



Defence
Children
Services

Early Help toolkit

Resistant families: Identifying disguised compliance



Introduction

Some families may refuse to consent or co-operate when early help is suggested. Sometimes verbal consent will be given and then withdrawn when a professional or practitioner attempts to engage the family.

If an early help recommendation results as part of the step-down plan, contact the local social care team for advice about whether this non engagement increases risk to the child.

Disguised compliance

Disguised compliance, resistance and denial is sometimes a feature of families we support through the early help process. Apparent resistance may be the result of fear, stigma, shame, denial, ambivalence, or the parent's lack of confidence in their ability to change or lack of insight into their parenting capability and the impact on their children.

Disguised compliance is defined as involving...

"A parent or carer giving the appearance of cooperating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention." NSPCC Disguised Compliance, 2019

It can be used to steer the practitioner's attention away from concerns.

Indicators of disguised compliance can include:

- A lack of measurable progress at reviews, despite apparent effort and co-operation from parents.
- Parental agreement to change but not completing agreed actions to achieve it.
- Change occurring due to the efforts of other agencies rather than the parents.
- Inconsistency in the areas where change is achieved with parents opting to work with some practitioners and not others or on some actions and not others.
- Children's views differing significantly from that of the parents.
- Missed appointments and children not being taken to appointments.
- Exaggerated co-operation and compliance.
- Attempts to minimise practitioners' concerns or denial of the impact of the lived experience of the child.
- Aggressive or threatening behaviour when challenged.
- Unjustified claims of progress being made, or actions carried out, and a refusal to discuss key issues whilst focussing on others that have less or no impact for the child.

Some parents may be resistant to the involvement of practitioners, rather than resistant to change, particularly where they feel practitioners are excising power over them instead of working with them in a supportive manner. In turn, practitioners may think they need to change their approach and exert a more controlling stance to drive

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Resistant Families: Identifying Disguised Compliance

home the importance of the work. Consider the practitioner relationship with parents and ensure parents feel respected. Avoid judgmental language or assertions about their behaviours or motivation.

Be alert to the risk of collusion with parents. Where parents appear co-operative, remain open to hearing the voice of the child throughout the process and always measure parents' assertions there has been progress against the child's lived experience. See and speak to the child regularly.

Ensure there is evidence of improvement using assessment tools, observations, and data e.g., attendance records and developmental checks etc - do not rely solely on the parents' views to measure success. Cross check against the evidence, maintain 'respectful uncertainty' and check what parents say with other practitioners.

Without evidence, do not be over-optimistic about progress. Share information with other practitioners regularly and check on their view of progress made to challenge your assumptions.

Challenge your approach with the family through case discussion, be aware of your own feelings and emotions if the family are not working within the plan and achieving the required goals. The Early Help coordinator can be contacted for consultation if you are concerned about possible disguised compliance.

Hypothesise about possible underlying issues that parents may not want to face, this may be their own experiences, family history or background. Consider evidence carefully and reflect on the quality of parental engagement and motivation to change when progress is not being achieved.

Where parents are openly hostile or aggressive, consider risk to the practitioner and discuss the strategies needed to overcome this with other practitioners working with the family. Re-evaluate risk to the practitioner and the child regularly.

Key messages

The quality of the relationship between the practitioner and the family makes the most significant impact on the effectiveness of the engagement.

Persistence of practitioners to engage the family in the offer of support at the earliest opportunity is critical. A key feature in many serious case reviews has been the lack of perseverance of practitioners to engage the family in the offer of support as well as the lack of co-operation and/or hostile attitude of a small number of parents/carers.

Adopting a child centred whole family approach is key; be mindful that child and parental issues do not sit in isolation.

Families who present with a range of multiple and complex needs require a clear and timely plan of support rather than episodic interventions if long term sustained change is to be achieved. This may be identifying short-term goals that can be achieved to enable the family to be successful.

Consider the risks to the child when working with resistant parents or care givers.