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## **Staffordshire and Stoke-on-Trent Safeguarding Children Board**

### **Working with Highly Resistant, Uncooperative and Hard to Change Families:**

### **Practice guidance for front line Staff and managers**

Section D17

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## D17 Working with Highly Resistant, Uncooperative and Hard to Change Families:

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### 1 Introduction

The nature of child protection has long indicated the difficulties faced with families who are hostile, uncooperative and misleading. Both national and local serious case reviews reflect these complications and the sometimes tragic consequences this leads to for children (Laming 2003; Laming 2009 and Brandon et al, 2009; 2010). Although there is little national evidence on the prevalence of 'highly resistant' families, the challenging behaviours characterised by complex families consistently emerge within lessons to be learnt from national and local serious case reviews.

In two high profile national cases (Victoria Climbié and baby Peter Connelly) specific attention was drawn to the resistance and manipulation that professionals encountered from family members, which was aimed solely at deflecting the focus of the professional from the needs of the child. This resistance has also been particularly evident in a recent local serious case review (SCR) in Staffordshire (NS10 – to read this SCR Executive Summary please go to: <http://www.staffscb.org.uk/Professionals/Case-Studies-Case-Reviews/Case-Studies-Case-Reviews.aspx>). It is therefore critical for professionals from all agencies to become acutely aware of why and how these behaviours impact of the welfare and safety of children, and for workers to develop professional knowledge and effective strategies to help to work together and keep children safe.

In his 2009 report Lord Laming stated that:

*“They (parents) become very clever at diverting attention away from what has happened to the child. Therefore people who work in this field... have to recognise this in their evidence gathering. They have to be sceptical; they have to be streetwise; they have to be courageous”* (Lord Laming, 2009: 51-52).

Research findings from studies such as Ofsted Biennial SCR studies and the findings of a review undertaken by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO<sup>1</sup>) 'Effective practice to protect children living in 'highly resistant' families', have focussed on the challenges for practitioners who are working with vulnerable families who have 'multiple' or 'complex needs', or are 'resistant to change.'

The Safeguarding Knowledge Review 1 on highly resistant families evidenced findings from national serious case reviews of the daily challenges faced by practitioners who are tasked with promoting the welfare and safety of children:

The biennial analyses of serious case reviews in England reported that; *“...almost three-quarters of parents/carers (hereafter, parents) represented in these cases were characterised as uncooperative, which included hostility towards workers, actively avoiding contact with practitioners, missing appointments, showing disguised or partial compliance and ambivalence”*. (Brandon et al 2008a and b, 2009).

*“In many cases parents were hostile to helping agencies and workers were often frightened to visit family homes. These circumstances could have a paralysing effect on practitioners, hampering their ability to reflect, make judgments, act clearly, and to follow through with referrals, assessments or plans. Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted. Where parents made it difficult for professionals to see children or engineered the focus away from allegations of harm, children went unseen and unheard”*. (Brandon, M, et al: *Analysing child deaths and serious injury through abuse and neglect: what can we learn?* London, 2008: DCSF

In the Ofsted Biennial analysis of Serious Case Reviews 2005–2007 almost 75% parents/carers were characterised as uncooperative and this included behaviours such as:

- Hostility and violence towards workers;
- Actively avoiding contact with workers (denial and avoidance);
- Missed appointments;

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<sup>1</sup> The full report is available at [C4EO website](#) and the key findings have been highlighted in the relevant sections of this chapter.

- Disguised compliance (unresponsiveness to support); and
- Ambivalence.

### **Resistant or Reluctant?**

It needs to be recognised that many of the families who come into contact with professional agencies are going through periods of stress and anxiety. They may also have had experiences with professionals previously which they perceive to have been negative for them. For this reason they may react in a confrontational, aggressive and/or abusive way towards practitioners. Workers should be mindful that the way that parents / carers respond to concerns or allegations should not be taken as a clear indication of how they respond to their children. The research by C4EO advises that conflict and disagreement should not be avoided however difficult they may be to address, as these are realities that must be explored and understood. Practitioners may find it helpful to reflect on the following C4EO statement:

*“...coverage of recent high profile cases in some parts of the media has contributed to an impression of all parents who maltreat their children as conniving, cold-blooded individuals, set on abusing or even killing a child and, in the process, deliberately setting out to deceive the authorities...Irrespective of whether they co-operate, it is worth remembering that most parents involved in the child welfare system are involuntary participants in a process they may resent.” (C4EO, 2010)*

### **Principles**

Practitioners across Staffordshire and Stoke-on-Trent serve a diverse population with differing needs and practice needs to be inclusive to reflect these differences. All agencies should have in place procedures and guidance for working with parents/carers and support their practitioners to promote positive, anti-discriminatory practice and to be skilled in effective engagement and communication. If communication is not clear people may behave in a way that seems to be non-compliant where in fact their anger and frustration are related to our use of language.

Confidentiality must not compromise the welfare and protection of children and appropriately sharing information is critical to understanding the holistic needs of the child. When working with resistance agencies must work together to collectively develop a plan of support which reflects the strengths, risks and needs of the children and their family.

### **Aim of this guidance:**

This guidance has been produced to provide staff in all services and whatever their role, with useful information and support to help them to work with uncooperative families and to develop an awareness and understanding of circumstances where parents / carers are unable or unwilling to engage in partnership with workers to help promote and safeguard the welfare of children.

it is not intended to tell workers what to do but to act as guidance to help practitioners to make professional judgements about their work with children and families. This guidance should be used in accordance with the SSCB Inter-agency Safeguarding Children Procedures [www.staffsscb.org.uk](http://www.staffsscb.org.uk) or the Stoke-on-Trent SCB Multi-agency Procedures [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk).

**This guidance aims to:**

- Help practitioners to understand the variety of ways in which non-cooperation can be displayed by families and to understand some of the causes of parental / carer responses;
- Identify strategies for effective practice to help to promote the welfare and safety of children and young people;
- Help practitioners to identify where their own actions may be impacting on child welfare or protection concerns;
- Help practitioners maintain control of situations and keep themselves safe; and
- Assist practitioners to be in a position to effectively assess the risk factors affecting children in the household and help to ensure that the welfare and safety of children is promoted.

**Recognising uncooperative responses**

The term 'highly resistant' sits on a continuum. At one end, a certain degree of reluctance on the part of parents, who may know they need help but find it hard to accept, is to be expected. At the other end, we find a small number of highly manipulative parents who are very accomplished at misleading child welfare professionals. Such resistant and non-compliant behaviour can have a damaging physical and emotional effect on other people and involves parents and carers being unwilling or unable to bring about positive change; having a lack of commitment to change; and working subversively to undermine change.

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 for example start imposing 'more rules'. 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 at arms length. At reviews there has been no significant change despite significant work being undertaken with the family and although parents/carers outwardly agree with practitioners about the change that is required, they may only put little effort in themselves; engage with certain aspects of the plan; and/or only will work with certain practitioners.

Reviews of the support and interventions with families (plans) are important opportunities to consider whether any positive change has been made by parents / carers and to reflect on if this is due to their genuine efforts to achieve change or if change for the child has occurred predominantly as a result of the support and resources being offered by agencies. The following types of uncooperative behaviour can be displayed by parents and carers. It is important to note that this list of behaviours is not exhaustive and some parents / carers may display a range of these behaviours at the same time or at different periods of intervention:

- **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 and we can all be 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 often be 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.
- **Disguised Compliance** - Some parents / carers may give the appearance of cooperating with practitioners to avoid raising suspicions and to minimise agency intervention. Some families may deliberately sabotage efforts to bring about change (by persistently failing to keep appointments etc). In such cases, this can mean that workers may fail to recognise significant areas of concern and the protection needs of the children in the family may be overlooked. **Practitioners are urged to use their professional curiosity in these circumstances to question the information they are being provided by families.** This is often referred to as having 'respectful uncertainty' and using 'healthy scepticism' with families. Checking the validity of information out with other workers supporting the family, not being over-optimistic over changes that have yet to be sustained and retaining a clear focus on achieving outcomes for the child will help practitioners to work with families displaying such behaviours.

- **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 acknowledged that confrontational or aggressive behaviour from parents/carers can seriously impact on the way that professionals interact with these families.

In practice this may mean that practitioners either avoid conflict with parents by avoiding difficult discussions; avoid contact with the family altogether; or by becoming hostile towards the family. In these circumstances it is important for the worker to be clear about their role and purpose, demonstrate a concern to help and for them not to expect an open relationship to begin with. The parent /carer's uncooperativeness must however be challenged and this is not an easy task for staff to undertake. 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 6 – Responsibility of managers).

- **Violence:** may reflect a deep and longstanding fear and projected hatred of authority figures and /or individuals 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 within the context of offering support with the areas that need to be addressed. In some circumstances it may be necessary for child protection enquiries to be initiated and in some circumstances for the children to be removed from the family home for a period of assessment. Keeping workers safe in such situations is clearly vital (see section 8 - keeping safe).

In any circumstance where confrontation or violence exists recognition should be given by managers to the emotional impact this behaviour may have on the practitioner. Adequate supervision and support must be given and any consequences on decision-making and practice understood.

**It is essential for all staff to understand that it is not unprofessional to feel threatened or intimidated** – we are all human and managers have a key role in promoting this understanding within their workforce. It is however acknowledged that there can be barriers for staff which inhibit the sharing of such feelings, such as concerns about judgments being made regarding professional competence and this guidance will consider some key principles which will help staff to manage this area of work more effectively. These principles are:

- recognising impact on self
- keeping safe - agency responsibility/personal responsibility
- collaborative working between agencies

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

- There are a variety of reasons why some families may be uncooperative with practitioners, including:
- They do not want their privacy invaded
- They have something to hide
- They don't think they have a problem
- They resent outside interference
- They perceive there are cultural differences
- They do not understand what is being expected of them
- They have previously had poor experience of involvement with practitioners
- They resent staff changes
- They dislike or fear authority figures
- They fear their children will be taken away
- They fear being judged to be poor parents because of substance misuse, domestic abuse, mental health or other problems
- Self fulfilling prophecy – negative beliefs predict negative behaviour -this has happened before so why would they think any different.
- They feel they have nothing to lose, for example when the children have already been removed.

It is important to remember that a range of psychological social and cultural factors influence the behaviour of parents / carers, as well as issues such as domestic abuse, substance use and /or mental health. It is important for practitioners to understand and assess the impact of such parental issues on the capacity and willingness of parents or carers to promote the welfare and safety needs of their children. For further guidance please go to:

[www.staffsscb.org.uk](http://www.staffsscb.org.uk) if you work in Staffordshire; or  
[www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk) if you work in Stoke-on-Trent.

## **Respecting Families**

Families may develop or increase resistance or hostility to involvement if they perceive the professional as disrespectful and unreliable or if they believe confidentiality has been breached outside the agreed parameters.

Practitioners should minimise resistance or hostility by complying with their agency's code of conduct, policies and procedures in respect of the appropriate treatment of service users.

Practitioners should also remain critically aware that some families, including those recently arrived from abroad, may be unclear about why they have been asked to attend a meeting or why the professional wants to see them in the office or to visit them at home. They may not be aware of roles that different professionals and agencies play and may not be aware 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).

Professionals should seek expert help and advice in gaining a better understanding, when there is a possibility that both cultural and disability factors are making a family resistant to having professionals involved. Professionals should be:

- Aware of dates of the key religious events and customs;
- Aware of the cultural implications of gender;
- Acknowledge cultural sensitivities and taboos e.g. dress codes
- Aware of the competency levels of both parents and children with a disability – do not assume
- Understand the needs of the parents, children and young people and their behaviours

Professionals may consider asking for advice from local experts, who are familiar with the culture or disability. In such discussions the confidentiality of the family concerned must be respected.

It is equally important for practitioners to check that the family clearly understand the information they are being provided with (can they read - and understand what they read/ is it in their first language / is clear basic language being used?); that they understand the roles and responsibilities of agencies and the expectations being placed upon them to bring about improved changes. It is worth reading things back to people so as to check their understanding.

## 2 Making Sense of Angry Responses

Many of the families who come into contact with professional agencies are going through periods of stress and anxiety. They may also have had experiences with professionals previously which they perceive to have been negative for them and for this reason they may react in aggressive ways to professionals and/or be abusive despite sensitive approaches by practitioners. It is therefore important to try and understand the reasons for the hostility and the actual level of risk involved and **it is critical both for your personal safety and that of the child / young person that risks are accurately assessed and managed.**

A parent, carer or young person may be regarded as hostile and/or aggressive if they present an explicit or implicit challenge to a worker's health, safety or wellbeing. In practice this includes:

- physical violence
- shouting
- swearing
- throwing things
- using intimidating or derogatory language
- using written threats
- the deliberate use of silence
- using domineering body language
- using dogs or other animals as a threat, which sometimes can be a veiled threat
- racial abuse
- deliberately damage property of an organisation or its workers
- Knowledge of a previous conviction that suggests that they present a threat, e.g. for serious assault or gun crime

Threats can be covert or implied as well as obvious. In order to make sense of what is going on in any uncomfortable exchange with a parent/carer, you need to ask yourself the following questions:

- Might you have aggravated the situation by either getting angry yourself or by being patronising or dismissive?
- Is it a response to frustration, either related or unrelated to your visit?
- Does the person need to complain, possibly with reason?
- Is the behaviour deliberately threatening/obstructive/abusive?
- Is the parent/carer aware of the impact he/she is having on you?
- Is he/she so used to aggression that they don't appreciate the impact of their behaviour?
- Is this normal behaviour for this person?
- Is your discomfort disproportionate to what has been said or done?
- Are you taking this personally in a situation where hostility is aimed at your organisation?
- Is your judgement affected by fears for your own safety?

- Do the family need another family member or advocate to support them and help them understand your concerns?

Some families demonstrate hostility by resistance. It may be more difficult for professionals to identify the challenges inherent in working with parents who are pleasant and amenable, who agree to the need for change, but who are unable or unwilling, despite interventions, to bring the necessary change about satisfactorily. The following are factors which may indicate and evidence disguised compliance or resistance:

- No significant change at reviews despite significant input
- Parents/carers agreeing with professionals regarding changes but put little effort into making changes work
- Change does occur but as a result of external agencies/resources not the parental/carer 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
- Child's report of matters is in conflict with parents / carers report

Evidence from serious case reviews serves to remind us of the need to systematically and robustly review the effectiveness of interventions. Professionals need to recognise and guard against colluding with a situation which fails to meet the needs of children in the family and increase the risk of significant harm. Effective supervision will support workers in recognising collusion.

**Remember** - Professionals, employees, managers, helpers, carers and volunteers in all agencies need to remain aware that they must make a referral to Staffordshire Children's Social Care First Response Service in the MASH\* or Stoke-on-Trent Advice and Referral Team if:

- it is believed or suspected that a child is suffering or is likely to suffer significant harm; or,
- where a professional has identified unmet need in relation to a child in need.

### **Practitioner Tips: Making sense of hostile responses**

- Are you prepared in case the family are angry or hostile with you? Have you talked to your manager and planned strategies you might need, e.g. an initial visit with police to establish authority?
- Could you have aggravated the situation by getting angry yourself or been seen to be patronising or dismissive? Is the hostility a response to frustration, either related or unrelated to your visit?
- Does the person need to complain, possibly with reason?
- Is the behaviour deliberately threatening / obstructive / abusive or violent?
- Is the parent / carer aware of the impact s/he/ is having on you?
- Is s/he so used to aggression that they don't appreciate the impact of their behaviour?
- Is your discomfort disproportionate to what has been said or done?
- Are you taking this personally in a situation where hostility is aimed at your organisation?

### **Practitioner Tips: Written Contracts**

Consider drawing up a written contract with the family specifying:

- a) Exactly what behaviour is expected e.g. calm, respectful, polite, reasonable
- b) Spelling out that this will be taken into account in any risk assessment of the child / young person
- c) Clearly explaining the consequences of continued poor behaviour on their part – this could include undertaking joint visits, seeing them only at the office; or for statutory agencies initiating action to consider the removal of the child

### **Keeping a focus on the child**

It is vital that the welfare and safety of the child remains paramount within our work with families and that the child remains visible to agencies. Uncooperative parents / carers can sometimes isolate their children from agency involvement, especially if they are attempting to hide abuse or neglect that is taking place within the family and indicators may include significant periods of absence from school, or non-engagement with health agencies such as the GP, health visitor or specialist health practitioner.

A child or young person's absence from school may be supported by the parent or carer and may not therefore be recorded as though the child had been removed from school or was truanting. This may mean they do not come to the attention of the Staffordshire's Children Missing from Education Team or Stoke-on-Trent's Children Missing Education Officers, and that records state that the child is still officially attending school (visit the SSCB website at [www.staffsscb.org.uk](http://www.staffsscb.org.uk) or the Stoke-On-Trent SCB website at [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)).

It is therefore important that significant periods of absence are appropriately monitored by schools and action taken in accordance with the school's procedures (for example a referral to the Educational Welfare Officer).

**After every visit to families consider-** Have you seen the child? Have you seen them alone? Have you listened to them and understood their views? If any of these answer as no, ask yourself why?

### 3 Impact on the Assessment of Children/Families

Accurate information and a clear understanding of what is happening to a child within their family and community is vital to any assessment. The usual and most effective way to achieve this is by engaging parents and 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 violent and/or intimidating is obviously more difficult. The behaviour may be deliberately used to keep professionals at bay - or can have the effect of keeping professionals at bay. There may be practical restrictions to the ordinary tools of assessment e.g. observing the child in their own home. The usual sources of information/alternative perceptions, other workers and other family members, may also be kept at bay.

It is important to explicitly work out and record what areas of assessment are difficult to achieve and why and for the presence of violence or intimidation to be included within any assessment of risk to the child living in such an environment.

**Remember** – If you feel threatened, what is it like for that child living in their home?

## The Impact on the child / 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:

- Have become de-sensitised to violence
- Have learnt to appease and minimise – (remember Victoria Climbié always smiled in the presence of practitioners) and / or
- Be simply too frightened to tell.

## 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?
- 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?
- Has the child learned to appease and minimise / keeping 'safe' by not telling me things / blaming themselves?
- 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? If someone I don't know is in the family home. Have I asked who they are?

- Have I asked what other agencies or support the family are accessing and the name of these workers?
- 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?
- If this a case of domestic abuse am I only working with the adult victim?
- **What might the children have been feeling as the door closed behind you and what will the impact be?**

**Remember:** It is important to realise that where an individual is perceived as dangerous to professionals, there is a strong possibility that they are also dangerous to the children and other members of the family. If professionals are scared and intimidated by a person, it is very likely that any children in that person's care may be at risk.

### The Importance of Observation Skills

Professionals need to be very cautious of abusive parents' reports about their children's behaviour problems. It is important to triangulate parental reports with other sources of information (e.g. schools, extended family) and with direct observations of the parent / child dynamic. Practitioners should not rely on interviewing parents about their parenting skills. Equal attention needs to be paid to observing parent-child interactions, in order to assess caregivers *actually parenting*, as distinct from *describing* how they parent.

## 4 The Personal Impact on Workers

Working with hostile and violent family's places workers under a great deal of stress and can have consequences for their practice and their home life. This can be through physical consequences such as sleep disturbance, shock and distress and / or emotionally such as loss of confidence and self-esteem.

The impact on workers of experiencing violence and hostility can be significant and can be expressed in many different ways dependent on the workers previous professional and personal experiences and the context of the threat they are facing. Threats that extend to the worker's life outside of work can be particularly unnerving.

Managers have a critical role in actively supporting their workers (see section add for further information) and it may be helpful to reflect on the professional and personal experiences of the worker and consider the following:

- **Stereotypical assumptions about the higher levels 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, e.g. male workers may find it more difficult to admit to being

afraid; 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. Has the male workers been expected to carry a caseload that includes 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** can strike at the very core of a person's identity and self-image, particularly if it is in relation to a person's race, sexuality, disability or gender. If the worker already feels isolated in their workplace due to any of these issues, 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.

## 5 Impact on Multi-Agency Work

The welfare of the child is paramount and all agencies need to continue to work in partnership with families to achieve the agreed outcome for the child even in challenging circumstances. It is vital for workers across agencies to work together to help ensure that the welfare of the child is maintained through coordinated joint-working, clear lines of communication and accountability and an understanding of each others roles and responsibilities.

Sometimes parents/carers are hostile to all or only some agencies and unless this is recognised and managed on an inter-agency basis the results can be as follows:

- Everyone 'backs off', leaving the child 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;
- There is a divide between those who want to appease and those who want to oppose - or everyone colludes;
- The hostility is accepted in order to provide essential services to the child but this can result in the safeguarding needs of the child being 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 of splitting between the agencies/individuals, with tensions and disagreement taking the focus from the child.**

- 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 under threat may feel that it is personal;
- there is no unified and consistent plan.

## 6 Ensuring Effective Multi-Agency Working

Any agency faced with incidents of threat, hostility or violence should routinely consider the potential implications for any other agency involved with the family as well as for its own staff. It should be acknowledged that workers in different settings have different thresholds for concern and different experiences of having to confront difficult behaviour and it is therefore important that differing risks and pressures are acknowledged and supported.

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 very 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 and respecting of the concerns of others alert to the need to keep each other safe
- 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

Information sharing is pivotal in order to safeguard and promote the welfare of the child. Although due consideration is required about disclosing personal information about family members, practitioners should be explicit about their experiences of hostility, intimidation or violence with named individuals in order to work together to discuss the welfare of the child and to openly coordinate interventions with the family.

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.** For further information please see Information Sharing Guidance – [www.staffsscb.org.uk](http://www.staffsscb.org.uk) or [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)

**Remember** - Professionals, employees, managers, helpers, carers and volunteers in all agencies need to remain aware that they must make a referral to Staffordshire Children’s Social Care First Response Service in the MASH or Stoke-on-Trent Advice and Referral Team for Stoke if:

- it is believed or suspected that a child is suffering or is likely to suffer significant harm; or,
- where a professional has identified unmet need in relation to a child in need.

Clear records should be maintained, including records on supervision and the agreed action plan. Records should detail not only what was said or what happened but also how the worker felt.

**If you answer yes to any of the following questions you should talk to your manager and any other professional working with the family to share your concerns:**

Question	Yes	No
Do you have previous experience of the adult linked to the child being hostile, intimidating, threatening or actually violent?		
Is there a current or historical risk assessment in place in accordance with your department’s health and safety arrangements?		
If no to the above does there need to be?		
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?		
Would you want to be made aware of these concerns?		

## **Multi-agency Meetings**

Where there is evidence of a lack of cooperation and 'non-compliance' this should be considered as an escalation of risk and may result in the need for action to be taken to promote the welfare and safety of the child. A multi-agency meeting should be called in the following circumstances:

- There is evidence of non-compliance and practitioners are refused access to the children and the family home;
- Planned visits and appointments with the family have been missed on more than three occasions despite being rigorously followed up by practitioners;
- Where families have intimidated workers and a risk assessment in relation to the child(ren) in the household and the practitioner is required.

The purpose of the meeting is to consider how the situation can best be managed to ensure the protection of the children and the practitioners.

Where the child is not the subject of a child protection plan the multi-agency meeting should be convened within 7 working days to share information, consider the concerns and to identify a clear, agreed plan to address the concerns. The Lead Professional's team manager should convene and chair this meeting.

## **7 Child Protection Conferences and Core Groups**

Avoiding people who are hostile is a normal human response. It is very damaging to effective inter-agency work under child protection plans, which depends on proactive engagement by all professionals 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; and
- Full participation at regular Core Group Meetings and at Child Protection Conferences: all agencies owning the concerns for the child rather than leaving it to a few to avoid wrath.

Where the child is the subject of a child protection plan a core group meeting should be immediately called and within 3 working days to review the child protection plan and to develop an agreed appropriate plan to safeguard the child. This may include consideration of the removal of the child(ren).

## **Opportunities to communicate confidentially**

Although it is important to remain open 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. In exceptional circumstances it may be helpful to consider 'professionals only' meetings. Options to consider are:

- Using the exclusion criteria for Child Protection Conferences if the quality of information shared is likely to be impaired by the presence of threatening adults. See Section 3E 'Initial Child Protection Conferences' at <http://www.staffsscb.org.uk/Professionals/Procedures/Section-Three/Section-3-Managing-Individual-Cases.aspx> or Stoke-on-Trent SCB's '[Child Protection Conferences' Section C:](#)
- 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. It is important to work transparently with the child and their family, and the aim should always be to empower the Child Protection 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 (it is sometimes helpful to agree a code word or gesture prior to joint visits that indicate to the other worker that you want to leave). The police may need to be involved if necessary.
- If workers have experienced a frightening event debriefing with other agencies as well as own colleagues can be helpful.
- Holding a senior management meeting to draw up an explicit risk reduction plan to support workers.

**Remember-** Although working with hostile families can be really challenging the safety of the child should be your primary concern. If you are too scared to work with the family what is it like for the child living in the family home?

## **Responding to Uncooperative Families**

### **What Should I Do?**

It is best to be open 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. You will need to assert your practitioner

authority whilst remaining respectful and ensuring that you listen and communicate understanding and empathy toward the family.

The motivations and capacities of the adults to respond cooperatively in the interests of their children with the help of the practitioners and their agencies will need to be continuously assessed. However, both control and care will be needed and the worker must confront uncooperativeness when it arises unless to do so would place you or others at risk of harm.

If you are uncertain you should seek supervision from your manager or designated safeguarding lead to help ensure that you are taking the right action.

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 rebufs at some point during their working life. There are some families who are resistant despite anyone's efforts.**

### **What Should I Not Do?**

**"Engagement is the basic task of a child and families worker but can never be taken for granted and must always be worked for"**

Some coping strategies developed by workers can obstruct engagement and can become pitfalls when working with families. As a result perceived or actual harm to the child / young person may be minimised or underestimated by the worker. Practitioners will need support to understand the family's behaviour and their own response to it but it is also important that practitioners critically reflect on their own approaches with families and become aware of problematic coping strategies such as:

- **Seeing each situation as a potential threat and developing a 'fight' response**, becoming over-challenging, thus increasing the tension between him or her and the family. This may protect the worker physically and emotionally but can lead to that worker becoming desensitised to the child's pain and to the levels of violence within the home. As a result of this the harm to the child can be underestimated.

- **Colluding with parents/carers** by accommodating and appeasing them in order to avoid provoking a reaction.
- **Becoming hyper alert** to the personal threat so that the worker becomes less able to listen accurately to what the adult is saying or distracted from observing important responses of the child or interactions between the child and adults.
- **'Filtering out' negative information** or minimising the extent and impact of the child'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.
- **Feeling 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 or when the hostile barrier between the family and outside means that evidence about the child's situation appears minimal.

**It is therefore 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/ disability factors are a feature in a family's resistance to having practitioners involved, seek expert help and advice in gaining a better understanding of the issues involved. You could consider asking for advice from local experts. 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 all family members are treated with respect and dignity at all times. Being a good 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.

For further information on professional pitfalls within practice please click on the following link to read the NSPCC research, [Ten pitfalls and how to avoid them- What research tells us.](#)

### **Practitioner Tip:**

- Do you tell the family what you are required to record, how this information is held and who has access to this information?
- Do you make clear what is expected of the family and what you have undertaken to do?
- Is the family aware of who else is attending any meeting, in what capacity, and what contribution they can make?
- Is the family made aware that they can bring along a friend / family member to be with them at the meeting?
- Are you aware and comfortable with your professional boundaries and able to avoid getting over-friendly with families?
- Does the family perceive you as being firm and fair?
- Do you feel that you have acted in fair manner?
- Is there anything that you could or would do differently?

## **8 Keeping Safe**

You also 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:**

- Are my colleagues / line manager aware of where I am going and when I should be back? Do they know that I am particularly at risk during this visit?

- Have I checked any previous risk assessments that may have been undertaken in respect of this family?
- Should this visit be made jointly with a colleague or a manager?
- Do I have a mobile phone or some other means of summoning help – has it got a signal?
- Is it fully charged or do you have a spare battery?
- Does my manager know my mobile phone number and network, my car registration number and my home address and phone number?
- 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?
- Do my family members know how to contact someone from work if I don't come home when expected?
- Could this visit be arranged at a neutral / more secure venue?
- 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 whenever possible.
- Have you left your car in the direction you intend to leave?
- Have I taken basic precautions for my family 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 whether he or she should be released from the case and another worker allocated.
- Removing personal contact details from public documents e.g. telephone directory.
- 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.

#### **Finally, a few more 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

**Practitioner Tip: Keeping yourself safe**

- Acquaint yourself with your agreed agency procedures e.g. there may be a requirement to ensure the police are informed of certain situations
- Don't go unprepared: be aware of the situation and the likely response
- Don't make assumptions that previously non-hostile situations will always be so
- Don't put yourself in a potentially violent situation. Feel safe and in control at all times
- Get out if it is getting too threatening

**If an incident occurs:**

- Try to stay calm and in control of your feelings
- Make a judgement of whether to stay or leave without delay
- Contact your manager immediately
- Follow your agency's post-incident procedures including any recording required.

## 9 The Responsibility of Managers

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 and similarly, more experienced staff may become desensitised and may make assumptions about families and situations
- They have 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.



### **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 staff 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. A 'buddy' system within teams may be considered as a way of supporting workers. 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.

Each agency should have a system in place to ensure that workers know what action to take if they feel that their concerns are not taken sufficiently seriously. For further information visit the SSCB website or the Stoke-on-Trent SCB website for their respective Escalation procedures.

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. It is important to ask why professionals behave in the way they do and focus less on what they did in order to provide meaningful support and to improve practice. 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.

A chronology of significant events with a 3 monthly review during supervision must be completed to:

- Aid the analysis of information.
- Allow for the recognition of developing patterns; and
- Promote effective case management.

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.

**Top Tips for Managers:**

- Keep Health & Safety regularly on the agenda of team meetings
- Ensure that Health & Safety is on all new employee inductions
- Ensure staff have the confidence to speak to you about any concerns relating to families
- Prioritise case supervisions regularly and do not cancel

- Ensure that you have a monitoring system for home visits and for informing the office when a visit is completed
- Analyse team training needs and ensure training is regularly updated
- Ensure that everyone knows how to respond in an emergency
- Empower staff to take charge of situations and be confident in their actions
- Recognise individual dynamics
- Pay attention to safe working when allocating workloads and strategic planning
- Be aware of what is happening in local communities
- Deal with situations sensitively. Acknowledge the impact on individuals
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