



# **Diogelu Gwent Gwent Safeguarding**

## Multi Agency Guidance for Working with Resistant/ Reluctant Carers & Families' of Adults at Risk



<b>Contents</b>	<b>Page No</b>
1.1 Introduction	3
1.2 Definition	3
1.3 Recognition and Understanding	4
1.4 Reasons for Reluctance or Resistance	5
1.5 Self-Neglect	5
2.1 Planning a Way Forward	6
3.1 Impact on Multi Agency Working	7
3.2 Ensuring effective Multi-agency Working	7
3.3 Sharing Information	8
3.4 Supervision	8
3.5 Multi Agency Meetings, Child Protection Conferences, Core Groups	9
4.1 Response to Response to Resistant/ Reluctant Individuals and or Families	9
4.2 Respecting Families	10
5.1 Dealing with Hostility and Violence	11
5.2 Making Sense of Hostile Responses	12
5.3 Impact on Practitioners of Hostility and Violence	13
6.1 Practitioner Responsibility	14
6.2 Management Responsibilities	16
7.1 Supervision and Support	17
7.2 Data Protection – Access to Records	18
<b>Appendix 1: Good Practice Guidelines</b>	<b>19</b>

## **1.1 Introduction**

This protocol aims to guide staff within agencies operating within the Gwent Safeguarding Board area in how to respond when working with adults at risk, whose families and/ or carers are reluctant or resistant.

It is important that adults at risk, who have the capacity to make decisions about their care and support needs are involved in their care and that their voice is heard. Where an adult is assessed as not having the capacity to make informed decisions about their care and support needs then staff need to be mindful of legislation to support them with this.

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 reluctance or resistance can be displayed by individuals and their 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 reluctance or resistance.
- 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 for adults at risk.

## **1.2 Definition**

There can be a wide range of reluctance or resistance behaviour. This may range from those who are apparently (but not genuinely) compliant, reluctant, or resistant, to those who are angry or oppositional in their response to agency involvement.

All agencies that work with adults at risk and their families will likely come into contact with such families and carers. In extreme cases practitioners can experience intimidation, abuse, threats of violence and actual violence. Learning from Adult Practice Reviews has revealed that practitioners are more likely to tolerate reluctance or resistance behaviour and are less likely to tolerate hostility from families. Both these factors can result in either over optimism and/or avoidance on the part of practitioners.

With high exposure, practitioners can become de-sensitised to reluctant or resistant and hostile behaviours, and may lose sight of the impact on the adult at risk. The adult at risks welfare should remain paramount at all times and

staff must consider if they are scared to confront families how the adult at risk living in this type of family may also feel. Safeguarding supervision in such cases is important to be able to understand the impact of reluctance or resistance behaviours on the person and also on the staff member.

### 1.3 Recognition and Understanding

There are four types of reluctant or resistant behaviour 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 unwillingness to work together. 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 reluctance or resistance includes; avoiding appointments, missing meetings, and cutting visits short due to other 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. 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 confronting behaviours must be challenged so they become aware that the professional/ agency will not give up. This may require the practitioner to cope with numerous displays of confrontation and aggression (where safe to do so) until eventually co-operation may be achieved.

**Violence:** threatening or actual violence by a small minority of people is the most difficult 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 family's

capacity for change in the context of an offer of help with the areas that need to be addressed.

#### **1.4 Reasons for Reluctance or Resistance**

There are a variety of reasons why some families may be reluctant or resistant, including 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 of being judged because of substance misuse, alcohol misuse amongst other issues.
- Mental health issues

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

Family members/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, reluctance or resistance behaviour may occur at the moment at which the person opens up their feelings, albeit negative ones, at the prospect of help. They are unlikely to be aware this process is going on.

#### **1.5 Self-Neglect**

Reluctance or resistance behaviour may also take the form of self-neglect as described below.

Self-neglect may be seen as a person's inability or unwillingness to perform essential self-care tasks both in relation to themselves and their immediate living environment. It may include behaviours or lifestyle choices that conflict with social norms and the values, attitudes and beliefs of others.

Self-neglect may arise from deterioration in skills, once functional behaviour which has now become problematic (e.g. storing large amounts of tinned goods as a safeguard against shortages), personal values (e.g. belief in self-sufficiency, pride, mistrust of professionals) or in the case of hoarding a desire to maintain a sense of continuity or connectedness with people or past events. There is evidence to suggest that the risk of self-neglect increases with diminishing social networks and financial hardship (Worcestershire).

SCIE provide some indicators of self-neglect:

- Very poor personal hygiene
- Unkempt appearance

- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Self-neglect poses particular challenge as it can result in conflict between core professional values of rights to self-determination and a duty of care. Further, the rights of an individual may be in direct conflict with the rights of the wider community where neglect of their home environment poses a risk to others.

Includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating (Worcester.gov.uk)

SCIE provides some further examples of self-neglect:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Given that resistance to support is a central element of self-neglect, simple and small initial interventions can be of great significance and should not be overlooked or undervalued. Simple support in the form of shopping, cooking or companionship may produce improvements and create an environment for the development of more extensive support. Building good relationships and maintaining contact can enable interventions to be accepted and situations to be monitored.

## **2.1. Planning a Way Forward**

Practitioners could consider drawing up a contract of expectations 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 which may inform the care plan.
- Clearly explaining the consequences of continued reluctance or resistance behaviour on their part, which could result in the application for a Court Order to underpin any intervention.

Failure to comply with a care plan or care and support protection plan or other mandated legal requirements should be followed up with appropriate action.

Practitioners should seek advice of Line Managers and /or legal departments. The use of the Multi Agency Guidance for Working with Resistant/ Reluctant Carers & Families' of Adults at Risk can be a consequence of breaching the 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 against the adult at risk.

### **3.1. Impact on Multi Agency Working**

Agencies and families need to work in partnership to achieve the agreed outcome. Sometimes families 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 adult unprotected.
- Withholding services that might reduce the risk to an adult
- There is a divide and inconsistencies between those practitioners who adopt an approach of appeasement and those practitioners who seek to challenge

When families 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 adult, 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 subsequently addressed and escalated 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 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 adults and agencies.

***For further information refer to individual agency guidelines, Wales Safeguarding Procedures, Working Together to Safeguard People.***

### **3.4 Supervision**

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

- Do you have experience of the adult or family 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 family member?
- Do you feel you may have colluded or been avoidant of addressing an issue with the family to avoid conflict?
- In the position of the adult at risk, would you want others to be made aware of these concerns?
- What do you think the daily lived experience of the adult at risk is?



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:**

There are multiple opportunities to discuss how best to approach the individual and or their family, for example Safeguarding Strategy Meeting, Section 115 information sharing meeting and multi-disciplinary meetings. Within these meetings consideration can be given to the most effective way of overcoming the barriers to engagement. There will inevitably need to be some consideration around mediation and mutual outcomes. Part of the process needs to include open and transparent dialogue about the concerns relating to the individual, sharing of professional judgement with the aim of minimising risk.

### **4.1 Response to Response to Resistant/ Reluctant Individuals and or 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 families, practitioners in all agencies can improve the chances of a favourable outcome for the adult at risk by:

- Providing clear indications that the aim of the work is to achieve the best for the adult at risk.
- Clearly stating their practitioner role and/or legal authority.
- Continuously assessing the motivations and capacities of the family members to respond co-operatively in the interests of the adult at risk.
- Managing non-cooperation when it arises, in the context of improving the chances of a favourable outcome for the adult at risk.
- 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 individual and or family member to work through their underlying feelings and motives, at the same time supporting them to engage in an agreed plan.
- Being alerted to underlying complete resistance (possibly masked by superficial compliance) despite every effort being made to understand and engage the family members.

- Being willing, in such cases, to take appropriate action to protect the adult at risk.
- Establishing clear, measurable and adult 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 adults lived experience and to the levels of violence within the home;
- Colluding with families 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 at risk is saying, distracted from observing important responses of the adult at risk.
- Filtering out negative information or minimising the extent and impact of the adult at risk 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 families deciding whether to 'go in heavy' or 'back off'. This may be either when faced with escalating concerns about an adult at risk or when the hostile barrier between the family and outside means that there is only minimal evidence about the adult at risk 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 adults at risk 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 the roles of different practitioners and agencies, and may not be aware that the local authority and partner agencies have a statutory role in safeguarding adults at risk, which in some circumstances override the role and rights of the parents of the adult at risk. (e.g. adult safeguarding).

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 or professional 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 individuals and or families understand what is required of them and the consequences of not fulfilling these requirements, throughout. Practitioners must consider whether:

- An individual and or family member who has a low level of literacy and needs verbal rather than written communication.
- An individual and or family member needs translation and interpretation of all or some communications into their own language.

## **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 adult at risk 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 media

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 family, 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 family member needs to complain, possibly with reason.
- The family member behaviour is deliberately threatening/obstructive/abusive or violent.
- The family member 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 adult at risk 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 individuals.
- 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 adult at risk or for their own protection.
- Line Managers should be sensitive to the issues raised by use of complaint by families/carers and must be mindful of the practitioners need for support. Complaints about practitioners can result in deflection from the risks to the adults at risk.
- 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 families 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 individuals or their family members 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.

The risk factors for the adult at risk living within a hostile or violent family should be discussed during supervision to determine if staff can effectively work with the individual and their family.

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.

## **7.2 Data Protection – Access to Records**

The individual and or family member should be made aware that relevant information/verbal exchange is recorded and that they can access written records about them.

Each organisation has their own process and dedicated person to assist with any subject access requests in respect of information held on individuals and or families.

Sharing this information with families will help to create a transparent and collaborative relationship.

## **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.

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?
- 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.