



*Working Together
to Safeguard Children*



Bedfordshire Local Safeguarding Children
Board

**Multi agency safeguarding
protocol/practice guidance**
for front line staff and first line managers to help with
understanding and responding to uncooperative and
confrontational families

Date agreed by LSCB: December 2007

Date to be reviewed: December 2008

This document is available at www.bedfordshirelscb.org.uk

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When undertaking a visit to a family known to be in possession of and/or have a history of possession of guns, knives or any other potential weapon then a risk assessment is undertaken, a plan is formulated and Police undertake a joint visit with the practitioner. In reading this protocol Practitioners need to be aware that the use of weapons needs to be assessed throughout their work with this particular group of families

1. Introduction

1.1 What do we mean by 'uncooperative'?

There can be a wide range of uncooperative behaviour by families towards workers - from time to time all agencies will come into contact with families who may prove to be apparently (but not genuinely) compliant, reluctant, resistant, or sometimes angry or hostile to their approaches.

1.2 What do we mean by 'confrontational'?

As above there may be extreme cases where families can be intimidating, abusive verbally including racist/homophobic comments, issue threats of violence and/or are violent/aggressive.

1.3 How will the protocol help?

This protocol aims to guide practitioners at all levels of service provision in working with uncooperative and confrontational families. A practitioner's purpose in making contact with a family varies depending on their role and their agency; practitioners need to use this protocol accordingly. Practitioners need to be clearly aware of the level of authority they represent and therefore how far they are required to engage with the family. The protocol should be used in conjunction with the Bedfordshire Safeguarding Procedures (Nov 2006) and aims to:

- assist practitioners in understanding the variety of ways in which non-cooperation can be displayed by families
- help practitioners in understanding the causes of such responses
- increase awareness of strategies practitioners may be able to employ in order to reduce the likelihood of non co-operation
- help practitioners maintain control of situations and keep themselves safe
- help practitioners to be in a position to effectively assess the risk factors affecting children in the household. .

1.4 All agencies need to be mindful of the need for practitioners to be trained for the level of work they are undertaking.

1.5 It is helpful if agencies publish a clear statement about unacceptable behaviour by those accessing their services (such as seen in hospitals and on public transport) which is clearly visible and accessible.

“The Trust operates a zero tolerance policy in respect of violence and/or aggression. Anyone, staff or visitors acting in a violent, threatening or abusive manner will be escorted off the premises if they cannot control their unacceptable behaviour” Bedford Hospital NHS Trust Corporate Visitors Policy, August 2006.

1.6 This protocol should be considered alongside the practitioner’s own profession’s code of conduct and is not intended to replace in-house lone working procedures within organisations.

2. Recognising and understanding uncooperative responses by families

How do I recognise uncooperativeness/confrontational behaviours?

There are six types:

2.1. 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. However you will need to take into account a persons individual circumstances for instance they maybe late due to alcohol/drug misuse, mental health issues or the demands of being a single parent. Ambivalence is the most common reaction and may not amount to uncooperativeness. No service user is without ambivalence at some stage in the helping process. We are all ambivalent about the dependency 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 readily worked through.

2.2 Avoidance is a very common method of uncooperativeness and includes avoiding appointments, missing meetings, and cutting short visits due to other apparent important activity (often because the prospect of involvement makes the person anxious and they hope to escape it). They may clearly have a problem, 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 worker is resolute in their intention, and may become more able to engage as they perceive the worker’s concern for them and their wish to help.

2.3 Confrontation includes challenging professionals, provoking arguments, extreme avoidance (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 worker’s good intent and be suspicious of their motives. It is important for the worker 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 that they become aware that the worker/agency will not give up. This may involve the worker in weathering numerous displays of confrontation and aggression until eventual cooperation may be achieved.

2.4 Violence: threatened or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the practitioner/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 worker/agency will need to be realistic about the capacity

for change in the context of an offer of help with the areas that need to be addressed. If the child's safety and welfare is in question then a referral/consultation to Children Social Care is undertaken.

2.5 Refusal: where families will not undertake what is requested of them, they may refuse to meet with the worker, allow the child to be seen on their own, refuse for information to be shared between agencies. Through control there maybe incidents where 1 family member refuses access to the rest of the family and contact can only be made through themselves

2.6 Hostility: can be presented in the following ways; ill will, hatred, animosity, feelings of envy and resentment of one social or economic class toward another, antagonism, aggression, aggressiveness, belligerence and/or bitterness.

2.7 There are many reasons for families not cooperating and these may include?

- Do not want privacy invaded
- Don't think they have a problem
- Resent outside interference
- Cultural differences
- Lack of understanding about what is being expected of them
- Poor previous experience of professional involvement
- Resent staff changes
- Dislike or fear of authority figures
- Fear the children will be taken away
- Fear of being judged to be poor parents
- A feeling they have nothing to lose, for example where the children have been removed.
- Have something to hide, there maybe a dominant figure/ DV incidents may not want to be cooperative
- Health issues of the parent/carer
- Poor communication from Professionals
- Learning difficulties/disabilities (adults)

3. Impact on the Assessment of Children/Families

3.1 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/carers 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.

3.2 Engaging with a parent/carer who is resistant or even violent and/or intimidating is obviously more difficult. The behaviour may be deliberately used to keep professionals at bay - or can have the effect of keeping professionals at bay. There may be practical restrictions to the ordinary tools of assessment – e.g. observing the child in their own home. The usual sources of information/ alternative perceptions – other practitioners, wider family members and siblings– may also be kept at bay.

3.3 It is important to explicitly work out and record what areas of assessment are difficult to achieve and why. The presence of violence or intimidation needs to be included in any assessment of risk to the child living in such an environment.

3.4 Impact on the child

The practitioner needs to be mindful of the impact the hostility to outsiders may be having on the day-to-day life of the child 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 (see para 8.2)
- have become de-sensitised to violence
- have learnt to appease and minimise – **remember Victoria Climbié always smiled in the presence of professionals**
- be simply too frightened to tell
- identify with the aggressor

3.5 Impact on your assessment

In order to assess to what extent the hostility of the parents/carers is impacting on your assessment of the child, it may help to ask yourself:

- Am I colluding with the parents/carers by avoiding conflict, eg, focussing 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. or, crucially, not asking to see the child alone?
- Am I changing my behaviour to avoid conflict?
- Am I filtering out or minimising negative information?
- Am I afraid to confront family members about my concerns?
- Am I keeping my worries to myself and not sharing risks and assessment with others in the inter-agency network or manager?
- Is the child keeping 'safe' by not telling me things?
- Has the child learned to appease and minimise?
- Is the child blaming him or herself?
- What message am I giving this family if I don't challenge?
- Am I relieved when there is no answer at the door?
- Am I relieved when I get back out of the door?
- Did I say, ask what I would usually say when making a visit or assessment?
- Have I identified and seen the key people?
- Have I observed evidence of others who could be living in the house?
- Is this a case of domestic abuse but I am only working with the adult victim?
- What might the children have been feeling as the door closed behind me?

Practitioner tip - written contract

Consider drawing up as part of the CIN/CP plan with the family specifying:

- a) Exactly what behaviour is not acceptable e.g. raising of voice, swearing, threatening etc
- b) Spelling out that this will be taken into account in any risk assessment of the child
- c) Clearly explaining the consequences of continued poor behaviour on their part
- d) Clear expectations the client can expect from the professionals working with them

4. Impact on Multi-Agency Work

4.1 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**, depending on whether the involvement is by statutory or voluntary agencies.

4.2 Sometimes parents/carers may be hostile. 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 unprotected**
- The family is 'punished' by withholding of services as everyone 'sees it as a fight'. This is at the expense of **assessing and resolving the situation for the child**

4.3 When parents/carers are only hostile to some individuals/ agencies or where individuals become targets of intimidation intermittently, the risk to good inter-agency collaboration is probably at its greatest. Any pre-existing tensions between agencies and individuals, or misunderstandings about different roles are likely to surface. **The risks are of splitting between the agencies/individuals, with tensions and disagreement taking the focus from the child, e.g.**

- Individuals or agencies blame each other and possibly unintentionally 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 that it is personal
- There is no unified and consistent plan, no delegated responsibilities or ownership

5. Ensuring Effective Multi-Agency Working

5.1 Practitioners should be aware of the crucial role of CAF in enabling one another to make contact with other practitioners who know a family and may be aware of potential difficulties/risks and identifying the Lead Professional working with the family. Any agency faced with incidents of threats, hostility or violence should routinely consider the potential implications for any other agency involved with the family as well as for its own staff and should **alert them to the nature of the risks**.

5.2 Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working. When working with uncooperative or confrontational parents or carers, 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 the targeting of specific professions/agencies
- Prepared to discuss strategies if one agency (eg a health visitor) is struggling to work with a family - how will information/monitoring be gained and is it possible to have a truly multi-agency plan?
- That professionals do not argue or complain about each other in front of the family

5.3 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 around methods of dealing with hostility.

5.4 If you would answer yes to any of the following questions you should share them with your manager and any other professionals involved with the family:

- Do you have previous experience of the adult linked to the child being hostile, intimidating, threatening or actually violent?
- Is it general or in specific circumstances? – e.g. drink related/ linked to intermittent mental health problems?
- Are you intimidated/ fearful of the adult?
- 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?
- Do you feel you may have been less than honest with the family to avoid conflict?

5.5 Organisations may have different thresholds for concern and different experience of having to confront difficult behaviour. It is vital that the differing risks and pressures are acknowledged and supported.

5.6 Avoiding people who are hostile is a normal human response; however it can be very damaging to effective inter-agency work under child protection plans, which depends on proactive engagement by all professionals with the family.

5.7 Although it is important to remain in a positive relationship with the family as far as possible, this should not be at the expense of safeguarding children and able to share real concerns about intimidation and threat of violence.

Remember that 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

6. Responding to uncooperative and/or confrontational families

6.1 It is important that you make every effort to ask the family why they may be uncooperative or confrontational, if appropriate, and this entails considering all available information.

6.2 If you anticipate difficulties in engaging with a family, you 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.

6.3 Practitioners need to ensure that clients are treated with respect and dignity at all times. Professionals keeping appointments/ being on time may reduce the impact/likelihood of confrontation, etc.

6.4 Families may develop a resistance or hostility to involvement if they perceive the worker as disrespectful and unreliable or if they believe confidentiality has been breached outside the agreed parameters, Information Sharing literature to be given to the family.

Practitioner Tips: Prior to making contact

- Have you found out whether a Common Assessment has been completed and whether a Lead Professional has been appointed?
- Have you made reasonable attempts to obtain accurate background information on the family and home environment from both your own agency and any others involved? Does this information also include details of any other risk factors e.g. animals and individuals?
- Have you identified and raised issues with the family at the earliest point that you became aware of concerns?
- Do you ensure families are aware of why you want to see them, what you want to achieve and whether this is a one-off or part of a series of contacts?
- Based on the information that you have obtained, do you now feel able to make safe arrangements to have contact with the family?
- If you anticipate difficulties do you and your agency need to contact the police for further information or for practical support?
- If a series of contacts are planned are you clear about what change you want to help the family achieve and will you do this in a climate of jointly identifying the positive strengths and helping the family to build on these?

Practitioner Tips: Recognising Diversity

- Are you aware of dates of the key religious events and customs?
- Are you aware of the cultural implications of gender?
- Have you acknowledged cultural sensitivities and taboos? E.g. dress

Use of interpreters*

- Where you have ascertained that a Professional interpreter is needed, it is important to check out the interpreter is able to communicate in the required language/dialect. Time must be spent prior to making contact to ensure the interpreter understands the purpose of the involvement and feels comfortable about the subject matter of the forthcoming discussions. The interpreter may need to be briefed on technical and legislative matters relating to the contact. The interpreter should not be a family member or friend.
***NB:** this applies also where you are aware family members may have impaired hearing; it is important to take steps to ascertain their preferred method of communication and if necessary, arrange for an appropriate interpreter to assist

- Interpreters can be very helpful in making phone calls to arrange interviews and explaining to the family the purpose of the involvement and the role of the professional.
- Family members, relatives and members of their community or friendship group should not be used as interpreters. It is important to clarify this before the visit takes place. If the family present a family member or friend to interpret then a Professional interpreter should be acquired.

Professional Practice

- Do you make every effort to choose a time for appointments that is convenient for the family, and do you arrive on time?
- Is your appearance and manner professional when seeing a family and do you take culture and dress code into account?
- If you are unable to attend the appointment or are delayed, do you ensure the family are informed in good time and are offered an explanation or apology?
- Unplanned visits are also essential in safeguarding children and this should be explained clearly to the family in advance
- Consider the seating arrangements and ensure you are seated near the door in case a situation escalates
- In an office setting, ensure reception/admin/security staff are aware if you think difficulties could arise in the course of an interview

Practitioners tips: Information Sharing & Confidentiality

- Have you familiarised yourself with the information sharing guidance in the Safeguarding Procedures and Information Sharing Protocol both available via www.bedfordshirelscb.org.uk ?
- Where you intend to share information with others, have you discussed this with the family and sought consent (where appropriate)? Have you explained a refusal may need to be overridden?
- Does the family know how to access written records which are kept about them?
- Does the family know how to pursue a complaint if appropriate?

Practitioner tips: When initial contact is established

- Do you tell the family what you are required to record, how this information is held and who has access to this information?
- Do you make clear what is expected of the family and what you have undertaken to do?
- Is the family aware of who else is attending any meeting, in what capacity, and what contribution they can make?
- Is the family made aware that they can bring along a friend/family member or a Solicitor who may only act as a support/advisor to be with them at the meeting?

- Are you aware and comfortable with your professional boundaries and able to avoid getting over-friendly with families?
- Do you feel that you have acted fairly? Is there anything that you could or would do differently?
- Do you reflect on your actions?

Practitioner tips: Improving communication with families

Written Communication

- If a letter is sent, is the letter clear about who you are and the purpose of making contact?
- Is the letter written in easy to understand language? i.e. in the family's first language and avoiding complicated words, acronyms and jargon
- Is the letter clear about whether a response is required?
- Have you considered that the recipient may have a low level of literacy? Is written communication appropriate in this situation?
- Are you open to the possibility the recipient may not understand written communication in their own spoken language?
- Where written communication may not be effective have you considered an alternative eg audio tape
- Have you made clear how the recipient can contact you to respond?

Spoken communication

- Confirming you are speaking to the right person
- If a phone call is made, are you using plain language to explain who you are; what organisation you are calling from; and who you want to speak to?
- Do you check out with the family their understanding of the content of the phone call? Do you listen to what they say and make sure you check out your understanding with them?
- Do you ask them if they are agreeable to what has been arranged? N.B. only ask if they are agreeable if it is genuinely possible to change this
- Have you thought about the strategies you might use if they were not agreeable?
- Have you ensured a record of the conversation is entered in the case file?

7. Dealing with Hostility and Violence

7.1 It is important to try and understand the reasons for the hostility and the actual level of risk involved. **It is critical both for your personal safety and that of the child that risks are accurately assessed and managed.**

Incidents need to be recorded through your agencies own reporting procedures and brought to your line manager's attention.

Threatening behaviour can consist of:

- The deliberate use of silence
- Using written threats
- Bombarding workers with emails and phone calls
- Using intimidating or derogatory language
- Racist attitudes and remarks
- Using domineering body language
- Using dogs or other animals as a threat – sometimes veiled

- Swearing
- Shouting
- Throwing things
- Physical violence

7.2 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/carer, it is important that practitioners are aware of the skills and strategies that may help in difficult and potentially violent situations and that they consult their own agency guidance.

Practitioner tips: Making sense of hostile responses

- Are you prepared that the response from the family may be angry or hostile towards you? Have you discussed this with your manager and planned the strategies you would use where there is a predictable threat, e.g. an initial visit with police to establish authority?
- Might you have aggravated the situation by either getting angry yourself or could you have been construed as being patronising or dismissive? Is the hostility a response to frustration, either related or unrelated to your visit?
- Does the person need to complain, possibly with reason?
- Is the behaviour deliberately threatening/obstructive/abusive or violent?
- Is the parent/carer aware of the impact he/she is having on you?
- Is he/she so used to aggression that they don't appreciate the impact of their behaviour?
- Is this behaviour normal for this person?
- Is your discomfort disproportionate to what has been said or done?
- If you are taking this personally in a situation where hostility is aimed at your organisation then you need to discuss this with your line manager?

8. Impact on practitioners of hostility and violence

8.1 Working with potentially hostile and violent families can place practitioners under a great deal of stress and can have physical, emotional and psychological consequences. It can also limit what you can allow yourself to believe, make you feel responsible for allowing the violence to take place, lead to adaptive behaviour, which is unconsciously "hostage-like", and also result in distressing symptoms

The impact on practitioners may be felt and expressed in different ways, for example:

- 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

If you as a practitioner are feeling some of the above then you need to consider/assess the impact on the children/young people living in these situations.

It is ok to feel some of these emotions and in no way makes you an ineffectual practitioner and you should discuss these feelings with your line manager and look at coping strategies.

8.2 Factors that increase the impact on practitioners include:

- Previous traumatic experiences, both in professional and personal life, can be revived and heighten the fears
- Regularly working in situations where violence/threat is pervasive: Practitioners in these situations can develop an adrenalin-led response, which may over- or under-play the threat. Workers putting up with threats may ignore the needs/feelings of other staff and members of the public
- Hostage-like responses: When faced with significant fears for their own safety, workers may develop a “hostage-like” response. This is characterised by accommodating, appeasing or identifying with the “hostage-taker” to keep safe.
- Threats that extend to the practitioner’s life outside of work
- It is often assumed that there is a higher level of risk from men than from women and that male workers are less likely to be intimidated. False assumptions decrease the chances of recognition and support. Male practitioners 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 workers may be expected to carry a disproportionate number of 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 practitioner feels obliged to deal with it alone.
- Violence and abuse towards workers based on their race, gender, disability or perceived sexual orientation etc. can strike at the very core of a person’s identity and self-image. If the worker 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.

9. Keeping Practitioners Safe

9.1 Worker's responsibility

You have a responsibility to plan for your own safety just as your agency has the responsibility for trying to ensure your safety. Practitioners 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 on information sharing (both internal and external). Staff and managers need to be aware where further advice can be found.

If you are unhappy/uncomfortable about visiting a family alone then discuss with your line manager, it is ok to say NO.

If this is how you are feeling then how are the child/ren feeling, SAFE?

The practitioners tips below could be pulled out and laminated as daily prompts to practitioners.

Practitioner tips: Prior to contact with a family consider the following questions:

- Have risk assessments been carried out by partner agencies
- 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 that I may be particularly at risk during this visit?
- Are there clear procedures for what should be done if an officer 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?
- If threats and violence have become a significant issue for a worker, their line manager should consider how the work could safely be progressed; document their decision and the reasons for this.

Finally, a few don'ts:

- Don't take it personally
- Don't get angry yourself but be firm in your requirements
- Don't be too accommodating and understanding
- Don't assume you *have* to deal with it and then fail to get out
- Don't think that you don't need strategies or support.
- Don't automatically assume it's your fault and that if you had said or done something differently it wouldn't 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 workers with the necessary information and skills to undertake the job
- Ensuring a culture that allows workers to express fears and concerns and in which support is forthcoming without implications of weakness.

10.2 In practice managers need therefore to ensure officers are not exposed to unnecessary risks by ensuring:

- Practitioners are aware of any home visiting policies employed in their service area and that these policies are implemented
- Time is allowed for workers 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 practitioners, who may be inexperienced, to identify and develop the necessary skills and expertise to respond to uncooperative families
- Similarly, more experienced practitioners 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 that the agency must take action on behalf of staff ie make a complaint to the police
- Pro-actively ask about feelings of intimidation or anxiety so that practitioners feel that this is an acceptable feeling

Tips for Managers

- Ensure that practitioners have undertaken a risk assessment on each family
- Keep Health & Safety regularly on the agenda of team meetings
- Ensure that H&S is on all new employee inductions
- Ensure that staff has confidence to speak to you about any concerns relating to families.
- Prioritise case supervisions regularly and do not cancel
- Ensure that you have a monitoring system for home visits and for informing the office when a visit is completed
- Analyse team training needs and ensure that everyone knows how to respond in an emergency
- Ensure training is regularly updated
- Empower staff to take charge of situations and confidence for 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
- Deal with situations sensitively. Acknowledge the impact on individuals
- Support practitioners if they decide to pursue Police action

11. Supervision and Support

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

11.2 Managers must encourage a culture of openness, where their workers 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 their 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 practitioners.

11.3 Practitioners 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 practitioner should prepare for supervision and should 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 practitioner reports them. By the same token,

managers should be aware of the high incidence of under reporting of threats of violence and should encourage 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 practitioners and mechanisms to alert other colleagues to potential risks should be clearly visible on case files.

