

Risky Business Home Visitation Safety Training

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EXECUTIVE SUMMARY:

The desire for an online Home Visitation Safety Training began to take form several years ago. The HANDS (Health Access Nurturing Development Services) Administrative and Technical Assistants team identified that HANDS home visitors were in need of more comprehensive, consistent, and easily accessible safety training. At the time, workers were required to obtain two hours of safety-related training within twenty-four months of employment. The training was not standardized or consistent from worker to worker, and workers often did not receive it until after many months, or even years of employment, during which they were already completing home visits.

In the Spring of 2007, a HANDS Worker Attrition study was conducted to determine reasons for worker turnover and opportunities for retention. Among others, one identified reason for attrition was workers lacking a sense of safety. Administrative staff had made some preliminary progress on creating a training module, but resources had not been made available for its completion. A practicum student was given the task of creating an online home visitation safety training module, however, was unable to complete it in the course of the semester. Program and Administrative staff was not available to pick up where the student had left off, and no progress was made on the project for the next year.

When beginning the Kentucky Public Health Leadership Institute process, Team Risky Business determined that by completing the training started by the practicum student, they would be able to fulfill an unmet need by increasing HANDS workers' feeling of safety. This would allow the home visitors to be more effective in completing their jobs, and would also hopefully increase worker retention rates. The team also determined that the training would be beneficial to other home visitation programs throughout the state.

A multi-media online training module was made available nationwide via TRAIN at the end of February 2009. The hope of Team Risky Business is that the training will be utilized throughout the state by all home visitors, including HANDS and other Department for Public Health (DPH) programs, Department for Community Based Services (DCBS) staff, school social workers, mental health practitioners, University of Kentucky Extension EFNEP (Expanded Food and Nutrition Education Program), etc. The DPH Adult and Child Health Branch Manager has committed to making the training mandatory for all staff completing visits. To date, the training has been approved for Nursing and Social Work CEU's (Continuing Education Units) and has been completed by approximately 70 TRAIN users.

INTRODUCTION/BACKGROUND:

The HANDS program is a voluntary home visitation program for new and expectant first-time parents. HANDS was created in 2000 as a part of Kentucky's KIDS NOW initiative. The program is now present in all of Kentucky's 120 counties. More than 45,000 families have been visited by HANDS workers, with more than 1,050,000 visits to families. The goals of HANDS are:

1. Positive Pregnancy Outcomes
2. Optimal Child Growth and Development
3. Children Live in Healthy and Safe Homes
4. Families Make Decisions That Enhance Long Term Independence.

Home visitation employees can be put into dangerous situations when entering a client's home. Nationally, the prevalence of violence (towards social workers) is relatively unknown and varies within the literature. Jayarante, Croxton, and Mattison (2004)¹ state that somewhere between ten and thirty percent of social workers report having experienced a physical assault at some point in their careers, and more than seventy-five percent report having experienced some form of verbal assault. Other countries, and other, similar disciplines within the U.S. (psychology, and other human services) also have indicated they have similar rates of threats and violence Hillen (1991)²; Balloch, Balloch, Pahl, and McLean (1998)³; and Macdonald & Sirotych (2001)⁴. Nomani (1991)⁵ conducted a study which found women are more likely to experience violence in the workplace, and those in helping professions, particularly nurses and welfare workers are at the highest risk. Jayarante, et al. (2004) also indicated that women and workers ages 45 and younger are at greater risk of harm. Also, according to the Bureau of Labor and Statistics, "in 2000, 48 percent of all non-fatal injuries from occupational assaults and violent acts occurred in health care and social services" (Occupational Safety and Health Administration; OSHA, 2004, p. 5)⁶. Macdonald and Sirotych (2001) noted "approximately one quarter of respondents indicated that they did not report an incident of violence perpetrated against them by a client" (p. 107). Thus, incidents of violence and threats are likely overall higher than reported.

Jayarante, et al. (2004) indicated that approximately sixteen percent of social workers in the health arena had experienced physical threats, compared to a high of thirty-eight percent in those in child protective services. However, thirty percent, and sixty-one percent respectively expressed knowledge of a co-worker having been threatened. Approximately two percent of those in the health field report having been physically assaulted, and fourteen percent have knowledge of a co-worker having been assaulted (compared to three and forty-four percents respectively in child protective services). Between forty and sixty percent in all areas report either having been verbally abused, or having knowledge of a co-worker who has been.

The 2007 death of a Department for Community Based Services Social Services Aide brought the issue of violence and safety to the forefront in Kentucky. While no HANDS employees were present, HANDS was providing services to the family and were due at the home later that same day. While exact numbers of HANDS home visitors are

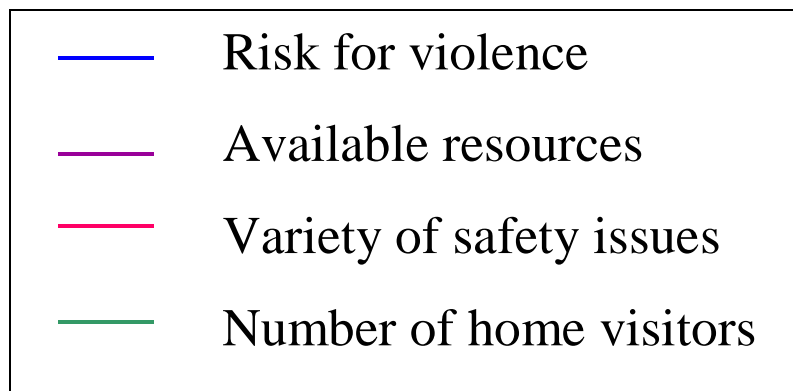
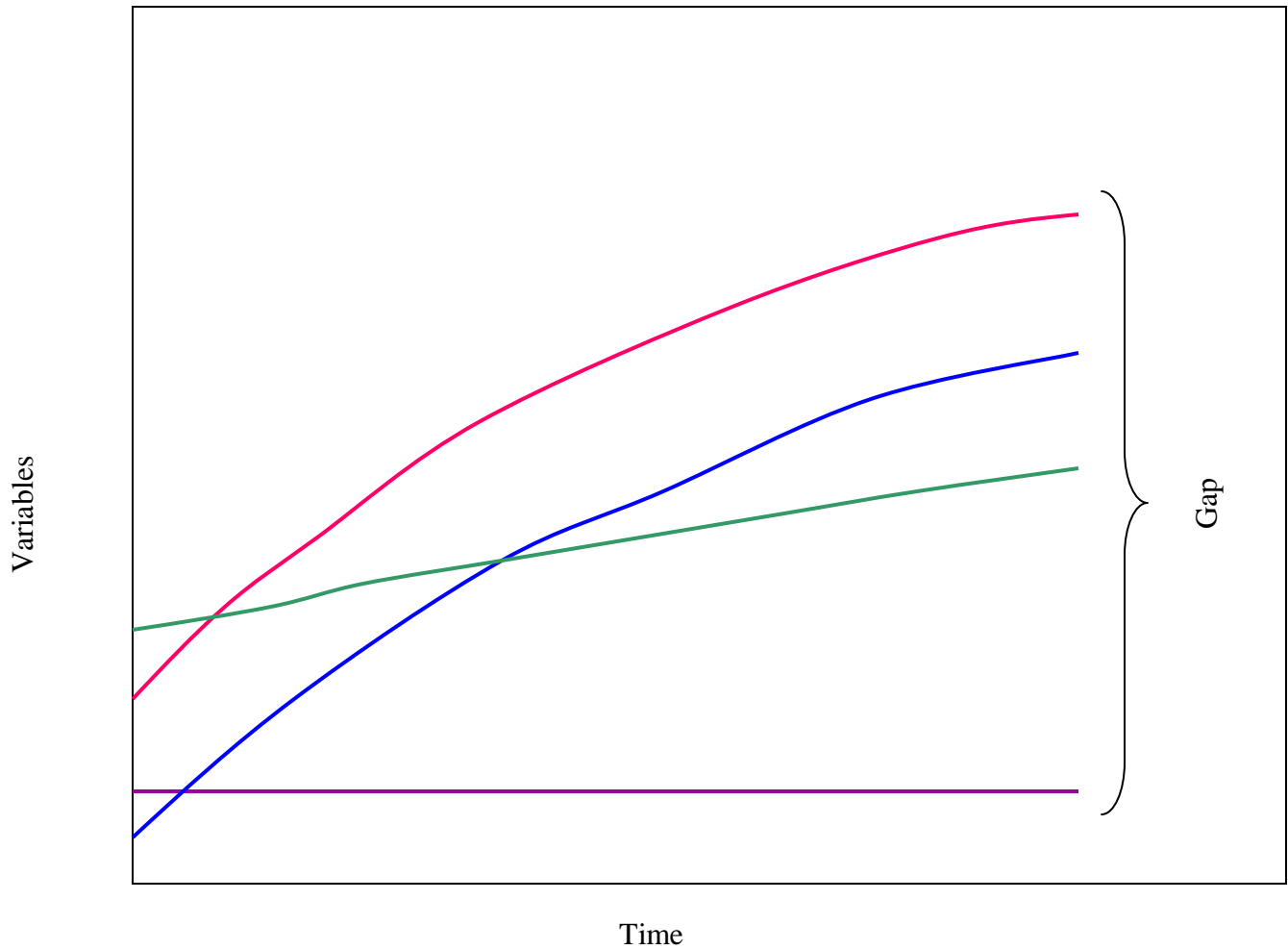
uncertain, and no physical assaults of HANDS workers have been made public, certainly verbal threats are not uncommon, at least anecdotally. However, since situations are handled differently at every health department, information and reports of incidents are often not funneled to a central location and there is no overall database of occurrences.

An unpublished survey was conducted in Fall 2007 to determine reasons for HANDS worker attrition, and opportunities to increase retention rates. Among several others, one factor identified by participants was workers' feelings of not being safe while completing visits. One intervention that has the potential to increase workers' safety is access to comprehensive training, prior to completing home visits. The literature also supports the need for thorough training as a way to prevent workplace violence, and particularly violence in the human services and health fields (Jayarante, et al., 2004; Star, 1984⁷; Rey 1996⁸; Spencer and Munch, 2003⁹; Astor, et al., 1998¹⁰). Currently, there is not a thorough professional training on safety available for home visitors in the State of Kentucky. With the increase in the number of home visitors, comes the increase in the risk of violence and home safety issues. With this in mind Team Risky Business felt there was a need to ensure the safety of all home visitors, starting with those working in the HANDS program.

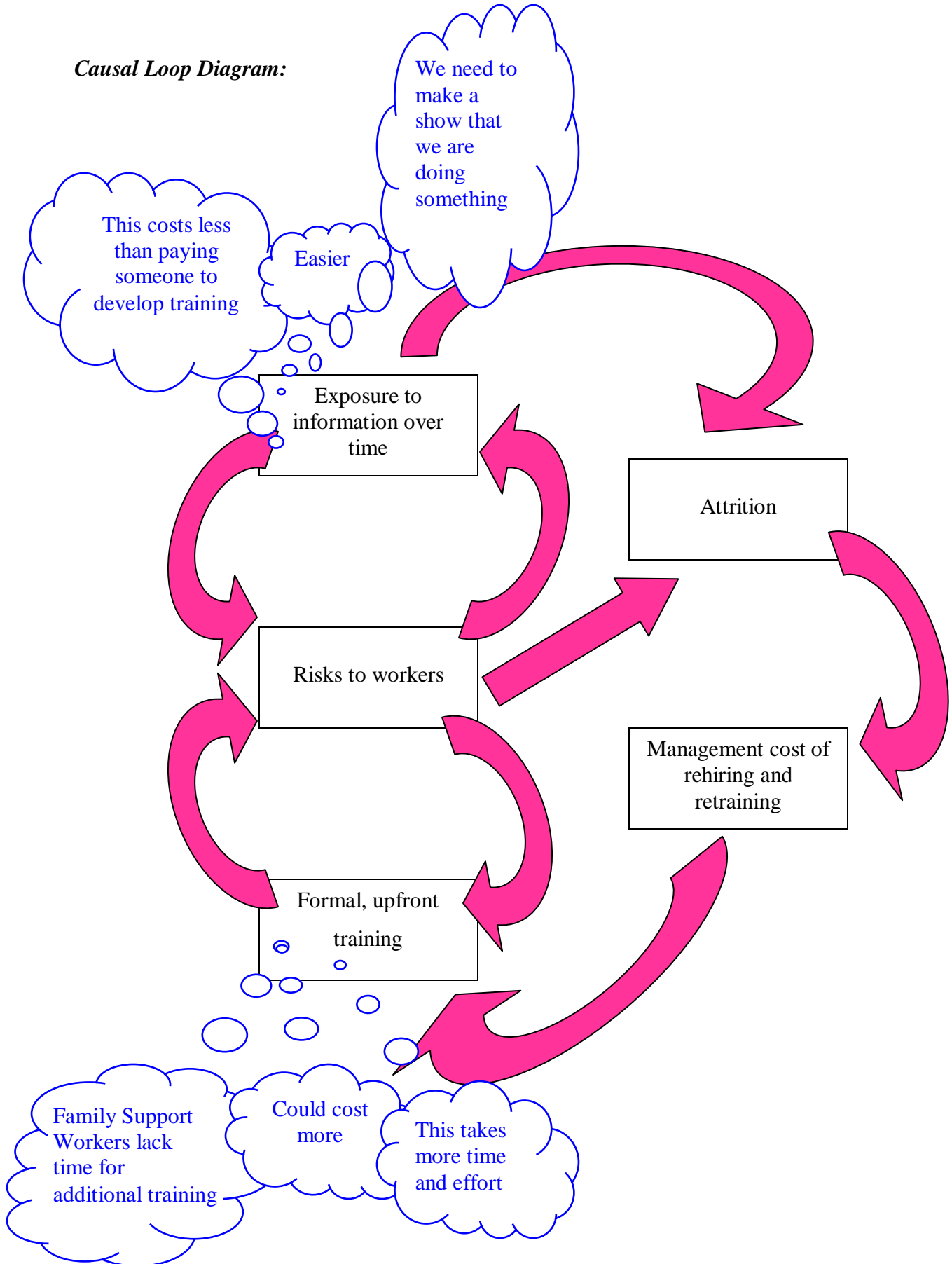
Problem Statement:

Why, despite growing demand and risk, are we not providing adequate home visitation safety training for H.A.N.D.S. workers?

Behavior Over Time Graph:



Causal Loop Diagram:



10 Essential Public Health Services/National Goals Supported:

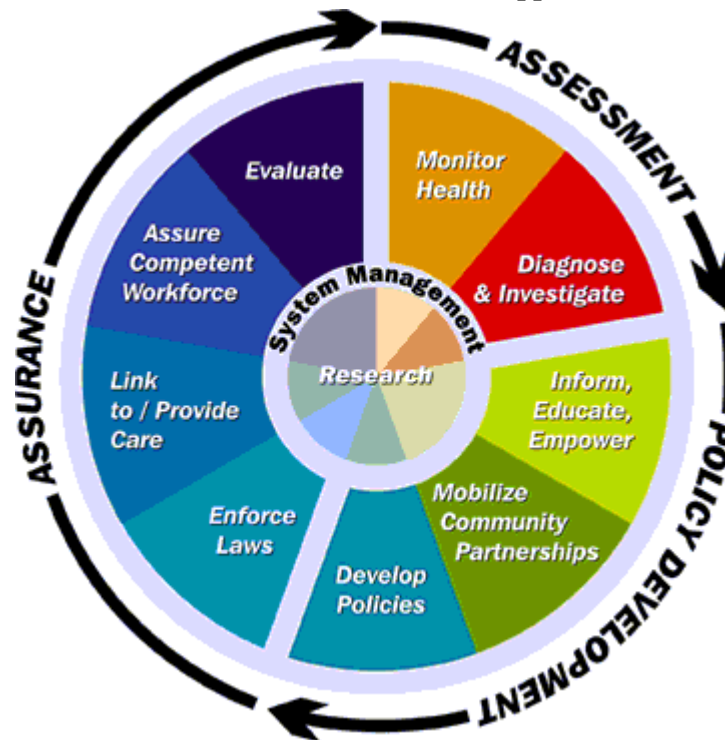


Figure 3: 10 Essential Services and Core Functions of Public Health

The 10 Essential Public Health Services were established by the Core Public Health Functions Steering Committee in 1994. It was an elaboration on the three core functions of public health as identified by The Institute of Medicine in their 1988 publication *The Future of Public Health* (depicted on the outside circle in the above graphic). Team Risky Business addressed the following Essential Public Health Services Goals:

1. Essential Public Health Service #3: Inform, educate, and empower people about health issues
2. Essential Public Health Service #8: Assure a competent public health and personal health care workforce

Healthy People 2010¹¹ built upon initiatives that have developed over the last couple of decades. It is a set of health objectives for the US to accomplish over the first decade of the new century.

Team Risky Business addressed the following Healthy People 2010 Objectives to Improving Health:

1. Objective 20-1: Occupational safety and health – Reduce deaths from work-related injuries.
2. Objective 20-5: Occupational safety and health – Reduce deaths from work-related homicides.
3. Objective 20-6: Reduce work-related assaults.
4. Objective 23-10: Continuing education for public health employees – Increase the proportion of Federal, Tribal, State, and Local public health agencies that provide

- continuing education to develop competency in essential public health services for their employees.
5. Objective 26-7: Substance abuse: Reduce intention injuries resulting from alcohol and illicit drug-related violence.

By providing workers with information prior to completing home visits, this module will help them to be more aware of potentially hazardous situations. Also, by providing home visitors with strategies for preventing aggression and violence, several levels of prevention are provided through the module. The module also provides information regarding signs of substance use and abuse.

PROJECT OBJECTIVES/DELIVERABLES:

Objectives:

Create a multi-media online training module that will:

1. Describe steps to be taken to ensure safety while making home visits.
2. Identify risk factors for violence and signs of anger.
3. Identify ways to prevent violence.

The training will provide HANDS workers the opportunity to become more aware of the potential risks associated with home visiting.

Deliverables:

1. All HANDS workers will have immediate access to safety training upon hire, prior to completing their first home visit.
2. HANDS workers will complete the required safety training sooner than the mandated twenty-four-month timeframe.
3. HANDS retention rates will increase due to workers feeling safer.
4. All home visitors in the state of Kentucky will have access to an online comprehensive home visitation safety training module.

METHODOLOGY:

Team Risky Business decided to meet on a monthly basis. Due to the plethora of potential dangers related to home visitation, the first task was to all narrow down the focus to a manageable project. The team took into consideration previous safety training efforts and the particular and most pressing needs of HANDS home visitors.

The team then contacted stakeholders, Brenda Chandler (HANDS Program Administrator), Jennifer O'Brien (Maternal and Child Health Branch Manager), and Melody Hansen (HANDS Training Coordinator), to obtain their input on essential topics to be included in the module. It was then necessary to meet with David Knapp (Education and Workforce Development Branch Manager), Steve Sieberts (Instructional Designer), and Joa McDaniel (Module Development/Videographer) to determine the

steps necessary to create a TRAIN module. After completing the written PowerPoint based on current literature and research, the group participated in video and photo shoots to be included in the module. The team then worked with VivEllen Chesser (Continuing Education Administrator) to have the module approved for Social Work and Nursing CEU's. The online home visitation safety module was placed on the "staging" site where a test group reviewed it. The module "went live" at the end of February. The team will receive the evaluations and any feedback provided by participants and can make modifications as needed.

The Home Visitation On-line Safety Module is easy to access and navigate on TRAIN. The module is educational, informative and user-friendly and can be completed within thirty to forty-five minutes.

RESULTS:

The outcome of the project was the development of an online Home Visitation Safety Training Module. The module is an efficient tool to train home visitors on steps they can take to ensure their safety. Through this online training, participants will learn tips and strategies to help reduce and avoid threatening situations. The module is available on TRAIN with approved CEU credits for Nursing and Social Work.

CONCLUSIONS:

HANDS workers face many potential dangers while conducting home visits. Team Risky Business decided that based on the national incidences of violence, and threats of violence towards those working in the social services and health arena, it was important to provide workers with a comprehensive training that would be available prior to workers ever conducting home visits, and as a reminder for more seasoned workers. The Home Visitation Safety online training module was an idea that had been desired for some time, but had not been completed due to lack of resources and time.

Team Risky Business worked to put this training module together, and with the assistance of David Knapp, Steve Sieberts, Hardin Stevens (KY TRAIN Administrator), Joa McDaniel (Module Development/Videographer), and VivEllen Chesser, they did just that. The module is now available online for Nursing and Social Work CEU's.

The expectations for this project are to ensure the safety of home visitation workers by providing them with adequate information. There is also a hope that because workers will be more aware of potential hazards and techniques to keep themselves safe, worker retention rates will increase.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Rebecca A. Hill

My participation in the Kentucky Public Health Leadership Institute has been an invaluable experience. I was exposed to new skills - critical thinking, problem solving, and systemic ways of accomplishing tasks and goals. I have been challenged in regards to the ways I look at myself and others, particularly regarding leadership skills and attributes. The Leadership Profile was most useful and eye-opening to me as it helped me attempt to reconcile the way I perceive myself with how others view me.

I came into KPHLI wanting to improve my supervisory skills. I am walking away with improved leadership skills, which is certainly more valuable, though these skills will also support me in being a more effective supervisor. Additionally, I have become aware of the broader picture of the public health system, recognizing how much bigger it is than just health departments, hospitals, and doctors. While KPHLI was more work than I expected, I appreciate the opportunity to have participated. I look forward to continuing to grow my skills with the tools KPHLI has provided.

Natasha Lucas

As a scholar in the KPHLI program, I was unsure about what I should expect or what the program would entail. Once I realized how much work the program included, I began to think “what have I gotten myself into.” At the time, I felt that I did not need one more thing on my plate. However, I am so very glad that I have stayed with the program. Through KPHLI, I have learned a great deal about myself both personally and professionally. Although I felt that I knew what my strengths and weaknesses were before I began, I am glad that those have been confirmed through the feedback instruments. I have thoroughly enjoyed working with my teammates on our project. It has been a wonderful experience for me!

Crystal Osborne

My participation in the Kentucky Public Health Leadership Institute this year has been a very rewarding experience. I have been able to learn about the leadership skills that I possess and some skills that I should build on. I feel that I have grown both personally and professionally through this experience. My change master project team has been great. We all worked really well together – and the best part is that we developed a training that will impact lives of home visitation workers all across the state. This was a great opportunity for developing as a leader.

Rebecca Wilson

The expectations I originally held of KPHLI were quite far from reality. I thought I would go to several conferences, listen to people give tips on being a more effective leader, do a couple of book reports, a project, and be done. Yes, I was so very wrong? Being a KPHLI scholar has required me to take an in depth look, at not only my leadership skills, but also how I interact with others and how I view myself in various settings. I have realized that I have several changes to make.

As a whole, KPHLI has helped me to see the changes that I need to make to become a more effective leader and to perform my job at a higher level. While I only look to make small changes and focus on improving strengths, I think this will lead many of my weaknesses in the right direction.

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