The role of social partners in preventing third-party violence and harassment
EPSU/HOSPEEM/CEMR/CESI/EUPAE/ETUCE/ETF/UITP/ETNO EC-funded project

Report of Webinar 3: Third-party violence and harassment and the role of risk assessment

The webinar on risk assessment was held on 25 October 2021 as part of the EU-funded social dialogue project on social partner responses to third-party violence and harassment at work. Over 70 representatives from national and European social partner organisations attended the webinar. It was chaired by Simone Mohrs, HOSPEEM. Risk assessment is an integral part of occupational safety and health (OSH) and is an important tool for the prevention of third-party violence and harassment (TPVH).

A brief report of progress from the project's ongoing research and an overview of the second webinar on gender-based violence and harassment was given by Jane Pillinger, project consultant. Concerning the project's survey, as of 22 October, responses had been received from 162 organisations (48% unions, 62% employers). Overall, 62% of respondents reported that TPV is an extremely serious or very serious problem, 42% say it has negatively impacted the quality of the service provided, and 44% say COVID-19 has had a big impact. Sectors where TPVH is reported, most frequently, to be serious or very serious are prisons, hospitals & urban public transport. TPVH is not only significant but is also a growing risk for workers in all sectors. Over half of the respondents (55%) said that TPVH is included in OSH policies and in risk assessment & prevention plans, 40% report having complaints mechanisms / monitoring of complaints and 33% have a policy to prevent and manage TPVH.

Panel 1: European-level initiatives on risk assessment

Sarah Copsey, EU-OHSA, gave an outline of EU policy initiatives on risk assessment as a mechanism to prevent OSH hazards in the workplace. The EU Framework Directive on occupational safety and health (1989), obliges employers to carry out risk assessment as an integral part of prevention of occupational safety and health risks, which also include psychosocial risks. Risks of TPVH need to be assessed in a tailored approach, with actions to address the risks and their ongoing monitoring and review, carried out with workers and their representatives. Consultation is essential and can include working groups, hazard mapping exercises, and the monitoring of risks as a regular agenda item at meetings. New issues also need to be factored in risk assessment, for example, online abuse and trolling. Recent examples include the online harassment of healthcare staff by groups opposing vaccination, which result in additional stress for health care staff. Domestic violence can also be addressed in risk assessment, as part of the overall risk assessment framework or under a separate policy.

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Risk assessment is a vitally important tool for prevention. In carrying out risk assessment it is essential to draw on all relevant data, such as incident and near-miss reporting, reviews of OSH-related illness and injury records, absence figures, police records/crime data and worker consultation. All staff must be covered, including young workers and trainees, night shift workers and lone workers. The next step is to set priorities in the working environment in areas such as staffing levels and procedures to mitigate the risks, such as managing telephone and online harassment and abuse, and provision of support for victims.

Based on data available to EU-OSHA, good practice examples of risk assessment programmes and checklists exist in the education, hospital, urban public transport, and retail sectors. In conclusion, success factors include having a planned approach, implementation of context-specific solutions, involvement of experienced practitioners, evidence-based solutions, social dialogue and worker involvement, continuing staff feedback, and regular liaising with external bodies.

Michaela Seifert, EU-OSHA, gave an overview of the EU-OSHA online risk assessment tool, OiRA. OiRA is an anonymous open-source tool aimed at the EU social partners using a sectoral approach. The tool is designed to help employers to fulfil their legal obligation under Directive 89/391 and contains a specific chapter on third-party violence and harassment. EU-OSHA provides expert guidance and facilitates the OiRA process, while the EU social partners own the tool's content. For further information see: https://oiraproject.eu/nl/oira-tools

The process involves uploading content into the OiRA tools generator and then adapting it to the national level. National level tools can also be developed with ministries and the social partners. The tools are updated every three years. To date, 264 OiRA tools have been completed and a further 75 are in development. In total, 116.200 users are registered, and 180.000 risk assessments have been carried out. Two tools have been drawn up in the education sector (see below). The most recent OiRA tool is on risks of COVID-19, covering risk such as teleworking, commuting, reopening after closure, and meetings or events. As it was drawn up at short notice, it was not possible to involve the social partners.

A joint presentation by the European social partners in education, by Martina Di Ridolfo, ETUCE and Ulli Wabusseg, EFEE, gave an overview of the OiRA tool in education, drawn up as part of the European social dialogue in the education sector. It is a good example of how the social partners worked together in an initiative which dates back to a 2015 joint declaration setting out a commitment by the social partners in education to work together on safety and health. In 2018, ETUCE and EFEE launched a project to develop the OiRA tool in the early childhood education and secondary education. With the support of EU-OSHA, a list of occupational risks was drawn up for the two sectors, including on well-being and TPV.

The section on TPV includes a definition of TPV, and as with other sections in the tool, it can generate an action plan with suggestions on areas such as consultations with stakeholders, communications and information, organisational and technical issues, and support and counselling measures. The project has been very successful. Based on this experience, the education social partners are exploring ways to extend the tool to other education sectors. For instance, the OSH4EDU project, including two workshops and a final conference, aims to raise awareness on implementing OiRA in national settings and has explored the possibility to develop OiRA tools for the higher education and vocational training sectors. For further information, see the project's final report, 2021: https://educationemployers.eu/wp-content/uploads/2021/11/Final-Report-OSH4Edu.pdf

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In the discussion that followed some key points were highlighted:

- TPVH risks are a growing problem. This may also arise because of more reporting and the wider political and social context facing public facing services.
- EPSU recognises the link between the reduction of resources in public services and higher demands on managers, such as performance evaluation of staff.
- Albeit lacking clear data, other factors connected to TPVH are a result of frustration of customers who subsequently release their anger against frontline workers.
- Having adequate staffing levels is very important in the prevention of TPV and needs to be part of risk assessments.
- Participants noted that an increase in TPVH could stem from awareness of TPV as part of risk assessment or organisational factors, such as changes in service provision.
- Risk assessments must be comprehensive with good follow-up mechanisms to effectively contribute to the prevention of TPVH risks

Panel 2: Examples of national-level social partner initiatives on risk assessment from the Netherlands and Italy

The first national example by Linda van der Marel, Project Coordinator, and Jan Schriefer, FNV, was on the Dutch hospital sector Safe Healthcare initiative, a social dialogue initiative leading to a collective agreement in the hospital sector. The government's Safe Public programme on violence and aggression against workers led to the introduction of standards on training, registers to document reports, responding to victims and perpetrators and aftercare. In addition, the issue is addressed in the Dutch labour inspection system, where eleven measures are included in guidelines to address the risks of aggression.

Safe Healthcare has adopted a bottom-up approach in implementing actions to reduce TPV, working closely with the police and public prosecution service. Safe Healthcare dates back to an initiative in one hospital in 2001, which developed tools to prevent increased violence and aggression towards staff and address the problem that many hospital staff saw TPVH as part of the job. By 2016 nearly all hospitals had adopted a similar approach. Safe Healthcare has provided support and training to hospitals and in 2020 regional consultations commenced to establish agreements with police departments. It is anticipated the consultations will be completed in all ten police regions by 2022. Activities include the organisation of workshops, guidelines via the website and sharing good practices in areas such as dealing with medical confidentiality. Further information can be found at Safe Healthcare's website (in Dutch): https://www.staz.nl/veiligezorg/

Enzo Bernardo, FP-CGIL, Italy, presented the second national example on the introduction of collective agreements to prevent risks of TPV in local authority social services. Research carried in 2018 revealed that nine out of ten social workers had been victims of violence and aggression. However, few victims reported the problem (only 26% reported the violence to law enforcement and only 8% to the local administration or the hospital). This demonstrated a worrying trend of lack of security and protection for staff.

The first agreement was signed in the municipality of Genoa and has since been replicated across Italy. The Genoa agreement aims to address the risks of TPVH to protect the safety and health workers. The agreement covers the assessment of risks, introduction of prevention initiatives with national agencies and local crime enforcement authorities, and implementation of actions that can be taken before and after the aggression. Amongst these are measures to ensure that staff do not work alone and in isolation, practical tools to ensure a worker can escape from a situation where there is aggression, and the design of work areas and workstations that are more open-plan in order to avoid potential aggression. Training was

organised for staff on the criminal and judicial aspects of TPV, whistleblowing, how to identify potential aggression and how to encourage a culture of reporting. Protection measures cover both online, video-based, or in-person aggression. New legislation was introduced in 2020 with protections for workers in local municipalities and associations in social services. Under the law, an aggressor can face up to 16 years of prison. For the first time workers in this sector were given a safety net. Overall, this has been a successful initiative that is grounded in social dialogue between local authorities and trade unions, and it is hoped in the future will be extended to all municipalities in Italy.

The final part of the webinar involved a discussion of the European and national examples and ways forward.

- Participants noted the increased risks of TPVH. In the education sector (Flanders, Belgium) teachers rarely report their experiences of TPVH either to their schools or the police. An increase in TPVH in France is viewed as being connected to a lack of trust in state institutions.
- Good practices include building proactive relationships with the police.
- In Italy, the National Institute for Accidents at Work established incentives on the prevention of TPV for companies, resulting in reduced insurance costs.
- In the Netherlands, a continuous cycle of learning from cases of TPV, awareness raising and a focus on after care has made it possible to prevent TPV.
- Participants recommended that risks of TPVH need to be more visible. This could be encouraged through anonymous reporting systems run by an independent third-party, confidential complaints under OSH laws and solidarity amongst co-workers to encourage witnesses and co-workers to report incidents and play a role in prevention.
- Some issues, such as lone work, are missed as risks. It would help to have a European legal definition of lone working or lone worker.
- A culture of no-blame of the victim could help organisations to become more proactive. In Hospeem, for example, the no-blame culture in reporting medical sharps injuries facilitated an environment of openness and due process, which could be useful learning on prevention.
- Recommendations were made for staff training on how to face aggression, techniques to recognise signs of aggression and tools for de-escalation. There are good examples of training in the education and health sector where real-life examples are acted out.

The seminar closed with thanks to all speakers and participants. The date of the next webinar was announced for 16 December 2021 on the theme of digitalization.