

ANGUS CHILD PROTECTION COMMITTEE



INTERAGENCY GUIDANCE WORKING WITH HOSTILE AND/OR UNCOOPERATIVE FAMILIES

1. Purpose

- 1.1 This guidance has been produced by Angus Child Protection Committee to assist professionals working across agencies when dealing with hostile and/or uncooperative parents or carers in the course of their work/contact with children and families.
- 1.2 This protocol not only applies to children where there is an assessed risk of physical, sexual, emotional harm or neglect and where direct access to the children is required in order to ensure their well-being but where, in working with adults who are parents/carers, they are avoidant in their contact with agencies. Such children may, or may not be, on the Angus Child Protection Register.
- 1.3 It will assist staff to identify and manage the actions of adults who are hostile towards staff or uncooperative with regard to the impact on child welfare/child protection concerns. Issues of staff safety are addressed separately in your own agency policies on violence and aggression towards staff. These policies should be followed when working with hostile and/or uncooperative families.
- 1.4 Agencies should also have in place day to day procedures, which support the safety of practitioners undertaking home visits. This can include visiting in pairs, provision of mobile phones and 'logging in and out' procedures. These should be reflected and reinforced in single agency procedures, protocols and policies.
- 1.5 It is not possible in such a protocol to cover every type of situation which might arise given the number of variables (levels of risk, timescales, previous parental behaviour etc) which can arise. Inevitably, therefore, there is an element of professional judgement to be exercised by the case manager or worker involved.

2. Definition

- 2.1 For the purpose of this guidance the following broad definitions are being used:
 - **Hostile and Threatening behaviour** - Involves behaviour which has a damaging effect, physically or emotionally, on other people. This includes a range of behaviours such as violence; physically, verbally or emotionally aggressive; threatening or intimidatory. The impact of such behaviour on individual staff will vary but the fear of violence and aggression is recognised as impacting on judgements, interpretation and intervention.
 - **Non-Compliant/Uncooperative Behaviour** - Involves proactively sabotaging efforts to effect change or alternatively passively disengaging. This includes a wide range of behaviours and attitudes such as passive non-compliance with plans of work; failure to keep appointments, refusal to allow access to the child(ren) or to the home; paying lip service to cooperation.

- **Disguised Compliance (Apparent Co-operation)** - Involves parents or carers not admitting to their lack of commitment to change but working subversively to undermine the process. Examples of this could include; agreeing to keep appointments or to undertake individual actions but never carrying them out or putting little effort into making changes work; co-operating with some services but not making important changes; change does occur but as a result of input of agencies, not as a result of the parent/carer actions.

2.2 In all cases, practitioners must be aware that behaviours of a parent or carer can be misinterpreted. For example, what may appear as uncooperative behaviour may mask hidden issues in the family such as domestic abuse, and/or drug and alcohol misuse. If professionals do not have a broader understanding of these issues and the impact on the child(ren), they may operate at a lower level of expectation and the impact on the child(ren) will not then be recognised.

2.3 In any of the above situations, a full assessment of the situation relating to professional involvement with the family must be undertaken by the agencies involved.

3. Principles

3.1 When considering non compliance or lack of co-operation by a parent or carer, practitioners must consider if the child protection concerns have been fully explained clearly, taking into account issues of language, culture, disability etc and that parents or carers understand the concerns and the impact on their care and the needs of the child(ren).

3.2 Involved professionals should clarify with families their expectations with regard to access to children in the early stages of their involvement with a family. Where these expectations change – for example by the imposition of compulsory measures from a Children's Hearing (where right of access to the children is defined in law) or because of increased risk – this should also be discussed with parents/carers.

3.3 Practitioners must assess if all possible strategies have been tried to establish partnership working with the parent or carer i.e. a change of worker, use of a specialist agency, where appropriate. An assessment of the parent or carers capacity to make the identified changes should also be undertaken and this should be recorded in writing, in accordance with your agencies case-file recording procedures.

4. Responding to Uncooperative families

4.1 In general terms, the process for gaining access to children is one of movement from negotiation to increased use of authority and legal powers. However, at any point a sudden perceived increase in risk to the child(ren) can result in emergency measures being taken. (See 4.6 below). Where contact or access to a parent/carer has not been forthcoming, follow-up visits must continue to be attempted. This should include joint visiting with other

agencies who are already directly involved with the family or who may need to be involved.

- 4.2 Where a pattern of refused or non access begins to emerge, the involved professionals should attempt to negotiate access with the family. Where this does not achieve results within the required timescales, the case co-ordinator should write to the parents or carers urging co-operation and outlining the next steps which will be taken if co-operation is not forthcoming.
- 4.3 Where the afore-mentioned action does not achieve a successful resolution, a referral should be made to Angus Council, Intake Service if there is no current social work involvement. Any agency can make a referral to the Children's Reporter requesting consideration of a children's hearing.
- 4.4 The team manager should consciously determine what period of time will be permitted to elapse before access to the children is a necessity. Discussions should be instituted with Tayside Police at this point regarding gaining entry to the children's home with Police presence. The parents / carers should be advised in writing of such steps.
- 4.5 At the conclusion of the given period, or where the degree of risk is perceived to have increased urgently, the Social Worker and Police should attempt to gain access to the household.
- 4.6 An option open at any stage of the proceedings is for Social Work and Health to apply to the Sheriff Court for a Child Protection Order or assessment order in order to determine the children's well-being. The Police may act "on their own warrant" at any time to gain access to children whom they believe are at immediate risk of harm and can remove children under child protection measures within the Children (Scotland) Act 1995.

5. Assessment of Risk

- 5.1 Record keeping in relation to children and families must include full information on any incidents. It is the responsibility of each practitioner within their own agency's guidelines to ensure that such information is clearly and systematically recorded.
- 5.2 Individual workers must inform their line manager/supervisor immediately of any concerns they have regarding a parent or carer who they have assessed behaviour as being hostile, uncooperative/non-compliant or who use disguised compliance and whether that situation has escalated.
- 5.3 Collation of information regarding a parent or carer whose behaviour is hostile, uncooperative/non-compliant or who use disguised compliance, together with child welfare and/or child protection concerns, must form part of the child protection risk assessment.
- 5.4 Information with regard to such concerns must be communicated within and across agencies, using existing mechanisms such as Child Concern Referral, Child Protection Investigation (IRD meeting) Professional Network Meeting,

Core Group Meeting, Child Protection Case Conference, CPCC Review etc. In more urgent cases this information must be communicated quickly and effectively by telephone or fax by the notifying agency.

- 5.5 On the basis of information sharing, the practitioner with lead responsibility for the assessment must discuss the circumstances with their line manager/supervisor, who will decide what should happen next and if an inter-agency meeting should be convened.
- 5.6 If an inter-agency meeting/network meeting is deemed necessary, this will be chaired by the agency with responsibility for the completion of the assessment. It will include the parents / carers and all relevant practitioners from agencies/services to whom the child and family are known and/or in contact with.
- 5.7 The network meeting or review meeting will focus on the needs, risks and protection of the child and risk factors with regard to the parent or carers behaviour. All invited participants will receive a written record outlining each practitioner's role, agreed tasks and timescales. A lead professional must be identified to coordinate the child's care plan and this plan will be subject to regular inter-agency review.
- 5.8 In some cases, it may also be necessary to carry out a generic health and safety risk assessment, particularly where there is a known or suspected history of abusive behaviour and/or violence and where it is considered necessary to have in place any control measures to reduce the probabilities and risks to staff.
- 5.9 It is not acceptable for any single agency to decide to cease visiting a family home without discussion with other agencies. Decisions for children to be seen at clinics or offices (i.e. outside the family home) must be discussed at an inter-agency meeting and joint agreement reached regarding tactics to be employed that ensure both staff safety and child protection. Whilst such arrangements may increase staff safety, seeing the child in their home environment is essential to assessing their circumstances and wellbeing. Arrangements for practitioners across and between agencies to regularly communicate with each other must also be clear.

6. New Information

- 6.1 All agencies involved in the delivery of services, as part of the child's care plan, need to be informed of new or repeated concerns in respect of the behaviour of parents or carers. In such cases it may be appropriate to bring forward core group/review meetings to review the care plan.

7. Case Management/Joint visiting arrangements

- 7.1 Agencies must work collectively to ensure that the welfare of the child is paramount. This should include joint visits to promote inter-agency working, assist in the process of assessment and sharing of skills from within and across agencies.