



# Guidance on Working with People who are Resistant to the Safeguarding Process

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## 1. **Purpose**

This protocol aims to guide staff within agencies operating within the Cwm Taf Morgannwg Safeguarding Board area about how to respond when working with resistant people and families in a safeguarding context. The protocol discusses how to overcome barriers to clear and productive communication, reduce resistance and improve the chances of a successful outcome for the child/adult at risk and keep staff safe.

All agencies have a duty to work in partnership with people to protect and safeguard them and others, in the course of their work. We are also charged with upholding the rights of children and adults, hearing their lived experiences and empowering them to make positive changes to their lives.

In this regard, it is important to recognise the emotional impact of being either the subject of safeguarding concerns, or someone who cares for a child/adult who is the subject of safeguarding concerns. It is usual for people to be shocked, upset, angry, ashamed, embarrassed and experience a host of other emotions when practitioners respond to safeguarding concerns about them or someone they care for.

This protocol will assist practitioners to:

- Develop their understanding of the variety of ways in which resistance can be seen in people's behaviours
- Develop their understanding of the root causes of resistant behaviours
- Develop their awareness of strategies they can employ in order to reduce the resistance they are faced with
- Develop their understanding of the impact these behaviours can have on themselves, other professionals and multi-agency safeguarding work

All agencies also have duties towards their staff. A duty to protect and support their staff in managing safeguarding issues and keeping them safe in the course of their work. This protocol does not replace individual agencies policies and procedures. It should be used to support these existing policies and procedures, alongside professional codes of conduct, information sharing policies and supervision policies.

This protocol therefore also includes information about:



This protocol reflects the shared commitment from all agencies in the Cwm Taf Morgannwg Safeguarding Board area, to provide a consistent, co-ordinated and integrated service to all people.

## 2. Typical responses and behaviours of resistance

Many of the people we will come into contact with will have had Adverse Childhood Experiences (ACEs). The impact of these experiences can be seen in their behaviour as adults as they will often be starting from a heightened emotional state.

When they feel overwhelmed with these emotions they will either want to flee, fight, flop or freeze and this can be seen in the range of behaviours discussed below.

There can be a wide range of behaviours especially at the start of any involvement and all agencies that work with children, adults and their families will come into contact with people who may be resistant to engage with services at some point.

These responses and behaviours can manifest themselves in a number of ways and you may see all of them in one situation:

- People may be regularly late for, or make excuses for missed appointments, change the conversation away from uncomfortable topics, or use dismissive body language. This kind of ambivalence is the most common reaction and may not amount to a refusal to communicate meaningfully with agencies.

It may reflect cultural differences, being unclear as to what is expected of them, or bad experiences of previous involvement with professionals. These feelings and thoughts need to be acknowledged so they can be worked through.

Professionals should be aware that some families, including those recently arrived from abroad, may be fearful or unclear about why they have been asked to attend a meeting, why the professional wants to see them in the office or to visit them at home. They may not be aware of roles that different professionals and agencies hold and may not be aware that the local authority and partner agencies have a statutory role in safeguarding children, which in some circumstances override the role and rights of Parent/Carers.

Professionals should seek expert help and advice in gaining a better understanding, when there is a possibility that cultural factors are making a family resistant to having professionals involved. Professionals should be aware of:

- Dates of key religious events and customs
- What is happening in the family, bereavement or other stressful events
- The cultural implications of gender
- Language/communication barriers and acknowledge cultural sensitivities and taboos e.g. dress codes.

Professionals may consider asking for advice from local experts, who have links with the culture. In such discussions the confidentiality of the family concerned must be respected

- Communication/interaction can sometimes appear as very superficial rather than genuine, giving the appearance of cooperating to avoid raising suspicions and minimise professional intervention. We call this disguised/feigned compliance but

there will be underlying thoughts and feelings that are driving this behaviour that need to be unpicked.

- A very common indicator of resistance is avoidance. This can include avoiding appointments, missing meetings, and cutting visits short due to other activities taking priority. Although these indicators may be present, it does not always mean the person is resistant. This can often be the result of fear of involvement. The situation makes the person anxious and they hope to avoid it – this is a ‘flight’ response to the situation.

This may mean that they are experiencing difficulties, have something to hide, resent outside interference or find change difficult to manage. They may become more able to communicate and interact as they perceive the professional's concern for them and their desire to help.

- Sometimes, there is confrontational behaviour that can involve people challenging professionals in a hostile way. This can often indicate a deep-seated lack of trust indicating a 'fight' rather than 'flight' response to difficult situations. For example, parents/carers may fear, perhaps realistically, that their children or their relative may be removed from them or they may be reacting to them having been removed.

They may have difficulty in consistently seeing the professional's good intent and be suspicious of their motives. It is important for the professionals to be clear about their role and purpose, demonstrate empathy and respect, but not to automatically expect an open relationship to begin with.

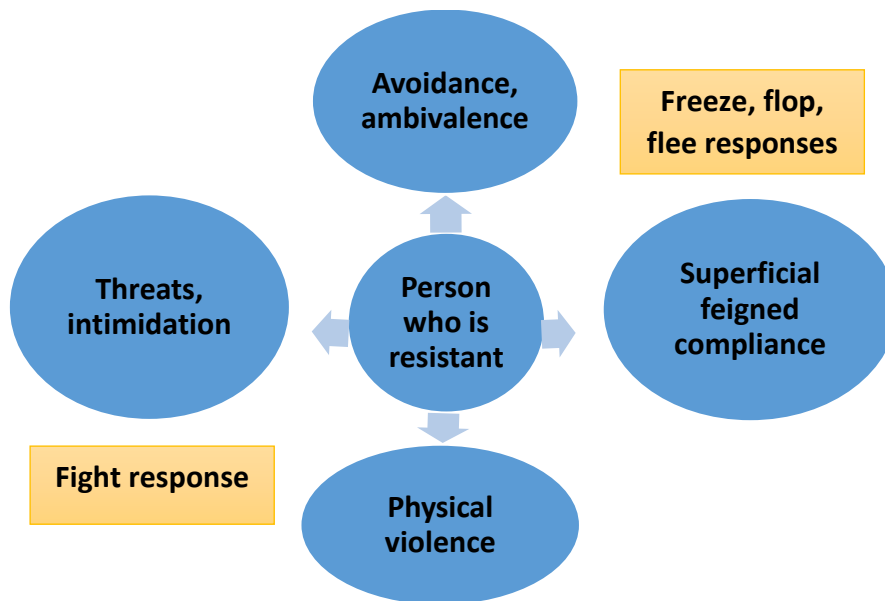
This kind of behaviour should be sensitively explored and a way forward be discussed. One of the options for the professional would be to leave and rearrange the appointment but this will depend on the context of the circumstances.

The core relationship between a professional and children or adults needs to be based on transparency, honesty and mutual respect as this will build trust and collaboration.

- Threatening or actual violence by a small minority of people is the most difficult of these behaviours for any professional to respond to. It may reflect a fear and worry about authority figures. The person may have exhibited intimidating and violent behaviours as a means of deterring professional involvement.

Whilst professionals will continue to offer help in this context, they also need to be aware of patterns of behaviour from the past and how the person's lived experiences affects their capacity for change at this time.

Do not respond in an equally hostile manner to the behaviours, as this is likely to escalate the situation. Do not put yourself in dangerous situations. Speak calmly and quietly. Leave if this is a safer way to manage the situation. Seek police assistance if you need to.



Threatening behaviour can take various forms and not just be about verbal threats. It can also include

- The deliberate use of silence
- Using written threats
- Bombarding professionals with e-mails, texts and phone calls
- Using intimidating or derogatory language
- Racist attitudes and remarks
- Sexual Comments/Intimidation
- Homophobic attitudes and comments
- Using domineering body language
- Using dogs or other animals as a threat - sometimes this is veiled
- Swearing
- Shouting
- Throwing objects
- Following and harassing workers
- Seeking to access personal information about professionals via social media.

### 3. Possible causes of resistance

There are multiple reasons why people may be resistant to communicate and interact with professionals.

People may lack understanding about the concerns we have, what is being expected of them or may have had previous negative experiences with professionals. They may not see the need for support or change.

People may feel powerless about changes being made to their circumstances that they have no control over. They may perceive professionals as being very powerful people.

People may be really worried that something bad has happened, fear being judged as a bad parent/carer and/or that the child or adult they are caring for will be removed. Their views of services may have been formed through negative media stories and the experiences of others.

People may not be as open and honest as they could be to start with, but this does not necessarily mean they are withholding information of concern. They could be protecting themselves from embarrassment, shame or fear possible consequences for themselves and loved ones.

We are strangers to the people we are attempting to engage and interact with at times and they have not had the opportunity to build a trusting relationship with us. Our questions may feel intrusive if we do not have a pre-existing relationship.

It is also important to be mindful that a range of social, cultural and psychological factors influence the behaviour of the people we work with. People may face overwhelming physical and psychological barriers. Many people who find themselves in need of a service may not know about the safeguarding process or may be very familiar with the process. Compounding factors that influence these situations can include poverty, additional learning needs and substance misuse.

In summary, these factors often combine to produce a 'survival' response in people when they sense a perceived 'threat' to themselves or their loved ones. Fear of what may happen can often be the cause of angry outbursts and intimidating behaviour.

Sharing sensitive information with professionals that people may be ashamed of and/or feel guilty about or embarrassed and information about incidents that does not paint them in the best light, can make people feel uncomfortable and defensive. It is important for practitioners to be aware that people are not always hiding information about themselves for any kind of malevolent reason.

It is equally important for practitioners to be aware there will be a small number of people who are hiding abuse and neglect and actively trying to prevent you from intervening in the situation.

There is a balance to be achieved in being honest with parents regarding the issues of concern whilst recognising and celebrating success and progress. It also needs to be made clear to family members that we do not expect them to agree with everything that professionals are saying but we do need disagreements to be managed safely.

#### **4. Responding to these behaviours**

When a professional begins to work with a person and identifies resistant behaviours, the professional should make every effort to understand why the person presents in this way. This entails considering all available information, including whether any prior assessments have been completed about the individual or the family and the outcomes of any involvement with services.

**When working with people in this context, professionals in all agencies can improve the chances of a favourable outcome for the child/adult at risk by following the Do's and Don'ts below:**

##### **DO**

- **Be open, honest and respectful**
- **Clearly state your professional role, explain the reason you are speaking to the person**
- **Be clear, the aim of the work is to achieve the best outcomes for the child/adult at risk**
- **Help the parent/carers to work through their underlying feelings – actively listen to what they are saying and what they tell you they are feeling**
- **Acknowledge that the circumstances can be very difficult for people and often provoke fear and anxiety**
- **Identify barriers to communication, e.g. difficulties in understanding, mental health issues – consider how these barriers be overcome. This may require specialist advice from another service**
- **Inform the person that they can access advocacy (formal or informal) and make a complaint if they wish to**
- **Reiterate the need to achieve the best outcomes for the child/adult at risk - remind people that professionals want to support individuals and families, not harm them**
- **Consider the motivation and ability of the parent(s) or carer(s) to work with you to safeguard the child/adult at risk**
- **Engage with regular 1:1 sessions, share concerns about progress with managers.**
- **Seek advice from experts (e.g. legal advisors, police and mental health specialists).**
- **Be a curious practitioner. Subtly question the information provided by families. This can involve checking the validity of information with other agencies, not being overly optimistic over changes that have yet to be sustained and retaining a clear focus on the child/adult at risk**
- **Leave the situation if you need to, to keep yourself safe**



### **DON'T'**

- **Forget that people can feel powerless against professionals and this can cause them to be angry in defence**
- **Forget to keep the child/adult at risk at the forefront of your mind**
- **Pre-judge people because of the nature of the concerns, where they live, what they may have done – be balanced**
- **Respond to any confrontation with hostility – this is likely to escalate the situation and put you at more risk**
- **Put yourselves in dangerous situations – e.g. be aware of your physical position in relation to the person, know where the exits are, don't visit alone if there is evidence that violence/threats will occur, think about the safety of the venue you are using**
- **Be dismissive of what the person is saying even if you doubt their honesty**
- **Ignore warning signs that the person is becoming more agitated and you need to end the visit/meeting**
- **Avoid difficult conversations - think about your safety while you have them**
- **Accept the parent/carers version of events on face value, make sure you corroborate what they are telling you**
- **Focus on less contentious issues like housing**
- **Appease the person or minimise the concerns, filter any negatives out or keep quiet about your worries**
- **Withdraw or back off due to fear – speak to your supervisor/line manager about how you feel and how to manage the situation safely – your organisation has a duty to keep you safe**
- **Be over optimistic about any changes being made, they need to be sustained for at least six months before they are embedded according to research**

#### **5. Potential impact on the child/adult at risk**

Accurate information and a clear understanding of what is happening to a child or adult at risk within their family and/or community are vital to any safeguarding response.

The usual and most effective way to achieve this is by engaging parents, carers, the child(ren) or adult(s) in the process, reaching a shared view of what needs to change and what support is needed, and jointly planning the next steps.

Communication and interaction with someone who is resistant or even violent and/or intimidating is obviously more difficult. The behaviour may be deliberately used to keep professionals from communicating and interacting with them, keeping them from the child/adult at risk and other people in the situation.

There may be practical restrictions to the ordinary ways we would work with people – e.g. seeing the child/adult alone, observing the child/adult in their own home/hospital etc. The usual sources of information/ alternative perceptions from other professionals and other family members may not be available because no one can get close enough to the family.

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

**Practice Tips: Assessing Risk to Child/Adult**

**ALWAYS CONSIDER:**

- **What do these behaviours mean for the safety and wellbeing of the child/adult at risk?**
- **What are their daily lives like, living in these environments, with these parents/carers?**
- **What is the likely current, or future impact on the child/adult at risk from living in this situation and being exposed to these behaviours?**
- **Do they appear afraid? Displaying ‘frozen watchfulness’?**
- **Are they minimising the behaviour and/or seeking to appease the person who is resistant?**
- **Has the child/adult at risk become desensitised to these behaviours? Do they act as if this is a usual response from the person?**

### **5.1 Professional Curiosity and Challenge**

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

Professional curiosity requires practitioners to think ‘outside the box’, beyond their usual professional role, and consider families’ circumstances holistically. It is important when working with families who are displaying resistant behaviours.

There is a continuum of behaviours from parents or carers on a sliding scale, with full co-operation at one end of the scale, and planned and effective resistance at the other. Professionals need to ensure they are corroborating information from parents/carers through discussions with other professionals, family members, observations of the family functioning and the needs and accounts of the child or adult at risk. The latter must always take precedence.

To retain focus, it is helpful for professionals to:

- concentrate on the needs, voice and ‘lived experience’ of the child, young person or adult at risk
- avoid focussing too extensively on the needs and presentation of the parents or carers – whatever their behaviours may be
- focus on change in the family dynamic and the impact this will have on the life and well-being of the child or adult at risk

## **6. Potential impact on practitioners**

Experiencing threats, intimidation and violence should never be seen as 'part of the job'. Working in this context can be extremely difficult for practitioners whatever their role. We are also human beings with lived experiences, feelings and thoughts. We may have experienced trauma in our own lives and this conflict can remind us of how we felt then, causing us to respond with fight, flight, freeze or flop (paralysis).

Exposure to conflict of any kind can impact on us personally and professionally in a variety of ways and if there is chronic exposure, it can lead to an adrenaline-led response, which may over or underplay the threat. We may not take other people's worries so seriously as a result.

We can inadvertently become desensitised to the risks presented by the parent/carer to the child/adult at risk, or even to the risks presented by the people to themselves (i.e. the practitioner).

We may experience shock, fear, distress, anger, feeling powerless and this can lead us to doubt ourselves and lose confidence in our abilities. At the extreme end of the spectrum this could also lead to:

- Sleep disturbance
- Hyper vigilance
- Preoccupation with the event or related events
- Physical and mental illness
- Other post-traumatic stress symptoms

It is often assumed, there is a higher level of risk of hostility and violence from men than from women and that male professionals are less likely to be intimidated. These false assumptions decrease the chances of recognition and support for male colleagues.

Male practitioners may find it more difficult to admit to feeling compromised; colleagues and managers may not recognise their need for emotional support. This may be particularly true if the perpetrator of the violence is a woman or young person. In addition, male practitioners may be expected to work with a disproportionate number of people who are resistant.

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. There is also a risk that professionals fail to respond to concerns, whether for the child/adult at risk or for their own protection.

Violence and abuse towards professionals based on their race, gender, disability, perceived sexual orientation, age etc. can impact upon a person's identity and self-image.

Supervisors/line managers should be mindful of an individual's need for support in light of this.

Feeling threatened can sometimes cause us to 'lose sight' of the child/adult at risk and cause us to behave in an unhelpful and unhealthy way, sometimes replicating the resistant behaviours we are trying to manage. This is a frequently identified theme in Child & Adult Practice Reviews.

Behaviours to be aware of:

- 'Backing off', leaving the child/adult at risk unprotected
- Withholding services that might reduce the risk to a child/adult at risk
- Appeasing and minimising to avoid conflict
- Being hostile and confrontational due to feeling threatened
- Professionals blaming each other and colluding with the family
- Those not feeling under threat can find themselves taking sole responsibility, which can ultimately increase the risk to themselves
- Those feeling 'approved of' may feel personally gratified as the family 'ally' with them but are then unable to recognise / accept risks or problems.
- Those feeling under threat may feel it is 'personal'.
- Our approach to assessment and planning can become chaotic and unfocused

## **6.1 Keeping yourself safe**

Professionals have a responsibility to plan for their own safety, just as the agency has the responsibility for trying to ensure their safety. Professionals should consult with their line manager to draw up risk management plans and strategies to protect their own safety and that of other colleagues (refer to your own agency's own procedures and protocols). There should be clear protocols for information sharing (both internal and external). Agencies should ensure that staff and managers are aware of where further advice can be found.

Professionals working outside their usual base, e.g. visiting people in their home should:

- Consider the time of the visit. Home visits in which risk has been identified, should be undertaken in daylight whenever possible
- Consider whether to have a colleague or supervisor/manager accompany them
- Take a mobile phone and/or a personal alarm with them
- Consider whether the visit should take place at a neutral venue
- Make sure that colleagues/supervisors/managers are aware of where they are going and when they should be back and any particular vulnerabilities/risks associated with this person/family/venue
- Make sure they follow the procedure for out of hours/end of the day/beginning of the day visits so that safety measures can be instigated if they do not return at the agreed time from a home visit
- Make sure their supervisor/manager has a mobile phone number and network for them, their car registration number, home address and phone number

- Make sure their family members know how to contact someone from work if they don't come home at the expected time
- Not go unprepared, be aware of the situation and the likely response
- Not make assumptions that just because they have not experienced violence/threatening behaviour previously from this person/family, that this will always be the same
- Not put themselves in a potentially violent situation - they should monitor and anticipate situations to feel safe and in control at all times
- Get out if a situation is getting too threatening.

Additionally, all professionals should consider:

- Taking basic precautions such as being ex-directory at home and having their name removed from the public section of the electoral register
- Ensure any personal use of social networking is secure and not accessible to service users or their families
- Requesting personal safety training from their supervisor/manager
- Whether it is possible for them to continue to work effectively with the family

If an incident occurs, professionals should:

- Try to stay calm
- Make a judgement about whether to stay or leave without delay
- Contact their Supervisor/Manager immediately
- Follow agreed post-incident procedures, including any recording required.

Professionals should not:

- Take the occurrence of an incident personally.
- Get angry themselves.
- Be too accommodating and understanding.
- Assume they have to deal with the situation and then fail to get out.
- Think they don't need strategies or support.
- Automatically assume the situation is their fault and that if they had said or done something differently the incident would not have happened.

## **6.2 The role of your organisation**

Organisations have a statutory duty to provide a safe working environment for their employees under the Health and Safety at Work legislation. This includes:

- Undertaking assessments to identify and manage the risks inherent in all aspects of the work.
- Providing a safe working environment.
- Providing adequate equipment and resources to enable staff to work safely.

- Providing specific training to equip professionals with the necessary information and skills to undertake the job.
- Ensuring that all staff/volunteers are made aware of relevant protocols and procedures in place.

Protocols and procedures must be in place that relate to the health and safety of staff, for example, lone working, using equipment, reporting health and safety/violence concerns.

Files and computer records should clearly indicate the risks to professionals, and mechanisms to alert other colleagues to potential risks should be clearly visible on all case files.

The organisation must ensure there is a culture that allows professionals to express fears and concerns and in which support is forthcoming without implications of weakness or failure.

The organisation must ensure that supervisors/managers have training that enables them to respond in a constructive and supportive way when staff express concerns.

#### **Suggested areas that agency policies need to cover:**

- **Lone Working**
- **Support to Workers who work outside normal working hours**
- **Risk Assessment**
- **Violence at Work – including how hostile and violent behaviour is recorded and flagged, how concern about hostile and violent behaviour is notified to other agencies/professionals and what and how appropriate incidents (e.g. threats to kill) are reported to police.**
- **Information Sharing.**
- **Staff/Volunteer Training Strategy that includes working with Resistance**

### **6.3 The role of supervisors/managers**

Supervisors/managers have responsibility for the day to day work of staff and volunteers. They need to have adequate training and support from senior managers and officers to enable them to do this in a way that keeps adults, children, staff and volunteers safe and promotes their wellbeing.

Supervisors/managers have specific responsibilities to ensure:

- The organisational culture of openness and support is developed, delivered and maintained within the team/service area they have responsibility for
- All staff/volunteers are aware of relevant protocols and policies that are in place to keep them safe and support that is available to them e.g. counselling, supervision, buddy system etc.
- They remain aware of and sensitive to, differences in the people they supervise/manage. Different people will require different kinds of support from their supervisors/managers when they are experiencing difficulties and/or facing resistance.
- The staff/volunteers they are responsible for have any appropriate training they need for the work that they do. This should include responding to resistance

- Time is allowed for professionals to work safely (e.g. Obtain sufficient background information and plan contact; discuss and agree safety strategies with the manager).
- They remain aware of the impact of any incidents on other members of the team.
- They are aware of the high incidence of under reporting of threats of violence and should be proactive in asking about feelings of intimidation and anxiety encouraging discussion in order to divert any potential problems
- When an incident has occurred the relevant protocols and policies are adhered to and safety measures are put in place immediately.
- Health and safety is regularly on the agenda of team meetings.
- Health and safety is part of new employee inductions.
- They pay attention to safe working when allocating workloads and strategic planning.
- They are aware of what is happening in communities and within their own staff teams.
- They consider informing other agencies about concerns.
- They pro-actively ask how staff are feeling and openly talk about how resistance can impact on staff so that this becomes common place and acceptable, whilst also ensuring people are aware of the support they can access.
- Staff members feel comfortable in asking for support when they need it. This includes ensuring a culture that does not accept intimidation, bullying, threats or violence from service users or colleagues.

#### **6.4 The role of supervision and support**

Each agency should have a supervisory system in place that is accessible to the professional and reflects practice needs. Professionals and their supervisors/ managers have a professional accountability to identify situations in which the behaviours of parent/carers/other family members is assessed to be impacting on a child/adult at risk and/or there are issues about the safety of other professionals or themselves.

Supervision needs to be a safe environment for the staff member/volunteer and one that prioritises their wellbeing as well as the wellbeing of the people they are supporting.

Staff/volunteers need to be reassured that their feelings are valid, whatever they are and that they will be supported to be safe. They must feel safe to express their concerns knowing that they will be listened to, taken seriously and this information will be acted on, without reflecting negatively on their ability to do their job or their professionalism.

Professionals will work in different settings, have different roles and responsibilities and bring their own experiences, skill and knowledge with them about interpersonal conflict. This means workers may have different thresholds for concern than their colleagues or supervisors. For example, swearing may really bother one worker but another worker will be very dismissive of this. That is why supervision/one to one sessions take place regularly and

more often, if there are situations in which the worker is being exposed to resistant behaviours.

Advice should also be sought from people within your agency who are safeguarding leads or have experience in safeguarding situations.

Supervision needs to be an open discussion about the impact of resistant behaviours on both the child/adult at risk and the staff member/volunteer. The staff member/volunteer should prepare for supervision and bring information relating to any violence / threats made. They should also be prepared to explore concerns, even where no overt threats have been made. Managers will not know about any concerns unless the professional reports them.

**Supervision Tips: Impact of the behaviours on the child/adult at risk**

- Have you observed any hostility, intimidation, threatened or actual violence from this parent/carer/family member?
- Is the behavior general and aimed at everyone, or does it happen in specific circumstances and/or with an individual in particular? For example, is it substance use related, linked to intermittent mental health problems/dementia?
- Are the behaviours directed towards the child/adult at risk, partners?
- What does this mean for the safety and wellbeing of the child/adult at risk and others in the family?
- What safety measures have we already put in place or could put in place?

**Supervision Tips: Impact of the behaviours on the staff member/volunteer**

- Have you been the subject of the person's hostility, intimidation, threats or actual violence yourself?
- Do you find this person's behaviour to be intimidating or threatening? Are these behaviours preventing the agency completing its task?
- How is this impacting on your feelings as a person and professional? Are you able to have difficult conversations with the person?
- How have you managed situations that you have observed or were the subject of? What kinds of safety measures have you already put in place? Do we need to put more safety measures in place?
- What safety measures can we put in place to support you working with this person/family that will make you feel safer?

A risk reduction/safety plan should be drawn up detailing how any identified risks can be managed or reduced. This should be clearly recorded in the supervision/one to one meeting notes. (Guidance on developing plans in Section 8)

## **7. Potential impact on multi-agency safeguarding practice**

Avoiding people who are hostile is a normal human response. However, it can be very damaging to the effective inter-agency work needed to protect children/adults at risk, which depends on pro-active engagement by all professionals with the family. Collusion and splitting between professionals and agencies will be reduced by:



- Having a clear plan, known to all agencies and to the family, detailing each professional's role and the tasks to be undertaken by them
- All professionals attending and fully participating in regular multi-agency meetings, core group meetings and child protection conferences; with all agencies owning the concerns for the child/adult at risk and collectively managing resistant behaviour

Although it is important to remain in a positive relationship with the family as far as possible, this must not be at the expense of being able to share real concerns about intimidation and threat of violence. Options that professionals can consider when involved in a multi-agency meeting are:

- Discussing with the Chair of a meeting the option of excluding the person (completely or for part of the meeting) if the information shared is likely to lead to the person exhibiting threatening, intimidating or violent behaviour
- Sharing concerns, information and strategies and produce an effective plan that keeps everyone safe, with shared decision-making and responsibility.
- When such meetings are held, there must always be an explicit discussion about what, how and when to share information with the family. Confidential discussions are unlikely to remain secret and there are legal obligations to consider in any event. The aim should always be to empower professionals to become more able to be direct and assertive with the family without compromising their own safety.
- Producing and regularly reviewing the risk reduction/safety plan
- Informing other agencies when professionals have experienced threats, intimidation and/or physical violence.

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 and should alert them to the nature of the risks as they occur.

Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of multi-agency working. When working with people who are resistant to the safeguarding process, the need for collaboration and trust is even more critical.

It becomes particularly important that everyone is:

- Sharing all relevant information promptly
- Aware of the impact of hostility on their own response and that of others
- Respectful and not dismissive of the concerns of others
- Actively supportive of each other and aware of differing agency protocols and constraints
- Open and honest when disagreeing and if this cannot be resolved practitioners must refer to the CTMSB protocol for Concerns in Relation to Inter-Agency Safeguarding Practice (CRISP)

- Aware of the risks of collusion and of any targeting of specific professionals/agencies.
- Prepared to discuss strategies if one agency is unable to work with a family.

In the same way that individual professionals can unwittingly respond in an unhelpful way when faced with resistant behaviours, the multi agency network can also be adversely affected. The multi agency network needs to be alert to signs of:

- 'Backing off', leaving the child/adult at risk unprotected
- Withholding services that might reduce the risk to a child/adult at risk
- Appeasing and minimising to avoid conflict
- Being hostile and confrontational due to feeling threatened
- Professionals blaming each other and colluding with the family
- Those not feeling under threat can find themselves taking sole responsibility, which can ultimately increase the risk to themselves
- Those feeling 'approved of' may feel personally gratified as the family 'ally' with them but are then unable to recognise / accept risks or problems.
- Those feeling under threat may feel it is 'personal'.
- Our approach to assessment and planning becoming chaotic and unfocused

In circumstances such as these, professionals in the multi- agency network must agree whether or not it is possible to gather the information required for an assessment of needs, or whether the plan in place is effectively safeguarding the child/adult at risk.

Ultimately, they must question whether it is possible to implement an effective multi agency plan and if not consider what further action needs to be taken. This could include escalation of concerns via the [CRISP protocol](#) or the lead agency for the plan seeking legal advice about how better to protect the child/adult at risk.

Discussion in multi agency meetings, for example, a core group or care and support meeting, should be focused on what people are worried about, why they are worried about it, what the impact could be now/in the future and what measures can be put in place to reduce risk and increase safety. This discussion relates to the child/adult at risk, but when there are risks posed to staff, these questions are just as relevant.

If there is already a multi agency plan in place, for example, a Care and Support Protection plan the safety measures that need to be implemented, should be included within it. If not, there should be a separate risk reduction/safety planning document that is shared with all relevant personnel.

### **Information Sharing Tips**

Careful consideration needs to be given to disclosing personal information about an individual, but the law is not a barrier to sharing information when you have concerns that a child/adult is at risk.

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 in ensuring the safety of the child/adult at risk and the professionals providing them with support.

## **8. Developing a Risk Reduction/Safety Plan**

Ideally, there will be time to consider the potential risks people pose through their behaviours before the first contact. However, it is acknowledged that at times, there may be little information about people and urgent situations requiring an immediate response. At a minimum, even in these circumstances, staff/volunteers should always check their own agency records to see if there are any risks indicated and plan accordingly with their supervisor/manager.

When developing a risk reduction/safety plan that involves potential risk to themselves and others professionals need to consider:

- What happened? What are we worried about? Describe the behaviours, what was said etc
- When did it happen?
- Where did it happen? To whom?
- What were the circumstances/context of it happening?
- What is the likelihood of this happening again?
- What is the potential outcome if this happens again?
- Who may be at risk and how?
- What measures need to be put in place to keep everyone safe?
- Who is responsible and when will this be completed?

Some agencies will have a format for the health and safety risk assessment of staff and this will also need to be completed, regularly reviewed and kept on the personnel file of the staff member.