



Working with Uncooperative and Hostile Families Practice Guidance

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Introduction

Occasionally, agencies will come into contact with families whose compliance may not be genuine, or who are more obviously reluctant, highly resistant or sometimes angry or hostile to agency approaches. In extreme cases, practitioners can experience intimidation, abuse, threats of violence and actual violence.

The term “highly resistant” sits on a continuum. At one end there may be a certain degree of reluctance on the part of parents who may know they need help, but find it hard to accept. At the other end there may be highly manipulative parents who are very accomplished at misleading practitioners.

The impact of the resistance and manipulation practitioners may encounter from parents is likely to be aimed at detracting the focus of the practitioner from the needs of the child. The child’s welfare should remain paramount at all times.

The impact on the practitioner may be sub conscious such as fear due to previous issues with other families or in their own personal life, feel unable to articulate if acknowledged by the worker or may not recognise are over optimistic due to need to succeed where others have `failed`.

Practitioners need to analyse their own reactions to families and how this may be affecting how they work with them.

Impact on multi-agency work

Parents may be hostile to specific agencies or individuals. If the hostility is not universal, then targeted agencies should seek to understand why this might be and learn from each other.

Where hostility towards most agencies is experienced, the hostility needs to be managed on an inter-agency basis otherwise the impact can be:

- Everyone withdraws leaving the child unprotected;
- The family is ‘penalised’ by the withholding of some services at the expense of assessing and resolving the situation for the child;
- There is a divide between those who want to appease the parents and those who want to oppose - or everyone colludes.

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

- Practitioners or agencies blaming each other and colluding with the family;
- Those not feeling under threat can find themselves taking sole responsibility which can ultimately increase the risk to themselves and the child;
- Those feeling ‘approved of’ may feel personally gratified because of family acceptance but then are unable to recognise / accept risks or problems;

- Those feeling under threat may feel it is 'personal';
- There is no unified and consistent plan.

Recognising and understanding uncooperative or hostile behaviour

The following types of uncooperative behaviour can be displayed by parents and carers. This list of behaviours is not exhaustive, and some parents/carers may display a range of these behaviours at the same time or at different periods of intervention:

- **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 a common reaction and may not amount to a lack of cooperation. All service users may be ambivalent at some stage in their involvement with services which may be related to the dependence involved in being supported by others. It may reflect cultural differences, being unclear what is expected, or reflect poor experiences of previous involvement with practitioners. Ambivalence may need to be acknowledged, but it can be worked through.
- **Avoidance:** a very common method of uncooperativeness, including avoiding appointments, missing meetings, and cutting visits short due to other self-reported important activity. They may have something to hide or resent outside interference. 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 support. There may be a lack of access to the child/ren for the practitioners involved, this can be a total lack of access or sporadic access.
- **Disguised compliance:** Some parents/carers may give the appearance of cooperating to avoid raising suspicions and to minimise agency intervention. Some families may deliberately sabotage efforts to bring about change e.g. missed appointments. It can also be where parents attend programmes intermittently but not long enough to complete the programme's objectives. Parents/ carers may make unfounded complaints or unnecessary requests for a change in worker. This can mean that practitioners may fail to recognise the true areas of concern. **Practitioners are urged to use curiosity in these circumstances to question the information they are being provided by families.** This could involve checking the validity of information with colleagues, not being overly optimistic over changes that have yet to be sustained and retaining a clear focus on achieving outcomes for the child. The analysis of chronologies at Child in Need reviews or Core Groups by the agencies involved should identify any disguised compliance.
- **Confrontation:** involved parents challenging practitioners, provoking arguments can involve extreme avoidance and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents may fear, perhaps realistically, that their children may be removed, or they may be reacting to them having been removed. They may have difficulty in consistently seeing the practitioner's intent and be suspicious of their motives. It is important for the practitioner to be clear about their role and purpose, demonstrate a concern to support, but not to expect an open relationship to begin with. However, the parent's uncooperativeness must be challenged, so they become aware the practitioner / agency will not give up. This may require the practitioner to cope with numerous displays of confrontation and aggression. Should this

occur then you should discuss with your manager and/or a multi-agency meeting be called.

- **Violence:** threatened or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the practitioner to engage with. Violence can include verbal intimidation. It may reflect a deep and longstanding fear and hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. The practitioner 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. Within whatever form the hostile behaviour manifests it is essential that all plans for children and young people clearly detail the actions that will be undertaken if non-compliance exists. Clear contingency plans should be in place.

Reasons for uncooperativeness or hostility

There are a variety of reasons why some families may be uncooperative or hostile with practitioners including:

- Do not want their privacy invaded;
- Have something to hide;
- Refuse to believe they have a problem;
- Resent outside interference;
- Have cultural differences;
- Lack understanding about what is being expected of them;
- Have poor previous experience of practitioner involvement;
- Resent staff changes/ or actively encourage staff changes to disrupt processes;
- Dislike or fear of authority figures;
- Fear their children will be removed;
- Fear of being judged as poor parents because of substance misuse, mental health problems;
- Feel they have nothing to lose (e.g. where the children have already been removed);
- Learned behaviour which gets results.

Impact on undertaking assessments

Obtaining accurate information and a clear understanding of what is happening to a child within their family is 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, what support is needed and jointly planning the next steps.

Engaging with a parent who is resistant or even violent is obviously more difficult. The behaviour may be deliberately used to keep practitioners from engaging with the parent or child and can have the effect of keeping practitioners at bay.

Such behaviour may have practical restrictions to the ordinary tools of assessment (e.g. seeing the child on their own, observing the child in their own home etc.). In addition, the usual sources of information from other practitioners and other family members may not be available because no-one can get close enough to the family.

After every home visit to families, practitioners should consider: Have you seen the child? Have you seen them alone? Have you listened to them and understood their views? If any of these answers is no, ask yourself why?

In undertaking assessments, practitioners from all agencies should explicitly identify and record what areas of assessment are difficult to achieve and why.

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

The practitioner needs to be mindful of the impact the hostility to outsiders may be having on the day-to-day life of the child. The child may:

- Be coping with their situation through 'hostage-like' behaviour
- 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.

In order to assess to what extent the hostility of the parent/s is impacting on the assessment of the child, practitioners in all agencies should consider:

- Whether the child is keeping 'safe' by not telling practitioners things;
- Whether the child has learned to appease and minimise;
- The child is blaming themselves;
- What message the family is getting if the practitioner / agency does not challenge the parent/s behaviour;
- How does this family or its individual member make me feel?
- If I feel like this, how does the child feel in that environment?

Responding to uncooperative or hostile families

Avoiding people who are uncooperative or hostile, can be very damaging to effective partnership working to protect children.

Although it is important to maintain positive relationships as far as possible, this must not be at the expense of being able to share real concerns about intimidation and threat of violence if these exist.

Practical considerations for practitioners include:

- Keeping the relationship formal and giving clear indications that the aim of the work is to achieve the best for the children.
- Clearly stating their practitioner and/or legal authority.
- Confronting uncooperativeness when it arises.
- Engaging in regular supervision with their manager to ensure that progress with the family is discussed.

- Seeking advice from other practitioners to ensure progress with the family is appropriate.
- Ensure that parents understand what is required of them and the consequences of not fulfilling these requirements. At the end of each contact it may be helpful to provide a summary of what the purpose has been, what has been done, what is required by whom and when. Plans need clear outcomes broken down into achievable actions, with agreed timescales and a contingency plan if not achieved.
- Being willing to take appropriate action to protect the child/ren, despite the action giving rise to a feeling of personal failure by the practitioner in the task of engaging the parent/s.
- Consider the possibility of having contact with the family jointly with another person in whom the family has confidence.
- Discussing with the Chair of any meeting the option of excluding the parents if the quality of information shared is likely to be impaired by the presence of threatening adults.
- All plans should be reviewed and assessed. It is useful to include a period of time where support is drawn back from the family, to enable an assessment of the sustainability and to then assess whether practitioner's input is complete or successful.

Multi-agency meetings

Where there is evidence of a lack of cooperation, non-compliance or hostility this should be considered as an escalation of risk and may result in the need for action. A multi-agency meeting should be called in the following circumstances and the family should be invited.

- There is evidence of non-compliance and practitioners are refused access to the children and the family home.
- Planned visits and appointments with the family have been missed on more than 3 occasions despite being rigorously followed up by practitioners.
- Where families have intimidated workers and a risk assessment is required in relation to the children in the household and the practitioner.
- The meeting should be chaired by the relevant team manager. The purpose of the meeting is to consider how the situation can best be managed to ensure the protection of both children and practitioners.
- A meeting should be convened within 7 working days following the identification of any of the above criteria. Those in attendance will share information, consider concerns and identify a clear plan to address those concerns.

Keeping practitioners safe (the practitioner's 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 adhere to their own agency 'lone working' arrangements. When dealing with hostile families, practitioners should consult with their line manager to draw up plans and strategies to protect their own safety and that of other colleagues.

Practical considerations for the safety of staff start prior to contact with a family. Practitioners should consider the following questions:

- Should this visit be made jointly with a colleague or manager?
- Do I have a mobile phone with me or some other means of summoning help?
- Could this visit be arranged at a neutral venue?
- Are my colleagues / line managers aware of where I am going and when I should be back? Do they know 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 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?

Practitioners should also:

- Acquaint themselves with relevant 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 monitor and anticipate situations to feel safe and in control at all times;
- 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 their manager immediately;
- Follow agreed post-incident procedures, including any recording required.
- Share as soon as possible with colleagues from other agencies who may be visiting even if they have previously had a good relationship with the family and document whom contacted.

Practitioners should not:

- Take the occurrence of an incident personally;
- Get angry themselves;
- Be too accommodating and understanding;
- Assume they *have* to 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.

Management responsibility

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

- Undertaking assessments to identify and manage the risks inherent in all aspects of the work;
- 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 perceived implications of weakness.

Managers should:

- All agencies should be mindful of the health and safety of staff and ensure it is included within all new employee inductions;
- Ensure that staff have confidence to speak about any concerns relating to families;
- Prioritise case supervisions regularly and do not cancel;
- 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 staff 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;
- Practitioners are aware of any home visiting policies employed in their service area and that these policies are implemented;
- Ensure adequate strategies and support is in place to deal with any situations that may arise;
- In allocating work, 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;
- Be aware of the impact of incidents on other members of the team;
- Be aware 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.