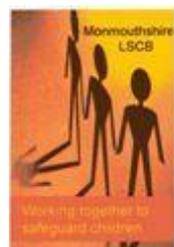


# South East Wales Regional Safeguarding Forum



## Multi-Agency Practice Guidance Working with Hostile or Uncooperative Parents/Carers



Author: SE Wales Regional Safeguarding Forum	27.01.10	Date for Review: 27.01.11
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## 1. Introduction and Principles

The safety and wellbeing of all children and young people is always the central consideration. This practice guidance will assist professionals in working together to ensure multi-agency plans for children are not compromised as a result of encountering hostility or non co-operation.

A feature of some local and national serious case reviews has been the lack of co-operation and or hostile attitude of parents / carers. When there are childcare / protection issues, a failure to engage with the family may have serious implications and non-intervention is not an option.

### **Personal Safety**

Research has shown that when faced with hostility and intimidation, professionals are reluctant to discuss fears for their own safety and ask for help. The member agencies of all Local Safeguarding Children Board are committed to the safety of staff and seek to minimise the impact for children of any practice that may be impaired or affected by hostility or aggression towards employees. Staff should **always report and discuss situations of hostility of any form** and plans should be in place to:

- Identify and respond to the implications for the children and non-threatening partners who may also be victims.
- Ensure that the professional is safe and judgement is not impaired.
- Each employing agency member of the LSCB has its Lone Working, Violence at Work and Risk Assessment policies that should be implemented.

## 2. Definition

Parents / Carers and Young People may present in a number of ways and the behaviour can be demonstrated on a continuum from hostility, threats and violence through to superficial and ineffective compliance.

The behaviour includes:

- Ignoring advice / and questioning the role of the professional
- Re-interpreting / minimising the child's needs
- Effectively preventing the child seeing the professional (may be blatant or agreed to appointment, but then ensure it does not occur)
- Controlling discussion
- Preventing meaningful contact with other parents / carer
- Moving away
- Manipulating and splitting professional relationship
- Subverting change
- Diverting discussions into arguments that distracts the focus from the child

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- Misusing complaints procedures.
- Aggression and threats, including use of dogs
- Evidence of implements of violence (dogs, knives)
- Known history of actual violence
- Non verbal methods of threat and intimidation e.g. gestures, body language
- Scrutinising and challenging the professional's qualifications, experience and knowledge
- Audio or video recording of the professional
- Controlling what partners and children say to professionals.

### 3. Good Practice

It is helpful to be clear from the outset what is known about the family and parents / carers, so as to assess both the risks involved and the potential strategies. For example, parents with learning difficulties or mental illness may need to have information, advice and expectations conveyed in an alternative way, possibly working with specialist colleagues.

Professionals visiting the families who are met with hostile or un-cooperative responses should reflect upon the circumstances that maybe contributing to this type of response.

#### **Useful Questions In Understanding Hostile Or Aggressive Responses**

- Is the response influenced by:
  - Fear of consequences of intervention i.e. removal of children
  - Potential discovery of substance / alcohol misuse
  - Potential discovery of criminal behaviour or acts
  - Potential discovery of sexual abuse or domestic violence
  - Criticism of child rearing practices
  - Negative perception of professionals.
- Can any of these barriers be overcome?
  - For example, joint visit with colleague or office appointment to explore fears and establish agreement or trust. (See risk reduction strategies, page 6)
- Is the hostile and unco-operative response influenced by an individuals learning difficulty including Aspergers or Autistic Spectrum Disorder that is affecting the parents / carer's ability to understand and take part in the plan?
- Is the hostile / unco-operative response influenced by a mental illness or personality disorder?

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- Is the hostile/unco-operative response influenced by the impact on behaviour of alcohol or substances?
- Is consultation with or advice required from specialist services?

For example, a written multi-agency plan reviewed regularly. This should use measurable objectives within timescale and specific outcomes, with a contingency plan.

Communication should be clear, so as to ensure that non compliance is not caused by any misunderstanding.

Where there are child protection concerns parents / carers will need to understand that lack of co-operation is unacceptable, although there may be some flexibility in terms of the degree and type of co-operation.

It will be helpful to establish trust through active engagement, acknowledgement that the family may see things differently and demonstrating a respect for their views, whilst challenging in appropriate attitudes. All decisions and communications must be recorded clearly and shared.

The principles outlined here can be applied to any single agency intervention or multi-agency interventions.

### **Recognising Hostility and Non-Cooperation**

- Staff must recognise when the family are not engaging so as to avoid collusion or avoidance – early recognition of family resistance and failure to achieve progress with plans and agreements for the child is critical.
- Supervision should be used to explore the dynamics of any hostility or non-compliance and plan how best to address the situation including possible specialist assessments.
- **A manager must be consulted if access to the child is ever denied.**
- Single agency or merged multi-agency chronologies are important tools in identifying patterns of hostility and non-cooperation and the impact of this for the safety and wellbeing of children and young people.

### **4. Effect of Non-Compliance or Hostility**

Where non co-operation is an issue, it is important to appreciate the significance for the child living in the family i.e. it will enhance the parent / carer's power and control and the child may fear reprisals if s/he were to speak to professionals.

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Workers may feel extremely vulnerable when visiting hostile families, especially those who challenge effectively and are perceived as a threat.

Professionals may end up putting more effort into dealing with the resistance, than addressing the real problems for the child/ren.

Multi-agency plans aimed at reducing the risks will not be effective and the child will continue to suffer harm.

## **5. Actions to be Taken When Non-Compliance or Hostility is Recognised**

### **The Child's Plan**

The multi-agency meeting aimed at implementing or reviewing the plan for the child should be brought forward (e.g. strategy meeting, child protection conference, core group, child in need planning meeting). The request to bring forward a multi-agency meeting under this guidance can be made by any professional. This will evaluate the risks to the child and safeguarding measures that are required. Legal advice will usually be necessary. The record of the meeting should document the evidence of hostility or non co-operation and the steps that have been taken to overcome this. Section 3 above highlights best practice and approaches that may overcome the difficulties. Child Protection Conference Chairs should highlight this document to staff where the plan maybe hampered due to hostility or un-cooperative responses.

### **The Safety and Wellbeing of Staff**

Professionals may meet to carry out a risk assessment. An example of a model can be seen at Appendix 2. Agencies may share their respective agency's risk assessment and identify:-

- What is known about the individual who poses a risk?
- Is there a history of violence or threats?
- Is there a mental illness / learning difficulties / illness or personality disorder?
- What is known about the individual's use and reaction to alcohol and substances?
- What measures or responses can ensure that the child's plan is progressed and staff are safe.
- What support to staff is required? Consideration should be given to supporting all staff who may be exposed to hostility, including receptionists and those dealing with telephone calls.

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## **Risk Reduction Strategies**

- Joint visiting (this needs planning so as to ensure exit strategies are agreed).
- Carrying out certain aspects of work at a neutral venue such as a family centre or other agreed place.
- Engaging with more co-operative family members.
- Use of advocates / legal advisers.
- Use of non-threatening verbal and non-verbal communication.
- Clarity about what will happen in the event of threat or intimidation.
- Involvement of the Police.
- The role of supervision in allowing the practitioners to de-brief and reflect upon the implications for their practice and personal life of working with this family.
- Training and refreshers to enhance knowledge and skills.
- Commencement of Public Law Outline process in cases where this is warranted.
- Professionals have a responsibility to report to the Police serious threats or intimidation. This should be carried out in consultation with Line Management who should implement their agency's health and safety procedures and identify support for professional.

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## Appendix 1 – Practice Tool for Identifying Hostile and Unco-operative Responses

	Yes	No
Has a full multi-agency chronology been completed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence of the following:		
Ignoring advice / and questioning the role of the professional	<input type="checkbox"/>	<input type="checkbox"/>
Re-interpreting / minimising the child's needs	<input type="checkbox"/>	<input type="checkbox"/>
Effectively preventing the child seeing the professional (may be blatant or agreed to appointment, but then ensure it does not occur)	<input type="checkbox"/>	<input type="checkbox"/>
Controlling discussion	<input type="checkbox"/>	<input type="checkbox"/>
Preventing meaningful contact with other parents / carer	<input type="checkbox"/>	<input type="checkbox"/>
Moving away	<input type="checkbox"/>	<input type="checkbox"/>
Manipulating and splitting professional relationship	<input type="checkbox"/>	<input type="checkbox"/>
Sabotaging or subverting change	<input type="checkbox"/>	<input type="checkbox"/>
Diverting discussions into arguments that distracts the focus from the child	<input type="checkbox"/>	<input type="checkbox"/>
Invoking complaints procedures	<input type="checkbox"/>	<input type="checkbox"/>
Aggression and threats, including use of dogs	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of implements of violence (dogs, knives)	<input type="checkbox"/>	<input type="checkbox"/>
Known history of actual violence	<input type="checkbox"/>	<input type="checkbox"/>
Non verbal methods of threat and intimidation e.g. gestures, body language	<input type="checkbox"/>	<input type="checkbox"/>
Scrutinising and challenging the professional's qualifications, experience and knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Audio or video recording of the professional	<input type="checkbox"/>	<input type="checkbox"/>

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Is the response influenced by:	Yes	No
Fear of consequences of intervention i.e. removal of children	<input type="checkbox"/>	<input type="checkbox"/>
Potential discovery of substance / alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>
Potential discovery of criminal behaviour or acts	<input type="checkbox"/>	<input type="checkbox"/>
Potential discovery of sexual abuse or domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Criticism of child rearing practices	<input type="checkbox"/>	<input type="checkbox"/>
Negative prior experience of professionals.	<input type="checkbox"/>	<input type="checkbox"/>
Is the hostile and unco-operative response influenced by an individuals learning difficulty including Aspergers or Autistic Spectrum Disorder that is affecting the parents / carer's ability to understand and take part in the plan?	<input type="checkbox"/>	<input type="checkbox"/>
Is the hostile / unco-operative response influenced by a mental illness or personality disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Is the hostile/unco-operative response influenced by the impact on behaviour of alcohol or substances?	<input type="checkbox"/>	<input type="checkbox"/>
Is consultation with or advise required from specialist services?	<input type="checkbox"/>	<input type="checkbox"/>
What is the impact for the child's safety and wellbeing?		
<hr/>		
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What should happen next?		
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