational Safety and Health Administration (OSHA), with specific guidelines for social workers
- A review of current policies, practices and laws in other states
- A 2013 report from Cornell University
- Surveys conducted by VSEA to the FSD workers in Vermont
- In-person worksite meetings with FSD workers across the state
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Two questions that were on our survey asked Vermont FSD workers:

- 1) **“Do you believe that a high caseload is detrimental to staff safety?”** The responses were **160 workers reporting “yes”, and 5 workers reporting “no.”** That is a yes response of **96.97%**.
- 2) **“What policies, training, practices, etc. would help you feel safer while working with families?”** **117 respondents gave suggestion to this open ended question, and those concerns are reflected within our list of recommendations below.**

We will be delivering this report to the Administration and the appropriate committees (Appropriations, Government Operations, House Human Services, etc.) along with the surveys conducted just before Lara Sobel’s murder, and soon thereafter, for their consideration as they craft meaningful legislation to address workplace violence prevention, intervention and post-incident actions.

**Prevention:** According to the latest bulletin from OSHA, **“A workplace’s violence program should have clear goals and objectives preventing violence in the workplace, be suitable for the size and complexity of operations and be adaptable to specific situations, facilities and units.”**

1. **Staffing- Caseloads**
  - a. **Best practice suggests a caseload of 12** for a social worker to be able to effectively deliver services to customers and affords the worker the time to adequately assess, plan, implement and work safely with their customers.
  - b. A current assessment of our workers caseloads suggest **that three times the amount of social workers currently employed is needed** to minimize risk of harm to workers and provide the customers in these very emotional and often complex cases with the appropriate attention in seeking the best outcomes for the family.
2. **Conduct a worksite analysis and hazard identification of each facility.** This should involve forming a safety assessment team consisting of senior management, supervisors and front line workers. Some known best practices include paging systems, GPS tracking, cell phones for all workers; security and silent alarms, knowledge of accessible exits, metal detectors at entrance of building, appropriately trained staff authorized to carry weapons (Security or Law Enforcement), closed circuit TV of parking lots and building, bullet proof glass where appropriate, name tags without last names and without job titles.
3. **Perform a Job Hazard Analysis.** Evaluate all current and new policies to ensure all hazards are covered in the policies, procedures and protocols are in line and achievable in the most high risk jobs.
4. **Establish a written protocol for workplace violence prevention, and incorporate into overall safety and health program.** ( complying with state laws and requirements already in place)
5. Assign responsibility and authority for various aspects of the prevention program to ensure all managers and workers understand their obligations.
6. Establish firm written guidelines with families on appropriate and acceptable behavior for both DCF workers and customers to follow (mutual respect) that both parties agree to and sign.
7. Relationship building and **MOU’s with law enforcement, community partners, the mental health community (both implementation and adherence)**
8. **Initial training upon hire**—including training specific to the risk involved in this work and all the tools available to workers to help prevent and mitigate risk and promote a positive relationship between the social worker and the family.
9. **Written policies, procedures and protocols covering the start of a case and following it all the way through to the various potential outcomes, using best-practices.**

10. **Appropriate record-keeping and avenues for red flagging and reporting suspected "high risk" cases from the start.**
11. **Buddy systems** put in place for all home or off-site visits.
12. **Timely, consistent and transparent communications between management and staff.**
13. **Risk assessment tools** to establish level of potential escalation leading to harm to family members, community partners who are involved and social workers.

**On-going activities:**

1. Training
2. Program Evaluation
3. Open line of communications between staff and management, including supervision and regular de-briefing for front line workers with their supervisors and peers.
4. Buddy System implemented for home and off-site visits.
5. **Access to Criminal Database**
  - a. Both inter and intra agency reporting- increased collaboration between agencies.
6. **Increased and timely outreach and responses to customers to maintain relationships.**
  - a. Increase time spent with families
  - b. Offering concrete action plans (with support) for parents to be successful in keeping their children in their home.
  - c. Employ best practice approaches to maintaining trust, incorporating transparency to families (rationale for DCF decisions, and harm reduction approaches to talking to families when hard decisions are made)
  - d. Follow-up practices/support for families whose children have been placed in state custody.
7. **On-going review of and upgrading training materials to reflect current best practices.**
8. **Transparency of Management and increased communication between staff and management.**

**Intervention:**

1. **Define protocols for what to do when an incident occurs**, including actions that can help mitigate and reduce escalation in customers when decisions are made that will likely not be well-received, i.e ranging from corrective action plan for parents to allow them to keep their children with them, to what parents rear the most; removal of child from home.
2. Protocols for when a risk assessment is performed and Social workers have reason to believe there is a possibility of escalation from parents.
3. Concrete plans put in place and increased involvement by supervisors, community partners, law enforcement, if needed, and the mental health community.
4. **Bricks and mortar protection**, including physical building security, law enforcement presence, monitoring of parking lot and entrance to the building.
5. Training for social workers for constant and consistent safety planning and implementation for all cases, and increased safety mechanisms for cases deemed high risk.

**Post-Intervention:**

1. Provide medical care for injured worker immediately.
2. Ensure all staff is physically safe and out of harm's way.

3. Emotional support for workers and all involved.
4. Transparent communication from management to staff.
5. Provide debriefing, counseling, and medical protocols for workers who have witnessed assaults and other violent incidents and ensure that trauma-informed care is available.
6. Establish a post-intervention committee to review the circumstances and identify if anything could have been done to prevent the incident, and that all protocols were followed. Add new policies, protocols, if not already present in current procedures. Include both staff and management on the committee. The committee should analyze which positions were affected, if staff was qualified and properly trained.
7. Provide regular follow-up with affected staff to determine if they are receiving the help they need to successfully perform their job and resolve and residual effects of the trauma.
8. Properly report each incident.

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