



WORKING WITH HARD TO ENGAGE FAMILIES

Guidance for Practitioners

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1.0 Introduction

1.1 There is a wide array of behaviours exhibited by families towards workers which may be considered hard to engage or 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 professional involvement. In extreme cases there can be intimidation, abuse, threats of, or actual, violence.

1.2 Whilst many professionals have experienced such responses at some time, the impact of duplicitous, uncooperative or evasive families is particularly relevant in a number of documented Serious Case Review reports notably the cases of Baby Peter, Victoria Climbié, and Kyra Ishaq. The tragic consequences for such children, is extremely well known and has been comprehensively investigated and reported in the first two cases by Lord Laming in 2003 and 2009. A Serious Case Review held following the death of a child within a neighbouring South Yorkshire authority noted:

It is particularly difficult for staff in universal health services, who are not child protection specialists, to safeguard children where parents are not only culpably neglectful, but are also deliberately untruthful, evasive and manipulative of visiting professionals. This review shows that the style and level of intervention that was provided to this family was not strong enough to break through the façade created by the parents. The result was that no agencies became aware of the unsuitable living conditions and inadequate care of the children.

1.3 Such cases should always be borne in mind when working with hard to engage families. 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.

1.4 The aim of this document, therefore, is to provide staff in all services and whatever their role, with useful guidance when working with hard to engage families. A worker's purpose in making contact with a family will vary depending on their role and their agency and workers need to use this protocol accordingly. They need to be clearly aware of the level of authority they represent and therefore how far they are required to engage with the family.

1.5 This guidance 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 that 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 a resistant family, making it clear that non co-operation is not acceptable.

In such situations you should reach a view about whether a family is displaying ambivalence but with whom you can work, or deliberate behaviour which means change is much more difficult to achieve, and therefore a more authoritative approach is needed. In such cases a decision may have to be made about whether the child/ren should be allowed to remain with the parents / carers.

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 those seen in hospitals and on public transport)

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

2.0 Recognising and understanding hard to engage family responses

2.1 A common pattern of non-cooperation is when parents / carers do not comply with what has been agreed with them. As a result professionals become stricter in their approach, and may start imposing more rules. The parent / carer may, as a result, make an appointment to appease the professional, 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 professionals away.

2.2 There are other types of non cooperation, 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 divert the conversation from uncomfortable topics or use dismissive body language. Ambivalence is the most common reaction and may not amount to non cooperation. Many service users display ambivalence at some stage in the helping process. It is a common reaction to be ambivalent about the dependency involved in being helped by others and may reflect cultural differences, not being clear about what is expected, or arise from poor

previous experiences of involvement with professionals. Ambivalence should 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 professionals, 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 seeing the worker's good intent and be suspicious of their motives. It is important that the worker:
 - Is clear about their role and purpose;
 - Demonstrates a concern to help;
 - Does not expect an open relationship to begin with

A parent /carer's uncooperativeness must be challenged, so that they become aware that the worker / agency will not give up. If a worker faces any kind of confrontation / 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).

- **Violence:** This 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 (see Section 10).

Reasons for non-cooperation of families

2.3 There are a variety of reasons why some families may be hard to engage by professionals, 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 had previous poor experience of involvement with professionals
- 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
- They feel they have nothing to lose, for example when the children have already been removed.

2.4 It is important to understand that a range of social, cultural and psychological factors influence the behaviour of parents / carers, as well as issues such as substance use or mental health. The more difficult to engage the family, the more likely it is that the main influences are psychological, stemming from the parent / carer's adverse experiences in their own childhoods. Some people, for whatever reason, may also have aggressive and violent traits in their personality. As an adult, the parent / carer will try to regain control over their lives, but they may be overwhelmed by pain, depression, anxiety and guilt resulting from their earlier loss. Paradoxically the lack of cooperation may occur as they open up their feelings, albeit negative ones, at the prospect of help. They may not be aware of this process.

3.0 Isolation of the child or young person

3.1 Hard to engage parents / carers may isolate their children from agency involvement, especially if they are attempting to hide abuse or neglect taking place within the family. Indicators of such isolation may include significant periods of absence from school or non-engagement with health agencies such as GP, health visitor, specialist health professional etc.

3.2 A child or young person's absence from school may be supported by the parent / carer and they may therefore not be recorded as being removed from school or truanting. In such cases the child may not come to the attention of the Children Missing from Education Officer or Education Welfare service at Barnsley MBC, as officially they are still attending school. Significant periods of absence should be monitored by schools and early year's settings and action taken in accordance with the school's procedures, e.g. referral to the Educational Welfare service. (Although attendance at early years setting is not a statutory requirement, good practice guidance has been issued by the Education Welfare service in March 2011 on procedures to be implemented when non compulsory school age children are absent).

3.3 For advice regarding concerns about absence, non-attendance at school or isolation from school settings contact the Barnsley Education Welfare service (01226) 773542. For other services contact the Safeguarding Children Unit (01226) 772400

4.0 Impact on the assessment of children / young people and their families

4.1 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.

4.2 Engaging with a resistant, violent and /or intimidating parent / carer is obviously more difficult. The behaviour may be deliberately used to keep professionals at bay, or can have this effect. There may be practical restrictions to usual means of assessment – e.g. observing the child in their own home. Other common sources of information such as other workers or family members may also be rebuffed by the family.

4.3 It is important to identify and record explicitly where areas of assessment are difficult to achieve and the reasons for this.

4.4 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.

The impact on the child / young person

4.5 The worker needs to be mindful of the impact that hostility to outsiders may have 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 – e.g. Victoria Climbié always smiled in the presence of professionals
- Be too frightened to tell anyone about their circumstances.
- Identify with the aggressor.

The impact on your assessment

4.6 To assess the impact of parents / carers hostility on your assessment of the child, it may be useful to ask yourself the following questions:

- Am I focusing clearly on the needs of the child/ren?
- Am I colluding with the parents / carers by avoiding conflict and focusing 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 themselves?
- What message am I giving this family if I don't challenge them?
- 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 seen evidence that others could be living in the house that I have not been told about?
- 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?

5.0 Impact on Multi-Agency Work

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

5.2 Sometimes parents / carers may be hostile to specific agencies or individuals. If the hostility is not universal 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 following may result:

- 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.

5.3 When parents / carers are only hostile to some individuals / agencies or where individuals become targets of intermittent intimidation, 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.

Ensuring effective multi-agency working

5.4 The Safeguarding Children Unit (01226) 772400 and the Children's Social Care area Assessment Teams (West – 01226 772423: East 01226 438831) can provide information about other professionals who may be working with a family and may 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**.

5.5 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 / 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 can be an added worry.

However, information sharing is pivotal in order to safeguard and promote the welfare of children and young people, as is the need for practitioners to be explicit about their experiences of hostility, intimidation or violence with named individuals.

5.7 It is important to be 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 more information see Chapter 3 of the South Yorkshire Child Protection Procedures – Information Sharing and Confidentiality.

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

- 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 such as drink related or 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?

Child Protection Conferences, Core Groups and multi-agency meetings

5.7 Avoiding people who are hostile is a normal response; however it can be very damaging for effective inter-agency work relating to Child Protection Plans, which depend 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
- 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.

5.8 Although it is important to retain 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 threats of violence. Options to consider are:

- Discussing with the Manager, Safeguarding Services 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 professionals meeting to share concerns, information and strategies and devise 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 occurred 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 devise 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. The 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.

6.0 Responding to hard to engage families

What should I do?

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

6.2 It is essential that the parent / carer recognises that you are a professional with the authority to be involved with their family. To do this you must clearly state your professional 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.

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

6.4 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.

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

Remember: all workers experience such rebuffs at some point during their working life.

There are some families who are resistant despite everyone's efforts.

What should I not do?

6.7 "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 a 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 they become less able to listen accurately to what the adult is saying, and become 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, thus 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. It may be useful to find out whether any one 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 professionals 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. See Barnsley safeguarding Children Board protocols in Section 11 for further information.

- That where you think cultural factors are a factor in a family's resistance to professional involvement, you 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.

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

6.9 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.

Practitioner Tips 1
Written Contracts

Consider drawing up a written contract with the family specifying:

- Exactly what behaviour is not acceptable e.g. raising of voice, swearing, threatening etc
- Spelling out that this will be taken into account in any risk assessment of the child / young person
- Clearly explaining the consequences of continued poor behaviour on their part – this could include seeing them only at the office; seeking a supervision order; or even taking steps to remove the child

Practitioner Tips 2
Prior to making contact

- Have you found out whether a Common Assessment Framework (CAF) has been completed and whether a Lead Professional has been appointed?
- Have you made reasonable attempts to obtain accurate background information on the family and home environment, from your own agency and any others involved? Does this information also include details of any other risk factors, for example animals and individuals?
- Have you identified and raised issues with the family at the earliest point that you became aware of concerns?
- Do you ensure families know why you want to see them, what you want to achieve and whether this is a one-off or part of a series of contacts?
- Based on the information you have obtained, do you now feel able to make safe arrangements to have contact with the family?
- If you anticipate difficulties, do you and your agency need to contact the police for further information or practical support?
- If a series of contacts are planned, are you clear about what change you want to help the family achieve? Will you do this in a climate of jointly identifying the positive strengths and helping the family to build on these?
- Are the goals and expectations you have of the family realistic?
- Are the proposed timescales of involvement with the family defined?

Practitioner Tips 3
Information Sharing & Confidentiality

- Have you familiarised yourself with the information sharing guidance in the Barnsley Safeguarding Children Board South Yorkshire Child protection procedures?
- Where you intend to share information with others, have you discussed this with the family and sought consent (where appropriate)? Have you explained that a refusal may need to be overridden?
- Does the family know how to access written records which are kept about them?
- Get a copy of 'Information Sharing: Pocket Guide' DCSF 2008, which outlines seven golden rules to help you make decisions about sharing information (see Section 11: References)

Practitioner Tips 4 **Use of interpreters**

This applies also where you are aware family members may have impaired hearing or English is not their first language. It is important to take steps to ascertain their preferred method of communication. If British Sign Language (BSL) is to be used or another language spoken arrange for an appropriate interpreter to assist.

- Is an interpreter needed? Have you checked out that the allocated interpreter is able to communicate in the required language / dialect?
- Have you spent time prior to the contact with the interpreter to ensure s/he understands the purpose of their involvement and feel comfortable about the subjects to be discussed? Have you briefed him/her on any technical and legislative matters relating to the contact?
- Did you know you can use interpreters to make phone calls to arrange interviews and explain to the family the purpose of the involvement and the role of the professional?
- Did you know that family members, relatives and members of their community or friendship group should not be used as interpreters? This is so the family feel assured about the interpreter's objectivity and commitment to confidentiality. Are you satisfied that the interpreter is not a family / community member before the visit takes place?

Practitioner Tips 5 **When initial contact is established**

- 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 agreed 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?

Remember to: Afterwards review the contact or visit as this can be extremely useful not only for practitioners but also for the family. Try to end each contact with a brief summary of what the purpose has been, what has been done, what is required and by when. Finally, set a review meeting.

Practitioner Tips 6 **Recognising Diversity**

Are there any of the following issues for the family, which may impact on your work with them if not addressed:

- racial / cultural / religious issues
- learning or physical disabilities
- mental or physical ill health (short or long term)
- lesbian, gay, bi-sexual or transgender issues
- age related
- gender related
- issues for carers

All of these issues should be considered and incorporated into your work with families, as appropriate.

Practitioner Tips 7 **Improving communication with families**

Written Communication

- If a letter is sent, is it clear about who you are and the purpose of making contact?
- Is the letter written in easy to understand language, preferred by the family and avoiding complicated words, acronyms and jargon
- Is the letter clear about whether a response is required?
- Have you considered that the recipient may have a low level of literacy? Is written communication appropriate in this situation?
- Have you considered the recipient may not understand written communication in their own spoken language?
- Where written communication may not be effective have you considered an alternative for example audio tape
- Have you made clear how the recipient can contact you to respond?

Spoken communication

- If a phone call is made, are you using plain language to explain who you are; what organisation you are calling from; and who you want to speak to?
- Do you check out with the family their understanding of the content of the phone call? Do you listen to what they say and make sure you check out your understanding with them?
- Do you ask them if they are agreeable to what has been arranged? N.B. only ask if they are agreeable if it is genuinely possible to change this. If they were not agreeable, what strategies might you use to engage them?
- Have you ensured a record of the conversation is entered in the case file?

7.0 Recording information

7.1 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.

7.2 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.

Chronology

7.3 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.

7.4 A chronology should include, for example, changes in the family composition, any changes of address, 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.

8.0 Dealing with Hostility and Violence

8.1 Despite sensitive approaches by professionals, 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.**

8.2 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 objects
- Physical violence
- Use of recording conversations / videos / photographs via computers or mobile phones
- Damaging a worker's property
- Damaging office equipment or property.

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

Practitioner Tips 8
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 they are having on you?
- Are they 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?

9.0 Impact on workers of hostility and violence

9.1 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.

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

- Surprise or embarrassment
- Denial
- Distress
- Shock
- Fear
- Self-doubt
- Anger
- Guilt
- Numbness
- Loss of self-esteem and of personal and/or professional 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.

9.3 Factors that increase the impact on workers include:

- Previous traumatic experiences, both in professional and personal life, can be revived and heighten the fears
- Regularly working in situations where violence / threat are pervasive. In such situations workers 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 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.

10.0 Keeping Workers Safe

Workers responsibility

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

10.2 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?

10.3 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.

10.4 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
- Don't think that you don't need strategies and 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 Tips: No. 9
Keeping yourself safe

- Familiarise 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 assume 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 of the situation 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 agreed post-incident procedures, including any recording required.

Management responsibility

10.5 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

10.6 Managers need to ensure that:

- 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 etc.
- 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 hard to engage families
- They remember that more experienced staff may become desensitised and may make assumptions about families and situations
- They are aware of the impact of incidents on other members of the team

- Where an incident has occurred they investigate the cause e.g. whether this was racially or culturally motivated
- They are aware 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
- They ask pro-actively about feelings of intimidation or anxiety so that workers know that this is an acceptable feeling

Tips for Managers

- Keep Health & Safety regularly on the agenda of team meetings
- Ensure that Health & Safety is included in all new employee inductions
- Ensure staff are confident 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

Supervision and Support

10.7 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.

10.8 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.

10.9 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.

10.10 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.**

10.11 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.

10.12 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.

10.13 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.

10.14 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

11.0 Useful references

Cooper, A et al. *The Risk Factor: Making the child protection system work for children*, Demos 2003

Harrison, C. *'Damned if you do and Damned if you Don't'*
'Child Protection and Domestic Violence: Directions for Good Practice'
Edited by C Humphreys and N Stanley
Jessica Kingsley 2005

HM Government, *Information Sharing: Pocket Guide* Department of Children, Schools and Families, 2008 www.dscf.gov.uk/publications search for ref: DCSF-00808-2008

Horwath, J. *Identifying and Assessing cases of child neglect: learning from the Irish Experience* Child and Family Social Work 2005, 10, pp 99-110

Littlechild, B. *'The Nature and Effects of Violence against Child-Protection Social Workers: Providing Effective Support'*
British Journal of Social Work Vol. 35 Number 3 pp 387 – 404

McConnell, D. and Llewellyn, G. 'Social Inequality, 'the deviant parent' and child protection practice'
Australian Journal of Social Issues 40(4), 553-566, Summer 2005

Murray, C. 'State Intervention and Vulnerable Children: Implementation revisited'
Journal of Social Policy 35, 211-227, Part 2 April 2006

O'Hagan, K. and Dillenburger, K. (1995) *The Abuse of Women within Childcare Work*, OUP, Buckingham

Reder P., Duncan, S. and Gray, M. (1993) *Beyond Blame: Child Abuse Tragedies revisited*. Routledge, London

Tanner, K. and Turney, D (2000) *The role of observation in the assessment of child neglect*. Child Abuse Review, 9, 337-348

Barnsley Safeguarding Children Board Policies and Procedures
E-safety Protocols,
Safeguarding Children who may have been trafficked from Abroad
South Yorkshire Child Protection Procedures 2011
www.safeguardingchildrenbarnsley.com

EQUALITY IMPACT ASSESSMENT

This policy has been equality impact assessed. If on reading this policy/procedure, you feel there are equality and diversity issues, please contact the Safeguarding Board safeguardingchildren@barnsley.gov.uk and, if necessary, the document will be reviewed

This Protocol was ratified in June 2011

Date of Review – June 2013