

# Working with families who are uncooperative and/or not engaging with professionals.

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## 1. Introduction

This guidance is intended to complement existing single agency procedures designed to support and protect staff working with aggressive people. It aims to assist practitioners to identify parents and carers who are hostile, aggressive or using disguised compliance techniques as a mechanism to keep practitioners at a distance; or attempting to persuade them that sufficient change has occurred, or is in the process of doing so in order to reduce the need for further intervention.

In extreme cases practitioners can experience intimidation, abuse, threats of violence and actual violence. It is important that the child's welfare should remain paramount at all times and where practitioners feel intimidated by and/or worried about confronting a family, they must also consider what life is like for a child in that family.

All agencies should support their staff by:

- Ensuring they are trained with the knowledge and skills to carry out the level of work they are undertaking;
  - Providing sufficient training to enable staff to respond as safely as possible to risky or hostile behaviour;
  - 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.
  - Publishing a clear statement about unacceptable behaviour by those accessing their services.
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## 2. Definition

Uncooperative families are those who will deliberately choose not to engage and/or co-operate with practitioners and will often display one or more of a wide range of uncooperative behaviours. From time to time all agencies will come into contact with families whose co-operation is difficult, including those whose compliance is apparent rather than genuine, or who are more obviously reluctant, resistant or sometimes aggressive and hostile to their approaches.

There are many types of uncooperative behaviours, including:

- **Disguised (superficial) Compliance:** involves a parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention;
- **Ambivalence:** can be seen when people are always late for appointments, or repeatedly make excuses for missing them; when they change the conversation away from uncomfortable topics and when they use dismissive body language. Ambivalence is the most common reaction and may not amount to uncooperativeness.
- **Avoidance:** a prevalent method of uncooperativeness, including avoiding appointments, missing meetings, and cutting visits short due to other apparently important activity (often because the prospect of involvement makes the person anxious and they hope to escape it). The individual/family may have a difficulty, have something to hide, resent outside interference or find staff changes another painful loss. They may face up to the contact as they realise the practitioner is resolute in their intention and may become more able to engage as they perceive the practitioner's concern for them and their wish to help;
- **Refusal:** whereby a parent or carer refuses outright to engage with a practitioner or service. They may not respond to telephone calls or letters and may not attend appointments or meetings or not answer the door when a professional visits;
- **Migration:** where a parent or carer deliberately moves a family or child to avoid engaging with professionals or services. They may move long distances such as leaving the Isle of Man, travelling to the UK to live, or elsewhere. The family will avoid telling services of their intent to (and actual) move.
- **Confrontation:** includes challenging practitioners, provoking arguments, extreme avoidance, for example, not answering the door as opposed to not being in and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having being taken away. They may have difficulty in consistently seeing the professional good intent and be suspicious of their motives. It is important for the practitioner to be clear about their role and purpose, demonstrate a concern to help, but not to expect an open relationship to begin with. However, the parent's uncooperativeness must be challenged, so they become aware the practitioner / agency will not give up. This may require the practitioner to cope with numerous displays of confrontation and aggression until eventual co-operation may be achieved;
- **Violence:** threatened or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the professional / agency to engage with. It may reflect a deep and long-standing fear and projected hatred of authority figures. People may even have experience of 'getting their own way' by portraying intimidation and violent behaviour. The practitioner / agency should be

realistic about the child or parent's capacity for change in the context of an offer of help with the areas that need to be addressed.

Families may be uncooperative for several reasons:

- Not wanting their privacy invaded;
- Have something to hide;
- Do not think that there is a problem;
- Resent outside interference;
- Lack of understanding of jargon being used by practitioners;
- A parent/care giver's cognitive capability is impaired, and they may be unclear about what is happening.
- Lack understanding about what is expected of them;
- Previous (negative) experience of professional involvement;
- Recent changes of practitioners working with the family;
- Dislike or fear of authority figures;
- Fear their children will be taken away;
- Fear of being judged to be poor parents because of substance misuse, alcohol misuse and mental health problems;
- A feeling that they have nothing to lose, for example where the children have already been removed.

### 3. Impact on Assessment

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

Engaging with a parent who is resistant or even violent and / or intimidating is obviously more difficult to manage. The behaviour may be deliberately used to keep practitioners from engaging with the parent or child. Nevertheless, it is important for the practitioner to be respectful and reliable and demonstrate the ability to adhere to confidentiality at all times in order to try to create and maintain a professional working relationship.

There may be practical restrictions to the ordinary tools of assessment, for example, seeing the child on their own, and observing the child in their own home. The usual sources of information may not be available because no-one can get close enough to the family. It is important therefore to explicitly identify and record what areas of the assessment are difficult to achieve and why. Practitioner's should record what plan of action is to be taken because of the restrictions.

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

## **Impact on Assessment of the Child**

Practitioners need to be mindful of the impact the hostility to outsiders may be having on the day-to-day life of the child and should consider:

- Whether the child remains safe by choosing not to tell practitioners of their own experiences;
- Whether the child has learned to appease and minimise;
- Whether the child is blaming themselves;
- What message is the family receiving if practitioner(s) are not challenging the parent(s);
- Whether the child is too frightened to tell;
- Whether the child identifies with the aggressor.

The following additional considerations may help when assessing the extent of the hostility of the parent/carers is having on the assessment of the child:

- Who else is living in the house? Have they been spoken too?
- What might the child have felt when the practitioner has visited the home?
- Is information being minimised by the family and potentially the practitioner who colludes in order to avoid confrontation?
- Are meetings focused on less controversial matters, for example where the practitioner and the family have an agreed approach, which, for example results in the child not being seen alone.

## **Impact on Assessment of the Adults**

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

- Focusing on the parent's needs and colluding with the parent(s) by avoiding conflict and focusing on less contentious issues;
- Avoiding contact in person (home visits);
- Not asking to see the child alone;
- Filtering out or minimising negative information;
- Placing undue weight on positive information (the 'rule of optimism') and only focusing on the positives;
- Keeping quiet about worries, and not sharing information about risks and assessment with others in the inter-agency network or with managers.

## **Drawing up a contract of expectation/written undertaking**

A contract of expectation or written undertaking should be given consideration. This is an agreement regarding a specific issue where a practitioner has concerns and requires an undertaking from a parent or carer that something will or will not happen.

Such agreements do not constitute an arrangement for partnership working and these are not to be confused with a written agreement. They act as a means of outlining expectation of a parent or carer made by Children and Families Division in order to inform the parent or carer and other agencies of a specific risk or concern and how to act

should the expectations not be met. This leaves the parent/carer in no doubt about the actions they do or don't take, and how this will impact on the plan for the child. It may be appropriate to use a 'contract of expectation' or a 'written undertaking' alongside a wider written agreement to cover a specific concern.

## 4. Impact on Multi-Agency Work

Sometimes parents may be hostile to specific agencies or individuals. If the hostility is not universal, then agencies should seek to understand why this might be and learn from each other. The risk of not doing this is that the relationships between agencies can become fractured and result in taking the focus away from safeguarding the child.

Where hostility towards most agencies is experienced, this needs to be managed on an inter-agency basis otherwise the results can be as follows:

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

### Ensuring effective multi-agency working

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

Regular interagency communication and trust is essential to all agencies working with parents who are hostile or violent. It is particularly important that everyone is:

- Actively supportive of one another/respectful of the concerns of others;
- Prepared to discuss strategies if one agency is unable to work with the family;
- Aware of the risks of collusion between practitioners, parents or carers;
- Open and honest when disagreeing;
- Able to evaluate the context of the adult's behaviour and consider whether the behaviour could be linked to specific circumstances, for example mental health problems or substance misuse;
- Being alert to the need to share information.

### Sharing Information

There are reasonable uncertainties and need for care when considering disclosing personal information about adults. Concerns about repercussions from someone who can be hostile and intimidating can become an added deterrent to sharing information.

Agencies should all work together to share information so that the issues such as complaints do not undermine effective inter-agency working and or impede child

protection processes. See [Information Sharing and Confidentiality Protocol](#) for further information about sharing information and confidentiality.

## **Supervision and Support**

Supervision and support from managers when practitioners are working with uncooperative families is essential. Each agency should have a supervisory system in place that is accessible to the practitioner and reflects practice needs.

Supervision discussions should focus on the child and consider the impact of parental hostility on the child from their perspective. The focus on any hostility being experienced by practitioners or anticipated by them should always be discussed within supervision sessions.

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

## **Multi-agency Meetings**

Working with hostile and uncooperative parents/carers is complex, and for meetings to be effective and successful the following actions should be considered:

- Discuss with the Chair of the meeting the option of excluding the parents if the quality of information shared is likely to be impaired by the presence of threatening adults;
- Convene a meeting with all of the agencies involved to share concerns, information and strategies, and draw up an effective work plan that clearly shares decision-making and responsibilities. There should always be an explicit plan made of what, how and when to share what has happened within the family. The aim should always be to empower those working with the family to become more able to be direct and assertive with the family without compromising their own safety;
- Convene a meeting to draw up a clear risk reduction plan for professionals and in extreme situations, convene repeat meetings explicitly to review the risks to professionals and to put strategies in place to reduce these risks;
- Joint visits with the police, colleagues or practitioners from other agencies;
- Debrief with other agencies when practitioners have experienced a frightening event.

## **Respecting Families**

When working with families, practitioners should minimise resistance or hostility by complying with their agency's code of conduct, policies and procedures in respect of the way they interact and conduct themselves.

Practitioners should be aware that some families may be unclear why they have been asked to attend a meeting, to come into the office or for the practitioner to visit them at home. They may not be aware of the differing roles of practitioners and agencies, particularly the Statutory role of the Children and Families Division, where in some

circumstances the aim to safeguard children may override the role and rights of parents, for example child protection processes. The lack of awareness may be due to parents/families own cultural differences, particularly if the family have come to live on the Isle and Man, when previously they have lived abroad, outside of the UK.

Where there are cultural differences/barriers with communication expert help should be considered to gain a greater understanding of the family's situation and for the family to understand the expectations of them. Practitioners should consider whether:

- A parent has a low level of literacy, and needs verbal rather than written communication;
- A parent/carers cognitive capability is impaired, and they may not be fully aware of what is happening;
- It would be helpful to a parent for the practitioner to end each contact with a brief summary of what the purpose has been, what has been done, what is required by whom and by when;
- The parent is aware that relevant information / verbal exchange is recorded and that they can access written records about them.
- A parent/carer needs translation and interpretation of all or some communication into their own language.

## 5. Dealing with Hostility and Violence

Despite sensitive approaches by practitioners, with every effort made to form a professional working relationship, some families may respond with hostility leading to threats of violence and actual violence.

Threats can be covert or implied, (for example, discussion of harming someone else), as well as obvious. To make sense of what is going on in any uncomfortable exchange with a parent, it is important that practitioners are aware of the skills and strategies that may help in difficult and potentially violent situations.

It is critical both for the practitioner's personal safety and that of the child that risks are accurately assessed and managed.

Professionals should consider whether:

- They are prepared that the response from the family may be angry or hostile and should ensure they have discussed this with their manager and planned strategies to use if there is a predictable threat, for example, an initial visit with police to establish authority;
- Their approach and interactions with the family might have aggravated the situation, for example, by becoming angry or acting in a way that could be construed as being patronising or dismissive;
- The hostility is a response to frustration, either related or unrelated to the professional visit;
- The parent needs to complain, possibly with reason;
- The parent's behaviour is deliberately threatening / obstructive / abusive or violent;
- The parent is aware of the impact they are having on the practitioner;

- The person/family are so used to aggression, they do not appreciate the impact of their behaviour;
- This behaviour is normal for this person (which nevertheless does not make it acceptable);
- The professional's discomfort is disproportionate to what has been said or done;
- The professional is taking this personally in a situation where hostility is aimed at the agency.

## **Keeping professionals safe**

Working with hostile and violent families can place practitioner's and managers under a great deal of stress and can have physical, emotional and psychological consequences, which may impact on their capability to make effective decisions. Despite Practitioners having a responsibility to plan for their own safety, poor decision making and responses to unfolding situations could potentially compromise the safety of the child and practitioner. If threats and violence have become a significant issue for a practitioner, leaving them feeling overwhelmed by hostile/violent parent/s the line manager should consider how the work could be safely progressed and document their decision and the reason for it. Managers have a statutory duty to provide a safe and working environment for their employees under health and safety at work legislation and are also responsible for ensuring clear protocols are in place for information sharing and for advising staff where further advice can be found to ensure overall staff safety.

All agencies and Organisations should have their own policy to support the safety of staff when they are carrying out their duties, for example, [Violence Towards Staff Procedure/ Lone Working Policy](#) which should be referred to accordingly.