



Working with Resistant, Hostile and Aggressive Families

1. Introduction

1.1 There will be occasions when those working with children and their families come into contact with behaviour that may cause them to feel threatened or intimidated. Aggressive behaviour from parents and carers can seriously impact on the way that professionals interact with these families. In practice this may mean that practitioners may avoid conflict with parents by avoiding difficult discussions or even by avoiding contact with the family altogether.

1.2 Workers may also come into contact with resistant and non-compliant families, i.e. those who deliberately sabotage efforts to bring about change e.g. by persistently failing to keep appointments.

1.3 In such cases, this can mean that workers may fail to recognise significant areas of concern and the protection needs of the children in the family may be overlooked.

1.4 It is essential for practitioners to understand that it is not unprofessional to feel threatened or intimidated. However, it is acknowledged that there can be barriers for staff which inhibit the sharing these feelings, such as concerns about judgements being made about professional competence. It is, however, important to express these thoughts and fears openly to a supervisor in order to look at constructive strategies to protect children in this situation.

1.5 Safeguarding children is the responsibility of all of the agencies in the Local Safeguarding Children Board. This chapter outlines the way that the agencies can work together in order to protect children living in households with resistant, aggressive or violent parents and carers and should be read in conjunction with existing single-agency guidance for specific groups of staff.

2. Making sense of responses

2.1 An accurate assessment of the reasons for any hostility and the actual level of risk involved is critical to ensure that the risks to the child can be assessed.

2.2 A parent, carer or young person may be regarded as violent and aggressive if they present an explicit or implicit challenge to a worker's health, safety or wellbeing. In practice this may include:

- Being verbally abusive to staff - shouting, swearing, racial abuse, use of intimidating or derogatory language
- Making threats of violence towards staff – written, verbal, implied

- Use of threatening behaviour – throwing things, use of domineering body language, use of dogs or animals to intimidate or threaten
- Being physically abusive to staff- pushing, pulling, assaulting, spitting
- Deliberately damaging the property of an organisation or its workers
- Knowledge of a previous conviction that suggests that they present a threat, e.g. for serious assault or gun crime.

2.3 Many of the families who come into contact with professional agencies are going through periods of stress and anxiety. They may also have had experiences with professionals previously which they perceive to have been negative for them. For this reason they may react in aggressive ways to professionals and/or be abusive. Where professionals are fearful of individuals, this can have a serious impact on the work done with the family. In some cases this may result in a withdrawal of services. Where a family has children, withdrawal of services means a reduction in the monitoring of these children.

2.4 Some families demonstrate hostility through resistance. It may be more difficult for professionals to identify the challenges inherent in working with parents who appear pleasant and amenable, who agree with the need for change, but who are unable or unwilling, despite interventions, to bring this about satisfactorily. The term 'highly resistant' sits on a continuum. At one end a certain degree of reluctance on the part of parents who know they need help but find it hard to accept is to be expected. At the other end are a small number of highly manipulative parents who are very accomplished at misleading professionals. This is referred to as disguised compliance.

2.5 Factors which may indicate evidence of disguised compliance or resistance include:

- No significant change at reviews despite significant input
- Persistent failure to keep appointments
- Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work
- Change occurs but as a result of external agencies/resources not parent/carer efforts
- Parents/carers engaging with certain aspects of a plan only
- Change in one area of functioning is not matched by change in other areas
- Parents/carers aligning themselves with certain professionals
- Parents/carers attempting to refocus the attention of professionals, such as through the repeated lodging of complaints or presenting a pattern of crises which detract from planned interventions
- Child's report of the situation is in conflict with report from parent/carer

2.6 In some family relationships there can be a strong element of 'coercive control' occurring. Coercive control describes a range of patterns of behaviour that enable a parent/carer to retain or regain

control of a partner, ex-partner or child/ren.

Examples of coercive control might include:

- Controlling or observing victim's daily activities, including being made to account for their time, restricting access to money, restricting their movements
- Isolating the victim from family/friends; intercepting messages or phone calls
- Constant criticism of victim
- Threats of suicide, homicide or familicide
- Preventing the victim from taking medication or accessing care
- Using children to control a partner
- Extreme dominance
- Extreme jealousy
- Damage to property, including pets
- Threats to expose sensitive information (eg sexual activity) or make false allegations
- Involvement of wider family members/community; crimes in the name of 'honour'
- Manipulation of information given to professionals

The impact of coercive control within families can have a significant effect on how family members respond to professionals, even when they are highly motivated to escape from the situation. In such situations victims (parents/carers and children) may feel it impossible to talk openly and honestly with professionals despite a desire to do so. Professionals need to be aware of the impact on the behaviour of victims where there are high levels of fear and difficulties articulating the abuse and what they are afraid of. Professionals should also ensure that they are not unwittingly colluding with the perpetrator, further isolating the victims within the family. Evidence suggests that perpetrators of coercive control would not easily cease their abusive behaviour, often seeking to manipulate and control professionals or making allegations about the victims.

Learning from a case review undertaken in 2014 is summarised in the following briefing:

http://www.worcestershire.gov.uk/downloads/file/4358/learning_and_improvement_briefing_sheet_3_learning_from_a_case_review

Coercive control is now a criminal offence and statutory guidance has been produced for police and criminal justice agencies:

<https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship>

2.7 Professionals are generally able to work successfully with family members who are angry and under stress and/or seek to avoid contact. In some cases, however, professionals may be intimidated or frightened by families. There is a risk that professionals might then seek to avoid difficult or challenging interventions with the family, either consciously or unconsciously, and this dynamic needs to be addressed during supervision.

Evidence from Serious Case Reviews serves to remind practitioners of the need to systematically and robustly review the effectiveness of interventions. Professionals need to recognise and guard against colluding with a situation which fails to meet the needs of the children in the family and increases the risk of significant harm. Effective reflective supervision will support workers in recognising where collusion, conscious or otherwise, is taking place.

3. Impact on Assessments

3.1 Accurate information and a clear understanding of what is happening to a child within their family and community is 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.

3.2 Engaging with a parent/carer who is violent and/or intimidating is obviously more difficult. 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. observations of the child in their home environment. The usual sources of information/alternative perceptions, other workers and other family members, may also be kept at bay.

3.3 Factors which stem from the impact on the worker

Some coping strategies developed by workers obstruct engagement with the family:

- **Seeing each situation as a potential threat and developing a 'flight' response** by the worker becoming overly-challenging, thus increasing the tension between him or herself and the family. This may protect the worker physically and emotionally, but can lead to the worker becoming desensitised to the child's pain and to the levels of violence within the home. As a result the harm to the child can be underestimated.
- **Colluding with parents/carers** by accommodating and appeasing them in order to avoid provoking a reaction.
- **Becoming hyper alert** to the personal threat so that the worker becomes less able to listen accurately to what the adult is saying or is distracted from observing important responses by the child or interactions between the child and other family members.
- **'Filtering out' negative information** or minimising the extent or impact of the child's experiences in order to avoid having to challenge. At its extreme, this can result in workers avoiding making difficult visits or avoiding meeting with those adults in their home, thus losing important information about the home environment.
- **Feeling helpless or professionally 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 or when the hostile barrier between the family and outside means that evidence about the child's situation appears minimal.

3.4 Some of the above coping strategies may equally apply to children living in the family. A child may:

- Have become desensitised to violence or hostility
- Have learned to appease and minimise to avoid conflict

- Be simply too afraid to tell

3.5 In order to assess how far the hostility of parents/carers is impacting on your assessment of the child, give consideration to the following questions:

- Are you colluding with parents/carers by avoiding conflict, e.g. focussing on less contentious issues such as benefits or housing, avoiding asking to look round the house, see how much food is available, etc, or crucially not asking to see the child alone?
- Are you changing your behaviour to avoid conflict?
- Are you filtering out negative information or minimising?
- Are you afraid to confront family members about your concerns?
- What message are you giving this family if you don't challenge?
- Are you relieved when there is no answer at the door?
- Are you relieved when you get bet back out of the door?
- Did you say, ask and do what you would usually say, ask and do when making a visit or assessment?
- Have you seen the key people?
- Is this a case of domestic abuse by a man but you only work with the woman? Is this appropriate?
- Is the child keeping 'safe' by not telling you things?
- Has the child learned to appease and minimise?
- Is the child blaming him or herself?
- What might the child have been feeling as the door closed behind you?

3.6 It is important to realise that where an individual is perceived as dangerous to professionals, there is a strong possibility that they are also dangerous to the children and other members of the family. If professionals are scared and intimidated by a person, it is very likely that any children in that person's care may be at risk.

4. The personal impact on workers

4.1 Working with resistant, hostile and aggressive families can place workers under considerable stress. This can have physical consequences such as sleep disturbance or lack of concentration. It can have emotional and psychological consequences such as loss of confidence and self-esteem. It can have consequences for practice.

4.2 The impact on workers of experiencing violence and hostility can be significant and expressed in many different ways, e.g.:

- Fear
- Shock

- Distress
- Numbness
- Denial
- Embarrassment
- Anger
- Self-doubt
- Loss of self-esteem and of personal and/or professional confidence
- Sleep and dream disturbance
- Hypervigilance
- Preoccupation with the event or related events
- Repetitive stressful thoughts, images and emotions
- A sense of helplessness
- Stress related illness such as depression
- Appeasement

4.3 Factors which are known to increase the impact on workers include:

- **Previous traumatic experiences**, both personal and professional, can be revived and heighten fears
- **Regularly working in situations where violence/threats are pervasive** possibly leading to an adrenalin-led response which can over or underplay the threat
- **Hostage-like responses**: when faced with significant fears for their own safety workers may accommodate, appease or identify with the 'hostage-taker' to keep safe
- **Threats that extend to the worker's life outside work** can be particularly unnerving
- **Stereotypical assumptions about the higher levels of risk presented by men and that male workers are less likely to be intimidated**: false assumptions decrease the chances of recognition and support, e.g. male workers 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. Additionally male workers may be expected to carry a caseload with 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 threatening incidents and to more intense symptoms as the worker feels obliged to deal with it alone
- **Abusive behaviours which strike at the very core of a person's identity and self-image, particularly if it relates to the individual's race, sexuality, disability or gender**. If the worker already feels isolated in their workplace due to any of these issues, the impact may be particularly acute and it may be more difficult to access appropriate support.

4.4 A key message is to be aware that the impact of stressful events can:

- Limit what you can allow yourself to believe
- Leave you feeling responsible for allowing the violence to take place
- Lead to adaptive behaviour which is unconsciously 'appeasement-like'
- Have an impact on your assessment or judgement
- Result in a number of distressing symptoms as listed above

5. Action to be taken

5.1 All agencies have a duty of care as stated in the Health and Safety at Work Act (Section 2)

5.2 Each agency should have a supervision or support system in place that is accessible to the practitioner and reflects practice needs. In any circumstance where a worker regards a family as resistant, violent and/or aggressive, that worker should immediately bring that to the attention of their line manager or workplace supervisor. Supervision should identify strategies to address:

- The safety and welfare needs of each of the children and of other family members
- How the family can be worked with safely and effectively
- The need, or otherwise, for a formally recorded risk assessment of the situation
- Any additional support required for the workers involved with the family
- How information is to be communicated to other agencies and their staff
- Where an incident could be classified as a criminal act, the process for making a decision about whether the police should be informed and consideration of the safety implications for staff of doing so.

5.3 Managers must consider the following:

- Whether a criminal offence taken place
- Whether, on reviewing previous records and the chronology as specified in 5.6 below, there is a history rather than a one off event
- What needs to be done to promote a child's/young person's welfare or safety
- Joint working between staff/agencies to guard against the issues highlighted in 3.5
- The need for external consultancy/review
- What extra support is needed/being requested by the member of staff
- Whether a worker should be released from a case and another worker allocated. In exceptional circumstances it may be necessary to transfer the case to another team or locality.

There may be occasions when support for the worker is required immediately and agency policies/procedures must allow for this.

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

5.5 Workers need to feel safe in admitting their concerns in the knowledge that these will be taken seriously and acted upon without reflecting negatively on their ability or professionalism. Each agency should have a system in place to ensure that workers know what action to take if they feel that their concerns are not taken sufficiently seriously (escalation procedures).

5.6 A chronology of significant events should be collated and reviewed at least three monthly during supervision in order to:

- Aid the analysis of information
- Support the identification of developing patterns
- Promote effective case management

6. Keeping safe

6.1 Workers have a responsibility to plan for their own safety just as their agency has a responsibility for ensuring safety. Workers should consult their Lone Worker (or equivalent) policy and consider the following questions:

- Are my colleagues/line manager aware of where I am going and when I am due to return? Do they know that there are risks associated with this visit?
- Do I have a mobile phone or some other means of summoning help?
- Could this visit achieve the required outcomes at a neutral venue?
- Is it appropriate to undertake this particular visit at the end of the day when it is dark and colleagues have gone home?
- Does my manager have all of my contact details, including work and home phone numbers and car registration number?
- Do my family members know how to contact work colleagues/managers if I do not return home when expected?
- Have I taken basic precautions for my family 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?

7. Multi-Agency Working

7.1 Some parents/carers demonstrate hostility or resistance towards all agencies. Unless this is recognised and managed on an inter-agency basis the following can occur:

- Everyone 'backs off' leaving the child unprotected
- The family is 'punished' by withholding of services as everyone sees it as a 'fight'. This can be 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

7.2 Some parents/carers direct their hostility or resistance to certain professionals or agencies, but not all. In these cases this can result in a risk to good inter-agency collaboration where any pre-existing tensions between agencies or individual workers, or misunderstandings about respective roles, are likely to surface and tensions and disagreements can take the focus from the child. Examples are:

- Individuals or agencies blame each other and collude with the family
- Workers not feeling under threat can find themselves taking sole responsibility which can increase the risk to themselves
- Those workers feeling under threat may perceive it to be personal
- There is no unified or consistent plan implemented

7.3 Any agency faced with incidents of threat, hostility or violence should routinely consider the potential implications for any other agency involved with the family as well as for its own staff. Other agencies known to be working with a hostile family should be alerted to the possible dangers to their workers.

7.4 Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working. When working with hostile or violent parents/carers the need for robust 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 and respecting of the concerns of others
- Alert to the need to keep each other safe
- Actively supportive of each other and aware of the differing problems which different agencies have in working within these circumstances
- Open and honest when disagreeing
- Aware of the risks of collusion and of the targeting of specific professions/agencies

7.5 It is not possible to protect a child, make a proper assessment of the home situation or do what is right for the child if workers are frightened or at risk themselves and so the following strategies, suggestions and questions should be considered:

- Establish good, clear communication with families from the outset if you are to elicit their views, recognise their efforts and strengths and make it clear what is required of them.
- Identify any positive strategies which have worked in the past and use these to build on. If the family put forward blocks or resistance this should be quickly identified and shared with the worker's line manager
- Clear records should always be maintained, including records on supervision and the agreed action plan. Records should detail not only what was said or what happened, but also how the worker felt and reacted
- Revisit at regular intervals the family's understanding of why a particular course of action is being taken or why they are not being invited to attend meetings.

8. Sharing information

8.1 Workers may have significant concerns about the repercussions of sharing information about someone who can be hostile and intimidating. In turn, these concerns can act as a deterrent to sharing information. However information sharing is pivotal and being explicit about experiences of confronting hostility, intimidation or violence should be standard practice. Workers in different settings have different thresholds for concern and different experiences of having to confront challenging behaviour. It is therefore vital that differing risks and pressures are acknowledged and addressed.

8.2 When making a referral to Children and Young People's Services under the Referrals Procedure, the referral should indicate a clear reference to the fact that a family presents a risk to staff. Answering Yes to any of the following questions indicates that information should be shared at the point of referral:

- Do you have previous experience of an adult linked to the child being hostile, intimidating, threatening or actually violent?
- Is this in specific circumstances, e.g. alcohol related or linked to intermittent mental health problems?
- Are you intimidated or fearful of the adult?
- If so, how have you managed your own response prior to making the referral? (You may have been less than honest or avoided conflict)
- Would you want to be made aware of these concerns?

8.3 If there is not sufficient concern or knowledge about the children in the family for a referral to be made then this should be further discussed at a meeting of relevant professionals. A

strategy will be required to ensure that there is regular monitoring of the children's needs and an agreed process for 'stepping up' or escalating to a referral if the situation changes and the children become in need of services under Section 17 or Section 47, Children Act 1989.

9. Children subject to child protection concerns or plans

9.1 Information about resistance and risk should be shared with all relevant professionals responsible for making decisions at child protection conferences and responsible for implementing child protection plans in the core group.

9.2 When making decisions about the level of risk to a child, or working together as part of a plan to reduce the level of risk, it is imperative that all professionals proactively engage with the family, despite it being a normal human response to avoid people who are hostile. Such avoidance would have a damaging effect on the inter-agency work required to effectively implement a child protection plan. Full engagement is supported by:

- Child protection plans setting out clear agreements, known to all agencies and the family, detailing the role of each worker and the tasks to be undertaken by them
- Full participation by all workers/agencies at regular core group meetings and at child protection conferences.

9.3 Any difficulties in fulfilling those tasks outlined in the child protection plan should be addressed by the core group. If the child protection plan is being compromised due to resistance or non-compliance by family members, or hostile and/or intimidating behaviour, then the child protection review conference should be reconvened as a matter of urgency.

9.4 Child protection plans should acknowledge resistance and any risk posed to workers presented by the family and include this in the risk assessment for the children.