Guidance

Working with Hostile and uncooperative Families

Introduction

The purpose of this guidance is to complement existing single agency procedures designed to support and protect staff working with aggressive people. It is intended to help professionals in the identification of parents and carers who are hostile, aggressive, or using disguised compliance techniques as a mechanism to keep professionals at a distance or attempting to persuade professionals that sufficient change has occurred or is occurring so as to reduce the need for further intervention.

This guidance is for professionals working with children and families across the FACT and NSCB partnerships.

Context

Some parents and carers who see members of the Children’s workforce do so because of child welfare concerns and have been referred, or are required, to receive services. They are, as such, involuntary recipients of services in so far as someone else has determined that they are in need of intervention by the agency.

The nature of child protection work, particularly, can at times bring parents and carers into challenging and uncomfortable contact with professionals. This can result in parents or carers becoming angry and hostile, and feeling disempowered. In some situations this is a natural and understandable reaction to an uninvited intrusion and should be viewed as such. However, there are some parents and carers who continue to be difficult to work with and some who present as extremely threatening.

Employers, under employment law, have responsibilities towards their staff whilst carrying out their duties and should have in place procedures for supporting staff when undertaking difficult and dangerous work. The measures taken by single agencies should be reflected in single agency procedures and made known to their staff.

There are two important axioms to be borne in mind when working with hostile parents. These are: -

1. When a parent or carer is considered to be threatening or hostile any presumption that they behave differently with their own children should be rigorously tested.

2. Managers and supervisors must recognise the potential impact of parental aggression and the possibility of fear that is aroused in the worker and focus on the potential consequences for decision making and practice. Adequate professional supervision and support must be given in these circumstances.

"It would appear that the resistance and hostile approach demonstrated by the adults influenced and affected the professional actions. The approach reinforced that the power dynamics lay with the parents and not with the rights, welfare and protection of the children."

Khyra Ishaq serious case review
Recognition of Hostility and Non-Compliance

Factors associated or contributing to hostility and non-compliance include:

- Isolation;
- Stress and violent experiences in childhood;
- Disinhibiting effects of alcohol and certain drugs;
- Mental illness;
- Some psychotic states;
- Sensory impairment; and
- Medical or social history indicating a low tolerance or frustration and the potential for violence.

Situations associated with resistance and non-compliance include:

- Child protection enquiries;
- Removal of child into care;
- Domestic violence;
- Previous threats of violence;
- Presence of weapons; and
- Potentially dangerous animals (snakes/dogs).

Messages from Research (1995) showed that “high levels of parental mental illness, alcohol and drug misuse and domestic violence feature significantly in families where children become involved in the Child Protection system” and these factors need to inform any assessment and ongoing work.

Recognition of Non-Effective Compliance

Factors which may indicate and evidence non-effective compliance:

- No significant change at reviews despite significant input;
- Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work;
- Change does occur but as a result of external agencies/resources not the parental/carers efforts;
- Change in one area of functioning is not matched by change in other areas;
- Parents/carers will engage with certain aspects of a plan only;
- Parents/carers align themselves with certain professionals.

Principles

The child’s needs are paramount and are central to all work with children and their families.

Professionals involved in work with children and families should adopt positive and anti-discriminatory approaches to parents and carers so as to maximize the potential for a productive working relationship.

Professionals and organisations have a duty of care to themselves and each other and as such must be mindful of their own safety and the safety of their colleagues.
Issues of confidentiality must not undermine or compromise the welfare of children and this includes the sharing of information about parents or carers who behave aggressively towards workers.

Non-cooperation and non-compliance result in ineffective interventions and inhibit change. As such, behaviour that may appear passive should be viewed as obstructive and compromising the welfare of the child.

Complaints about workers, whether justified or not, from the parent or carer need to be considered separately from any concern the worker has about risk.

**Definitions:**

For the purposes of this guidance the following definitions are used.

**Hostile and threatening behaviour**

_Behaviour, action, or attitude that is expressed physically, verbally, or symbolically and manifested by destructive acts directed toward oneself or against others._

**Non-compliance/Uncooperative Behaviour**

_The failure or refusal to follow, or the sabotaging of, plans designed to safeguard children or adhere to the advice or required actions of professionals._

**Disguised Compliance-apparent co-operation**

_The subversive undermining of plans designed to protect children when presenting as engaged in the work and in an apparent cooperative relationship with the worker._

**Recognition of the issue:**

**Hostile and threatening behaviour.**

This includes the following: -

- Physical violence
- Verbal and emotional aggression
- Threatening and intimating language and or body posture
- Persistent intimidating action such as repeated complaints about the worker.

**Caution:** the impact of this behaviour on professionals will vary but can greatly affect their ability to accurately assess risk, make good decisions and judgments, interpret other family information, and make meaningful interventions.

**Non-compliance/Un-cooperative behaviour.**

This includes the following indicators: -

- A passive approach to planned work whilst appearing to cooperate - ‘paying lip service’ with no discernable change over time.
- A failure to keep appointments
- A refusal to allow access to the child or home
- The use of tactics designed to distract the professional or divert attention away from the purpose of the intervention

**Caution:** Where these indicators appear to be relevant the professional should consider if the parent or carer fully understands the reason for their involvement and the clarity with which their role is understood. Workers, Managers and Chairs of statutory meetings must always challenge the belief that the parent or carer is cooperating by actively seeking and evaluating the evidence to support the assertion.

**Disguised Compliance**

This includes the following indicators: -

- Agreeing to keep appointments or undertake actions but not actually doing so
- Cooperating with some services but not others
- Making no significant changes over time
- Making strong alliances with certain professionals and criticising others

**Caution:** Professionals should be wary of attempts to blur professional boundaries by parents or carers. The assumption of cooperation should be challenged and evidence evaluated by Workers, Managers, and Statutory meetings.

**In all cases described above workers should be mindful of attempts to mask hidden issues such as Domestic Violence, drug or alcohol abuse and mental illness.**

**Practice pointers:**

- One of the key findings of the review undertaken by C4EO (Centre for Excellence and Outcomes in Children and Young People's Services) in relation to working with vulnerable families that are resistant to change was that practitioners need to have an eyes-wide open, authoritative approach that is aimed at containing anxiety and ensuring that the child's needs remain in sharp focus. The complexities of the adults' problems often eclipse the child's immediate problems and a family's lack of engagement or hostility will often hamper a practitioner's decision-making capabilities and follow through with assessments and plans.

- Practitioners working with families need to be clear and challenging without being unnecessarily confrontational.

- It is important that each agency records and communicates incidents of hostile and threatening behaviour to other agencies that are involved in the case.

- The behaviour of parents and carers must form part of any risk assessment for the child and be given due weight when analysing the possible impact on the child and the success of the work plan.

- There will be occasions when a 'management of risk to staff' meeting will be necessary and appropriate. The outcome of which must identify the control measures designed to reduce the risk to the professional. Where there are potential dangers to other professionals visiting the family they should be involved in the meeting also.
• Individual agencies should ensure that such cases are discussed within supervisory processes and attention paid to how the worker is managing the behaviour whilst ensuring the child’s needs remain at the centre of their work. If any worker feels uncomfortable or unhappy about working with a family, they must immediately consult with a supervisor, so that the problem can be shared. Asking for support is not a weakness in practice. The worker should record their feelings so that other professionals are alerted to the issues and a multi-agency meeting convened if necessary.

• The impact and success of the work plan should remain under regular review and where necessary multi agency forums such as strategy meetings, core groups, Child Protection conferences, and Planning meetings used to assess the impact and success of the work plan for the child. Legal advice should be taken as required.

Steve Day
Safeguarding Standards Manager
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