



**LSCB Policy and Procedures
Supplementary Guidance
Practice Guidance on
Working with families who are reluctant to
engage**

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The purpose of this practice guidance

The purpose of this guidance is to assist professionals in working with children, young people and their families in circumstances where they are working with 'involuntary clients'.

Involuntary clients are defined as:

The recipients of direct service who either did not ask for the service, may not be willing to accept the service and may not see the possible gain from the service, yet must be regarded as clients'

(Ref: adapted from Calder 2008)

Involuntary clients can sometimes be described as 'resistant clients', or families 'who won't engage'. Research identifies that the term resistance sits on a continuum;

At one end, a certain degree of reluctance on the part of the parents, who may know they need help but find it hard to accept, this is to be expected. At the other end, we find a small number of highly manipulative parents who are very accomplished at misleading child welfare professionals'.

(Ref C4EO 2010)

Tony Morrison (2006) identified that change is a complex journey and described seven sequential elements of motivation to change, which he argued was necessary for lasting change in families:

1. I accept there is a problem
2. I have some responsibility for the problem
3. I have some discomfort about the impact, not only on myself ,but also on my children
4. I believe things must change
5. I can be part of the solution
6. I can make choices about how I address the issues
7. I can see the first steps to making the change/ can work with others to help me

Morrison (2008) identifies that non-acceptance at these stages produces forms of resistance and parents in one household may respond differently.

Research identifies that the behaviour of a worker can make a difference in many situations in respect of engaging resistant clients (Calder 2008), as a result the principles that underpin this guidance are crucial, as applying these will impact on how we approach children and families;

- The needs of children/young people are paramount

- Families in need of intervention can make changes
- Staff are fully equipped with a wide range of communication and engagement skill
- We will be honest and clear with families about concerns and what needs to happen
- We will be child focused in our work and ensure that staff are competent in communicating and engaging with children
- Adults working with children and families will be tenacious and committed and not give up
- A risk sensible approach will be adopted and implemented when working with children and their families
- We will work respectfully with children, young people and their families and recognise diversity and apply anti-discriminatory and anti-oppressive practice

Why is engagement with families important?

The Munro Review of Children Protection (2012) emphasised that building a purposeful relationship with children, parents and families is a minimum capability for child and family work. Communication and engagement skills are considered as basic skills that workers need to demonstrate when working with children, young people and their families. Most importantly research has demonstrated that how a worker engages with a family can impact on the effectiveness of their interventions with the family (Calder 2008) and this can have significant implications on the safety and wellbeing of a child.

Purposive engagement with children and families is also important to workers. Research has demonstrated that workers found certain behaviours of parents challenging and were unsure of how to respond particularly when families did not engage, avoided the workers and / or were hostile or violent.

The management of risk

Munro (2002) identified that risk management has become increasingly important in safeguarding children. Safeguarding children operates within a context of risk and not all risk can be eliminated, however risk assessment and management are fundamental elements of the assessment, plan and review process around children and young people. North Lincolnshire has a Risk Analysis Framework.

The LSCB has endorsed the Health and Well Being Board Risk Principles, these are:

1. Maintaining or achieving the safety, security and well-being of individuals and communities is a primary consideration in risk decision making.
2. The standard expected and required of those working in our communities is that risk decisions are consistent across the services and professions and consideration is given to ensuring that risks are not just passed to other services to take responsibility.
3. Harm cannot be totally prevented it is the quality of the decision making that a person is judged on.
4. Good risk-taking should be identified and celebrated and staff that make decisions consistent with these principles should be encouraged and supported.
5. All partners agencies should consider and assess their decisions and impact on other services/agencies before action is taken and inform partners of strategic decisions
6. There should be openness and transparency in decisions that impact on others

This approach to risk supports the principles that underpin the Children Act 1989, that recognise the paramountcy of a child's welfare. Practitioners must ensure that this ethos is at the forefront of assessments, interventions and evaluations and that multi agency practice is grounded in this ethos and not upon a risk averse culture, which safeguards the organisation and does not meet the needs of an individual child. In addition it involves not trying to displace risk from 1 agency/ individual onto another.

Identifying types of resistance demonstrated by involuntary clients

Dale et al, 1986 (cited in Calder 2008) identified four categories of resistance

1. Hostile resistance- overt anger, threats, physical intimidation and shouting
2. Passive- aggressive resistance- conveyed under a guise of niceness or obsequiousness with overt compliance with antagonism, anger, and the suppression of explosive behaviours
3. Passive- hopeless resistance- a more overt presentation demonstrated by tearfulness, immobility and an attitude of despair towards any help that is offered
4. Challenging resistance- which is manipulative behaviour along the lines of 'cure me if you can'.

The behaviour that can be demonstrated by parents/ carers may be;

- **Ambivalent:** for example if 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. All service users are ambivalent at some stage in the helping process which is related to the dependence involved in being helped by others. It may reflect cultural differences, being unclear what is expected, or poor experiences of previous involvement with professionals. Ambivalence may need to be acknowledged, but it can be worked through;
- **Avoidant:** a very common 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). They 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 professional is resolute in their intention, and may become more able to engage as they perceive the professional's concern for them and their wish to help;
- **Confrontational:** includes challenging professionals, provoking arguments, extreme avoidance (e.g. 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's good intent and be suspicious of their motives. It is important for the professional 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 professional / agency will not give up. This may require the professional to cope with numerous displays of confrontation and aggression until eventual co-operation may be achieved;
- **Violent:** 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 longstanding fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. The professional / 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.

Research has identified that there can be 4 potential responses to change efforts by parents/ carers (from Howarth and Morrison 2000 cited in Calder 2009)

<p>Genuine commitment Parent recognises the need to change and makes real efforts to make these changes</p>	<p>Tokenism Parent will agree with the professionals regarding the required changes but will put little effort into making change work. While some changes occur they will not have required any effort from the parent</p>
<p>Compliance/ approval seeking Parents will do what is expected of them because they have been told to do it. Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change</p>	<p>Dissent/ avoidance Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process. The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process.</p>

There may be reasons for the behaviour demonstrated by parents/ carers and Compton and Galaway (1999) suggest that there are 5 barriers to engagement, the first 4 can refer to the behaviour of the worker

- 1) Anticipating the other: we do not listen carefully if we believe we know what the other person is going to say, as we are anticipating the message
- 2) Failure to make the purpose explicit: if we fail to make the purpose of the contact explicit then the worker and the client may have a different, even contradictory idea of what the purpose is and will interpret each other's communications in light of this
- 3) Premature change activities: efforts to effect change will fail where the worker attempts change efforts without clearly understanding what the client wants and whether that change is feasible. Change efforts should be based on the clients understanding of the problem and what they want done about it.
- 4) Inattentiveness: if our mind wanders during the contact, then the communication process is compromised

The last refers to the client's behaviour;

- 5) Client resistance: the barriers that clients create can be thought of as forms of resistance against entering into a problem solving process.

The importance of the worker

Research (Calder 2008) identified that how a worker engages with a family can make a significant difference, from his work he identified that the following made a difference to families:

- Being treated with respect, dignity, as a human being, for example: *'she asked me what I needed instead of ordering me around'*
- Feeling supported, listened to rather than judged, workers being transparent, empathetic and congruent for example: *saw my strengths, took time to listen'*
- Feeling they were helped, workers being reliable and committed for example: *'kept my child in mind'*

Recognition that many parents may feel hostile or unhappy about working with statutory services is important and a fundamental part of engagement is developing co-operation between the parents/carers and the worker. Research identifies that families need a collaborative approach that shares power as much as possible, the worker needs to acknowledge and respect the client's own expertise in the situation rather than just being driven by their own perceptions as an 'expert'. (Turnell and Edwards 1999)

The following qualities are identified as conducive to a partnership approach:

- A shared commitment to negotiation and actions on how best to safeguard the child
- Mutual respect for each other's point of view
- Recognising the unequal nature of power between parents and professionals
- Recognising that parents have their own needs which should be addressed
- Good communication skills by professionals
- The establishment of trust between all parties
- Integrity and accountability on the part of the parents and professionals
- Shared decision making
- Joint recognition of constraints on services offered
- Recognition that partnership is not an end in itself

It is important for workers to understand that there may be a variety of reasons why some families may demonstrate resistance towards working with professionals, such as they:

- Do not want their privacy invaded;
- Have something to hide;
- Refuse to believe they have a problem;
- Resent outside interference;
- Have cultural differences professionals have not acknowledged
- Lack understanding about what is being expected of them;
- Have poor previous experience of professional involvement, including staff changes

- Dislike/fear or distrust authority figures;
- Fear their children will be taken away;
- Fear being judged to be poor parents because of issues such as substance misuse, mental health problems;
- Feel they have nothing to lose (e.g. where the children have already been removed)

Other factors that could be associated with resistance are:

- Isolation;
- Stress and violent experiences in childhood;
- Disinhibiting effects of alcohol and certain drugs;
- Mental Illness;
- Some psychotic states;
- Learning disability;
- Medical or social history indicating a low tolerance of frustration and the potential for violence.

Research identifies the importance of assessment in understanding what is happening in families, analysing parents functioning their past and current behaviours and the meaning of the child in the family. The opportunities for assessment are at the early help stage using the Early Help Assessment, or when the threshold for statutory intervention has been met under section 17 or section 47 of the Children Act 1989.

It is important to engage the parents/carers and child in the process of assessment so that it is something they are involved in as opposed to something done to them. Crucial within this is the importance of reaching a shared view of what needs to change and what support is needed, and jointly planning the next steps.

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 play and may not be aware that the local authority and partner agencies have a statutory role in safeguarding children.

Professionals should seek to consider, as part of their assessment, when there is a possibility that cultural factors are making a family resistant to having professionals involved. Professionals should be;

- Aware of dates of the key religious events and customs;
- Aware of the cultural implications of gender;
- Acknowledge cultural sensitivities and taboos e.g. dress codes.

Professionals need to ensure that parents understand what is required of them and the consequences of not fulfilling these requirements, throughout. Professionals must consider whether:

- A parent has a low level of literacy, and needs verbal rather than written communication;
- A parent needs translation and interpretation of all or some communications into their own language;
- It would be helpful to a parent 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.

Research identifies that assessments should not rely on exclusively interviewing parents about their parenting skills but should also include observing parent-child dynamics in order to assess caregivers actual parenting as distinct from how they describe parenting.

The importance of using a strength based approach has also been demonstrated through research (C4EO 2010, Turnell and Edwards 1999), however the identification of strengths should not lead to an oversight of weaknesses and offset these.

Engaging with a parent who is resistant or even violent and/or intimidating is difficult. The behaviour may be deliberately used to keep professionals from engaging with the parent or child, or can have the effect of keeping professionals at bay. There may be practical restrictions to the ordinary tools of assessment (e.g. seeing the child on their own, observing the child in their own home 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.

Professionals from all agencies should explicitly identify and record what areas of assessment are difficult to achieve and why, in line with their own agency recording policy.

The presence of violence or intimidation needs to be included in any assessment of risk to the child living in such an environment. The professional should also reflect on how the presence of violence or intimidation has affected them and how it might feel for a child in that environment.

Disguised compliance

The term 'disguised compliance' was 'penned' by Reder and Duncan (1993) in their book 'Beyond Blame', and is used to describe a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention and the close the relationship down and neutralise the professional's authority and maintain the previous status quo. (Reder and Duncan 1993) Most recently this term has been used more commonly in serious case reviews and the most recent high

profile review, which used this term to describe a parents behaviour was the serious case review into Peter Connelly (Baby P).

Factors, which may indicate and evidence, disguised compliance:

- No significant change at reviews despite significant input;
- Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work;
- Change does occur but as a result of external agencies/resources not the parental/carers efforts;
- Change in one area of functioning is not matched by change in other areas;
- Parents/carers will engage with certain aspects of a plan only
- Parents/carers align themselves with certain professionals.
- Child's report of matters is in conflict with parents report.

Workers may believe they have engaged in a positive way with parents/carers in addressing risk and working towards change however this may not be the case. As a consequence the following may happen:

- Cases can drift;
- Risks are not reduced;
- Risks may actually be increased; and
- Workers may fail to recognise significant issues of concern, misinterpret vital information and lose interagency communication.

Throughout the plan and review process it is important that demonstrable change is evidenced and where change is not occurring as per the plan this is addressed with the family and with the workers supervisor as to the next steps.

The child therefore remains in a high risk, unprotected environment.

Hostile And Threatening Clients

Fear of violence can be a significant concern for professionals who are working with children and families. The importance of safety for the staff member is a concern for the individual and the organisation by which they are employed. Where a professional fears violence or a parent is aggressive the worker needs to ask themselves if they feel unsafe in the house, how does the child feel? (Clever et al 1998)

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

- Colluding with the parent/s by avoiding conflict, e.g.:
 - Avoiding contact in person (home visits);

- Using remote contact methods (e.g. telephone and letter contact instead of visits to see the child);
 - Accepting the parent's version of events unquestioningly in the absence of objective evidence;
 - Focusing on less contentious issues such as benefits/housing;
 - Avoiding asking to look round the house, not looking to see how much food is available, not inspecting the conditions in which the child sleeps, etc;
 - Focusing on the parent's needs, not the child's;
 - Not asking to see the child alone;
- Changing their behaviour to avoid conflict;
 - Filtering out or minimising negative information;
 - Conversely, placing undue weight on positive information (the 'rule of optimism') and only looking for positive information; Fear of confronting family members about concerns;
 - Keeping quiet about worries and not sharing information about risks and assessment with others in the inter-agency network or with managers.

The professional needs to be mindful of the impact the hostility may be having on the day-to-day life of the child and when considering what the child is experiencing.

The child may:

- Be coping with their situation with 'hostage-like' behaviour ;
- Have become desensitised to violence;
- Have learnt to appease and minimise (including always smiling in the presence of professionals);
- Be simply too frightened to tell;
- Identify with the aggressor.

Professionals in all agencies should consider:

- Whether the child is keeping 'safe' by not telling professionals things;
- Whether the child has learned to appease and minimise;
- The child is blaming themselves;
- What message the family is getting if the professional/agency does not challenge the parent/s.

Impact on the professional as a result of hostility/ violence

When workers feel fear, discomfort or unease as a result of working with families where they are experiencing hostility, aggression and threats of violence, it can impact on their engagement with families and their ability to put the safeguarding needs of the child at the centre. Suspicions of child abuse may not always be as thoroughly investigated or followed through as they might otherwise have been.

For example worker may;

- Only one ring at the door bell;

- Only wait 5 minutes for family to arrive for an appointment;
- Not challenge when appointments are missed or client turns up late; and
- Accept unlikely explanations.

To challenge parents/carers may, in the mind of the worker, produce a violent response or affect the possibility of any positive professional relationship, as a result this may result in professionals colluding with the family and failing to protect the child.

Professionals in all agencies should ask themselves whether:

- They are relieved when there is no answer at the door;
- They are relieved when they get back out of the door;
- They say, ask and do what they would usually say, ask and do when making a visit or assessment;
- They have identified and seen the key people;
- They have observed evidence of others who could be living in the house;
- In cases of high need adults (e.g. Domestic Abuse, mental health, etc.) they only work with that adult (rather than both parents even when the other parent is a perpetrator of domestic violence).

Professionals should keep asking themselves the question: what might the child be feeling living in this situation? Consider how safe a child is in this environment and whether you need to take any emergency actions.

Importance on multi agency working

Multi agency working is essential in safeguarding children and there should be a clear and agreed plan of intervention in place where multi agencies are involved with a family.

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.

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.

When parents are only hostile to some professionals/ agencies or where professionals become targets of intimidation, the risk of breakdown in inter-agency collaboration is probably at its greatest. Any pre-existing tensions between professionals and agencies or misunderstandings about different roles are likely to surface.

The risks of splitting between professionals/agencies with tension and disagreement taking the focus from the child e.g.:

- Professionals or agencies blame each other and collude with the family
- Those not feeling under threat can find themselves taking sole responsibility which can ultimately increase the risk to themselves
- Those feeling approved of may feel personally gratified as the family ally but then be unable to recognise/ accept risks or problems
- Those feeling under threat may feel it is personal
- There is no unified and consistent plan
- The children may not be seen

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, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working. When working with hostile or violent parents, the need for very good inter agency collaboration and trust is paramount and is also likely to be put under greatest pressure. It becomes particularly important as everyone is;

- Aware of the impact of hostility on their own response and that of others
- Respectful of the concerns of others
- Alert to the need to share relevant information about safety concerns
- Actively supportive of each other and aware of the differing problems which different agencies have in working within these sorts of circumstances
- Open and honest when disagreeing
- Aware of the risks of collusion and of any targeting of specific professions/ agencies
- Prepared to discuss strategies if one agency (e.g. health visitor) is unable to work with a family. In circumstances such as these, professionals in the multi-agency network must agree whether or not it is possible to gather information or monitor the child's wellbeing, and ultimately whether it is possible to have a truly multi agency plan.

Professional's should make every effort to understand why a family may be uncooperative or hostile and the following may support engagement and improve co-operation:

- Keep the relationship formal though warm, giving clear indications that the aim of the work is to achieve the best for their child/children;
- Being clear about their professional and/or legal authority;
- Continuously assessing the motivations and capacities of the parent/s to respond co-operatively in the interests of their child/children;
- Confronting uncooperativeness when it arises, in the context of improving the chances of a favourable outcome for the child/children;
- Engaging with regular supervision to ensure that progress with the family is being made and is appropriate;
- Communicating with other professionals involved with the family to ensure progress with the family is appropriate and as per the plan of intervention.
- Helping the parent to work through their underlying feelings at the same time as supporting them to engage in the tasks of responsible child care;
- Being alert to underlying resistance and possibly disguised compliance despite every effort being made to understand and engage the parent/s;
- Being willing, in such cases, to take appropriate action to protect the child/children

Support for professionals and the role of Supervision

The Health and Safety Executive defines work-related violence as:

- Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.

This includes sexual and racial harassment, and threats to family and property.

Violence and abuse are NOT part of the job.

Violence against child care workers (both staff and volunteers) remains a concern. The threat of violence to a professional by aggressive parents needs to be challenged by the agency/ organisation. In dangerous situations professionals should not work alone.

Managers should encourage a culture of openness where their professionals are aware of the support available to them within their agency. Managers must ensure that staff members feel comfortable in asking for this support when they need it. This includes ensuring a culture that accepts no intimidation or bullying from service users or colleagues.

Professionals must feel safe to admit their concerns knowing that these will be taken seriously and acted upon without reflecting negatively on their ability or professionalism.

Discussion in supervision should examine whether the behaviour of the service user is preventing work being effectively carried out. It should focus on the risk factors for the child within a hostile or violent family and on the effects on the child of living in that hostile or aggressive environment.

An agreed action plan should be drawn up detailing how any identified risk can be managed or reduced. This should be clearly recorded in the supervision notes. The action plan should be agreed prior to a visit taking place.

The importance of supervision is stressed regularly within reviews of serious cases and it is essential:

- When a practitioner feels overwhelmed and lacks confidence, especially when this leads to a failure to take key decisions
- Where practitioners experience direct violence or threats of violence, as this impedes their ability or willingness to support resistant families
- Where practitioners are simply 'acting out' their own strong feelings, working in child protection is known to evoke powerful emotions and practitioners require support to make sense of them.

With the help of their manager/ supervisor, professionals should be alert to, understand and avoid the following responses:

- Seeing situations as a potential threat and developing a 'fight' response or becoming over-challenging and increasing the tension between the professional and the family. This may protect the professional physically and emotionally or may put them at further risk. It can lead to that professional becoming desensitised to the child's pain and to the levels of violence within the home;
- Colluding with parents by accommodating and appeasing them in order to avoid provoking a reaction;
- Becoming hyper alert to the personal threat so the professional becomes less able to listen accurately to what the adult is saying, distracted from observing important responses of the child or interactions between the child and adults;
- 'Filtering out' negative information or minimising the extent and impact of the child's experiences in order to avoid having to challenge. At its most extreme, this can result in professionals avoiding making difficult visits or avoiding meeting with those adults in their home, losing important information about the home environment - managers should monitor the actions of their staff to ensure they pick up this type of behaviour at an early stage through case files audits;

- Feeling helpless / 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 there is only minimal evidence about the child's situation.

The professional should prepare for supervision and bring case records relating to any violence/threats made. They should also be prepared to explore 'uneasy' feelings, even where no overt threats have been made. Managers will not know about the concerns unless the professional reports them. By the same token, managers should be 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 of this as a potential problem.

Agencies should have a clear protocol/ procedure in place for managing risks to staff, including threats of violence and aggression. There should also be a risk assessment process in place for assessing and managing risks to workers. Workers should be fully involved in the risk assessment process. The risk assessment should consider;

- Is there a history of violence?
- Should you be visiting in pairs?
- Do you need to consider whether it is a man or woman who works with that particular person?
- How might the person using the service interpret what you are doing?
- Are you recording thoroughly what the assessment is and the plan for managing the risks
- Are you regularly re- assessing the risks to yourself and others

Risks can be reduced by ensuring;

- Having a procedure in place and followed if an alarm is raised (whether in an office or care setting or from a lone worker).
- Workers are skilled in their work and have a confident, calm, professional approach that demonstrates understanding, empathy and respect.
- People who use services, people who manage their own services, and carers are
 - well informed and given information that is jargon-free.
 - respected for their experience, expertise, history and culture.
 - involved in planning safe practice, environments and training.
- Accurate and detailed records are kept and that information is shared appropriately regarding the risks.
- Staff have had the necessary training to recognise the signs that indicate a person is becoming agitated and that the situation is escalating to possible violence
- Workers are adequately trained in the recognition of mental health issues which may result in violent or aggressive behaviour

- Workers are trained to understand how their own behaviour can escalate or de-escalate the situation.
- Workers know the procedures and how to use them when a situation gets out of control including finding a way to leave
- Workers have adequate technology including phones, alarms etc.
- Incidents are reviewed and learnt from

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