



Guidance on Working with People who are Difficult to Engage

**THE MID AND WEST WALES
SAFEGUARDING BOARD**

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Dissemination/ Implementation

Agencies are requested to undertake the following in order to ensure the implementation of this Policy/Procedure/Guidance

MAWWSB	<ul style="list-style-type: none"> • Place on MAWWSB website within policy section • Send to Partner Agencies for dissemination • Disseminate to partner agencies training leads for inclusion within training as appropriate • Update relevant training to reflect Policy/procedure/ guidance
All Partner Agencies	<ul style="list-style-type: none"> • Disseminate Policy/Procedure/Guidance to all Service Leads/ Heads of Service/Safeguarding leads/ staff via appropriate communication channels e.g. LOGs • Place within own website and include a link with MAWWSB Website https://www.cysur.wales/ • Update in house Policies and Procedures to reflect Policy/Procedure/Guidance as appropriate. • Update in house training to reflect process as appropriate.

Assurance

Agencies will be requested to undertake the following in order to assure the MAWWSB with regards to dissemination and implementation of this policy:

MAWWSB	<ul style="list-style-type: none"> • To seek assurance from Partner Agencies that implementation has occurred
Partner Agencies	<ul style="list-style-type: none"> • To provide MAWWSB with assurance that the above implementation have been completed

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1. PURPOSE

This protocol aims to guide staff within agencies operating within the Mid and West Wales Safeguarding Board area about how to respond when working with difficult to engage, reluctant and uncooperative people and families.

All agencies have a duty to protect and support their staff, and this protocol does not replace individual agencies' policies and procedures. It should be used to support these existing policies and procedures, alongside professional codes of conduct, information sharing policies and supervision policies. This protocol therefore aims to:

- Assist staff in understanding the variety of ways in which non-cooperation can be displayed by people and families.
- Help staff in understanding the cause of such responses.
- Consider the impact of uncooperative behaviour on assessment and multiagency work.
- Increase awareness of strategies staff may be able to employ in order to reduce the likelihood of non-cooperation.
- Help staff maintain control of situations and keep themselves safe.
- Promote good practice in risk assessment.
- Ensure managers take responsibility for keeping staff safe.

This protocol reflects the shared commitment from all agencies in the Mid and West Wales Safeguarding Board area to provide a consistent, coordinated and integrated service to all people. To better assist professionals trying to work with people who are difficult to engage / not cooperating with safeguarding concerns, the following three areas need to be involved in the risk assessment:

- How to identify examples of resistance when working with individuals and families.
- How to measure and monitor an individual's commitment to change and capacity for sustained change.
- How to explore the issue of resistance within the supervisory process.

2. DEFINITION

There can be a wide range of non-engagement and uncooperative behaviour, and all agencies that work with children, adults and their families will come into contact with people whose engagement with services is apparent rather than genuine, or who are more obviously reluctant, resistant or sometimes angry or hostile to their approach. It

is important that all individuals are given information from services in a manner that promotes their engagement this can include but is not limited to, use of person's first language, e.g. Welsh, British Sign Language, use of accessible information, e.g. easy read, braille, support of an advocate. Professionals should ensure their approach does not create additional barriers to engagement, and avoid "professional jargon" and adapt their approach to the needs of the individual. It is important to differentiate a lack of understanding with a lack of cooperation and the person's decision making in this regard. The Mental Capacity Act 2005 describes a person's capacity to make decision and how to assess for this, and when a decision can be made in a person's best interests.

Mental Capacity Act 2005 & Code of practice

All practitioners whether working in with Adults or Children must make themselves familiar with the MCA and the code of practice, this primary legislation provides the statutory framework for people who may lack capacity. The Act provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves. The same rules apply whether the decisions are life-changing events or everyday matter. The Act is intended to be enabling and supportive of people who lack capacity, not restricting or controlling of their lives. It aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so. This is an essential consideration when formulating a decisions on a person's engagement with services.

5 Statutory Principles of the Mental Capacity Act

1. A person must be assumed to have capacity unless it is established that they lack capacity. (Applies age 16+)
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their "best interests".
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

For more information staff should refer to the Mental Capacity Act 2005 and the Code of Practice, if in doubt advice can also be sought from specialist workers such as “best interest” assessors.

3. RECOGNITION AND UNDERSTANDING

There are five types of non-cooperation that staff may recognise/experience when working with families. However, in the majority of families these behaviours are not displayed consistently. The five types are:

Ambivalence: can be seen when people are regularly late for or make excuses for missed appointments, or when they change the conversation away from uncomfortable topics or use dismissive body language. Ambivalence is the most common reaction and may not amount to a refusal to engage meaningfully with agencies' concerns. It may reflect cultural differences, being unclear as to what is expected or bad experiences of previous involvement with professionals. Ambivalence needs to be acknowledged, but it can be worked through.

Avoidance: a very common method of non-engagement, including avoiding or not taking children/dependents to appointments (including health appointments), missing meetings, and cutting visits short due to other apparently self-prioritised activity (often because the prospect of involvement makes the person anxious and they hope to avoid it). This may mean that they are experiencing difficulties, have something to hide, resent outside interference or find staff changes difficult to manage. 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 desire to help. Avoidance can include the deflection from the priority issue that requires addressing.

Disguised compliance: this means giving the appearance of cooperating to avoid raising suspicions and to minimise professional intervention. Sabotage can be used by families to stop efforts to bring about change e.g. missed appointments. Professionals are urged to be a curious practitioner in these circumstances to subtly question the information they are being provided by families. This can involve checking the validity of information with other agencies, not being overly optimistic over changes that have yet to be sustained, and retaining a clear focus on achieving outcomes for the child.

Confrontation: this can involve challenging professionals, verbal hostility or extreme avoidance. This can often indicate a deep-seated lack of trust indicating a 'fight' rather than 'flight' response to difficult situations. For example, parents/carers may fear, perhaps realistically, that their children or their relative may be removed from them or they may be reacting to them having been removed. They may have difficulty in consistently seeing the professional's good intent and be suspicious of their motives. It is important for professionals to be clear about their role and purpose, demonstrate

a concern to help, but not to expect an open relationship to begin with. However, non-cooperation must be challenged so that they become aware that the professional/agency will not give up. This may require the professional to cope with numerous displays of confrontation and aggression until eventually cooperation is achieved.

Violence: threatening or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the professional to engage with. It may reflect a deep and longstanding fear and projected hatred of authority figures. The person may have historically used intimidation and violent behaviour as a means of manipulating professionals. The professional/agency should be realistic about the person's capacity for change in the context of an offer of help with the areas that need to be addressed.

In extreme cases of un-cooperation professionals can experience intimidation, abuse, threats of violence and actual violence. As in all cases and particularly in these circumstances, the child/adult at risk's welfare remains paramount. Consideration should also be given to the emotional and possible physical impact on any children or adults at risk living at home. This includes religious practices which are deemed to be extreme and having a detrimental impact on a child/adult's health and well-being.

Staff must consider their own personal safety at all times and work in line with their own organisations lone working policy. Where immediate danger is identified, staff must dial 999. (See Appendix 3)

4. THE IMPACT ON ASSESSMENT

Accurate information and a clear understanding of what is happening to a child or adult at risk within their family and/or community are vital to any assessment. The usual and most effective way to achieve this is by engaging parents, carers, the child(ren) or adult(s) 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.

Engaging with someone who is resistant or even violent and/or intimidating is obviously more difficult, practitioners may have to adjust their approach to the needs of the individual in order to have the best chance of successful engagement. The behaviour may be deliberately used to keep professionals from engaging with them, or it 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/adult alone, observing the child/adult 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.

It is important to explicitly work out and record what areas of assessment are difficult to achieve and why as well as any approaches that have been successful.

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

Impact on assessment of the child/adult at risk:

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/adult at risk, and when considering what the child/adult at risk is experiencing, being exposed to any of the above may be equally relevant. The child/adult at risk may:

- be coping with their situation with hostage-like behaviour (see section on hostage-like behaviour)
- have become desensitised to violence
- have learned to appease and minimise (including always smiling in the presence of professionals)
- be simply too frightened to tell
- identify with the aggressor
- be displaying 'frozen watchfulness'

Impact on the assessment of the parent/carer:

In order to assess the extent of the hostility of the parent/carer, professionals in all agencies should consider whether they are:

- colluding with them by avoiding conflict, e.g.:
 - avoiding contact in person (home visits)
 - using remote contact methods (e.g. telephone, text, email and letter contact)
 - accepting the parent/carer's version of events unquestioningly in the absence of objective evidence
 - focusing on less contentious issues, rather than the priority issue
 - avoid asking to look around the house in order to ensure basic needs are met
 - focusing on the parent/carer's needs, not the child's.
- 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 assessments with others in the inter-agency network or with managers

Professionals in all agencies should consider:

- whether the child/adult at risk is keeping 'safe' by not telling professionals what is happening
- whether the child/adult at risk has learned to appease and minimise
- whether the child/adult at risk is blaming themselves
- what message the family is getting if the professional/agency does not challenge the parent/carer(s)

5. IMPACT ON MULTI-AGENCY WORKING

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. Sometimes parents/carers 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. 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/adult at risk unprotected
- Withholding services that might reduce the risk to a child/adult at risk
- There is a divide between those professionals who adopt an approach of appeasement and those professionals who seek to challenge

When parents/carers 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.

This might result in;

- Professionals 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
- Those feeling 'approved of' may feel personally gratified as the family 'ally' with them but are then unable to recognise/accept risks or problems
- Those feeling under threat may feel it is 'personal'
- There is no unified and consistent plan

Ensuring effective multi-agency working:

Any professional or agency faced with incidents of threats, hostility or violence must 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 as they occur.

Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are at the core of inter-agency working. When working with hostile or violent parents/carers, the need for very good inter-agency collaboration and trust is paramount. 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 differing agency protocols and constraints
- open and honest when disagreeing and irresolvable professional disagreements are addressed in compliance with the [Mid & West Wales Safeguarding Board Resolution of Professional Differences Protocol](#)
- aware of the risks of collusion and of any targeting of specific professions/agencies
- prepared to discuss strategies if one agency 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/adult's wellbeing, and ultimately whether it is possible to have an effective multi-agency plan.

6. SHARING INFORMATION

There are reasonable uncertainties and need for care when considering disclosing personal information about an adult. 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. Being explicit about experiences of confronting hostility/intimidation or violence should be standard practice.

The [Mid and West Wales Information Sharing Protocol](#) details the framework through which information can be shared between agencies to safeguard the individual.

7. SUPERVISION

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 therefore that the differing risks and pressures are acknowledged

and supported and if there are any issues, advice should be sought from colleagues with experience in safeguarding. (See Appendix 5)

Professionals and their first line managers have a professional accountability to identify families where the behaviour of parents/carers is impacting on a child, adult at risk or professional's safety. 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
- 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

During supervision the following should be considered:

- Do you have experience of the parent/carer linked to the child/adult at risk being hostile, intimidating, threatening or actually violent?
- Is it general or in specific circumstances? For example, is it substance misuse related or linked to intermittent mental health problems?
- Are you intimidated or afraid of the person?
- 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? Are you fearful of how they will respond to you?
- In their position, would you want to be made aware of these concerns?

8. MULTI-AGENCY MEETINGS

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/adults at risk, which depends on proactive engagement by all professionals with the family. The risk of collusion with parents/carers and differences in opinion 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
- regular attendance at and full participation in multi-agency meetings, core group meetings and at child protection conferences; with all agencies owning the concerns for the child/adult at risk and collectively managing uncooperative and hostile behaviour

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. Options that professionals can consider when involved in a multi-agency meeting are:

- Discussing with the Chair of a meeting the option of excluding the person if the content of information shared is likely to be impaired by the presence of threatening people.
- Share concerns, information and strategies and produce an effective plan that clearly shares decision-making and responsibilities. When such meetings are held, there must always be an explicit plan made of what, how and when to share the issues with the family. Confidential discussions are unlikely to remain secret and there are legal obligations to consider in any event. 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.
- Produce an explicit risk reduction plan, which should be reviewed in a timely manner.
- Informing other agencies when professionals have experienced a frightening event.
- Referring to the [Mid and West Wales Recording of Meetings by Parents and Service Users Policy](#) where applicable.

Although working with hostile families can be particularly challenging, the safety of the child/adult at risk is the first concern. If professionals feel too intimidated to confront the family, they must inform and seek advice from their line manager. The fact that practitioners feel this intimidation may be indicative of the child or adult's daily-lived experience.

9. RESPONSE TO DIFFICULT TO ENGAGE & UNCOOPERATIVE FAMILIES

When a professional begins to work with a person or family who is known, or discovered to be difficult to engage / uncooperative, the professional should make every effort to understand why. This entails considering all available information, including whether any prior assessments have been completed on the individual or the family.

When working with uncooperative people, professionals in all agencies can improve the chances of a favourable outcome for the child/adult at risk by:

- Maintaining professional boundaries, giving clear indications that the aim of the work is to achieve the best for the child/adult at risk
- Clearly stating their professional role and/or legal authority
- Continuously assessing the motivations and capacities of the parent(s) or carer(s) to respond cooperatively in the interests of the child/adult at risk
- Confronting non-cooperation when it arises, in the context of improving the chances of a favourable outcome for the child/adult at risk in a way that maintains staff safety

- Engaging with regular supervision to share concerns about progress or the lack of progress
- Seeking advice from experts (e.g. legal advisors, police, and mental health specialists)
- Helping the parents/carers to work through their underlying feelings at the same time as supporting them to engage in the safeguarding process
- Being alert to underlying complete resistance (possibly masked by superficial compliance) despite every effort being made to understand and engage with them
- Being willing, in such cases, to take appropriate action to protect the child/adult at risk
- Establishing clear, measurable and person-focused objectives that enable progress to be monitored

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/adult at risk's pain and to the levels of violence within the home.
- Acquiescing with parents/carers by accommodating and appeasing them in order to avoid provoking a reaction, such as frequent changes of staff because parents don't *like* them
- Becoming hyper alert to the personal threat so the professional becomes less able to listen accurately to what the person is saying, distracted from observing important responses of the child/adult at risk.
- Filtering out negative information or minimising the extent and impact of the child/adult at risk'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 people 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/adult at risk or when the hostile barrier between the family and outside means that there is only minimal evidence about the child/adult at risk's situation.

10. PROFESSIONAL CURIOSITY AND CHALLENGE

Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. This has been described as the need for practitioners to practise 'respectful uncertainty' – applying critical evaluation to any information they receive and maintaining an open mind.

Professional curiosity requires practitioners to think 'outside the box', beyond their usual professional role, and consider families' circumstances holistically. This is particularly important when working with families who are displaying disguised compliance.

There is a continuum of behaviours from parents or carers on a sliding scale, with full cooperation at end of the scale, and planned and effective resistance at the other. Showing your best side or 'saving face' may be viewed as 'normal' behaviour and therefore we can expect a degree of disguised compliance in all families, but at its worst superficial cooperation may be to conceal deliberate abuse, and many case reviews highlight that professionals can sometimes delay or avoid interventions due to parental disguised compliance.

An empathetic approach by professionals may result in an increased level of trust and a more open family response. Practitioners will need to build close partnership-style relationships with families whilst being constantly aware of the child or adult at risk's needs and the degree to which they are met.

There is no clear way of spotting disguised compliance other than the discrepancy between a parent / carer or practitioner's accounts and observations of the needs and accounts of the child or adult at risk. The latter must always take precedent.

The following principles will help frontline practitioners to deal with disguised compliance more effectively:

- focus on the needs, voice and 'lived experience' of the child, young person or adult at risk
- avoid being encouraged to focus too extensively on the needs and presentation of the parents or carers – whether aggressive, argumentative or apparently compliant
- think carefully about the 'engagement' of the parents or carers and the impact of this behaviour on the practitioner's view of risk
- focus on change in the family dynamic and the impact this will have on the life and wellbeing of the child or adult at risk

Respecting families:

Families may increase resistance or hostility in their involvement with professionals if they perceive the professional as disrespectful and unreliable, or if they believe confidentiality has been breached outside the agreed parameters.

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.

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.

Professionals need to ensure that parents/carers understand what is required of them and the consequences of not fulfilling these requirements, throughout. Professionals must consider whether:

- An individual has specific needs, and would benefit from an individualised approach
- A parent/carer has a low level of literacy, and needs verbal rather than written communication
- A parent/carer needs translation and interpretation of all or some communications into their own language
- It would be helpful to a parent/carer 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/carer is aware that relevant information/verbal exchange is recorded and that they can access written records about them.

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.

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, or 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 hold and 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/carers.

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 key religious events and customs
- What is happening in the family, e.g. bereavement or other stressful events

- The cultural implications of gender
- Language/communication barriers and acknowledge cultural sensitivities and taboos e.g. dress codes

Safeguarding children from harmful practices related to *tradition, culture, religion or superstition*:

“When thinking about safeguarding children from abuse related to tradition, culture, religion or superstition, it is important to have some understanding of how culture and tradition influence specific behaviours and practices. Whether people live in established communities or are newly arrived in Wales, maintaining their home traditions, culture and religion is rightly important and families will often wish to pass these values onto their children. Within this context it should be remembered that child abuse is never acceptable in any community, in any culture, in any religion, under any circumstances.” (Practice guide, Wales Safeguarding Procedures 2019)

Knowledge and understanding of culture and faith is critical to effective assessments of risk or harm. Practitioners should be sensitive to religious and cultural beliefs and practices, and should seek advice if dealing with a culture or set of beliefs that are unfamiliar. Practitioners should also seek advice if they find that dealing with such cases challenges or comes into conflict with their own faith or belief.

Where an interpreter is required, family members must not be used and, if working within a small community, practitioners should ensure that the interpreter and family are not part of the same social network.

Professionals should ensure that all the agencies in the child’s network understand the situation so that they are in a position to support the child appropriately. The child can themselves come to hold the belief that they are possessed and this can significantly complicate their rehabilitation.

When assessing children in these circumstances, practitioners should, as in any situation where a child or young person may be at risk of harm, promote the effective key principles of good safeguarding practice as outlined in the Wales Safeguarding Procedures (Practice Guide, Safeguarding children from harmful practices, related to tradition, culture, religion or superstition) that safeguarding is everyone’s responsibility, and a child-centred rights-based approach promotes better outcomes. As is the case with any safeguarding intervention, where needed, practitioners must work together to provide a multi-agency response, share information promptly and proportionately, and ensure any intervention is evidence-based and proportionate to assessed need or risk. For further guidance please click [here](#).

APPENDIX 1

REASONS FOR NON-COOPERATION

There are a variety of reasons why some families may be uncooperative with professionals, including:

- They do not want their privacy invaded
- They have something to hide
- Refusing to believe they have a problem
- They resent outside interference
- There are cultural and language differences
- There is a lack of understanding about what is being expected of them
- They have poor previous experience of professional involvement
- They resent staff changes
- A dislike, fear or distrust of authority figures
- A fear that children will be removed from their care
- A fear of being judged to be a poor parent or carer
- Mental health issues (where an individual's personal capacity to engage is affected by health or emotional issues). You may wish to refer to the [Mid and West Wales Protocol for Safeguarding Children affected by Parents who are experiencing Mental Ill Health](#) in relevant cases.
- Fear or pressure of or from other family members/friends and associates

It is also important to be mindful that a range of social, cultural and psychological factors influence the behaviour of people.

Parent and carers will try to regain control over their lives, but they may be overwhelmed by pain, depression, anxiety and guilt. Paradoxically, the non-cooperation 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 the process that is being undertaken.

Making sense of responses

- Is the behaviour deliberately threatening, obstructive or violent?
- Is this behaviour normal for the person (which nevertheless does not make it acceptable)?
- Is the person aware of the impact that they are having on you?

- Is the person so used to aggression they don't appreciate how their behaviour affects others?
- Is your discomfort disproportionate to what has been said or done?
- As a reflective practitioner is there any you could have done differently in approaching this situation?
- Hostility can be a response to frustration related or unrelated to professionals.
- Does the person need to complain, with reason? (See [Mid and West Wales Safeguarding Board Complaints Policy](#))

APPENDIX 2

DEALING WITH HOSTILITY AND VIOLENCE

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.

It is critical both for the professional's personal safety and that of the child/adult at risk 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, texts and phone calls;
- Using intimidating or derogatory language;
- Racist attitudes and remarks;
- Sexual comments/intimidation;
- Homophobic attitudes and comments;
- Using domineering body language;
- Using dogs or other animals as a threat - sometimes veiled;
- Swearing;
- Shouting;
- Throwing things;
- Physical violence;
- Following and harassing workers; and
- Seeking to access personal information about professionals via social networking.

Threats can be covert or implied (e.g. discussion of harming someone else). In order to make sense of what is going on in any uncomfortable exchange with a parent/carer, it is important that professionals are aware of the skills and strategies that may help in difficult and potentially violent situations. It is also important that professionals consult their own agency guidance when faced with these situations.

Making sense of hostile responses:

Professionals should consider whether:

- They are prepared for a potential hostile response. 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).
- The hostility is a response to frustration, either related or unrelated to the professional visit
- The parent/carer needs to complain, possibly with reason
- The parent/carer's behaviour is deliberately threatening, obstructive, abusive or violent
- The parent/carer is aware of the impact they are having on the professional
- They are so used to aggression that 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

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 influence professional judgement or make them feel personally responsible for allowing the violence to take place, possibly leading to adaptive behaviour, which is unconsciously 'hostage-like' and also result in a range of distressing physical, emotional and psychological symptoms.

The impact upon professionals may be exhibited in any of the following 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 disturbance
- Hyper vigilance
- Preoccupation with the event or related events
- Physical and mental illness
- Post-traumatic stress

This is not a definitive list.

Factors that increase the impact on professionals include:

- Previous traumatic experiences both in professional and personal life can be revived and heighten fears e.g. Domestic Abuse.
- 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 tolerating threats may ignore the needs/feelings of other staff and members of the public. Professionals can become desensitised to the risks presented by the parent/carer to the child/adult at risk, or even to the risks presented by the people 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.
- It is often assumed there is a higher level of risk of hostility 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 feeling compromised; 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/adult at risk or for their own protection.

- Violence and abuse towards professionals based on their race, gender, disability, perceived sexual orientation etc. can impact upon a person's identity and self-image. Line managers should be mindful of an individual's need for support in light of this.
- Some professionals are able to respond to uncooperative parents/carers in a way which indicates that they are untroubled by such conflict. Some practitioners indeed thrive when working with the challenges of non-cooperation.

APPENDIX 3

KEEPING PROFESSIONALS SAFE

Professional 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 risk management plans and strategies to protect their own safety and that of other colleagues (refer to agencies own procedures and protocols). 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.

Prior to contact with a family, professionals should consider the following questions:

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- Should this visit be made jointly with a colleague or manager? You should also consider taking additional staff members to a visit could be misunderstood and perceived as a disproportionate response by a family and lead to increased risk..
- 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?
- Is my personal use of social networking secure? (i.e. could service users access personal information that could present a risk or compromise my role)
- 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 professional, the line manager should consider how the work could be progressed safely, and document their decision and the reasons for it.

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

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

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, professionals should however explore the situation as part of reflective practice.

Management responsibilities:

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
- Ensure their staff are aware of any lone working policies 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 the manager)
- Ensure 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)
- Proactively ask about feelings of intimidation or anxiety so professionals feel this is an acceptable feeling

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 and acknowledge the impact on individuals
- Consider informing other agencies about concerns

APPENDIX 4

Supervision and support

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.

Managers should encourage a culture of openness, where their professionals are aware of the support available within the team and the welfare services available to them within their agency. Managers must ensure that staff members feel comfortable in asking for this support when identified. 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.

Professionals must feel safe to disclose their concerns knowing that these will be valued and acted upon without reflecting negatively on their ability or professionalism.

Discussion in supervision should examine whether the behaviour of the service user is inhibiting work being effectively carried out. It should focus upon the risk factors for the child/adult at risk within a hostile or violent family and impact for the child/adult at risk of living in that hostile or aggressive environment.

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.

The professional should prepare for supervision and bring case records relating to any violence/threats made. They should also be prepared to explore concerns, even where no overt threats have been made. Managers will not know about any concerns unless the professional reports them. Managers should also 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 in order to divert any potential problems.

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 discuss the problem and identify options and solutions.

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 all case files.

APPENDIX 5

Good practice guidance

All agencies have a duty to protect and support their staff and this protocol does not replace individual agencies' policies and procedures. Instead, it should be used to support agencies' existing policy and procedures, alongside professional codes of conduct, information sharing policies and supervision policies. Suggested areas that agency policies need to cover are:

- Lone workers
- Support to workers who work outside normal working hours
- Risk assessment
- Violence at work
- How hostile and violent behaviour is recorded and flagged
- How concern about hostile and violent behaviour is notified to other agencies/professionals
- What and how appropriate incidents (threats to kill) are reported to police
- Information sharing
- Training strategy that includes working with uncooperative people
- Clear guidance from their agencies/organisations about what is deemed as acceptable behaviour by those accessing their services
- Clear guidance from their agencies/organisations about the transporting of service users
- Awareness of the services they can access through their own or partner organisation that will offer support after they have experienced hostile or violent behaviour e.g. counselling services, health services
- Awareness of who they can contact immediately within their organisation when they have experienced hostility or violent behaviour
- Where legal advice can be obtained by staff to explore all possible avenues when cooperation is withheld
- Awareness of the circumstances in which partner agencies would agree to undertake joint visits