



Implementation of multi-sectoral guidance on third party violence in the workplace

Summary report of regional workshops

A report prepared by GHK

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A report for CEMR, CoESS, EFEE, EPSU, ETUCE, EuroCommerce and UNI Europa
prepared by GHK

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1 Introduction

This document provides a summary report of the discussions at the three regional workshops held as part of the project on the Implementation of the multi-sectoral guidance on third party violence in the workplace, in London on 9th May, in Rome on 14th June and in and in Prague on 6 September 2011.

1.1 Background of the project

On 16 July 2010, EPSU, UNIEuropa, ETUCE, HOSPEEM, CEMR, EFEE, EUROCOMMERCE, COESS, representing the social partners of the commerce, private security, local governments, education and hospital sectors have reached an agreement on multi-sectoral guidelines aimed to tackle third-party violence and harassment at work (<http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=896&furtherNews=yes>)..

These Guidelines have been developed following two major conferences organised with the support of the Commission in March 2008 and October 2009 at which the outcomes of a research on third-party violence were presented along with case studies and joint conclusions . Therefore, these Guidelines build on these initiatives and complement the cross-sectoral *Framework Agreement on Harassment and Violence at Work* of 26 April 2007 (http://ec.europa.eu/employment_social/dsw/public/actRetrieveText.do?id=8446).

The organisation which were party to the multi-sectoral guidelines subsequently decided to disseminate the guidelines and obtained funding from the European Commission for a project to assist with the translation of the guidance into all EU languages, for three regional seminars and a final conference to be held with the goal making the guidelines more widely known, sharing good practices in tackling third party violence in the workplace and encouraging national member organisations to think about how the guidelines will be implemented in each Member State. GHK Consulting was commissioned to assist in the moderation of these events and in the preparation of reports.

1.2 Participating countries

The first regional workshop was held in London on 10 May 2011 under the participation of 60 representatives of sectoral social partner organisations from Denmark, Estonia, Finland, Ireland, Latvia, Lithuania, the Netherlands, Sweden, Turkey and the UK (representatives from Bulgaria were also registered to attend but were unable to be present on the day).

The second regional workshop was held in Rome on 14 June 2011 with the participation of 47 representatives of sectoral social partner organisations from Croatia, Cyprus, Greece, Italy, Malta, Norway, Portugal, Sweden and Spain, as well as Brussels based sectoral representatives.

The third regional workshop was held in Prague on 6 September 2011 with the participation of 53 representatives of sectoral social partner organisations from Austria, Belgium, Bulgaria, the Czech Republic, France, Germany, Hungary, Slovakia, Romania, Macedonia, Sweden, the UK, as well as Brussels based sectoral representatives.

Lists of participants and the agendas of the workshops are included in the Annex to this report.

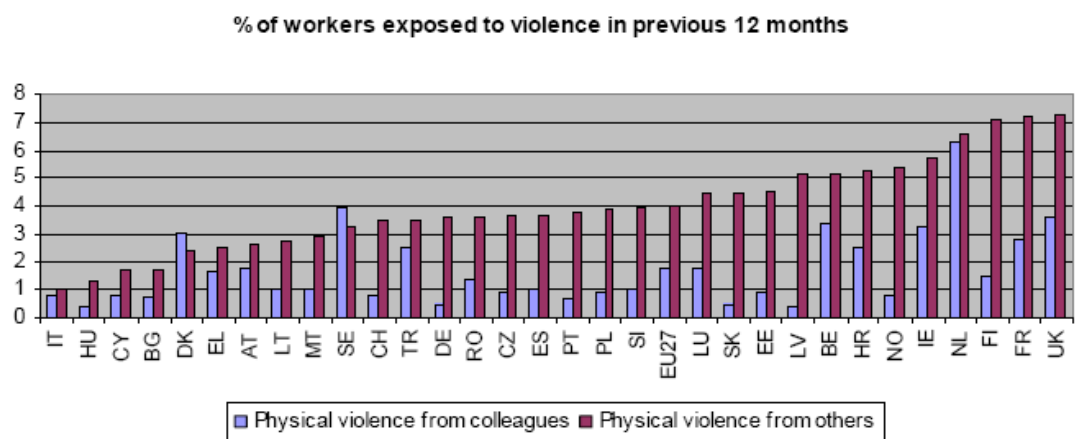
1.3 Purpose of this report

This report is intended as an input to the closing conference to be held in Warsaw on 27th October 2011.

2 The importance of tackling third party violence in the workplace

In all workshops, Dr Tina Weber (GHK), who was also responsible for the research conducted for the RESPECT project, carried out prior to the agreement of the multi-sectoral guidelines, provided a presentation underlining the scale of the challenge of third party violence in the European Union. Research from the European Foundation for the Improvement of Living a Working conditions (as part of the European Working Conditions Survey, last carried out in 2007) showing that between 1 and 7.2% of workers in the European Union were exposed to physical violence from service user/customers in the 12 months prior to the survey. This figure is significantly higher than the figure for workplace violence resulting from attacks from colleagues. The differences in the incidence of third party violence between countries is notable (see figure 2.1) and could be linked to “cultural” factors and perceptions regarding the “acceptability” of certain types of behaviour.

Figure 2.1 Worker exposed to violence in the workplace in past 12 months



Source: Eurofound, *European Working Conditions Survey, 2007*

It was, however, made clear that the social partners involved in the multi-sectoral guidelines, that third party violence in the workplace should never be considered as being acceptable. It is notable that a recent study by OSHA

(<http://osha.europa.eu/en/publications/reports/violence-harassment-TERO09010ENC>) found that the definition of third party violence differs significantly from country to country, with an official definition only being found in 10 of the 22 countries which responded to their study survey. Furthermore, different data collection methods are employed at national level, meaning that it is difficult to come by comparable data on the incidence of third party violence.

The risk of third party violence is clearly shown to be greatest in a number of specific sectors, most of which are represented in the organisations who are signatories to the multi-sectoral guidelines:

- Health care
- Social work
- Education
- Public administration
- Commerce
- Transport (not party to the agreement on the guidelines)
- Hotels and Restaurants (not party to the agreement on the guidelines)
- Private security

The incidence of third party violence experienced was also considered to be linked to the workplace environment, including to the level of training received and control exercised by individual workers over work processes, as well as the clarity of information provided on service standards to be expected by clients.

Evidence clearly shows the important impact of third party violence not only for individuals affected (in terms of their health and well-being), but also for the organisation and the economy as a whole.

Being a victim of third party violence can lead to short and indeed longer term emotional difficulties, which can also manifest themselves in physical ailments (resulting from anxiety, lack of sleep etc). The EWCS found that 35% of workers who experienced third party violence missed work in a given year (compared to 23% overall).

A survey of social partner organisations carried out by GHK in 2009 which found that third party violence was linked to low staff morale, absences from work, as well as retention and recruitment difficulties.

Despite the significance of the problem, the GHK survey, as well as the larger scale OSHA survey found that the number of countries, sectors and organisations having developed specific policies to deal with third party violence remains limited.

The OSHA survey (see figure 2.2) quotes the lack of appropriate tools and methods for assessing and managing the issue as well as the lack of scientific evidence and data as among the main reasons for not having nationwide or sector specific initiatives to deal with the issue.

Figure 2.2 OSHA findings on the reasons for not having national or sectoral initiatives to deal with third party violence

Table 17: The number of selected main reasons for not having nationwide or sector-orientated initiatives to address third-party violence (n = 22, all Focal Point answers)

Reason	Number of selected as one of the reasons
There are no appropriate tools/method for assessing and managing the issue	7
Scientific evidence is limited or lacking	6
Low of prioritisation of the issue	5
Lack of awareness	5
Specific regulation on the subject is limited or lacking	5
Extra-occupational factors are considered to be the main causes of the issue	3
Lack of tripartite agreement	2
Other	2



3 Good practices in tackling third party violence

3.1 Key elements of good practice

The research carried out for the RESPECT project highlighted the following key elements of policies and practices aimed at dealing with third party violence in the workplace:

- A clear definition
- Preventative measures including:
 - Managing expectations by providing clear information regarding the nature and level of service clients/customers/service users should expect
 - Designing “safe workplaces” through risk assessment, including
 - The provision of “tools” aimed at safeguarding employees
 - Workplace design
 - Process design and work organisation
- Training and awareness raising
- Clear monitoring report and follow-up
- Provision of support to victims
- Procedures for policy evaluation and review

In this context, it should be noted that EU and national law already define an employers' duty to protect workers against violence and harassment in the workplace, including through

- Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin
- Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation
- Directive 2002/73/EC of 23 September 2002 amending Council Directive 76/207/EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions
- **Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work**

Directive 89/391/EEC stipulates that the employer has a duty to carry out a risk assessment and should take all reasonable measures to prevent identified threats. Measures arising from risk assessment can relate to:

- The provision of clear information regarding the nature and level of service clients/customers/service users should expect
- The provision of “tools” aimed at safeguarding employees
- Workplace design
- Process design and work organisation

Training is identified as a vital part of the prevention of third party violence. Key elements of training packages developed include:

- Raising awareness of potential threats of abusive behaviour, harassment and violence and what is considered to be unacceptable
- Awareness raising of relevant policies and their responsibilities in implementing the policies, including customer care policies

- Information about reporting, monitoring and follow-up procedures and various roles and responsibilities in relation to these processes
- Information about support and counselling services available to victims of third party violence
- Techniques for identifying and dealing with aggressive behaviour and potentially violent situations

Finally, successful policies aimed at tackling third party violence should include clear policies and processes of reporting and follow-up, including procedures for victim support.

3.2 Examples of existing practice presented at the workshops

Fifteen examples of existing practices were presented at the three workshops, which are briefly summarised below. Further information can be obtained from the slides which will be lodged on a dedicated website.

3.2.1 UK Commerce sector – USDAW

On behalf of USDAW, Doug Russell presented the “Freedom from Fear” campaign, started in the British retail sector in 2002. He underlined that in the retail sector, the key triggers for third party violence to occur, include the following:

- Apprehending suspected shop thieves
- Robbery of cash or valuable goods
- Sale of age-restricted goods
- Queuing at counter/checkout
- Not having advertised items in stock
- Arguments over refunds for faulty goods
- Allegations of short-change/cash-back errors

A survey carried out by G4S in 2009 demonstrated some worrying statistics in relation to public perception about the treatment of retail staff with 1 in 20 respondents arguing that it was OK to verbally abuse staff if customers are unhappy with the service. Around 150,000 respondents even felt that it was acceptable to physically abuse staff and 760,000 respondents thought it acceptable to steal from large retailers.

Although there had been guidance on third party violence from the UK Health and Safety Executive, co-ordinated action to spread awareness of the issue and encourage action to be taken was seen to be missing prior to the campaign started in 2002.

A key feature of this campaign is its “tripartite” approach, involving the trade union Usdaw, the British Retail Consortium (employers’ organisation), the National Retail Crime Prevention Strategy Group led by the Crime Prevention Minister and the police and local authorities.

The trade union’s role in the campaign was to support national initiatives, work with individual employers to improve security, to hold an annual event supporting “respect for shopworkers” and to participate in annual “Freedom from Fear” summit meetings with the government and other key stakeholders.

The campaign can be shown to have been successful as the incidence of third party violence in the retail sector has been on a significant downward trajectory. There are, however, concerns that the current economic climate will lead to a reversal in these figures. This is partly because economic difficulties often lead to an increase in shoplifting, but primarily because cuts in public budgets are leading to policy support being scaled back, which is so critical to addressing the issue.

3.2.2 Swedish local and regional government sector – SALAR

Ned Carter (SALAR) provided information about actions taken in the Swedish local and regional government sector to address third party violence particularly in the social work and social care sectors, hospitals, schools and the ambulance service.

3.2.3 Swedish education sector – Lärarförbundet

On the basis of the example of a school in Sweden which seeks to prevent violence by creating a welcoming and respectful teaching and learning environment, Anders Eklund demonstrated the importance of such “environmental” factors in prevention. This approach is also seen to increase self-esteem in children, reducing aggressive behaviour towards staff and other children.

3.2.4 Dutch hospital sector – CAOP

The issue of the work environment was also highlighted by Peter Peerdeman and Ton Heerschop, who presented policies implemented in the Dutch hospital sector using the example of the VieCuri hospital in Venlo.

Here reception and waiting areas have been designed in a way to create a calming environment. In addition, work processes have been streamlined to ensure that waiting times are kept to a minimum and patients are always aware if there are major incidents which are preventing them from being seen quickly.

Strong security and prevention policies have been developed to ensure for example that access to certain areas is restricted to authorised personnel, aggressive patients or their relatives can be dealt with quickly (if situations cannot be diffused by trained staff) through on-site security.

Policies stipulate that patients or relatives who have threatened or perpetrated actual violence against hospital staff are banned from the premises (either to be treated in non-emergency situations or to visit relatives) for a period of a year.

All incidents are reported and hospital keep close contact with the policy and local authorities to ensure that known perpetrators are known to all services.

This policy has led to a significant decline in incidents as well as significantly increased staff satisfaction.

3.2.5 Polish commerce sector - NSZZ Solidarność

Alfred Bujara from the trade union NSZZ Solidarity presented the evidence of research regarding the incidence of third party violence in the commerce sector in Poland which ranges from verbal abuse to actual physical violence, leading some workers to leave the sector.

In some cases, such violence is linked to perceived poor standards of service, such as long queues at the check-out, but can also be connected to alcohol and drug abuse by customers as well as shop lifting.

Significant awareness raising efforts are needed in Poland to convince employers and the public to take this issue seriously and this is where the trade union is particularly involved. Better training is required for staff to help them to diffuse potentially violent situations and further investment is required in security and safer workplaces.

3.2.6 Swedish commerce sector – Svenskhandel

The creation of a safe retail environment is at the heart of initiatives taken in the Swedish retail sector, which were presented by Johann Bark. As in the UK, an important feature of this approach is the co-operation between different stakeholders and the establishment of a permanent body to monitor and address these issues (HAK – the Committee for Health and Safety in Commerce, which brings together employee, business and employer organisations). The police and the national crime prevention council are supporting a programme for protection against robberies, which is administered by HAK.

The programme sets down a set of standards to be met, which – if met – can lead to a store being accredited and allowed to display a visible symbol of their accreditation. The standards include having:

- 1 A responsible person for security

- 2 Training adapted to the retail branch in security questions
- 3 Routines for security work
- 4 Lockable tills (with code and key)
- 5 Cashboxes, vacuum tube system or a system for sealed cash handling
- 6 Special secure area for the counting of cash and valuable documents
- 7 Locker for valuables (it is recommended that a deposit box is included)
- 8 Alarm possibilities
- 9 Security adapted doors and lock routines
- 10 Height markers (for identification)
- 11 Staff- and goods entrance
- 12 Carefully planned transport of cash
- 13 Routines for taking care of victims of robbery

The programme has had highly visible and positive effects in many locations, with significant reductions in robberies and associated assaults.

The strategy relies on strong local co-operations between partners including the police, shop owners and trade unions/workers.

3.2.7 Italian health care sector

Professor Laura Volpini (Università La Sapienza di Roma) presented research on the impact of third party violence on health care workers and examples of good practice in seeking to address this issue. She emphasised the importance of the working environment and organisational culture, as well as the 'policy' framework as affecting the number of incidence of third party violence (e.g. if patients feel that the system is not treating them fairly or equally, they may be more likely to resort to threatening or violent behaviour). The extent to which such behaviour can be managed is also linked to staff skills, both with regards to their job and in dealing with such issues. The pressure being felt at work was seen to have a strong link to incidents of bullying, harassment and violence.

Professor Volpini also elaborated on the impact that experience of harassment and violence have in the individual with regard to short term emotional trauma (feelings of anger and helplessness), socio and psycho-social impact (sleep pattern disturbance, body tension etc) and long term emotional scars.

In order to address the risk factors which can lead to violent behaviour, she recommended practices which improve the working environment, humanise communication with patients and their families, increase moral and ethical accountability of health care sector staff and increase awareness among patients of the role and responsibility of different health care sector staff.

3.2.8 Italian commerce sector – ConfCommercio

Antonio Serro from ConfCommercio reported on data regarding violence associated with theft from shops and banks. The evidence points to increases in thefts from pharmacies, tobacco shops and supermarkets. He argued that prevention is the best way of addressing potential violence arising from incidents of theft. Italian law requires employers to carry out risk assessment and address potential hazards. ConfCommercio has promoted a vademecum for safety and security in the commerce sector which is targeted at employers as well as employees and deals with prevention as well as follow up once an incident of harassment or violence has occurred. It highlights the importance of co-operation with the police at all stages and provides guidance on how to deal with post traumatic stress among affected employees.

3.2.9 Norwegian local government sector – City of Oslo

Marit Tovsen and Ellen Kobro from the City of Oslo and Norwegian local government employers provided an overview of how the City of Oslo worked with guidance developed by Norwegian local government employers to address third party violence in the workplace. It highlighted the particular challenges of working with a client group with complex needs, including mental health problems and drug abuse issues. Particular emphasis is placed on

training health and social workers on how to identify individual who may pose a risk, identifying high risk situations and how to act in instances of threatening or violent behaviour. Training and information is also provided on how to follow up violent or threatening acts. Community health and social workers are particularly at risk when carrying out home visits on their own in situations where, in addition to a potential high risk client, family and friends may be present and pose an additional threat.

A training and awareness raising pilot project has been run in three districts. As a result of these pilots the existing guidance will be reviewed and enhanced with real life case examples and the training will then be rolled out on a larger scale.

3.2.10 Cypriot central government sector

On behalf of the trade union of public service employees of Cyprus, Glafkos Hadjipetrou outlined the services most at risk of experiencing third party violence which include the policy, prison and probation officers, health care and social workers. A declaration has been signed by social partners and the government to seek to address third party violence in these sectors.

3.2.11 Portuguese education sector

Arminda Braganca presented some revealing statistics about the level of incidence of third party violence in schools in Portugal. The number of such events has decreased from 6039 in 2007/2008 to 4713 in 2009/2010. Other students are at greatest risk of becoming victims of such incidents, followed by teachers and support staff. Most of these violent incidents are concentrated on a very small number of schools, demonstrating that the risk tends to be concentrated on inner city areas with high levels of social deprivation. The main difficulty in addressing the issue had been the lack of willingness by individuals affected as well as school heads to report and tackle the issue. The first step that therefore need to be taken was to raise awareness that such behaviour would not be tolerated and action would be taken in all cases. Appropriate training was provided to principals and management staff as well as pupils, teachers and support staff. A policy based on risk assessment was developed which incorporated safer workplace design and the provision of suitable communication tools and security measures. Equally important were agreements with relevant authorities such as the police and the courts on how to deal with such cases.

In order to make this approach work a wide range of partners had to be involved, including the Ministry of Education, the Ministry of Internal Safety and Administration, the Ministry of Health, the Ministry of Labour, the Attorney General, the police and National Guard, the National Observatory for School Safety, Committees for the protection of children, Universities and other civil society organisations.

Legal regulations and guidelines are of significance in regulating how violent incidents should be dealt with. These are set down in the penal code, student statute and internal school rules.

An electronic system was set up to register incidents. As a result of all these actions it has been possible to reduce the occurrence of third party violence and to offer better and clearer follow up for victims.

3.2.12 Spanish health care sector

According to Visitacion Vaquero, representing the trade unions in the Spanish health care sector, systems have been developed here to prevent third party violence (through workplace design and appropriate staff training) as well as providing clear guidance on follow up after such events. This has followed a detailed analysis of the reasons for why and where such incidents are most likely to occur. Detailed written guidance is available which can be distributed at individual hospital level.

3.2.13 Czech public sector (health and local government)

Jindřiška Chvátlová (Health sector trade unions, Czech Republic) and Radka Soukupová, Union of towns and municipalities, Czech Republic) presented an ongoing ESF-funded project on “Strengthening social dialogue – the prevention of workplace violence, which was carried out jointly by the Czech social partners in the health care and local government sectors.

The goal of the project is to assess the current situation in the health and social services sector in relation to third party violence, to raise awareness of the issue, to facilitate social dialogue and formulate solutions in the form of an education programme for individuals working in the sector to provide them with practical skills to manage third party violence in the workplace.

The decision was taken to implement this project because of the negative consequences of third party violence both on employers and employees in the sector. These consequences include:

- A decline in service quality;
- Lower productivity;
- Absences from work;
- Greater staff fluctuations;
- Cost of compensation to staff who have been harmed.

The project began with a stock-take of the level of third party violence experienced by staff. Over a period of 12 months between 2009-2010, 155 organisations in the health and social care sector were surveyed. It was found that 16.6% of employees had been subjected to physical assaults, 45.2% to verbal attacks, 13% to bullying and mobbing, 2.4% to sexual harassment and 1.1% to race discrimination.

In 90% of cases of physical attack, the perpetrator was a client/patient. In 76% of cases the attack took place inside the workplace. It is concerning to note that in 63% of cases the attack was considered “unavoidable” and in 70% of cases, the attack was not followed up with an investigation. Indeed nearly 40% of staff physically attacked in a health care facility did not report the attack, demonstrating a significant level of “acceptance” that such behaviour is – if not acceptable – then an “expected” part of the job. It could also reflect the perceived level of commitment on part of the management to address the issue of third party violence.

Verbal abuse was also most likely to come from clients/patients (around 60%) with 13% being experienced on the part of colleagues and a further 12% from superiors. Patients’ relatives were the source of around 10% of verbal attacks.

The project then went on to assess the existence of workplace strategies to deal with violence in the workplace (including third party violence). Around 80% of workplaces argued that they had a general strategy, however only 40% of organisations had special procedures/guidance to deal with physical assaults. Of these around 45% used alarms and mobile phones as a way to protect staff, with a further 12% using access restrictions to certain areas.

In order to raise the level of awareness and availability of suitable strategies in the workplace to address the detrimental social and economic consequences of third party violence, the project offered training for 60 individuals to act as instructors for a wider number of members of staff in this sector to help them deal with third party violence. These instructors will pass the training on to a further 800 course participants. The 80-hour course has four modules:

- Awareness of the issue and its impact;
- Psychological aspects of workplace violence and crisis communication;
- Basics of self-defence;

- Violence prevention strategies.

Having trained these individuals, violence prevention teams can be established at institutional, local and regional level who can co-ordinate their efforts and learn from/support each other.

Dissemination and evaluation are also important parts of the project, which is set to complete in 2012.

3.2.14 Belgian education sector

Ghezala Gherifi provided a presentation on behalf of the education sector for the French speaking community in Belgium. She emphasised that although the number of incidence of third party violence in the sector had somewhat stabilised in recent years, the overall number remained unacceptably high. Third party violence has a negative impact on the physical and psychological health of teachers as well as on the overall teaching environment. Pupils and parents are the main source of such incidents at school and some schools are significantly more affected than others.

She emphasised the importance of early support and intervention following an incident and provided information on the psycho-social support made available to teachers who have been victims of third party violence.

An observatory has been established to measure the impact of violence as well as the impact of measures taken to assist victims. This is designed to improve prevention and support measures.

3.2.15 Bulgarian health care sector

Slava Zlatanova presented a campaign in the Bulgarian health care sector to help address third party violence. This campaign has been organised in co-operation with the Ministry of Health and the ILO. Training was provided for trade union leaders to help address the issue at workplace level and special training programmes were also organised at local level. Nurses are particularly prone to suffer violence from patients and their relatives and this can also be linked to the situation in the Bulgarian health care sector with poor funding, insecure working environments and staffing reductions.

3.2.16 German commerce sector

On behalf of employers in the German commerce sector, Heribert Jöris presented the challenges facing the sector and the measures which have been taken to seek to protect staff in the retail sector. One important feature of the system in Germany is the existence of occupational health insurances financed by employers and managed by both trade unions and employers to improve health and safety in the workplace. The number of physical and mental injuries (leading to absences from work) have fluctuated over the years, but remain at a rather high level (around 1290 per year). The vast majority of such incidents in the retail sector are linked to robberies and violence perpetrated against staff in the commission of such offences. Over the years, it has fortunately been possible to significantly reduce the number of fatalities linked to such robberies, but any such tragic incidents remain unacceptable. The association responsible for health and safety management therefore developed a bundle of measures including guidance on the prevention of robberies (both for large companies and for SMEs). Much of what is contained in these guides relates to workplace and work process design to help prevent robberies. A correspondence course is available to staff and regular workshops are made available. As a result the number of such incidents leading to death, serious injury or workplace absence has declined significantly over the years.

The approach also emphasises the provision of immediate psychological support to victims to prevent longer terms "damage". As a result of this offer of immediate support it has been possible to reduce the number of pension cases caused by such incidents significantly.

4 Next steps in national implementation

As part of the regional workshops, national working groups began to consider a number of key questions:

- Is the translation of the agreement into your national language accurate and understandable (where appropriate)? Which adjustments are necessary?
- How should the guidance be implemented at national level?
- Has implementation already begun and if so, in what form?
- Which partners should be involved?
- How and when should national discussions on implementation take place (e.g. who should take the lead in convening meetings if necessary/virtual group to discussion implementation etc)?
- What form should implementation take (e.g. collective agreement, national guidance, good practice tools, other possibilities?)
- What are the key elements in the agreement which you consider to be most important for implementation?
- Which elements may prove more difficult than others to implement?
- Which timeline do you put on implementation?
- What practical next steps can be scheduled at this stage?

In the report back from each national group, the following key points were raised for different countries (because of language restrictions/sizes of working groups, some countries worked together and are therefore presented jointly below):

4.1 Austria/Germany

- Translation is OK
- In some sectors significant activity already exists (e.g. commerce), in others there is less work already done
- In Austria it was stressed that the relevant ministry should be involved in implementation
- In Germany it was emphasised that Parliament should be involved
- It was emphasised that implementation should start immediately as violence is increasing
- Implementation should include practical recommendations on how to deal with the impact of violence on the individual
- The text of the guidelines can be a starting point for implementation (maybe by 2013)
- It would be useful if the EU could assist in awareness raising by starting a campaign on the importance to tackle third party violence

4.2 Bulgaria

- Some activity has already taken place and implementation is likely to be through a manual providing guidance on how to deal with third party violence

4.3 Cyprus

- Some specific remarks on the translation will be provided (for example on the definition of third party violence)
- Will send comments on the text
- Implementation has not started yet but there is a relevant existing law of 2006

- It is up to the service sector to take the initiative, see local governments
- Also take into account the problem of resources
- Organise training seminar, but this needs to be discussed in more detail
- Need for an observatory for follow-up

4.4 Czech Republic (and Slovakia)

- Some of the language of the European text of the multi-sectoral guidelines will have to be clarified – not only the translation – in order to make it understandable and applicable at the national level
- Implementation at the national level has not yet begun but should start soon
- Implementation should be through the tripartite forum, also involving the relevant ministry and should take place through legislation
- This could take a significant period of time which may go beyond the implementation deadline

4.5 Denmark

- Some adjustments are required to the translation
- In the private sector (e.g. commerce) there are already guidelines on this issue and a toolkit for the prevention of third party violence.
- In the public sector, the guidelines have been fully implemented in the collective agreement of 2008 (a booklet has been produced to support this entitled “Avoiding harassment and violence – in Danish municipal and regional workplaces”) including examples of approaches to implementation in municipalities and regions
- Next step in DK: national council for OHS, joint discussion on the topic

4.6 Estonia

- The translation is generally OK
- Implementation has not yet begun and a different approach may be needed for different sectors
- Guidelines will be put on the website, and round tables with key stakeholders will be organised
- Start pilot project and introduce good practices, cooperate with Finland
- Importance to involve the media and communicate experiences

4.7 Finland

- There are significant problems with the translation which needs to be thoroughly revised
- There is already a lot of activity in this issue in Finland and a tripartite group has been set up (involving only some private sector employers organisations, but not including EK, the confederation of Finnish industries)
- The goal is to develop a practical educational tool and brochures to guide good practice and implementation
- Further work is required on producing reliable and comparable statistics, including for the private sector

4.8 Hungary

- Translation is OK
- Implementation has not yet begun and it must be ensured that guidelines are conveyed to all relevant partners
- All social partners (public and private sector) as well as the government should be involved in implementation
- Would prefer guidelines to be binding, but this will depend on political goodwill

4.9 France/Belgium

- More time is needed to comment on the translation
- Implementation should be through legislation, but needs to take account of existing texts
- Implementation should take around 1 year
- In implementing the text attention should also be paid to how such incidents are pursued in the courts to ensure that individuals do not “become victims twice”
- Attention should also be paid to newly arising issues such as cyber-bullying

4.10 Italy

- The impact of the financial crisis should be highlighted as it has increased the incidence of micro criminality
- Harassment should also be accorded similar importance, as this can also have strong scarring effects on the individual
- The focus should now be placed on implementation of existing guidance and examples from other countries are valuable in providing inspiration
- Collective bargaining should play an important role in implementation both at national and sectoral level
- It was considered to be important to establish public and private round tables, see projects such as the one for children hospitals, see distribution chain, monitor progress, improve communication for employees and clients

4.11 Latvia

- The workshop has been very helpful to exchange views and good practice
- Practice in Latvia is significantly lagging behind other countries and it is difficult to engage the government with this issue
- Important to improve security system
- It may be difficult to have the same guidelines for all sectors, but some core elements can be discussed jointly while retaining sectoral specificities

4.12 Lithuania

- The translation will need to be reviewed further, with possible adjustments in each sector
- So far, nothing has been done at national level to implement the guidelines
- There is a lack of national research and surveys on this issue which needs to be addressed
- As is common to many central and eastern European countries, there are few sectoral agreements (including on this issue)
- It is therefore important to include these questions in the agenda of the tripartite social council and to endeavour to integrate these issues in collective agreements
- It is difficult to identify the employers in the education sector in Lithuania

4.13 Malta

- Some activities already undertaken in this area
- Involved in the organisation of training courses, provide a certification
- In the commerce sector measures can be introduced to better manage cash and prevent and deal with theft
- CCTV can help to reduce theft related incidents
- Cooperate with commerce, education, health
- Activities could take place with the association for economic and social development
- Key elements: training, awareness raising, see also commerce training modules
- Awareness raising not complicated, but HR difficulties
- Organise a meeting in Malta to speak on the problems regarding the sectors

4.14 Netherlands

- Some adjustments will be required to the translation
- Implementation has not yet begun
- Implementation will involve the Ministry of Social Affairs and the social dialogue organisations
- A possible route for implementation are the “health catalogues” included in collective agreements at sectoral level
- It is considered to be particularly important the implementation should reach the workplace level
- Implementation should start this year

4.15 Norway

- Important issue, much activity already going on and no conflict between guidelines and the national legislation
- Sometimes lack of information, see authorities, tripartite cooperation, etc.
- Difficulty: implementation at workplace
- Implementation has started, but improvement possible
- Already cooperation with municipalities, involve also users
- Also national discussions, understand the problem and see how to solve it.
- Group will take the responsibility
- Link with absenteeism
- Essential importance of training and monitoring

4.16 Poland

- Social dialogue needs to be strengthened to implement the guidance and some variation may be needed in sectoral approaches
- More data on the issue needs to be gathered
- Essential to implement the guidelines, important to work on codes of conduct
- It is important for social partners to be involved in the implementation

4.17 Portugal

- Implementation should be a joint processus, include social partners
- Also include the bodies in charge of the monitoring of working conditions
- Collective bargaining can provide the correct forum for implementation
- Guidelines should be part of the legislation
- Importance should be given to developing human resources to be able to deal with third party violence
- Difficult to implement the guidelines, but not impossible!
- Timeline: 2013 as foreseen
- Also important to sensitize the public

4.18 Romania

- Implementation is likely to be through collective agreement

4.19 Spain

- The translation needs minor review but is generally good
- It is important to emphasise differences between sectors and develop appropriate responses/guidance and tools
- An informal group is to start work in this issue in the second semester
- Joint dissemination is envisaged while implementation may be sectoral

- Commissions for health and safety can be a good tool for implementation
- Guidance should include existing examples of good practice
- Training is necessary, as well as prevention
- Sensitisation is essential, funds are necessary, social consensus of all partners as well
- See culture of prevention, as well as protection of employees, see teachers and some health staff
- See protection, but if costs are cut, there is an impact on employees as well

4.20 Sweden

- See unified translations, changes will be submitted, difficult to have a timeline
- Implementation: continue, see multi sectoral meeting, common discussion to share experiences in Sweden
- Public sector: see how to focus, it is a wide topic, see schools, cyber bullying, etc

4.21 UK

- No formal implementation has begun, but there is much good practice to draw on in different sectors and HSE guidelines exist
- The problem is share the practices between sectors, see difficulties with the government
- Important to share experiences among sectors
- What is existing is working well
- Specific issues: see involvement of the governments, involve regulators
- Existing resources must be maintained/increased and it is important to educate the social partners in all sectors
- Important to manage expectations from the public
- May be important to involve other stakeholders including consumer groups
- Importance also to have at disposal more statistics on economic and social costs



ANNEXES

Annex 1 Agendas of Regional Seminars

Annex 2 Lists of participants

Annex 1 Agendas Regional Workshops

Workshop on Implementing the Multisectoral Guidelines on Third Party Violence

9th May, London

- 09:00 – 09:30 Welcome and registration of participants
- 09:30 – 10:00 Introduction to the workshop (Ilaria Savoini, EuroCommerce, Jakob Thielmann, UniEuropa, Federica Benassi, HOSPEEM tbc)
- Background to the guidelines and main elements of the text
 - Objectives of the workshop for social partner organisations
- 10:00 – 12:30 Importance of the issue of third party violence and measures to address it (Tina Weber, GHK; Doug Russell, Usdaw, UK; Ned Carter, Swedish Association of Local Authorities and Regions; Anders Eklund, Lärarförbundet, Sweden; Peter Peerdeman and Ton Heerschop, CAOP, Netherlands; Alfred Bujara, NSZZ Solidarność, Poland; Johan Bark, Svenskhandel, Sweden tbc)
- Findings from the research
 - Presentation of existing practices
- 12:30 – 14:00 Lunch
- 14:00 – 15:15 National working groups to discuss implementation
- Translation of guidance
 - Possibilities for national implementation
 - Next steps
- 15:15 – 16:00 Report back from national groups
- 16:00 – 16:30 Conclusions and next steps
- 16:30 Close of workshop

Workshop on Implementing the Multisectoral Guidelines on Third Party Violence

14th June, Rome

- 09:00 – 09:30 Welcome and registration of participants
- 09:30 – 10:00 Introduction to the workshop (Ilaria Savoini, EuroCommerce; Federica Benassi, HOSPEEM; Sarah King, EPSU)
- Background to the guidelines and main elements of the text
 - Objectives of the workshop for social partner organisations
- 10:00 – 12:30 Importance of the issue of third party violence and measures to address it (Tina Weber, GHK; Professor Laura Volpini, Università La Sapienza di Roma (healthcare sector, Italy); Daniela Florida, Confcommercio (commerce sector, Italy); Marit Tovsen, KS, local government sector, Norway); Glafkos Hadjipetrou, PASYDY, health care sector, Cyprus); Maria Arminda Bragança (FNE, education sector, Portugal); Pilar Navarro (FSP-UGT, health care sector Spain, tbc)
- Findings from the research
 - Presentation of existing practices
- 12:30 – 14:00 Lunch
- 14:00 – 15:00 National working groups to discuss implementation
- Translation of guidance
 - Possibilities for national implementation
 - Next steps
- 15:00 – 15:50 Report back from national groups
- 15:50 – 16:00 Conclusions and next steps
- 16:00 Close of workshop

Workshop on Implementing the Multisectoral Guidelines on Third Party Violence

6th September, Prague

- 09:00 – 09:30 Welcome and registration of participants
- 09:30 – 10:00 Introduction to the workshop (Steve Comer (CEMR/Co-Chair LRG Social Dialogue Committee), Anders Hammerback (EPSU/ Co-Chair LRG Social Dialogue Committee), Federica Benassi, HOSPEEM, Susan Flocken, ETUCE, Ilaria Savoini, EuroCommerce, Jakob Thielmann, UniEuropa)
- Background to the guidelines and main elements of the text
 - Objectives of the workshop for social partner organisations
- 10:00 – 12:30 Importance of the issue of third party violence and measures to address it
- Findings from the research (Tina Weber, GHK)
 - Presentation of existing practices
Jindřiška Chválová (Health sector trade unions, Czech Republic), Radka Soukupová, Union of towns and municipalities/Union of employer´s associations (Local government sector employer, Czech Republic), Pavel Kajml (Public services sector employer, Czech republic), Ghezala Gherifi, CFWB (Education sector employer, Belgium) Slava Zlatanova, FTU-HS (Health care sector trade union, Bulgaria)
Heribert Jöris, HDE (Commerce sector employer, Germany)
- 12:30 – 14:00 Lunch
- 14:00 – 15:00 National working groups to discuss implementation
- Translation of guidance
 - Possibilities for national implementation
 - Next steps
- 15:00 – 15:50 Report back from national groups
- 15:50 – 16:00 Conclusions and next steps
- 16:00 Close of workshop

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