WEST GLAMORGAN SAFEGUARDING BOARDS

WORKING WITH
UNCOOPERATIVE FAMILIES

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1. Introduction

1.1 This document outlines the process for dealing with uncooperative families to ensure that the needs of children are met and that staff remain safe.

2. Aims and Objectives

2.1 The purpose of this document is to ensure that there are systems in place to:

- Help staff understand uncooperative behaviour;
- Consider the impact of uncooperative behaviour on assessment;
- Consider the impact on multi-agency work;
- Allow for a considered response to uncooperative families;
- Deal with hostility and violence in a proportionate manner;
- Keep professionals safe;
- Ensure managers take responsibility for keeping staff safe;
- Support staff through supervision.

3. Definition

3.1 There can be a wide range of uncooperative behaviour by families towards professionals. From time to time all agencies 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 approaches.

3.2 In extreme cases, professionals can experience intimidation, abuse, threats of violence and actual violence. 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.

3.3 All agencies should support their staff by:

- Ensuring professionals are trained for the level of work they are undertaking;
- Publishing a clear statement about unacceptable behaviour by those accessing their services (such as seen in hospitals and on public transport);
- Providing training to enable staff to respond as safely as possible to risky or hostile behaviour in their target client group;
- Supporting staff to work to their own professional code of conduct or their agency's code of conduct when responding to risky or hostile behaviour in their client group.

4. Recognition and Understanding

4.1 There are four types of uncooperativeness:

- **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 which is related to the dependence involved in being helped by others. It

may reflect cultural differences, being unclear what is expected, or poor experiences of previous involvement with professionals. Ambivalence 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 apparently important activity (often because the prospect of involvement makes the person anxious and they hope to escape it). They may have a difficulty, have something to hide, resent outside interference or find staff changes another painful loss. They may face up to the contact as they realise the professional is resolute in their intention, and may become more able to engage as they perceive the professional's concern for them and their wish to help;

- **Confrontation**: includes challenging professionals, provoking arguments, extreme avoidance (e.g. not answering the door as opposed to not being in) and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having being taken away. They may have difficulty in consistently seeing the professional's good intent and be suspicious of their motives. It is important for the professional to be clear about their role and purpose, demonstrate a concern to help, but not to expect an open relationship to begin with. However, the parent's uncooperativeness must be challenged, so they become aware the professional/agency will not give up. This may require the professional to cope with numerous displays of confrontation and aggression until eventual co-operation may be achieved;

- **Violence:** threatened or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the professional / 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 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.

4.2 Reasons for Uncooperativeness

There are a variety of reasons why some families may be uncooperative with professionals, 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 differences
- Lack understanding about what is being expected of them;
- Have poor previous experience of professional involvement;
- Resent staff changes;
- Dislike/fear or distrust authority figures;
- Fear their children will be taken away;
- Fear being judged to be poor parents because of substance misuse; mental

health problems;

- Feel they have nothing to lose (e.g. Where the children have already been removed).

4.3 A range of social, cultural and psychological factors influence the behaviour of parents. The more uncooperative the family, the more likely it is that the main influences are psychological.

4.4 In general a parent will try to regain control over their lives, but they may be overwhelmed by pain, depression, anxiety and guilt resulting from the earlier losses in their lives. Paradoxically, the uncooperativeness 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.

5. Impact on Assessment

5.1 Accurate information and a clear understanding of what is happening to a child within their family and community are vital to any assessment. The usual and most effective way to achieve this is by engaging parents and children in the process of assessment, reaching a shared view of what needs to change and what support is needed, and jointly planning the next steps.

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

5.3 Professionals from all agencies should explicitly identify and record what areas of assessment are difficult to achieve and why.

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

5.5 Impact on assessment of the child

The professional 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:

- Be coping with their situation with 'hostage-like' behaviour
- Have become de-sensitised to violence;
- Have learnt to appease and minimise (including always smiling in the presence of professionals);
- Be simply too frightened to tell;
- Identify with the aggressor.

5.6   Impact on assessment of adults

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

- Colluding with the parent/s by avoiding conflict, e.g. Avoiding contact in person (home visits);
- Using remote contact methods (e.g. Telephone and letter contact instead of visits to see the child);
- Accepting the parent's version of events unquestioningly in the absence of objective evidence;
- Focusing on less contentious issues such as benefits/housing;
- Avoiding asking to look round the house, not looking to see how much food is available, not inspecting the conditions in which the child sleeps, etc;
- Focusing on the parent's needs, not the child's;
- 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; Fear of confronting family members about concerns;
- Keeping quiet about worries and not sharing information about risks and assessment with others in the inter-agency network or with managers.

5.7   Professionals in all agencies should consider:

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

5.8   Professionals 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 say, ask and do what they would usually say, ask and do when making a visit or assessment;
- They have identified and seen the key people;
- They have observed evidence of others who could be living in the house;
- In cases of high need adults (e.g. Domestic abuse, mental health, etc.) They only work with that adult (rather than both parents even when the other parent is a perpetrator of domestic violence).

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

5.10   Drawing up a written contract

Professionals should consider drawing up a written contract with the family:

- Specifying exactly what behaviour is not acceptable (e.g. Raising of voice, swearing, threatening etc);
- Spelling out that this will be taken into account in any risk assessment of the child;
- Clearly explaining the consequences of continued poor behaviour on their part. This could include seeing them only at the office (this needs to be considered against the necessity of seeing the child in their home environment), seeking a supervision order or taking steps to remove the child/ren.

6.   Impact On Multi-Agency Work

6.1   Agencies and families need to work in partnership to achieve the agreed outcome and all parties need to understand this partnership may not be equal.

6.2   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.

6.3   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;
- The family is 'punished' by withholding of services as everyone 'sees it as a fight', at the expense of assessing and resolving the situation for the child;
- There is a divide between those who want to appease and those who want to oppose - or everyone colludes.

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

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

- Professionals or agencies blame each other and collude with the family;
- Those not feeling under threat can find themselves taking sole responsibility which can ultimately increase the risk to themselves;
- Those feeling 'approved of' may feel personally gratified as the family 'ally' but then be unable to recognise / accept risks or problems;
- Those feeling under threat may feel it is 'personal';
- There is no unified and consistent plan.

6.6   Ensuring Effective Multi-Agency Working

Any professional or agency faced with incidents of threats, hostility or violence should routinely consider the potential implications for any other professional or agency involved with the family in addition to the implications for themselves and should alert them to the nature of the risks.

6.7   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 very good inter-agency collaboration and trust is paramount and is also likely to be put under greatest pressure. It becomes particularly important that everyone is:

- aware of the impact of 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 the differing problems which different agencies have in working within these sorts of circumstances;
- open and honest when disagreeing;
- aware of the risks of collusion and of any targeting of specific professions / agencies;
- prepared to discuss strategies if one agency (e.g. a health visitor) is unable to work with a family. In circumstances such as these, professionals in the multi-agency network must agree whether or not it is possible to gather information or monitor the child's well-being, and ultimately whether it is possible to have a truly multi-agency plan?

6.8   Sharing Information

There are reasonable uncertainties and need for care when considering disclosing personal information about an adult.

6.9   Concerns about the repercussions from someone who can be hostile and intimidating can become an added deterrent to sharing information. However, information sharing is pivotal, and also being explicit about experiences of confronting hostility/intimidation or violence should be standard practice.

6.10   Supervision

Professionals and their first line managers should consider the following questions. If the answer is yes to any of them, the information should be shared with any other professionals involved with the family:

- Do you have experience of the adult linked to the child being hostile, intimidating, threatening or actually violent?
- Is it general or in specific circumstances? For example, is it drink related/linked to intermittent mental health problems?
- Are you intimidated or fearful of the adult?
- Do you feel you may have been less than honest with the family to avoid conflict?
- Are you now in a position where you will have to acknowledge concerns for

the first time? And are you fearful how they will respond to you?

- In their position, would you want to be made aware of these concerns?

6.11 Professionals in different settings and tiers of responsibility may have different thresholds for concern and different experience of having to confront difficult behaviour. It is vital the differing risks and pressures are acknowledged and supported.

6.12 <u>Multi-Agency Meetings</u>

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

- Clear agreements, known to all agencies and to the family, detailing each professional's role and the tasks to be undertaken by them;
- Full participation at core group and at child protection conferences with all agencies owning the concerns for the child rather than leaving it to a few to face the uncooperativeness and hostility of the family.

6.13 Although it is important to remain in 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.

6.14 Options which professionals in the multi-agency working should consider are:

- Discussing with the Chair of a meeting the option of excluding the parents if the quality of information shared is likely to be impaired by the presence of threatening adults;
- Convening a meeting of the agencies involved to share concerns, information and strategies and draw up an effective work plan that clearly shares decision-making and responsibilities. If such meetings are held, there must always be an explicit plan made of what, how and when to share what has gone on with the family. Confidential discussions are unlikely to remain secret and there are legal obligations to consider in any event (e.g. Data Protection Act 1998), and the aim should always be to empower professionals to become more able to be direct and assertive with the family without compromising their own safety;
- Convening a meeting to draw up an explicit risk reduction plan for professionals and in extreme situations, instituting repeat meetings explicitly to review the risks to professionals and to put strategies in place to reduce these risks;
- Joint visits with police, colleagues or professionals from other agencies;
- Debriefing with other agencies when professionals have experienced a frightening event.

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

7. Response to Uncooperative Families

7.1 When a professional begins to work with a family who is known, or discovered, to be uncooperative, the professional should make every effort to understand why a family may be uncooperative or hostile. This entails considering all available information, including whether a common assessment has been completed and whether a lead professional has been appointed.

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

- Keeping the relationship formal though warm, giving clear indications that the aim of the work is to achieve the best for their child/children;
- Clearly stating their professional and/or legal authority;
- Continuously assessing the motivations and capacities of the parent/s to respond co-operatively in the interests of their child/children;
- Confronting uncooperativeness when it arises, in the context of improving the chances of a favourable outcome for the child/children;
- Engaging with regular supervision to ensure that progress with the family is being made and is appropriate;
- Seeking advice from experts (e.g. Police, mental health specialists, the safeguarding children unit) to ensure progress with the family is appropriate;
- Helping the parent to work through their underlying feelings at the same time as supporting them to engage in the tasks of responsible child care;
- Being alert 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 child/children (despite this action giving rise to a feeling of personal failure by the professional in their task of engaging the parent/s).
- Establishing clear, measurable and child biased objectives that enable progress to be monitored.

7.3 With the help of their manager, professionals 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 professional and the family. This may protect the professional physically and emotionally or may put them at further risk. It can lead to that professional becoming desensitised to the child's pain 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 professional 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 professionals avoiding making difficult visits or avoiding

meeting with those adults in their home, losing important information about the home environment - 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 professional 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 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.

7.4   <u>Respecting Families</u>

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

7.5   Professionals should minimise resistance or hostility by complying with their agency's code of conduct, policies and procedures in respect of the appropriate treatment of service users.

7.6   Professionals should be aware that some families, including those recently arrived from abroad, may be fearful or unclear about why they have been asked to attend a meeting, why the professional wants to see them in the office or to visit them at home. They may not be aware of roles that different professionals 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).

7.7   Professionals should seek expert help and advice in gaining a better understanding, when there is a possibility that cultural factors are making a family resistant to having professionals involved. Professionals should be:

- Aware of dates of the key religious events and customs;
- Aware of the cultural implications of gender;
- Acknowledge cultural sensitivities and taboos e.g. Dress codes.

Professionals may consider asking for advice from local experts, who have links with the culture. In such discussions the confidentiality of the family concerned must be respected.

7.8   Professionals 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.

7.9   Professionals need to ensure that parents understand what is required of them and the consequences of not fulfilling these requirements, throughout. Professionals 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.

8.   Dealing with Hostility and Violence

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

8.2   It is critical both for the professional'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 professionals with e-mails and phone calls;
- Using intimidating or derogatory language;
- Racist attitudes and remarks;
- Homophobic attitudes and comments;
- Using domineering body language;
- Using dogs or other animals as a threat - sometimes veiled;
- Swearing;
- Shouting;
- Throwing things;
- Physical violence.

8.3   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 professionals are aware of the skills and strategies that may help in difficult and potentially violent situations.

- Making sense of hostile responses Professionals should consider whether:they are prepared that the response from the family may be angry or hostile. They should ensure they have discussed this with their Manager and planned strategies to use if there is a predictable threat (e.g. An initial visit with police to establish authority);
- They might have aggravated the situation by becoming angry or acting in a way that could be construed as being patronising or dismissive.
- The hostility is a response to frustration, either related or unrelated to the professional 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 professional;
- 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 professional's discomfort is disproportionate to what has been said or done;
- The professional is taking this personally in a situation where hostility is aimed at the agency.

8.4   Impact on professionals of hostility and violence

Working with potentially hostile and violent families can place professionals under a great deal of stress and can have physical, emotional and psychological consequences. It can also limit what the professional/s can allow themselves to believe, make them feel responsible for allowing the violence to take place, lead to adaptive behaviour, which is unconsciously 'hostage-like' and also result in a range of distressing physical, emotional and psychological symptoms.

8.5   The impact on professionals may be felt and expressed in different ways e.g:

- Surprise;
- Embarrassment;
- Denial;
- Distress;
- Shock;
- Fear;
- Self-doubt;
- Anger;
- Guilt;
- Numbness;
- Loss of self-esteem and of personal and / or professional confidence;
- A sense of helplessness;
- Sleep and dream disturbance;
- Hyper vigilance;
- Preoccupation with the event or related events;
- Repetitive stressful thoughts, images and emotions;
- Illness;
- Post traumatic stress.

8.6   Factors that increase the impact on professionals include:

- Previous traumatic experiences both in professional and personal life can be revived and heighten the fears;
- Regularly working in situations where violence / threats are pervasive - professionals in these situations can develop an adrenalin-led response,

which may over- or under-play the threat. Professionals putting up with threats may ignore the needs / feelings of other staff and members of the public. Professionals 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 professional);

- 'Hostage-like' responses - when faced with significant fears for their own safety, professionals may develop a 'hostage-like' response. This is characterised by accommodating, appeasing or identifying with the 'hostage-taker' to keep safe.

8.7   Threats that extend to the professional's life outside of work:

- It is often assumed there is a higher level of risk from men than from women and that male professionals are less likely to be intimidated. These false assumptions decrease the chances of recognition and support. Male professionals may find it more difficult to admit to being afraid; colleagues and managers may not recognise their need for emotional support. This may be particularly so if the perpetrator of the violence is a woman or young person. In addition, male professionals 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 professional feels obliged to deal with it alone. There is also a risk that professionals fail to respond to concerns, whether for the child or for their own protection.

8.8   Violence and abuse towards professionals based on their race, gender, disability, perceived sexual orientation etc. can strike at the very core of a person's identity and self-image. If the professional already feels isolated in their workplace in terms of these factors, the impact may be particularly acute and it may be more difficult to access appropriate support.

8.9   Some professionals are able to respond to uncooperative parents in a way which indicates that they are untroubled by such conflict. Some may even give the impression to colleagues that they 'relish' the opportunity for confrontation. Consequently, not all professionals will view confrontation as a negative experience and may generally appear unaffected.

9.   **Keeping Professionals Safe**

9.1   Professional's Responsibility

Professionals have a responsibility to plan for their own safety, just as the agency has the responsibility for trying to ensure their safety. Professionals should consult with their line manager to draw up plans and strategies to protect their own safety and that of other colleagues. There should be clear protocols for information sharing (both internal and external). Agencies should ensure that staff and managers are aware of where further advice can be found.

9.2 Prior to contact with a family, professionals 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 Manager?
- 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 with me or some other means of summoning help (e.g. personal alarm)?
- Could this visit be arranged at a neutral venue?
- Are my colleagues / line managers aware of where I am going and when I should be back? Do they know I may be particularly vulnerable / at risk during this visit?
- Are there clear procedures for what should be done if a professional does not return or report back within the agreed time from a home visit?
- Does my manager know my mobile phone number and network, my car registration number and my home address and phone number?
- Do my family members know how to contact someone from work if I don't come home when expected?
- Have I taken basic precautions such as being ex-directory at home and having my name removed from the public section of the electoral register?
- Have I accessed personal safety training?
- Is it possible for me to continue to work effectively with this family?

9.3 If threats and violence have become a significant issue for a professional, the line manager should consider how the work could be progressed safely; document their decision and the reasons for it.

9.4 Professionals 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 monitor and anticipate situations to feel safe and in control at all times;
- Get out if a situation is getting too threatening.

9.5 If an incident occurs, professionals should:

- Try to stay calm and in control of their feelings;
- Make a judgement of whether to stay or leave without delay;
- Contact the manager immediately;
- Follow agreed post-incident procedures, including any recording required.

9.6 Professionals 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.

10. Management Responsibility

10.1 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 professionals with the necessary information and skills to undertake the job;
- Ensuring a culture that allows professionals to express fears and concerns and in which support is forthcoming without implications of weakness;
- In practice managers need therefore to ensure officers are not exposed to unnecessary risks by ensuring:
- Professionals are aware of any home visiting policies employed in their service area and that these policies are implemented;
- Time is allowed for professionals to work safely (e.g. Obtain sufficient background information and plan contact; discuss and agree safety strategies with manager).
- Adequate strategies and support are in place to deal with any situations that may arise;
- In allocating work, managers need to be mindful of the skills and expertise of their team and any factors that may impact on this. They need to seek effective and supportive ways to enable new professionals, who may be inexperienced, to identify and develop the necessary skills and expertise to respond to uncooperative families;
- Similarly, more experienced staff may become desensitised and may make assumptions about families and situations;
- Awareness of the impact of incidents on other members of the team;
- Where an incident has occurred, managers need to try to investigate the cause (e.g. Whether this was racially or culturally motivated);
- Awareness that threats of violence constitute a criminal offence and 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 professionals feel this is an acceptable feeling.

10.2   Managers should:

- Keep health and safety regularly on the agenda of team meetings;
- Ensure health and safety is on 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 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.

11.   Supervision and Support

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

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

11.3   Professionals must feel safe to admit their concerns knowing that these will be taken seriously and acted upon without reflecting negatively on their ability or professionalism.

11.4   Discussion in supervision should examine whether the behaviour of the service user is preventing work being effectively carried out. It should focus on the risk factors for the child within a hostile or violent family and on the effects on the child of living in that hostile or aggressive environment.

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

11.6 The professional should prepare for supervision and bring case records relating to any violence / threats made. They should also be prepared to explore 'uneasy' feelings, even where no overt threats have been made. Managers will not know about the concerns unless the professional reports them. By the same token, managers should 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 of this as a potential problem.

11.7 Health and safety should be a regular item on the agenda of team meetings and supervisions. In addition, group supervision or team discussions can be particularly useful to share the problem and debate options and responsibilities.

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