



Diogelu Gwent
Gwent Safeguarding

Multi Agency Guidance for Working with
Hostile and Uncooperative Parents



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1.1 Introduction:

This protocol aims to guide staff within agencies operating within the Gwent Safeguarding Board area about how to respond when working with reluctant and uncooperative families.

All agencies have a duty to protect and support their staff and this protocol does not replace individual agencies policies and procedures. It should be used to support agencies existing policy and procedures, alongside professional codes of conduct, information sharing policies and supervision policies. This protocol therefore aims to:

- Assist staff in understanding the variety of ways in which non – cooperation can be displayed by families.
- Help staff in understanding the cause of such responses.
- Increase awareness of strategies staff may be able to employ in order to reduce the likelihood of non-cooperation.
- Help staff maintain control of situations and keep themselves safe
- To promote good practice in risk assessment

This protocol reflects the shared commitment from all agencies in the Gwent Safeguarding Board area to provide a consistent, co-ordinated and integrated service to children.

1.2 Definition:

There can be a wide range of uncooperative behaviour and all agencies that work with children and their families will come into contact with families whose compliance is apparent rather than genuine, or who are more obviously reluctant, resistant or sometimes angry or hostile to their approach. In extreme cases practitioners can experience intimidation, abuse, threats of violence and actual violence. Learning from Child Practice Reviews has revealed that practitioners are more likely to i) tolerate non-cooperation and ii) less likely to tolerate hostility from parents. Both these factors can result in either over optimism and/or avoidance on the part of practitioners.

Practitioners can become de-sensitised to non-cooperation and hostility and lose sight of the impact on the child/children. As in all cases and particularly in these, the child's welfare should remain paramount at all times and staff must consider if they are scared to confront families how children living in this type of family feel.

Disguised compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns (NSPCC 2014). Therefore, it is important to be aware that disguised compliance presents as a form of uncooperative behaviour which can be challenging for practitioners to manage.

1.3 Recognition and Understanding:

There are four types of non cooperation that staff may recognise/experience when working with families. However, in most families these behaviours are not displayed consistently. The four types are:

Ambivalence: can be seen when people are regularly 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. Many citizens may be ambivalent at some stage in the helping process. It may reflect cultural differences, being unclear what is expected, or poor experiences of previous involvement with practitioners. Ambivalence needs to be acknowledged, but it can be worked through.

Avoidance: a very common method of non cooperation, including avoiding appointments, missing meetings, and cutting visits short due to other apparently self prioritised activity (often because the prospect of involvement makes the person anxious and they hope to avoid it). They may have a difficulty, have something to hide, resent outside interference or find staff changes difficult to manage. They may face up to the contact as they realise the practitioner is resolute in their intention, and may become more able to engage as they perceive the practitioner's concern for them and their wish to help:

Confrontation: includes challenging practitioners, verbal hostility, extreme avoidance and often indicates a deep-seated lack of trust indicating a 'fight' rather than 'flight' response to difficult situations. Parents may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having been taken away. They may have difficulty in consistently seeing the practitioner's good intent and be suspicious of their motives. It is important for the practitioners to be clear about their role and purpose, demonstrate a concern to help, but not to expect an open relationship to begin with. However non cooperation must be challenged so they become aware the professional/agency will not give up. This may require the practitioner to cope with numerous displays of confrontation and aggression until eventually co-operation may be achieved.

Violence: threatening or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the practitioner/agency to engage with. It may reflect a deep and longstanding fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. The practitioner/agency should be realistic about the child or parent's capacity for change in the context of an offer of help with the areas that need to be addressed:

1.4 Reasons for Non-Cooperation

There are a variety of reasons why some families may be uncooperative with practitioners, including the fact that they:

- Do not want their privacy invaded.
- Have something to hide.
- Refuse to believe they have a problem.
- Resent outside interference.
- Have cultural and language differences.
- Lack of understanding about what is expected of them.
- Have poor previous experience of practitioner involvement.
- Resent staff changes.
- Dislike/fear or distrust 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 amongst other issues.
- Feel they have nothing to lose, for example where the children have been removed.
- Mental health issues or Personality Disorder (where an individual's personal capacity to engage are affected by health or emotional issues).

It is also important to be mindful that a range of social, cultural and psychological factors influence the behaviour of parents/carers.

Parent/carers will try to regain control over their lives, but they may be overwhelmed by pain, depression, anxiety and guilt resulting from the earlier loss. Paradoxically, the non cooperation may be the moment at which the person opens up their feelings, albeit negative ones, at the prospect of help. They are unlikely to be aware of this process going on.

2.1 Impact on the Assessment of the Unborn/Children/Families

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 resistant or even violent and/or intimidating is obviously more difficult. The behaviour may be deliberately used to keep practitioners from engaging with the parent/carer or child or can have the effect of keeping practitioners at bay. There may be practical restrictions to the ordinary tools of assessment – e.g. seeing the child alone, observing the child in their own home etc. The usual sources of information/ alternative perceptions from other practitioners and other family members may not be available because no one can get close enough to the family.

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

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

2.2 Impact on Assessment of the Child:

The practitioner needs to be mindful of the impact the hostility to outsiders may be having on the day-to-day life of the child and when considering what the child is experiencing, many of the above may be equally relevant. The child may:

- Have become de-sensitised to violence.
- Have learnt to appease and minimise (including always smiling in the presence of practitioners).
- Be simply too frightened to tell.
- Identify with the aggressor.
- Be displaying 'frozen watchfulness'

2.3 Impact on your Assessment of Adults:

In order to assess to what extent, the hostility of the parents/carers is impacting on the assessment of the unborn child or the child, practitioners in all agencies should consider whether they are:

- Colluding with the parent/s by avoiding conflict, e.g.:
 1. Avoiding contact in person (home visits).
 2. Using remote contact methods (e.g. telephone, text, email and letter contact instead of visits to see the child).
 3. Accepting the parent's version of events unquestioningly in the absence of objective evidence.
 4. Focusing on less contentious issues such as benefits/housing;
 5. Avoiding asking to look round the house in order to ensure basic needs are met, i.e. seeing how much food is available, and inspecting the conditions in which the child sleeps, etc;
 6. Focusing on the parent's needs, not the child's.
 7. Not asking to see the child alone.

- Changing their behaviour to avoid conflict.
- Filtering out or minimising negative information.
- Conversely, placing undue weight on positive information (the rule of optimism) and only looking for positive information.
- Fearful of confronting family members about concerns.
- Keeping quiet about worries and not sharing information about risks and assessments with others in the inter-agency network or with Line Managers.

Practitioners in all agencies should consider:

- Whether the child is keeping themselves 'safe' by not telling practitioners things.
- Whether the child has learned to appease and minimise.
- Whether the child is blaming themselves.
- What message the family is getting if the practitioner/agency does not challenge the parent/s.

Practitioners in all agencies should ask themselves whether:

- They are relieved when there is no answer at the door.
- They are relieved when they get back out of the door.
- They have identified and seen the key people including the child.
- They have observed evidence of others who could be living, staying or frequently visiting in the house.

Practitioners and their supervisors should keep asking themselves the question: what might the children have been feeling as the door closes behind a practitioner leaving the family home?

2.4. Drawing up a Written Agreement

Practitioners should consider drawing up a written agreement with the family:

- Specifying exactly what behaviours are unacceptable (e.g. raising of voice, swearing, threatening etc).
- Explaining that these behaviours will be taken into account in any risk assessment of the unborn/ child e.g.: birth plan etc.
- Clearly explaining the consequences of continued non-cooperation on their part, which could result in the application for a Court Order to underpin any intervention.

Failure to comply with a signed written agreement should be followed up with appropriate action. Practitioners should seek advice of Line Managers and /or legal departments. The use of the Working with Hostile and Uncooperative Parents Guidance can be a consequence of breaching the written agreements or Contract of Expectations used by Local Authorities.

Ignoring breaches of the working agreements can be symptomatic of the impact of non-compliance or hostility on practitioners which can result in collusion with and perpetuation of abuse by parents /care givers.

3.1. Impact on Multi Agency Working:

Agencies and families need to work in partnership to achieve the agreed outcome Sometimes parents may be hostile to specific agencies or individuals. If the hostility is not universal, then agencies should seek to understand why this might be and learn from each other. Where hostility

towards most agencies is experienced, this needs to be managed on an inter-agency basis; otherwise the results can be as follows:

- Everyone 'backs off', leaving the child unprotected.
- Withholding services that might reduce the risk to a child
- There is a divide between those practitioners who adopt an approach of appeasement and those practitioners who seek to challenge—

When parents are only hostile to some practitioners / agencies or where Practitioners become targets of intimidation intermittently, the risk of a breakdown in inter-agency collaboration is probably at its greatest. Any pre-existing tensions between practitioners and agencies or misunderstandings about different roles are likely to surface.

The risks are of splitting between the practitioners / agencies, with tensions and disagreement taking the focus from the child, e.g.

- Practitioners 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 recognize / accept risks or problems.
- Those feeling under threat may feel it is 'personal'.
- There not being a unified and consistent plan.

3.2 Ensuring Effective Multi-Agency Working:

Any practitioner or agency faced with incidents of threats, hostility or violence should share their concerns via risk assessment.

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, the need for positive inter-agency collaboration and trust is paramount. 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 differing agency protocols and constraints
- Open and honest when disagreeing and irresolvable practitioner disagreements are address in compliance with the Gwent Safeguarding Board document relating to practitioner disagreements.
- Aware of the risks of collusion and of any targeting of specific professions/agencies.

3.3 Sharing Information:

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 being explicit about experiences of confronting hostility/intimidation or violence should be standard practice. It is recommended that all Multi Agency Safeguarding meetings have a standing agenda item around risk to children and agencies.

For further information refer to individual agency guidelines, Wales Safeguarding Procedures, Safeguarding Children: Working Together Under the Children Act 2004.

3.4 Supervision:

Practitioners and their Line Manager have a professional accountability to identify families where the behavior of parents/carers is impacting on a child or professional safety. Therefore, during supervision, the following should be considered:

- Do you have experience of the adult being hostile, intimidating, threatening or violent?
- Is it general or in specific circumstances? For example, is it substance related/linked to intermittent mental health problems?
- Are you intimidated or afraid of the adult?
- Do you feel you may have been with the family to avoid conflict?
- In their position, would you want to be made aware of these concerns?

Practitioners in different settings and roles of responsibility may have different thresholds for concern and different experience of having to confront difficult behaviour. It is vital therefore that the differing risks and pressures are acknowledged and supported and if there are any issues, conflicts advice should be sought from your Line Manager.

See also Section 7.1 - Supervision and Support.

3.5 Multi Agency Meetings, Child Protection Conferences and Core groups:

Avoiding people who are hostile is a normal human response. However, it can be very damaging to the effective inter-agency work needed to safeguard children, which depends on pro-active engagement by all practitioners with the family. Collusion and splitting between practitioners and agencies will be reduced by:

- Clear agreements, known to all agencies and to the family, detailing each practitioner'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 unborn/ child and collectively managing uncooperative and hostile behaviour

Although it is important to maintain a positive relationship with the family as far as possible, this must not be at the expense of being able to share real concerns about intimidation and threat of violence. Options that practitioners can consider when involved in a multi-agency meeting are:

- Discussing with the Chair of a meeting the option of excluding the parents if the content of information shared is likely to be impaired by the presence of threatening adults (for Child Protection Conferences use the Wales Safeguarding Procedures, for LAC Reviews, Independent Reviewing Officers Guidance Wales, regulations 2004).
- Should draw up an explicit risk assessment plan which should be reviewed in a timely manner.

Although working with hostile families can be particularly challenging, the safety of the child is paramount. If practitioners are too scared to confront the family, consider what life is like for the child.

4.1 Response to Uncooperative Families:

When a practitioner begins to work with a family who is known, or discovered, to be uncooperative, the practitioner should make every effort to understand why. This entails considering all available information, including whether any prior assessments have been completed on the individual or the family.

When working with uncooperative parents, practitioners in all agencies can improve the chances of a favourable outcome for the unborn child/children by:

- Keeping the relationship formal, giving clear indications that the aim of the work is to achieve the best for their unborn/child/children.
- Clearly stating their practitioner role and/or legal authority.
- Continuously assessing the motivations and capacities of the parent/s to respond co-operatively in the interests of their unborn/child/children.
- Managing non-cooperation when it arises, in the context of improving the chances of a favourable outcome for the unborn/children.
- Engaging with regular supervision to share concerns about progress or the lack of progress.
- Seeking advice from experts (e.g. Police, mental health specialists)
- Helping the parent to work through their underlying feelings at the same time as supporting them to engage in the tasks of responsible childcare.
- Being alerted to underlying complete resistance (possibly masked by superficial compliance) despite every effort being made to understand and engage the parent/s.

- Being willing, in such cases, to take appropriate action to protect the unborn/child/children
- Establishing clear, measurable and child focussed objectives that enable progress to be monitored

With the help of their Line Managers, practitioners should be alert to, understand and avoid the following responses:

- Seeing each situation as a potential threat and developing a 'fight' response or becoming over-challenging and increasing the tension between the practitioner and the family. This may protect the practitioner physically and emotionally or may put them at further risk. It can lead to that practitioner becoming desensitised to the child's lived experience and to the levels of violence within the home;
- Colluding with parents by accommodating and appeasing them in order to avoid provoking a reaction;
- Becoming hyper alert to the personal threat so the practitioner becomes 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;
- Filtering out negative information or minimising the extent and impact of the child's experiences in order to avoid having to challenge. At its most extreme, this can result in practitioners avoiding making difficult visits or avoiding meeting with those adults in their home, losing important information about the home environment. Line Managers should monitor the actions of their staff to ensure they pick up this type of behaviour at an early stage - audits of case files on a regular basis will assist in spotting those (very rare) cases where a practitioner is so disempowered that they falsify records (e.g. records of visits which actually did not take place);
- Feeling helpless / paralysed by the dilemma of the best approach to get engagement of the parents deciding whether to 'go in heavy' or 'back off'. This may be either when faced with escalating concerns about a child or when the hostile barrier between the family and outside means that there is only minimal evidence about the child's situation.

4.2 Respecting Families:

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

Practitioners should minimise resistance or hostility by complying with their agency's code of conduct, policies and procedures in respect of the appropriate approach to children and their families.

Practitioners should be aware that some families may be fearful or unclear about why they have been asked to attend a meeting, why the practitioners want to see them in the office or to visit them at home. They may not be aware of roles that different practitioners and agencies play and may not be aware

that the local authority and partner agencies have a statutory role in safeguarding children, which in some circumstances override the role and rights of parents (e.g. Child Protection).

Practitioners should seek advice in gaining a better understanding, when there is a possibility that cultural factors are making a family resistant to having practitioners involved. Practitioners should be:

- Aware of dates of the key religious events and customs.
- Aware of what is happening in the family, bereavement or other stressful events.
- Aware of the cultural implications of gender.
- Acknowledge cultural sensitivities e.g. dress codes.
- Aware of a language / communication barrier

Practitioners may consider asking for advice from individuals/services who have sensitivity of the culture in such discussions the confidentiality of the family concerned must be respected

Practitioners who anticipate difficulties in engaging with a family may want to consider the possibility of having contact with the family jointly with another person in whom the family has confidence. Any negotiations about such an arrangement must similarly be underpinned by the need for confidentiality in consultation with the family.

Practitioners need to ensure that parents understand what is required of them and the consequences of not fulfilling these requirements, throughout. Practitioners must consider whether:

- A parent has a low level of literacy and needs verbal rather than written communication.
- A parent needs translation and interpretation of all or some communications into their own language.
- It would be helpful to a parent to end each contact with a brief summary of what the purpose has been, what has been done, what is required by whom and by when.
- The parent is aware that relevant information/verbal exchange is recorded and that they can access written records about them.

5.1 Dealing with Hostility and Violence:

Despite sensitive approaches by practitioners, some families may respond with hostility and sometimes this can lead to threats of violence and actual violence. It is therefore important to try and understand the reasons for the hostility and the actual level of risk involved.

It is critical both for the practitioner's personal safety and that of the child that risks are accurately assessed and managed. Threatening behaviour can consist of:

- The deliberate use of silence;
- Using written threats
- Bombarding practitioners with e-mails, texts, phone calls or visits to the office
- Using intimidating or derogatory language;
- Racist attitudes and remarks;
- Sexual Comments/Intimidation;
- Homophobic attitudes and comments;
- Using domineering body language;
- Using dogs or other animals as a threat - sometimes veiled;
- Swearing;
- Shouting;
- Throwing things;
- Physical violence
- Following and harassing workers
- Seeking to access personal information about practitioners via social networking

The above is not a definitive list

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, it is important that practitioners are aware of the skills and strategies that may help in difficult and potentially violent situations. It is also important that practitioners consult their own agency guidance and have access to further training and supervision.

5.2 Making sense of Hostile Responses:

Practitioners should consider whether:

- They are prepared for a potential hostile response they should ensure they have discussed this with their Line Managers and planned strategies to use if there is a predictable threat (e.g. an initial visit with police to establish authority).
- The hostility is a response to frustration, either related or unrelated to the practitioner visit.
- The parent needs to complain, possibly with reason.
- The parent's behaviour is deliberately threatening/obstructive/abusive or violent.
- The parent is aware of the impact they are having on the practitioner.
- They are so used to aggression; they do not appreciate the impact of their behaviour.
- This behaviour is normal for this person (which nevertheless does not make it acceptable).
- The practitioner's discomfort is disproportionate to what has been said or done.

- The practitioner is taking this personally in a situation where hostility is aimed at the agency.

5.3 Impact on Practitioners of Hostility and Violence:

Working with potentially hostile and violent families can place practitioners under a great deal of stress and can have physical, emotional and psychological consequences. It can also influence practitioner judgement or make them feel personally responsible for allowing the violence to take place, possibly leading to adaptive behaviour.

The impact upon practitioners may be exhibited in any of the following ways e.g.

- Surprise
- Embarrassment
- Denial
- Distress
- Shock
- Fear
- Self-doubt
- Anger
- Guilt
- Numbness
- Loss of self-esteem and of personal and / or practitioner confidence
- A sense of helplessness
- Sleep and dream disturbance
- Hyper vigilance
- Preoccupation with the event or related events
- Physical and mental illness
- Post traumatic stress

This is not a definitive list.

Factors that increase the impact on practitioners include:

- Previous traumatic experiences both in practitioner and personal life can be revived and heighten fears e.g. Domestic Abuse.
- Regularly working in situations where violence/threats are pervasive - practitioners in these situations can develop an adrenalin-led response, which may over- or under-play the threat. Practitioners tolerating threats may ignore the needs/feelings of other staff and members of the public. Practitioners can become desensitised to the risks presented by the carer to the child, or even to the risks presented by the adults to themselves. (i.e. the practitioner).

- When faced with significant fears for their own safety, practitioners may accommodate or appease family members in order to keep themselves safe.
- It is often assumed there is a higher level of risk of hostility from men than from women and that male practitioners are less likely to be intimidated. These false assumptions decrease the chances of recognition and support. Male practitioners may find it more difficult to admit to feeling compromised; colleagues and Line 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 practitioners may be expected to carry a disproportionate number of cases with 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 practitioner feels obliged to deal with it alone. There is also a risk that practitioners fail to respond to concerns, whether for the child or for their own protection.
- Line Managers should be sensitive to the issues raised by use of complaint by parents/carers and must be mindful of the practitioners need for support. Complaints about practitioners can result in deflection from the risks to the child/children.
- Violence and abuse towards practitioners based on their race, gender, disability, perceived sexual orientation etc can impact upon a person's identity and self-image. Line Managers should be mindful of an individual's need for support in light of this.
- Some practitioners can respond to uncooperative parents in a way which indicates that they are untroubled by such conflict. Some practitioners indeed thrive when working with the challenges of non-cooperation.

6.1 Practitioner Responsibility:

Practitioners have a responsibility to plan for their own safety, just as the agency has the responsibility for trying to ensure their safety. Practitioners should consult with their Line Manager to draw up risk management plans and strategies to protect their own safety and that of other colleagues (refer to agencies own procedures and protocols). There should be clear protocols for information sharing (both internal and external). Agencies should ensure that staff and Line Managers are aware of where further advice can be found.

Prior to contact with a family, practitioners should 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 Line Manager?
- Is my car likely to be targeted / followed? Consider further discussion with Line Manager around practitioner safeguards or risk assessment.
- 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 Manager aware of where I am going and when I should be back? Do they know I may be particularly vulnerable / at risk during this visit?
- Are there clear procedures for what should be done if a practitioner does not return or report back within the agreed time from a home visit?
- Does my Line 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?
- Is my personal use of social networking secure? (I.e. could children and families access personal information that could present a risk or compromise my role)
- 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 practitioner, the Line Manager should consider how the work could be progressed safely; document their decision and the reasons for it.

Practitioners should:

- Acquaint themselves with the agreed agency procedures (e.g. there may be a requirement to ensure the Police are informed of certain situations).
- Not go unprepared, be aware of the situation and the likely response.
- Not make assumptions that previously non-hostile situations will always be so.
- Not put themselves in a potentially violent situation - they should always monitor and anticipate situations to feel safe and in control.
- Get out if a situation is getting too threatening.

If an incident occurs, practitioners should:

- Try to stay calm and in control of their feelings;
- Make a judgement of whether to stay or leave without delay;
- Contact the Line Manager immediately and consider contacting the Police;

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

Practitioners should not:

- Take the occurrence of an incident personally.
- Get angry themselves.
- Be too accommodating and understanding.
- Assume they must deal with the situation and then fail to get out.
- Think they don't need strategies or support.
- Automatically assume the situation is their fault and that if they had said or done something differently the incident would not have happened.

6.2 Management Responsibilities:

Line 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 practitioners with the necessary information and skills to undertake the job.
- Ensuring a culture that allows practitioners to express fears and concerns and in which support is forthcoming without implications of weakness.
- Ensuring their staff are aware of any lone working policies in their service area and that these policies are implemented.
- Time is allowed for practitioners to work safely (e.g. Obtain enough background information and plan contact; discuss and agree safety strategies with their Line Manager).
- Ensuring adequate strategies and support is in place to deal with any situations that may arise.
- In allocating work, Line 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 practitioners, 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, Line Managers need to try to explore the cause (e.g. whether this was racially or culturally motivated).
- Awareness that threats of violence constitute a criminal offence and 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 practitioners feel this is an acceptable feeling.

Line Managers should:

- Keep health and safety regularly on the agenda of team meetings.
- Ensure health and safety awareness is included in all inductions of new employee inductions.
- Ensure that staff have confidence to speak about any concerns relating to families.
- Prioritise case supervisions regularly and if cancelled they need to be re-arranged immediately.
- Ensure they have a monitoring system for home visits and for informing the office when a visit is completed.
- Analyse team-training needs and ensure everyone knows how to respond in an emergency.
- Ensure training is regularly updated.
- Empower staff to take charge of situations and have confidence in their actions.
- Recognise individual dynamics.
- Pay attention to safe working when allocating workloads and strategic planning.
- Keep an 'ear to the ground' - be aware of what is happening in communities and within their own staff teams.
- Deal with situations sensitively. Acknowledge the impact on individuals.
- Consider informing other agencies about concerns.

7.1 SUPERVISION AND SUPPORT:

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

Line Managers should encourage a culture of openness, where their practitioners are aware of the support available within the team and aware of the wellbeing services available to them within their agency. Line Managers must ensure that staff members feel comfortable in asking for this support when identified. This includes ensuring a culture that accepts no intimidation or bullying from children and their families or colleagues. A 'buddy' system within teams may be considered as a way of supporting practitioners.

Practitioners must feel safe to discuss their concerns knowing that these will be valued and acted upon without reflecting negatively on their ability or professionalism.

Discussion in supervision should examine whether the behaviour of the child or family is inhibiting work being effectively carried out. It should focus upon the risk factors for the unborn/child within a hostile or violent family and the impact it could have on their physical and emotional wellbeing.

Consideration should be given to convening a meeting of practitioners in order to reflect on parent's contribution to the lack of progress of the care and support plan in line with your local processes.

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

The practitioner should prepare for supervision and bring case records relating to any violence / threats made. They should also be prepared to explore concerns, even where no overt threats have been made. Line Managers will not know about any concerns unless the practitioner reports them. Line Managers should also be aware of the high incidence of under reporting of threats of violence and should be proactive in asking about feelings of intimidation and anxiety encouraging discussion in order to divert any potential problems

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 discuss the problem and identify options, and solutions.

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

APPENDIX 1:

GOOD PRACTICE GUIDANCE

All agencies have a duty to protect and support their staff and this protocol does not replace individual agencies policies and procedures. It should be used to support agencies existing policy and procedures, alongside professional codes of conduct, information sharing policies and supervision policies. Suggested areas that agency policy's need to cover:

- Lone Worker.
- Support to Workers who work outside normal working hours.
- Risk Assessment.
- Violence at Work.
- How hostile and violent behaviour is recorded and flagged.
- How concern about hostile and violent behaviour is notified to other agencies/practitioners.
- What and how appropriate incidents (threats to kill) are reported to police.
- Information Sharing.
- Training Strategy that includes working with Families who are not cooperating with safeguarding issues.

It would also be good practice for staff:

- Where given a clear statement from their agencies/organisations about what is deemed as acceptable behaviour by those accessing their services?
- Where given a clear statement from their agencies/organisations about the transporting of children and their families.
- Are aware of the services they can access through their own or partner organisation that will offer support after they have experienced hostile or violent behaviour e.g. counselling services, health services.
- Are made aware who they can contact immediately within their organisation when they have experienced hostility or violent behaviour.
- Where Legal Advice can be obtained by staff to explore all possible avenues when co-operation is withheld
- Where aware of the circumstances that partner agencies would agreement to undertake joint visits.