

## Practice Guidance on Working with Uncooperative Families

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## 1. Introduction

This procedure should be considered alongside individual practitioner codes of conduct. It is not intended to replace in-house self-defence / safety training in place within organisations.

The purpose of this guidance is to complement existing single agency procedures designed to support and protect staff working with aggressive people. It is intended to help professionals in the identification of parents and carers who are hostile, aggressive, or using disguised compliance techniques as a mechanism to keep professionals at a distance or attempting to persuade professionals that sufficient change has occurred or is occurring so as to reduce the need for further intervention.

The procedure aims to:

- Assist workers in understanding the variety of ways in which non-cooperation can be displayed by families;
- Help workers in understanding the causes of such responses;
- Increase awareness of strategies workers may be able to employ in order to reduce the likelihood of non-co-operation;
- Help workers maintain control of situations and keep themselves safe;
- Help workers to be in a position to effectively assess the risk factors affecting children in the household, and ensure children are safeguarded and their welfare promoted.

This guidance aims to help you make an authoritative response to the resistant family, making it clear that non co-operation is not acceptable.

### 1.1 Context

There is a wide array of behaviours exhibited by families towards workers which may be considered uncooperative. This may range from those who are apparently (but not genuinely) compliant, reluctant, or resistant, to those who are angry or aggressive in their response to practitioner involvement. In extreme cases there can be intimidation, abuse, threats of violence and actual violence.

The nature of child protection work, particularly, can at times bring parents and carers into challenging and uncomfortable contact with professionals. This can result in parents or carers becoming angry and hostile, and feeling disempowered. In some situations this is a natural and understandable reaction to an uninvited intrusion and should be viewed as such. However, there are some parents and carers who continue to be difficult to work with and some who present as extremely threatening.

Whilst most practitioners have experienced such responses at some time, the concept of uncooperative families is particularly relevant to the case of Baby Peter and Victoria Climbié. The tragic consequences for such children, is extremely well known and has been comprehensively investigated and reported (Laming, 2003; Laming 2009).

Such cases should always be borne in mind when working with uncooperative families.

Employers, under employment law, have responsibilities towards their staff whilst carrying out their duties and should have in place procedures for supporting staff when undertaking difficult and dangerous work. The measures taken by single agencies should be reflected in single agency procedures and made known to their staff.

There are two important axioms to be borne in mind when working with hostile parents. These are:

1. When a parent or carer is considered to be threatening or hostile any presumption that they behave differently with their own children should be rigorously tested;
2. Managers and supervisors must recognise the potential impact of parental aggression and the possibility of fear that is aroused in the worker and focus on the potential consequences for decision making and practice. Adequate professional supervision and support must be given in these circumstances.

*"It would appear that the resistance and hostile approach demonstrated by the adults influenced and affected the professional actions. The approach reinforced that the power dynamics lay with the parents and not with the rights, welfare and protection of the children."* [Khyra Ishaq Serious Case Review](#).

**However, if a worker feels intimidated, they must consider what it must be like for a child or young person living in the household. The welfare of the child / young person is paramount at all times.**

In such situations you and your colleagues should reach a view about whether a family is displaying ambivalence or deliberate behaviour which means change is much more difficult to achieve, therefore a more authoritative approach is needed. In such cases a decision may have to be made about whether Child Protection Procedures need to be instigated.

**All agencies need to be mindful of the need for workers to be trained for the level of work they are undertaking.**

It is helpful if agencies publish a clear statement about unacceptable behaviour by those accessing their services (such as seen in hospitals and on public transport)

## **1.2 Principle**

The child's needs are paramount and are central to all work with children and their families.

Professionals involved in work with children and families should adopt positive and anti-discriminatory approaches to parents and carers so as to maximise the potential for a productive working relationship.

Professionals and organisations have a duty of care to themselves and each other and as such must be mindful of their own safety and the safety of their colleagues.

Issues of confidentiality must not undermine or compromise the welfare of children and this includes the sharing of information about parents or carers who behave aggressively towards workers.

Non-cooperation and non-compliance result in ineffective interventions and inhibit change. As such, behaviour that may appear passive should be viewed as obstructive and compromising the welfare of the child.

Complaints about workers, whether justified or not, from the parent or carer need to be considered separately from any concern the worker has about risk.

## 2. Recognising and Making Sense of Lack of Cooperation

A common pattern of non-cooperation is when parents / carers do not comply with what has been agreed with them. As a result practitioners become stricter in their approach, and start imposing more rules, for example. The parent / carer may, as a result, make an appointment to appease the practitioner, with the GP, dentist, health visitor etc., but then does not attend. They have a plausible excuse for their non-attendance and make another appointment, which they subsequently do not attend. Each time the uncooperative parent / carer does just enough to keep practitioners away.

There are other types of uncooperativeness, as outlined below. This is not an exhaustive list.

- **Ambivalence** can be seen when people are always late for appointments, or repeatedly make excuses for missing them; when they change the conversation away from uncomfortable topics and when they use dismissive body language. Ambivalence is the most common reaction and may not amount to uncooperativeness. No service user is without ambivalence at some stage in the helping process. We are all ambivalent about the dependency involved in being helped by others. It may reflect cultural differences, not being clear about what is expected, or be about poor previous experiences of involvement with practitioners. Ambivalence may need to be acknowledged, but it can be readily worked through;
- **Avoidance** is a very common method of uncooperativeness and includes avoiding appointments, missing meetings, and cutting short visits due to other apparent important activity (often because the prospect of involvement makes the person anxious and they hope to escape it). Extreme avoidance may include not answering the door, as opposed to not being in. They may clearly have a problem, have something to hide, resent outside interference or find staff changes difficult. They may face up to the contact as they realise the worker is resolute in their intention, and may become more able to engage as they perceive the worker's concern for them and their wish to help;
- **Confrontation** includes challenging practitioners, provoking arguments, and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents / carers may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having being taken away. They may have difficulty in consistently seeing the worker's good intent and be suspicious of their motives. It is important for the worker to be clear about their role and purpose, demonstrate a concern to help, but not to expect an open relationship to begin with. However, the parent / carer's uncooperativeness must be challenged, so that they become aware that the worker / agency will not give up. If the worker involved faces this kind of confrontation and verbal aggression, they should seek advice and support from their manager in finding the most effective way to continue to work with the family. (See **Section 10, Keeping Workers Safe**);

- **Violence:** It may reflect a deep and longstanding fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. The worker / agency will need to be realistic about the capacity for change in the context of an offer of help with the areas that need to be addressed. If necessary the children should be referred for Section 47 enquiries, and this may entail them being removed from the family home for assessment. Keeping workers safe in such situations is vital.

### **2.1 Recognition of Non-Effective Compliance**

Factors which may indicate and evidence non-effective compliance:

- No significant change at reviews despite significant input;
- Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work;
- Change does occur but as a result of external agencies/resources not the parental/carers efforts;
- Change in one area of functioning is not matched by change in other areas;
- Parents/carers will engage with certain aspects of a plan only;
- Parents/carers align themselves with certain professionals.

### **2.2 Reasons for Non-cooperation Families**

Factors associated or contributing to hostility and non-compliance include:

- Isolation;
- Stress and violent experiences in childhood;
- Disinhibiting effects of alcohol and certain drugs;
- Mental illness;
- Some psychotic states;
- Sensory impairment; and
- Medical or social history indicating a low tolerance or frustration and the potential for violence.

Situations associated with resistance and non-compliance include:

- Child protection enquiries;
- Removal of child into care;
- Domestic violence;
- Previous threats of violence;

- Presence of weapons; and
- Potentially dangerous animals (snakes/dogs).

Messages from Research (1995) showed that "high levels of parental mental illness, alcohol and drug misuse and domestic violence feature significantly in families where children become involved in the Child Protection system" and these factors need to inform any assessment and ongoing work.

### **3. Isolation of a Child or Young Person**

Uncooperative parents / carers may isolate their children from agency involvement, especially if they are attempting to hide abuse or neglect that is taking place within the family or when they are worried about losing their children. Indicators of a child being isolated in such a way may include significant periods of absence from school, or non-engagement with health agencies such as GP, health visitor, specialist health practitioner etc.

A child or young person's absence from school may be supported by the parent or carer. Therefore they may not be recorded as removed from school or truanting. This may mean they do not come to the attention of the Children Missing Education Team, as they are officially still attending - see also **Children Missing Education Procedure**. Significant periods of absence should be monitored by schools and early years settings (although attendance at early years setting is not a statutory requirement), and action taken according as specified within the school's procedures, for example referral to the Educational Welfare Officer.

### **4. Impact on the Assessment of Children, Young People and Families**

Accurate information and a clear understanding of what is happening to a child / young person within their family and community, is vital to any assessment. The usual and most effective way to achieve this is by engaging parents and their children in the process of assessment, reaching a shared view of what needs to change and what support is needed, and jointly planning the next steps.

Engaging with a parent / carer who is resistant or even violent and / or intimidating is obviously more difficult. The behaviour may be deliberately used to keep practitioners at bay, or can have the effect of keeping practitioners at bay. There may be practical restrictions to the ordinary tools of assessment - for example, observing the child in their own home. The usual sources of information, for example other workers and other family members may also be kept at bay by the family.

It is important to explicitly work out and record what areas of assessment are difficult to achieve and why.

The presence of violence or intimidation needs to be included in any assessment of risk to the child living in such an environment.

**If you feel threatened by the parent or carer, think what life must be like at home for their child/ren.**

#### **4.1 The Impact on the Child or Young Person**

The worker needs to be mindful of the impact the hostility to outsiders may be having on the day-to-day life of the child / young person. They may:

- Be coping with their situation with hostage-like behaviour;
- Have become de-sensitised to violence;
- Have learnt to appease and minimise - remember Victoria Climbié always smiled in the presence of practitioners;
- Be simply too frightened to tell;
- Identify with the aggressor.

#### **4.2 The Impact on your Assessment**

In order to assess to what extent the hostility of the parents / carers is impacting on your assessment of the child, it may help to ask yourself:

- Am I focusing on the needs of the child/ren?
- Am I colluding with the parents / carers by avoiding conflict, for example focussing on less contentious issues such as benefits / housing; avoiding asking to look round the house, not looking to see how much food is available; not inspecting the conditions in which the child / sleeps, etc. or, crucially, not asking to see the child / young person alone?
- Am I changing my behaviour to avoid conflict? Your behaviour may need to change to adapt to the situation, but the content of what you say and the outcomes you desire should remain unchanged.
- Am I filtering out or minimising negative information?
- Am I afraid to confront family members about my concerns?
- Am I keeping my worries to myself and not sharing risks and assessment with others in the inter-agency network or manager?
- Is the child keeping 'safe' by not telling me things?
- Has the child learned to appease and minimise?
- Is the child blaming him or herself?
- What message am I giving this family if I don't challenge?
- Am I relieved when there is no answer at the door?
- Am I relieved when I get back out of the door?
- Did I say / ask / do what I would usually say / ask / do when making a visit or doing an assessment?
- Have I identified and seen the key people?
- Have I observed evidence of others who could be living in the house, when I have not been told there is anyone else living there?

- Is this a case of Domestic Abuse but I am only working with the adult victim?
- What might the children have been feeling as the door closed behind me?

## **5. Impact on Multi-Agency Work**

All agencies need to work in partnership with families to achieve the agreed outcome. However, all parties involved need to understand this partnership may not be equal, depending on whether the involvement is with statutory or voluntary agencies.

Sometimes parents / carers may be hostile to specific agencies or individuals. If the hostility is not universal, then agencies should seek to understand why this might be and learn from each other. Where hostility towards most agencies is experienced, this needs to be managed on an inter-agency basis otherwise the results can be as follows:

- Everyone 'backs off', leaving the child / young person unprotected;
- The family is 'punished' by withholding of services as everyone 'sees it as a fight'. This is at the expense of assessing and resolving the situation for the child / young person;
- There is a divide between those who want to appease and those who want to oppose - or everyone colludes;
- Hostility is accepted in order to provide essential services to the child, but other safeguarding needs are overlooked.

When parents / carers are only hostile to some individuals / agencies or where individuals become targets of intimidation intermittently, the risk to good inter-agency collaboration is probably at its greatest. Any pre-existing tensions between agencies and individuals, or misunderstandings about different roles are likely to surface. The risks are that splits occur between the agencies / individuals, with tensions and disagreement taking the focus from the child / young person, for example:

- Individuals or agencies blame each other, and collude with the family;
- Those not feeling under threat can find themselves taking sole responsibility which can ultimately increase the risk to themselves;
- Those feeling 'approved of' may feel personally gratified as the family 'ally' but then be unable to recognise / accept risks or problems;
- Those feeling under threat may feel that it is personal;
- There is no unified and consistent plan.

### **5.1 Ensuring Effective Multi-Agency Working**

Staff should alert other practitioners who know a family to be aware of potential difficulties and risks. Any agency faced with incidents of threats, hostility or violence should routinely consider the potential implications for any other agency involved with the family as well as for its own staff and should alert them to the nature of the risks.



Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working. When working with hostile or violent parents or carers, the need for good inter-agency collaboration and trust is paramount and is also likely to be put under greatest pressure. It becomes particularly important that everyone is:

- Aware of the impact of hostility on their own response and that of others;
- Respectful of the concerns of others;
- Alert to the need to share relevant information about safety concerns;
- Actively supportive of each other and aware of the differing problems which different agencies have in working within these sorts of circumstances;
- Open and honest when disagreeing;
- Aware of the risks of collusion and of the targeting of specific professions / agencies;
- Prepared to discuss strategies if one agency (for example a health visitor) is unable to work with a family - how will information / monitoring be gained and is it possible to have a truly multi-agency plan?

Caution may be needed about how to disclose personal information about certain family members to other services. Concerns about possible repercussions from someone who can be hostile and intimidating may be an added worry. However, information sharing is pivotal in order to safeguard and promote the welfare of children and young people, as is practitioners being explicit about their experiences of hostility, intimidation or violence with named individuals. See **Information Sharing Protocol**. It is important that you are open and honest with parents, carers and other family members when you have to share information about them with other services. You should tell them what information you are sharing, with whom and for what purpose. However, you should not inform them if so doing would jeopardise the safety of a child or young person, or others.

If you answer **yes** to any of the following questions, you should share them with your manager and any other practitioners involved with the family:

Question	Yes	No
Do you have previous experience of the adult linked to the child being hostile, intimidating, threatening or actually violent?		
Is it general or in specific circumstances? - for example drink related / linked to intermittent mental health problems?		
Are you intimidated/ fearful of the adult?		
Do you feel you may have been less than honest with the family to avoid conflict?		

Are you now in a position where you will have to acknowledge concerns for the first time? - and are you fearful how they will respond to you?		
In their position, would you want to be made aware of these concerns?		

## 5.2 Child Protection Conferences, Core Groups and Multi-Agency Meetings

Avoiding people who are hostile is a normal human response; however it can be very damaging for effective inter-agency work under **Child Protection Plans**, which depend on proactive engagement by all practitioners with the family. Collusion and splitting between agencies will be reduced by:

- Clear agreements, known to all agencies and to the family, detailing each worker's role and the tasks to be undertaken by them;
- Full participation at regular multi-agency meetings, **Core Group** meetings and at **Child Protection Conferences** with all agencies owning the concerns for the child rather than leaving it to a few to face the family.

Although it is important to remain in a positive relationship with the family as far as possible, this should not be at the expense of being able to share real concerns about intimidation and threat of violence.

Options to consider are:

- Discussing with the Child Protection Coordinator the option of using the exclusion criteria if the quality of information shared is likely to be impaired by the presence of threatening adults;
- Holding a practitioners meeting to share concerns, information and strategies and to draw up an effective work plan that clearly shares decision-making and responsibilities. If such meetings are held, there must always be an explicit plan made of what / how / when to share what has gone on with the family. Secret discussions are unlikely to remain secret, and the aim should always be to empower the Core Group to become more able to be direct and assertive with the family without compromising their own safety;
- Holding a meeting to draw up an explicit risk reduction plan for workers and in extreme situations, instituting repeat meetings explicitly to review the risks to workers and to put strategies in place to reduce these risks;
- Joint visits with colleagues or workers from other agencies. Police may be involved if necessary;
- If workers have experienced a frightening event, debriefing with other agencies, as well as own colleagues, can be helpful.

**Remember that although working with hostile families can be particularly challenging, the safety of the child is your first concern. If you are too scared to confront the family, consider what life is like for the child.**

## 6. Responding to Uncooperative Families

### 6.1 What Should I Do?

Unfortunately for the worker making the approach, the underlying feelings of the family may be masked by anger or avoidance, as these parents / carers do not easily trust and may be fearful of closeness. It is best to be practitioner and honest, giving clear indications that the aim of the work is to achieve the best for their child.

It is essential that the parent / carer recognise that you are a practitioner with the authority to be involved with their family. To do this you must clearly state your practitioner authority. The motivations and capacities of the adults to respond cooperatively in the interests of their children, with the help of the worker and their agency will need to be continuously assessed. However, both control and care will be needed, and the worker must confront uncooperativeness when it arises, albeit with understanding and empathy.

You should seek supervision from your manager or advice from senior staff to ensure you are progressing appropriately with the family.

If you are going to be involved over a longer period, you will need to help the parent / carer to work through their underlying feelings as you support them to engage in the tasks of responsible child care.

In some cases, despite making every effort to understand and engage the parents / carers, you may find the family remains completely resistant and will not allow you to become involved. In such cases you should discuss with your manager, and together consider if other action might be necessary. It is important for workers in such situations not to feel a sense of personal failure or practitioner incompetence.

**Remember: all workers experience such rebuffs at some point during their working life. There are some families who are resistant despite anyone's efforts.**

### 6.2 What Should I Not Do

Worker's 'coping' strategies that may merely obstruct engagement with any other family can be pitfalls when working with hostile families. As a result perceived or actual harm to the child / young person may be minimised or underestimated by the worker. You will need support to understand the family's behaviour and your own response to it.

Workers may unknowingly use the following strategies:

- See each situation as a potential threat and develop a "fight" response, becoming over-challenging, thus increasing the tension between the worker and the family. This may protect the worker physically and emotionally, or may put them at further risk. It can lead to that worker becoming de-sensitised to the child / young person's pain and to violence within the home;
- Collude with parents / carers by accommodating and appeasing them in order to avoid provoking a reaction;

- Become hyper-alert to the personal threat so that you become less able to listen accurately to what the adult is saying, distracted from observing important responses of the child / young person or interactions between the child and adults;
- 'Filter out' negative information or minimise the extent and impact of the child / young person's experiences, in order to avoid having to challenge. At its extreme, this can result in workers avoiding making difficult visits or avoiding meeting with those adults in their home, losing important information about the home environment;
- Feel helpless / paralysed by the dilemma of deciding whether to 'go in heavy' or 'back off'. This may be either when faced with escalating concerns about a child / young person or when the hostile barrier between the family and outside means that there is only minimal evidence about the child's situation.

**It is important:**

- That you make every effort to understand why the family may be uncooperative or hostile, and this entails considering all available information. Find out who else is involved, and contact internal and external colleagues or individuals who have had involvement with the family;
- To be aware that some families, including those recently arrived from abroad, may be unclear about why they have been asked to attend a meeting, why you want to see them in the office or why you are visiting them at home. They may not be aware of roles that different practitioners and agencies play and may not know that the local authority and partner agencies have a statutory role in safeguarding children, which in some circumstances override the role and rights of parents e.g. child protection;
- That where you think cultural factors are a factor in a family's resistance to having practitioners involved, seek expert help and advice in gaining a better understanding of the culture involved. You could consider asking for advice from local experts, who have links with the culture. In such discussions the confidentiality of the family concerned must be respected;
- If you anticipate difficulties in engaging with a family, you may want to consider the possibility of having contact with the family jointly with another person in whom the family has confidence. Any negotiations about such an arrangement must similarly be underpinned by the need for confidentiality in consultation with the family.

Practitioners need to ensure that clients are treated with respect and dignity at all times. Being practitioner not only involves keeping appointments, and on time, but also ensuring that families are engaged wherever possible and understanding and recognising the impact of cultural differences.

Families may develop a resistance or hostility to involvement if they perceive the worker as disrespectful, unreliable or dishonest, or if they believe confidentiality has been breached outside the agreed parameters.

## **7. Recording Information**

It is vital that, as when working with any family, you make a full record of:

- What is said, by whom, when and where;
- What you have said;
- What action you have taken;
- To whom you have referred the child / young person and when;
- What they have said to you about the referral and any subsequent action.

All paper based records should be signed, dated, and timed with your contact details. Electronic records should automatically record time, date and who completed them, via user identification numbers used for system logins.

### 7.1 Chronology

A Chronology of all concerns relating to a child or young person and their family, dated and sourced, should be recorded in the files of all concerned practitioners. A chronology lists in date order all the major changes and events in a child or young person's life. It can be a useful way of gaining an overview of events in someone's life. It should be used as an analytical tool to help practitioners understand the impact, both immediate and cumulative, that events and changes may have on the child or young person's developmental progress. This includes non-cooperation of parents / carers.

A chronology should include, for example, changes in the family composition, addresses and any moves, educational establishments and any moves, the child or young person's legal status, any injuries, periods in hospital or other medical treatment, and any disclosure of abuse.

## 8. Dealing with Hostility and Violence

Despite sensitive approaches by practitioners, some families may respond with hostility and sometimes this can lead to threats of violence and actual violence. It is therefore important to try and understand the reasons for the hostility and the actual level of risk involved. **It is critical both for your personal safety and that of the child / young person that risks are accurately assessed and managed.**

Threatening behaviour can consist of:

- The deliberate use of silence;
- Using written threats;
- Bombarding workers with emails and phone calls;
- Using intimidating or derogatory language;
- Racist attitudes and remarks;
- Sexualised attitudes and remarks;
- Using domineering body language;
- Using dogs or other animals as a threat;

- Swearing;
- Shouting;
- Throwing things;
- Physical violence;
- Use of recording conversations / videos / photographs via computers or mobile phones;
- Damaging worker's property;
- Damaging office equipment or property.

Threats can be covert or implied, e.g. discussion of harming someone else, as well as obvious. In order to make sense of what is going on in any uncomfortable exchange with a parent / carer, it is important that practitioners are aware of the skills and strategies that may help in difficult and potentially violent situations and that they consult their own agency guidance.

### **9. Impact on Workers of Hostility and Violence**

Working with potentially hostile and violent families can place workers under a great deal of stress and can have physical, emotional and psychological consequences. It can also limit what you can allow yourself to believe, make you feel responsible for allowing the violence to take place, lead to adaptive behaviour which is unconsciously "hostage-like", and also result in distressing physical or psychological symptoms.

The impact on workers may be felt and expressed in different ways, for example:

- Surprise;
- Embarrassment;
- Denial;
- Distress;
- Shock;
- Fear;
- Self-doubt;
- Anger;
- Guilt;
- Numbness;
- Loss of self-esteem and of personal and/or practitioner confidence;
- A sense of helplessness;
- Sleep and dream disturbance;

- Hyper vigilance;
- Preoccupation with the event, or related events;
- Repetitive stressful thoughts, images and emotions;
- Illness;
- Post-traumatic stress.

Factors that increase the impact on workers include:

- Previous traumatic experiences, both in practitioner and personal life, can be revived and heighten the fears;
- Regularly working in situations where violence and threats are pervasive. Workers in these situations can develop an adrenalin-led response, which may over or under play the threat. Workers putting up with threats may ignore the needs / feelings of other staff and members of the public;
- When faced with significant fears for their own safety, workers may develop a 'hostage-like' response. This is characterised by accommodating, appeasing or identifying with the 'hostage-taker' to keep safe;
- Threats that extend to the worker's life outside of work;
- It is often assumed that there is a higher level of risk from men than from women and that male workers are less likely to be intimidated. False assumptions decrease the chances of recognition and support. Male workers may find it more difficult to admit to being afraid, and colleagues and managers may not recognise their need for emotional support. This may be particularly so if the perpetrator of the violence is a woman or young person. In addition, male workers may be expected to carry a disproportionate number of threatening service users;
- Lack of appropriate support and a culture of denial or minimising of violent episodes as 'part of the job' can lead to the under-reporting of violent or threatening incidents and to more intense symptoms, as the worker feels obliged to deal with it alone;
- Violence and abuse towards workers based on their age, race, religion, gender, disability or perceived sexual orientation for example, can strike at the very core of a person's identity and self-image. If the worker already feels isolated in their workplace in terms of these factors, the impact may be particularly acute and it may be more difficult to access appropriate support;
- One worker taking on the role of mediator for the family, in the belief that they are the only practitioner that the family will accept or trust.

## 10. Keeping Workers Safe

### 10.1 Workers Responsibilities

You have a responsibility to plan for your own safety, just as your agency has the responsibility for trying to ensure your safety. Workers should consult with their line manager to draw up plans and strategies to protect their own safety and that of other colleagues. There should be clear procedures on information sharing (both internal and external). Staff and managers need to be aware where further advice can be found.

Prior to contact with a family consider the following questions:

- Why am I doing this visit at the end of the day when it's dark and everyone else has gone home? Risky visits should be undertaken in daylight and in working hours whenever possible;
- Should this visit be made jointly with a colleague or a manager?
- Is my car likely to be targeted / followed? If yes, it may be better to go by taxi and have that taxi wait outside the house;
- Do I have a mobile phone with me or some other means of summoning help (e.g. personal alarm)?
- Could this visit be arranged at a neutral venue?
- Are my colleagues / line managers aware of where I am going and what time I should be back? Do they know that I may be particularly at risk during this visit?
- Are there clear procedures for what should be done if an officer does not return or report back within the agreed time from a home visit?
- Does my manager know my mobile phone number and network, my car registration number and my home address and phone number?
- Do my family members know how to contact someone from work if I don't come home when expected?
- Have I taken basic precautions such as being ex-directory at home and having my name removed from the public section of the electoral register?
- Have I accessed personal safety training?
- Is it possible for me to continue to work effectively with this family?
- If threats and violence have become a significant issue for a worker, their line manager should consider how the work could safely be progressed; document their decision and the reasons for this.

### 10.2 Finally, a few Don'ts

- Don't take it personally;



- Don't get angry yourself but be firm in your requirements;
- Don't be too accommodating and understanding;
- Don't assume you have to deal with it and then fail to get out;
- Don't think that you don't need strategies or support;
- Don't automatically assume it's your fault and that if you had said or done something differently it wouldn't have happened;
- Don't put personal information about yourself on social networking sites;
- Don't give your personal contact details, such as email address or mobile phone number to families; always give work details.

## **11. Management Responsibility**

Managers have a statutory duty to provide a safe working environment for their employees under the Health and Safety at Work legislation, including:

- Undertaking assessments to identify and manage the risks inherent in all aspects of the work;
- Providing a safe working environment;
- Providing adequate equipment and resources to enable safe working;
- Providing specific training to equip workers with the necessary information and skills to undertake the job;
- Ensuring a culture that allows workers to express fears and concerns and in which support is forthcoming without implications of weakness.

Managers need to ensure:

- Workers are aware of any home visiting policies employed in their service area and that these policies are implemented;
- Planning time is allowed e.g. to obtain sufficient background information and plan contact; agree safety strategies with manager;
- Strategies and support are in place to deal with situations that arise;
- They are mindful of the skills and expertise of their team. They need to seek effective and supportive ways to enable new workers, who may be inexperienced, to identify and develop the necessary skills and expertise to respond to uncooperative families;
- Similarly, more experienced staff may become desensitised and may make assumptions about families and situations;
- Awareness of the impact of incidents on other members of the team;

- Where an incident has occurred, managers need to try to investigate the cause e.g. whether this was racially or culturally motivated;
- Awareness that threats of violence constitute a criminal offence and that the agency must take action on behalf of staff i.e. make a complaint to the police;
- Pro-actively ask about feelings of intimidation or anxiety so that workers feel that this is an acceptable feeling.

### **11.1 Supervision and Support**

Each agency should have a supervisory system in place that is accessible to the practitioner and reflects practice needs. Supervision discussions should focus on any hostility being experienced by workers or anticipated by them in working with families. It should also address the impact on the worker and the impact on the work with the family.

Managers must encourage a culture of openness, where their workers are aware of the support available within the team and aware of the welfare services available to them within their agency. Managers must ensure that their staff members feel comfortable in asking for this support when they need it. This includes ensuring a culture that accepts no intimidation or bullying from service users or colleagues. A 'buddy' system within teams may be considered as a way of supporting workers. Some agencies have confidential staff support systems, which involve sympathetic listeners. Managers should ensure that staff know how to access such support.

Workers must feel safe to admit their concerns knowing that these will be taken seriously and acted upon without reflecting negatively on their ability or professionalism.

Discussion in supervision should examine whether the behaviour of the service user is preventing work being effectively carried out. **It should focus on the risk factors for the child within a hostile or violent family and on the effects on the child of living in that hostile or aggressive environment.**

An agreed action plan should be drawn up detailing how any identified risk can be managed or reduced. This should be clearly recorded in the supervision notes. The action plan should be agreed prior to a visit taking place.

The practitioner should prepare for supervision and should bring case records relating to any violence/threats made. They should also be prepared to explore 'uneasy' feelings even where no overt threats have been made. Managers will not know about the concerns unless the practitioner reports them. By the same token, managers should be aware of the high incidence of under reporting of threats of violence and should encourage discussion of this as a potential problem.

Health and Safety should be a regular item on the agenda of team meetings and supervisions. In addition, group supervision or team discussions can be particularly useful to share the problem and debate options and responsibilities.

Files and computer records should clearly indicate the risks to workers and mechanisms to alert other colleagues to potential risks should be clearly visible on case files.

## **12. Definitions**

For the purposes of this guidance the following definitions are used:

**Hostile and threatening behaviour**

Behaviour, action, or attitude that is expressed physically, verbally, or symbolically and manifested by destructive acts directed toward oneself or against others.

**Non-compliance/Uncooperative Behaviour**

The failure or refusal to follow, or the sabotaging of, plans designed to safeguard children or adhere to the advice or required actions of professionals.

**Disguised Compliance-apparent co-operation**

The subversive undermining of plans designed to protect children when presenting as engaged in the work and in an apparent cooperative relationship with the worker.