Suffolk Safeguarding Children Board

Working with Hard to Engage Families Within the Context of Safeguarding Children

Practice Guidance

Policy Version History

Version	Date	Author	Changes Made	Endorsed by PPE/TS	Date
Version 1	July 2010	Ali Spalding			
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There is a wide range of behaviours exhibited by families towards professionals which may be considered hard to engage or uncooperative. This may range from those whose compliance is apparent rather than genuine, or who are more obviously reluctant, resistant or sometimes hostile and angry to professional involvement.

In extreme cases, professionals can experience intimidation, abuse, threats or actual violence.

In a number of documented Serious Case Review reports, the impact of the behaviour of such families has led to tragic consequences for children. Such cases should always be borne in mind when working with hard to engage families.

The child's welfare should remain paramount at all times and where professionals are too scared to confront the family, they must consider what life is like for a child in the family.

The aim of this document is to provide some useful guidance when working with hard to engage families to help professionals and their managers to make an authoritative response to a resistant family, making it clear that non-co-operation is not acceptable.

First Principles

All agencies should support their staff by ensuring there are practical day to day procedures in place to support staff who are working with families. Ensuring they are trained for the level of work they are undertaking and that they are supported to work within their own professional code of conduct or their agency's code of conduct when responding to risky or hostile behaviours.

1. Managers need to work in partnership with their staff to reach a view as to whether a family is displaying ambivalence or deliberate behaviour which means change will be much more difficult to achieve. In such cases a more authoritative approach may be required and a decision may have to be made as to whether the child/children should be allowed to stay with parents/carers.

2. Workers have a right to feel safe, to be heard when they voice fears and concerns and to know that the response should include appropriate action being taken.
3. Workers should have training to ensure that practice is inclusive to reflect the differences in population with differing needs.
4. Workers should be aware that behaviour in families that may seem to be non-compliant may well be due to the way in which workers are communicating with them.
5. Confidentiality must not compromise the welfare and protection of children.

It is essential to acknowledge that there are limits to confidentiality and important information must be shared with other agencies where children may be at risk. Their welfare is paramount. Clients should be made aware of the bounds of confidentiality, relevant to the agency they are attending. Where non co-operation is an issue, sharing strategic approaches across agencies can often assist in forming an action plan to address the challenges.

Definitions - Recognising and Understanding Behaviours

Hostile and threatening behaviour including violence*; behaviour which produces damaging effects, physically or emotionally in people*

This can include challenging professionals, provoking arguments, extreme avoidance (e.g. not answering the door as opposed to not being in), threatened or actual violence.

Confrontation often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents/Carers may have difficulty in consistently seeing the professional's good intent and this may require the professional to cope with numerous displays of confrontation and aggression until eventual co-operation might be achieved.

Workers need to:

- Be clear about their role and purpose;
- Demonstrate a concern to help; and
- Do not expect an open relationship to begin with.

When met with violent or potentially violent behaviour, the professional/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. They should seek advice and support from their Manager in finding the most effective way to work with the family (if indeed there is an agreement that there is the capacity to change) and challenge uncooperative behaviours safely.

Workers need to ask themselves:

- Did I feel safe in this household?
- If not, why not?
- If I or another professional should go back there to ensure the child(ren)'s safety, what support should I ask for?

When workers are involved with families who have a reputation for hostile or bizarre behaviour, or where the worker feels uncomfortable, suspicions of child abuse may not always be as thoroughly investigated or followed through as they might otherwise have been.

The Bridge Childcare Development Service in their report (1997) into the death of Ricky Neave in 1994 recommended:

"when a parent is considered to be threatening or hostile any presumption that they are different with their children should be rigorously tested."

In discussion with their line manager, workers may want to consider how far the hostility of the parents/carers is taking a toll on their assessment of the child, by reflecting on some of these questions:

- Are you 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, see how much food is available, etc. or, crucially, not asking to see the child alone?

- Are you changing your behaviour to avoid conflict i.e. accepting unlikely explanations?
- Are you filtering out negative information, or minimising?
- Have you seen the key people - are you afraid to confront family members about your concerns?
- What message are you giving this family if you don't challenge?
- Are you relieved when there is no answer at the door?
- Are you relieved when you get back out of the door?
- Is this a case of domestic violence by a man but you only work with the woman?
- Is the child keeping 'safe' by not telling you things?
- Is the child blaming him or herself?
- What might the child have been feeling as the door closed behind you?

To challenge parents/carers may, in the mind of the worker, produce a violent response or affect the possibility of any positive professional relationship. This may result in professionals colluding with the family and failing to protect the child**.**

Non-complaint/Avoidant behaviour; *involves proactively sabotaging efforts to bring about change or alternative passively disengaging.*

This behaviour is a commonly used method of avoiding co-operating with professionals. It includes cancelling/missing appointments, missing meetings and cutting visits short due to other apparently important activity (often because the prospect of involvement makes the person anxious and they hope to escape it).

Parents/Carers may have something to hide, resent outside interference or find staff changes too painful or difficult to deal with. They may become more able to engage as they perceive the professional's concern for them and their wish to help through the professional demonstrating resolve and determination in wanting to make contact.

Disguised compliance/Ambivalent behaviour; *involves clients not admitting to their lack of commitment to change but working subversively to undermine the process.*

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. All service users are 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 professionals. Ambivalence may need to be acknowledged, but it can be worked through.

Factors which may indicate and evidence disguised compliance may include:

- No significant change at reviews despite significant input; or change occurring but as a result of external agencies/resources not the parental/carers efforts.

- Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work.
- Parents/carers aligning themselves with certain professionals and only engaging with certain aspects of a plan.
- Child's report of matters is in conflict with parents' report.

Where clients are using disguised compliance, workers may believe they have engaged in a positive way with parents/carers in addressing risk and working towards change however this may not be the case. As a consequence, cases can drift, risks are not reduced, risks may actually be increased and workers may fail to recognise significant issues of concern, thus leaving the child in a high risk, unprotected environment.

Some Reasons Why Some Families May Be Non-Cooperative with Professionals:

- Lack of understanding about what is being expected of them
- Have something to hide or do not want their privacy invaded
- Refuse to believe they have a problem and/or resent outside interference
- Have cultural differences
- Have poor previous experiences of professional involvement or resent staff changes
- Have experienced stress and violent experiences in childhood
- Experience the disinhibiting effects of alcohol and certain drugs
- Experience some form of mental illness or learning disability
- Have a medical or social history that indicates a low tolerance of frustration and the potential for violence
- Dislike or fear of authority figures
- Fear their children will be taken away
- Fear being judged to be poor parents or that they have nothing to lose (i.e. where children have already been removed)
- Criminal activity/Fraud

Situations Associated with Hostility and Non-Compliance Include:

- Child protection enquires;
- Removal of a child into care;
- Domestic violence;
- Previous threats of violence;
- Presence of weapons; and/or potentially dangerous animals (snakes/dogs)
- Professional interventions e.g. questioning beliefs.

Impact on Children

When we consider the impact of hostile families on professionals, we must also consider the effect on a child living in such a family and see it through their eyes. Professionals need to be mindful of the impact that hostility to outsiders may have on the day to day life of the child.

- The child may be coping with their situation with hostage-like behaviour
- The child may think that their parents seem to have control over the world and this enhances their power.
- They may fear reprisals if they speak to professionals and be experiencing threats or aggression. They may have learned to appease and minimise. i.e. Victoria Climbie always smiled in the presence of professionals.
- Their instinct for survival is likely to make them seek to please their parent and present a reassuring picture of life in the family to outsiders.
- If it is a noisy or violent family, the impact of the shouting and acrimony may permanently affect a child's development or behaviour. Children in the same family may vary in their resilience to such an environment.

Responses to Families – Strategies and Intervention

Good, clear communication and establishing a rapport will improve responsiveness. Although working with hostile families can be particularly challenging, remember that hostile feelings can change; and families frequently respond to assertive, positive work, where they are treated with respect.

An acknowledgement that the family may see things differently shows a respect for their views. However inappropriate attitudes and/or care must be confronted.

Recognising resistance allows objectivity and directness and avoids creating a cycle of collusion or avoidance.

Many factors can influence wellbeing in a family and may lead to resistance. Encouraging families to explore ways of learning how to cope with their emotions and improve their wellbeing can be a positive aid to communication. Practitioners may encounter behaviours in families that are common indicators of stress such as:

- Feeling easily irritated, flustered or overwhelmed.

- Feeling anxious or panicky or becoming upset easily.
- Finding it difficult to make decisions.
- Experiencing frequent headaches or chest pains.
- Having sleep problems.
- Increased use of alcohol.

Many vulnerable adults experience complex health and social problems, including mental health issues, and there is evidence of poor mental health as both consequence and cause of inequalities and exclusion.

Suffolk Health and Wellbeing Board have the following priorities for action:

- Ensure that mental health is everyone's business not just health, social care and the voluntary sector but employers, education and the criminal justice system;
- Increase access to support for improving the emotional health and wellbeing of children including access to child and adolescent mental health services;
- Ensure that there is seamless mental health provision – across agencies but also for those with multiple problems such as drug and alcohol misuse and mental health;
- Bringing together all the elements of physical and mental wellbeing in recognition that mental and physical health are inter-dependent.

All agencies must work together to ensure that the welfare of the child is maintained with clear lines of communication and joint working where appropriate

Where uncertainly exists, workers may find it helpful to convene a multi-agency meeting to test a hypothesis of hostility/non co-operation with other colleagues and clarify concerns

Child Protection procedures must be adhered to and all available approaches must be utilised to ensure that a child is not left at risk. This may include legal action in some cases.

Detailed factual and concise record keeping is essential. It is important to record the details of what was said, how people acted etc. It is also important that there is clarity with families as to what the expectations are of them, with written detailed care plans and contracts, measurable objectives and specific outcomes.

Impact on Professionals and Multi-Agency Work

Child abuse is a highly emotive area of work and when families are non-co-operative or hostile this increases anxiety levels in the worker who is trying to ensure the safety of the child(ren). This can have physical consequences such as sleep disturbance and can have emotional and psychological consequences such as loss of confidence and self-esteem.

Understanding the reasons for the hostility and actual level of risk involved is critical to ensure the safety of the professional and that of the child. Threatening behavior can consist of:

- The deliberate use of silence;
- Using written threats;
- Bombarding worker with phone calls and e mails;
- Using intimidating or derogatory language;
- Racist attitudes and remarks;
- Sexualised attitudes and remarks;
- Using domineering body language;
- Shouting, swearing, throwing objects
- Using dogs or other animals as a threat;
- Use of recording conversations/videos/photographs via computers or mobile phones;
- Damaging worker's property or damaging office equipment or property

A prompt, calm, measured and objective response needs to be made and the worker supported by good supervision and peer or management support.

Workers may feel thwarted and anxious that progress cannot be achieved as is planned, and achieving change is not within their control, with a child remaining at risk.

Those workers who effectively challenge a family may be specifically targeted, because they are seen as a threat. Families will sometimes 'split' workers making the most effective worker a target for their threats of the butt of their jokes, whilst apparently enjoying a 'good' relationship with the other worker. This can be extremely divisive but also very seductive.

If you think it is happening put it to them and test out their reaction. A negotiating process takes place with all clients, and potential difficulties must be recognised and discussed.

Keeping Safe

Workers can visit in pairs with a colleague, with a Manager or with a worker from another agency. Police will always give support if there is a physical risk. Gender may be an issue and it may be appropriate for a man and a woman to visit together. All agencies must work together to ensure that the welfare of the child is maintained with clear lines of communication and joint working where appropriate.

If any worker feels uncomfortable or unhappy about working with a family, they must consult

immediately with a supervisor, so that the problem can be shared. You have a responsibility to plan for your own safety just as your agency has the responsibility for trying to ensure your safety.

The worker and their manager should record safety issues so that other professionals are alerted and a multi-agency meeting convened if necessary. Managers should encourage staff to express feelings of discomfort and promote good reflective practice.

Where there is the presence of a contributing factor, inter agency joint visiting must be considered. In addition to the consideration of visiting with a colleague from the same team and acknowledging that workers in some agencies are more competent in working with families with particular needs or behaviours.
If access is ever denied a manager must be consulted immediately. Good supervision in such cases is crucial and a supportive immediate response from the first line manager about steps to be taken is necessary.

Workers need to be aware of their own legal powers and of the legal powers of other professionals which can be enforced to safeguard children if protection cannot be achieved by any other way. A legal planning meeting can often clarify these points.

When planning your visits to a potentially hostile family you should consider the following questions:

- Am I prepared in case the members of the family are angry or hostile with me?
- Have I talked to my Manager and planned strategies to keep myself safe? i.e. joint visit with police.
- Are my colleagues/line managers aware of where I am going and when I should be back? Do they know that I am particularly at risk during this visit?
- Should I ensure I visit this family with a colleague or other professional?
- Is my car likely to be targeted/followed? If yes, it may be better to go by taxi and have that taxi wait outside the house.
- Do I have a mobile phone or some other means of summoning help?
- Could this visit be arranged at a neutral venue such as a GP surgery or family centre?
- 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.
- 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 accessed personal safety training?
- Is it possible for me to continue to work effectively with this family? If threats and violence have become a significant issue for a worker, their line manager should consider whether he or she should be released from the case and another worker allocated. In exceptional circumstances, it may be necessary to transfer the case to another team or district.

Managers' Responsibilities and Supervision

Managers have a statutory duty to provide a safe working environment for their employees under the Health and Safety at work legislation and must consider the following:

- Regular and meaningful supervision, including fostering a culture that allows workers to express fears and concerns and in which support is forthcoming without any implications of weakness.
- External consultancy.
- Expert opinion.
- Review of previous reports.
- Provision of adequate equipment and resources, along with specific training, to equip staff to undertake the job.
- Chronologies and three-month summaries to assist in identifying emerging patterns and aid the analysis of emerging information.
- Where there are issues of conflict regarding action to be taken i.e. confidentiality, non-compliance, these matters need to be resolved/addressed by the respective managers. The LSCB has an escalation policy on the website.
- If there are alleged 'cultural norms' that put a child at risk, Managers should explore these assumptions and consult with a professional with appropriate knowledge and expertise.

Working with potentially hostile/ violent or non-cooperative families can place workers under a great deal of stress and can have physical, emotional and psychological consequences. The impact on workers may be felt and expressed in a variety of ways including:

- Surprise or embarrassment;
- Distress, shock, fear;
- Denial;
- Self-doubt, anger, guilt;
- Loss of self-esteem and professional/personal confidence;
- Preoccupation with the event or related events;
- Repetitive stressful thoughts, images and emotions.

Previous traumatic experiences can be stimulated and violence or abuse towards workers based on their age, race, religion, gender, disability or perceived sexual orientation can strike at the core of a worker's identity and self-image.

Lack of appropriate support or working in situations where violence/threat are pervasive can lead to workers over or underplaying the threat.

References and Resources

The **ACCORD** protocol is the framework for Adults and Children's Co-ordination in Suffolk. It is a whole family approach.

Public Health Suffolk commissions treatment services for drug and alcohol misuse for adults and young people.

Adult drug treatment in Suffolk is provided by CRI and Open Road. Each service has a main 'hub' in the South **(Ipswich)**, North **(Lowestoft)** and West **(Bury St Edmunds)** of the county. Satellite and outreach services are available in other areas of the county.

Suffolk Wellbeing Service is a partnership of NHS, voluntary and charitable organisations who provide a range of psychological interventions to help and support people with common mental health problems and negative emotions such as low mood, anxiety, depression or stress.

The service is free and open to anyone aged 16 or over living in Suffolk, Norfolk or Great Yarmouth and Waveney. People are able to self-refer online to the Wellbeing Service or through their GP. www.wellbeingsuffolk.co.uk Phone: 0300 123 1781.

Where appropriate, referrals will be passed to the Assessment Team.

The Assessment Team can be contacted via 0300 123 1334 by professionals in case of emergency out of hours.

Self-help guides: www.ntw.nhs.uk/pic/selfhelp

NHS Choices: www.nhs.uk

Suffolk Libraries: http://suffolklibraries.co.uk/health-info/health-wellbeing-links

Suffolk County Council: www.suffolk.gov.uk/

Change for Life: www.nhs.uk/change4life/Pages/change-for-life.aspx

Mental Health Foundation: www.mentalhealth.org.uk/

Moodjuice: www.moodjuice.scot.nhs.uk/

Citizens Advice Bureau: www.citizensadvice.org.uk/

Cruse Bereavement Care: www.cruse.org.uk/ **Samaritans**: www.samaritans.org/

Scope - Disability Information and Advice: www.scope.org.uk/support/disabled-people/local-advice

Adult drug treatment in Suffolk is provided by CRI and Open Road. Each service has a main 'hub' in the South **(Ipswich)**, North **(Lowestoft)** and West **(Bury St Edmunds)** of the county. Satellite and outreach services are available in other areas of the county; please contact your nearest service for details. More information regarding the **Haverhill** outreach centre provided jointly by CRI and Open Road is available here.

CRI - CRI Suffolk Recovery Services are an open access and prescribing service providing treatment for drug users.

To self-refer, refer somebody else or for further information and advice please contact your nearest service or email suffolk.recovery@cri.org.uk

Ipswich: Suffolk Recovery Service, 1 Civic Drive, Ipswich IP1 2AR Tel: **01473 219764** or **08081 783 285**

Lowestoft: Suffolk Recovery Service, Woodbury House, Mill Road, Lowestoft, NR33 0PP Tel: **01502 531138**

Bury St Edmunds: Suffolk Recovery Service, 2 Looms Lane, Bury St Edmunds IP33 1HE Tel: **01284 766554**

Open Road - Open Road Suffolk Recovery Services provide help and support for anyone affected by drugs.

CRI are able to refer you to Open Road's services. Please go through CRI using the referral methods listed above to access the service. For more information about Open Road you can email info@openroadsuffolk.org.uk or contact your nearest service:

Ipswich: 8 Friars Courtyard, 30-32 Princes Street, Ipswich, IP1 1RJ Tel: **01473 212371** or **0844 844 0184**

Lowestoft: 10 Gordon Road, Lowestoft, NR32 1NL Tel: **01502 530589 or 0844 844 0184**

Bury St Edmunds: 83-87 Risbygate Street, Bury St Edmunds, Suffolk, IP33 3AQ Tel: **01284 705097 or 0844 844 0184**

Haverhill Outreach Centre

Open Road and CRI work in partnership with other agencies to provide a part time outreach service in Haverhill on Monday and Wednesdays

The outreach centre is located at 8 Strasbourg Square, Haverhill, CB9 0HR Tel: **08081 783 285 or 0844 844 0184**
Iceni Project provide a family support service in Ipswich

Focus 12 is an independent charity in Bury St Edmunds providing drug and alcohol rehabilitation

East Coast Recovery are based in Lowestoft and provide drug and alcohol rehabilitation

Fauth, R, Jelicic H, Hart D, Burton S and Shemmings D (2010) Effective practice to protect children living in 'highly resistant' families. London Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). www.c4eo.org.uk

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(Findings from two pilot studies using the Barnardo's Domestic Violence Risk Assessment Model)
http://www.barnardos.org.uk/pp_no_7_assessing_the_risks_to_children_from_domestic_violence.pdf

Harrison, C 'Dammed if you do and Dammed if you don't'. 'Child protection and Domestic Violence: Directions for Good Practice'. Edited by C Humphreys and N Stanley. Jessica Kingsley 2005

Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005-07 Research Report' Marion Brandon et al DCSF-RR129, June 2009

The CAADA/DASH (domestic abuse, stalking and honour based violence) risk assessment tool.

Acknowledgements

Leicester, Leicestershire and Rutland LSCB – guidance

Peterborough LSCB – guidance

Barnsley Safeguarding Children Board