



Cardiff Local
Safeguarding Children Board

Bwrdd Lleol
Diogelu Plant Caerdydd

Multi-Agency Protocol on Working with Families who are not Cooperating with Safeguarding Issues

**Guidance to front line workers and first line managers
to help with understanding and responding**

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Section 1: Introduction

How will the protocol help?

This protocol aims to guide staff at all tiers of service provision in working with reluctant and uncooperative families. A worker's purpose in making contact with a family varies depending on their role and their agency; workers need to use this protocol accordingly. Workers need to be clearly aware of the level of authority they represent and therefore how far they are required to engage with the family. The protocol should be used in conjunction with the Department of Health practice guidance Framework for the Assessment of Children in Need and their Families and aims to:

- assist workers in understanding the variety of ways in which non-cooperation/resistance can be displayed by families
- help workers in understanding the causes of such responses
- increase awareness of strategies workers may be able to employ in order to reduce the likelihood of non cooperation
- 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.

This protocol aims to help them in making an authoritative response to the resistant family, making it clear non cooperation is neither acceptable nor beneficial to them. Workers in such situations will aim to reach a conclusion about whether a family is displaying understandable ambivalence, or is actually a family where change is much more difficult and a more authoritative approach is needed, in which case a decision may have to be reached as to whether the child should remain in the family.

The protocol will address the following;

1. What are the circumstances, characteristics and prevalence of families that are resistant to change?
2. How do we deal with uncooperative behaviour/resistance?
3. What services and interventions are effective for families that are resistant to change?

Section 2: Recognising and understanding uncooperative responses by families

How do I recognise uncooperativeness?

There are four types:

- a) **Ambivalence** can be seen when people are always late for appointments, or repeatedly make excuses for missing them; when they change the conversation away from uncomfortable topics and when they use dismissive body language. Ambivalence is the most common reaction and may not amount to uncooperativeness. No service user is without ambivalence at some stage in the helping process. We are all ambivalent about the dependency involved in being helped by others. It may reflect cultural differences, being unclear what is expected, or poor experiences of previous involvement with professionals. Ambivalence needs to be acknowledged. With perseverance it can hopefully be worked through.
- b) **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 may make the person anxious and they hope to escape it). They may clearly have a problem, have something to hide, resent outside interference or may be angry about staff changes or find them another painful loss. They may accept 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.
- c) **Confrontation** includes challenging professionals, provoking arguments, extreme avoidance (not answering the door as opposed to not being in) and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents may fear, perhaps realistically, that their children may be removed or they may be reacting to them having been removed. They may have difficulty in consistently seeing the worker's good intent and be suspicious of their motives. It is important for the worker to be clear about their role and purpose, demonstrate a concern to help, but not to expect an open relationship to begin with. However, the parent's uncooperativeness must be challenged, so that they become aware that the worker/agency will not give up. This may involve the worker in weathering numerous displays of confrontation and aggression until eventual cooperation may be achieved.
- d) **Violence**: threatened or actual violence by a small minority of people can be difficult for the worker/agency to engage with. Workers should refer to their own agencies health and safety i.e. lone worker policy and violence at work protocols and ensure that they keep their training up to

date. Violence 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.

- e) In all of the above the worker must give consideration to the child's welfare and if appropriate make a referral to children's services in line with the All Wales Child Protection Procedures 2008. This will enable assessment of the child's circumstances.

What are the reasons for families not cooperating?

There are a variety of reasons why some families may be uncooperative with professionals, including:

- Do not want privacy invaded
- Have something to hide
- Don't think they have a problem – accept need to change
- Resent outside interference
- Cultural differences
- Lack of understanding about what is being expected of them
- Poor previous experience of professional involvement
- Resent staff changes
- Dislike or fear of authority figures
- Fear the children will be removed from their care
- Fear of being judged to be poor parents because of substance misuse, alcohol misuse and mental health problems amongst other issues
- A feeling they have nothing to lose, for example where the children have been removed

It is important to be mindful that a range of social, cultural and psychological factors influence the behaviour of parents/carers. Thorough assessment needs to take into careful consideration any or all of these factors being present.

The need for change is a complex journey. Tony Morrison (2006) adapted Prochaska and Di Clemente's (1984) model of change and describes seven stages of motivation which are necessary for genuine change;

1. I accept there is a problem
2. I have some responsibility for the problem
3. I have some discomfort about the impact, not only on myself, but also on my children
4. I believe things must change
5. I can part of the solution
6. I can make choices about how I address the issues
7. I can see the first steps to making the change/can work with others to help me

Parental non-acceptance of these stages produces different forms of resistance. Workers need to recognise differing responses from individuals potentially from within the same family and this can be a challenge.

Practitioner Tips

When commencing work with a family who are uncooperative/resistance consider the following:

Drawing up an agreement with the family specifying:

- a) Exactly what behaviour is not acceptable e.g. raising of voice, swearing, threatening etc
- b) Explaining that this will be taken into account in any risk assessment of the child

Discussing the consequences of continued lack of cooperation on their part – this could include considering taking further action to ensure cooperation and the child's safety and wellbeing.

If you have ongoing concerns about lack of cooperation seek advice from relevant line manager and ensure discussion within supervision.

Section 3: Factors that impact on assessment

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3.1 Accurate information and a clear understanding of what is happening to a child within their family and community are 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 uncooperative or resistant is obviously more difficult. The behaviour may be deliberately used to keep professionals at bay - or can have the effect of keeping professionals at a distance. There may be practical restrictions to the ordinary tools of assessment – e.g. observing the child in their own home, other sources of information/ alternative perceptions including views of extended family or other workers.

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

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

The importance of family history needs to be acknowledged as this may impact on the present. Workers should compile a full chronology and take account of themes and patterns emerging within the chronology.

3.2 Impact on the child

The worker needs to be mindful of the impact of the uncooperativeness or resistance upon the child who is living in that environment. The child may:

- be coping with their situation with hostage-like behaviour
- have become de-sensitised to violence
- have learnt to appease and minimise – remember Victoria Climbié always smiled in the presence of professionals
- be simply too frightened to tell
- identify with the aggressor

Practitioner Tips

- Remember the child's welfare is paramount and if you have concerns on a child's imminent safety to ensure referral to Children's Services.
- Recognise the importance of seeing the child alone and listening to the child's wishes and feelings.
- Act if appropriate on a child's wishes and feelings.
- Be open and honest with the child that you will need to address any concerns they raise and don't make promises to a child that you cannot keep.
- All assessment should be child focused and give consideration to where you may meet with the child.
- Recognise that children may be fearful and not willing to discuss their concerns and that they may take time to gain your trust.
- A child may take time to build a trusting relationship with their worker. A one off visit may not suffice.
- Remain empathetic but ensure the child's needs stay in focus.
- Acknowledge that the child may say what they think you or their parents want them to say and may not reflect the true situation.
- Take into account a child's presentation and demeanour.

3.3 Impact on the worker

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

- Am I colluding with the parents/carers by avoiding conflict? e.g.
 - 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**
 - **not asking to see the child alone**
- Am I changing my behaviour to avoid conflict?
- Am I filtering out or minimising negative information?

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- Am I afraid to confront family members about my concerns?
- Am I remaining objective in my involvement with the family? Have I become over familiar e.g. of view unlikely to abuse? Have I discussed the case in supervision to ensure that I remain objective and independent?
- Am I keeping my worries to myself and not sharing risks and assessment with my manager, colleagues in my agency and other agencies working with the child?
- Is the child keeping 'safe' by not telling me things?
- Has the child learned to appease and minimise?
- Is the child blaming him or herself?
- What message am I giving this family if I don't challenge?
- Am I relieved when there is no answer at the door?
- Am I relieved when I get back out of the door?
- Did I say, ask and do what I would usually say, ask and do when making a visit or assessment?
- Have I identified and seen the key people?
- Have I observed evidence of others who could be living in the house and have I referred if appropriate?
- 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?

Practitioner tips

Practitioner's working with uncooperative/resistance families should make use of the following tools to assist their assessment;

- Framework for assessment of children and need and their families
- LSCB Assessment Tool for Neglect
- Single agency tools i.e. Home Inventory Record or Strengths and Difficulties score sheets.
- Discuss your concerns with your Manager/Supervisor to ensure you are progressing appropriately with the family.
- Have you been open and honest with the family as to why you are working with them and what your concerns are?
- Have you given consideration to health and safety issues prior to conducting a visit i.e. do you need police assistance or to visit with a colleague?
- Remember all workers experience rebuffs at some point during their working lives, there are some families who are resistant despite everyone's efforts.

What should I not do;

- See each situation as a potential threat and developing 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 the worker becoming desensitised to the child's welfare and to the levels of violence within the home.
- Collude with parents/carers by accommodating and appeasing them in order to avoid provoking a reaction.
- Become hyper alert to the personal threat so that you become less able to listen accurately to what the adult is saying, distracted from observing important responses of the child or interactions between the child and adults.

Practitioner tips cont.

- “Filter 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.
- Feel helpless/paralysed by the dilemma of deciding whether to challenge or avoid challenge. This may be either when faced with escalating concerns about a child or when the hostile barrier between the family and outside means that there is only minimal evidence about the child’s situation.

Practitioner Tips: Prior to making contact

- Have you established whether an initial assessment has been completed?
- Have you made reasonable attempts to obtain accurate background information on the family and home environment from both your own agency and any others involved? Does this information also include details of any other risk factors e.g. 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 are aware of 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 that you have obtained, and completion of a risk assessment, 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 for practical support?

Practitioner Tips: Prior to making contact cont.

- If a series of contacts are planned are you clear about what change you want to help the family achieve and 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: Recognising Diversity

- Are you aware of dates of the key religious events and customs?
- Are you aware of the cultural implications of gender?
- Have you acknowledged cultural sensitivities and taboos? E.g. dress

3.4 Use of interpreters*

- Where you have ascertained that an interpreter is needed, it is important to check out the interpreter is able to communicate in the required language/dialect. Time must be spent prior to making contact to ensure the interpreter understands the purpose of the involvement and feels comfortable about the subject matter of the forthcoming discussions. The interpreter may need to be briefed on technical and legislative matters relating to the contact.

***NB:** this applies also where you are aware family members may have impaired hearing; it is important to take steps to ascertain their preferred method of communication and if BSL is to be used, arrange for an appropriate interpreter to assist.

- Interpreters can be very helpful in making phone calls to arrange interviews and explaining to the family the purpose of the involvement and the role of the professional.
- Family members, relatives and members of their community or friendship group should not be used as interpreters. It is important to clarify this before the visit takes place.

Practitioner tips: Professional Practice

- Do you make every effort to choose a time for appointments that is convenient for the family, and do you arrive on time?
- Is your appearance and manner professional when seeing a family and do you take culture and dress code into account?
- If you are unable to attend the appointment or are delayed, do you ensure the family are informed in good time and are offered an explanation or apology?
- Unplanned visits are also essential in safeguarding children and this should be explained clearly to the family in advance

Information Sharing & Confidentiality

- Where you intend to share information with others, have you discussed this with the family and sought consent (where appropriate)? Have you explained a refusal may need to be overridden?
- Does the family know how to access written records which are kept about them?
- Is the family aware of the complaints procedure?

Practitioner tips: 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 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?

Practitioner tips: When initial contact is established cont.

- 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:** 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: Improving communication with families**Written Communication**

- If a letter is sent, is the letter clear about who you are, how they contact you and the purpose of making contact?
- Is the letter written in easy to understand language? i.e. in the family's first language and avoiding complicated words, acronyms and jargon
- Have you considered that the recipient may have a low level of literacy? Is written communication appropriate in this situation?

Spoken communication

- If a phone call is made, have you explained who you are; what organisation you are calling from; and who you want to speak to?
- 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
- Have you thought about the strategies you might use if they were not agreeable?
- Have you ensured a record of the conversation is entered in the case file?

Section 4: Impact on Multi-Agency Work

4.1 Agencies and families need to work in partnership to achieve the agreed outcome and all parties need to understand this partnership **may not be equal**, depending on whether the involvement is by statutory or voluntary agencies.

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

- Everyone 'backs off', leaving **the child unprotected**.
- The family is 'punished' by withholding of services as everyone sees them as too difficult to work with. 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.

When parents/carers are only uncooperative or resistant 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, e.g.**

- 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

4.2 Ensuring Effective Multi-Agency Working

Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working. When working with uncooperative/resistant parents or carers, the need

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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 uncooperativeness 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. Refer to [Cardiff LSCB Protocol for the Resolution of Professional Differences](#).
- Aware of the risks of collusion and of the targeting of specific professions/agencies.
- Prepared to discuss strategies if one agency (e.g. 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?

There are reasonable uncertainties and need for care when considering disclosing personal information about an adult. Concerns about the repercussions from someone who can be hostile and intimidating can become an added deterrent to sharing information. However, information sharing is pivotal, and also being explicit about experiences of confronting hostility/intimidation or violence should be standard practice.

4.3 Child protection conferences, core groups and multi-agency meetings

Avoiding people who are uncooperative is a normal human response; however it can be very damaging of 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.
- 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 wrath of the family.

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

4.4 Options to consider are:

- Discussion with the child protection conference chair the option of using the exclusion criteria, in line with the All Wales Child Protection Procedures, if the quality of information shared is likely to be impaired by the presence of threatening adults. This should only be used in extreme circumstances and not seen as an opportunity to make professionals feel at ease. Parents and carers should be fully aware of agencies' concerns and should be aware of information being shared.
- Holding a planning meeting of the agencies involved 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. 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 planning 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 police, colleagues or workers from other agencies.
- If workers have experienced a frightening event, debriefing with their line manager and other agencies can be helpful.

Remember that although working with uncooperative/resistant families can be particularly challenging, the safety of the child is the first concern. If professionals are too scared to confront the family, consider what life is like for the child.

Section 5: Dealing with Hostility and Violence

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5.1 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 that risks are accurately assessed and managed. Refer to your agency's Lone Worker and Health & Safety Procedures.

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
- Using domineering body language
- Using dogs or other animals as a threat – sometimes veiled
- Swearing
- Shouting
- Throwing things
- Physical violence

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

Practitioner tips: Making sense of hostile responses

- Are you prepared that the response from the family may be angry or hostile towards you? Have you discussed this with your manager and planned the strategies you would use where there is a predictable threat, e.g. an initial visit with police to establish authority?
- Might you have aggravated the situation by either getting angry yourself or could you have been construed as being 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?

Practitioner tips: Making sense of hostile responses cont.

- Is the behaviour deliberately threatening/obstructive/abusive or violent?
- 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 behaviour normal 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?

5.2 Impact on workers

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 symptoms

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

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

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5.3 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 is pervasive: Workers in these situations can develop an adrenalin-led response, which may over- or under-play the threat. Workers putting up with threats may ignore the needs/feelings of other staff and members of the public.
- Hostage-like responses: 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; 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 caseload 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 race, gender, disability or perceived sexual orientation etc. can strike at the very core of a person’s identity and self-image. If the worker already feels isolated in their workplace in terms of these factors, the impact may be particularly acute and it may be more difficult to access appropriate support.

5.4 Worker’s responsibility

You have a responsibility to plan for your own safety just as your agency has the responsibility for trying to ensure your safety. Workers should consult with their line manager to draw up plans and strategies to protect their own safety and that of other colleagues. There should be clear protocols on information

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sharing (both internal and external). Staff and managers need to be aware where further advice can be found.

Prior to contact with a family consider the following questions:

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

Tips for Practitioners – keeping yourself safe

- Acquaint yourself with the 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.
- Don't take it personally and assume you have to deal with the situation on your own.

Follow agreed post-incident procedures, including any recording required.

5.5 Management responsibility

Managers have a statutory duty to provide a safe working environment for their employees under the Health and Safety at Work legislation. This includes;

- 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 staff to work safely.

- 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.

In practice managers need therefore to ensure officers are not exposed to unnecessary risks by ensuring:

- Workers are aware of any home visiting policies employed in their service area and that these policies are implemented.
- Time is allowed for workers to work safely e.g. obtain sufficient background information and plan contact; discuss and agree safety strategies with manager.
- Adequate strategies and support are in place to deal with any situations that may arise.
- In allocating work, managers need to be mindful of the skills and expertise of their team and any factors that may impact on this. They need to seek effective and supportive ways to enable new workers, who may be inexperienced, to identify and develop the necessary skills and expertise to respond to uncooperative families.
- Similarly, more experienced staff may become desensitised and may make assumptions about families and situations.
- Awareness of the impact of incidents on other members of the team.
- Where an incident has occurred, managers need to try to investigate the cause e.g. whether this was racially or culturally motivated.
- Awareness that threats of violence constitute a criminal offence and that the agency must take action on behalf of staff i.e. make a complaint to the police.
- Pro-actively ask about feelings of intimidation or anxiety so that workers feel that this is an acceptable feeling.
- Encourage and prioritise staff attendance at multi agency training.

Tips for Managers

- Keep Health & Safety regularly on the agenda of team meetings.
- Ensure that Health and Safety is on all new employee inductions
- Ensure that staff has confidence to speak to you about any concerns relating to families.
- Prioritise case supervisions regularly and do not cancel
- Ensure compliance with lone worker policy.
- Analyse team training needs and ensure that everyone knows how to respond in an emergency.
- Ensure Health and Safety training is regularly updated.
- Pay attention to safe working when allocating workloads and strategic planning.
- Deal with situations sensitively. Acknowledge the impact on individuals.

5.6. Supervision and Support

1. 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 and should address the impact on the worker and the impact on the work with the family.
2. 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.

3. 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.
4. Discussion in supervision should examine whether the behaviour of the service user or member of staff is preventing work being effectively carried out. Threats of violence can affect staff ability to work with resistant families. **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.**
5. 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.
6. 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.
7. 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.
8. 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.
9. Ensure that information is shared between agencies to include any threats of violence and hostility. A number of Serious Case Reviews have identified failure to refer or share information.

Further reading for protocol on Working with Families who are not Cooperating with Safeguarding Issues

- **Cooper, A** et al, *The Risk Factor: Making the child protection system work for children*, Demos 2003
- **Fauth, R** et al, *Effective practice to protect children living in 'highly resistant' families*, Centre for Excellence and Outcomes in children and young people services 2010
- **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
- **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