

What is disguised compliance?

Professional curiosity or respectful uncertainty is needed when working with families who are displaying disguised compliance. **Disguised compliance** involves parents or carers giving the appearance of co-operating with agencies to avoid raising suspicions and allay concerns.

There is a continuum of behaviors from parents or carers on a sliding scale, with full co-operation at end of the scale, and planned and effective resistance at the other. Showing your best side or 'saving face' may be viewed as 'normal' behavior and therefore we can expect a degree of disguised compliance in all families; but at its worst superficial cooperation may be to conceal deliberate abuse; and many case reviews highlight that professionals can sometimes delay or avoid interventions due to parental disguised compliance.

The following principles will help front line practitioner's deal with disguised compliance more effectively:

- focus on the needs, voice and 'lived experience' of the child, young person or adult
- avoid being encouraged to focus extensively on the needs and presentation of the adults or carers – whether aggressive argumentative or apparently compliant
- think carefully about the 'engagement' of the adult or carers and the impact of this behavior on the practitioners view of risk
- focus on change in the family dynamic and the impact this will have on the life and well-being of the child or adult – this is a more reliable measure than the agreement of adults or carers in the professionals plan
- there is some evidence that an empathetic approach by professionals may result in an increased level of trust and a more open family response leading to greater disclosure by adults and children
- practitioners need to build close partnership style relationships with families whilst being constantly aware of the child or adult's needs and the degree to which they are met
- There is no magic way of spotting disguised compliance other than the discrepancy between an adult or carer's accounts and observations of the needs and accounts of the child or adult. The latter must always take precedent.

Disguised compliance, coercive control and families who are hostile or resistant to change

Definition

This guidance addresses issues that arise when working with families who are difficult to engage. Resistance may be expressed in aggression, in open refusal to cooperate, or in missed appointments and other forms of avoidance, or it may be masked by superficial cooperation. The common feature in all cases is failure to change, and a refusal or inability to acknowledge or address the risk to the child's welfare.

Risks and practice implications

The techniques by which parents/carers resist change tend to draw attention toward their needs and away from the child's needs, and to draw the focus of work toward achieving their cooperation rather than ensuring that the child receives adequate care. The effect of this is to create a situation in which the child remains at risk of significant harm and there is no sustained improvement in his/her care.

It can be more difficult for professionals to identify the challenges in working with parents who appear pleasant and amenable, 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'.

In some family relationships there can be a strong element of 'coercive control' occurring. Coercive control describes a range of patterns of behavior that enable a parent/carer to retain or regain control of a partner, ex-partner or children. 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 change their situation. In such situations victims 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 behavior of victims where there are high levels of fear and difficulties articulating the abuse and what makes them afraid. It is possible for professionals to unwittingly collude with the perpetrator, further isolating the victims within the family. Evidence suggests that perpetrators of coercive control do not easily cease their abusive behavior, often seeking to manipulate and control professionals or making allegations about the victims.

In such cases it is important that practitioners are professionally curious. **Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received.** It means not taking a single source of information and accepting it at face value. It means testing out your professional assumptions about different types of families. It means triangulating information from different sources to gain a better understanding of family functioning which, in turn, helps to make predictions about what is likely to happen in the future. It means seeing past the obvious.

Indicators

Resistance may be expressed in overt refusal to cooperate with services to protect children at risk of harm.

Resistance may be masked by outward compliance which is not carried through in practice, for example when parents/carers fail to carry out agreed tasks, or where there are repeated missed appointments. This is often referred to as Disguised Compliance.

Indicators of **disguised compliance** or resistance might 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 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

The possibility of resistance to change should be considered when interventions fail to provide timely improved outcomes for the child. However before concluding that a family is resistant to change, the professional should consider whether the parents/carers understand what is expected of them and why it is necessary.

Professionals should be conscious of the right of parents/carers to challenge any professional's interpretation of events, assessment of their child's needs, or assessment of risk to the child. This does not constitute resistance, provided that the child's safety and welfare is safeguarded.

Examples of **coercive and controlling behaviors** 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 (e.g. sexual activity) or make false allegations
- Involvement of wider family members/community; crimes in the name of 'honour'
- Manipulation of information given to professionals

Parents/carers who demonstrate resistance through **aggression or open hostility** towards professionals can be extremely intimidating. Behaviours may be deliberately used to keep professionals at bay, or can have the effect of keeping professionals at bay. Professionals may find themselves seeking to avoid difficult or challenging interventions with the family, either consciously or unconsciously, and this dynamic must be addressed during supervision in order to ensure that the safeguarding needs of the children in the family are firmly kept in focus.

Some coping strategies developed by professionals which can obstruct engagement with families are:

- **Seeing each situation as a potential threat and developing a 'flight' response** whereby the professional can be overly-challenging, thus increasing the tension between him or herself and the family. This may protect the professional physically and emotionally, but can lead to desensitisation to the child's pain and to the levels of aggression which exists within the home. As a result the harm to the child can be under-estimated. **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 professional becomes less able to listen accurately to what is being said 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 professionals 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. It is important to realise that where an individual is perceived as intimidating or 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, it is very likely that any children in that individual's care may be at risk.

Protection and action to be taken

When a professional feels that a family may be resisting change that is necessary to safeguard the child's welfare, they should:

- Assess the evidence;
- Consult other professionals;
- Revisit the causes for concern;
- Weigh the level of resistance and the seriousness of the concerns;
- Ensure that agencies coordinate their efforts; and
- Arrange a review of the risk assessment including the impact of delay on the child's development.
- Confirm parent/carer understanding of what is expected from them

The professional should check the records of contact with the family and estimate the size of the problem:

- If concerns arise because of failed contact, professionals should analyse the risk to the child. One failed contact may require immediate action, such as making a referral to the MASH, or if less urgent, may benefit from a discussion with other professionals to identify how often the family allows other practitioners to see the child, talk to them alone or check their living conditions;
- If the family cooperate in keeping contact, but no progress is evident, check whether clear expectations were stated, what tasks were agreed and what proportion of them were completed. Have certain tasks been completed satisfactorily? Have some tasks been agreed repeatedly but not carried out? What is the significance of the tasks that have and have not been addressed in terms of the child's welfare? Particular consideration should be given as to how the delay in change being achieved impacts on the child's development
- Consider any reasons the family give for their failure to progress. Are they plausible? What action can be taken to test whether the problems come from circumstances that are genuinely beyond their control or from a refusal to cooperate?
- If family members are hostile/aggressive assess how far their hostility is impacting on the assessment by considering the following questions:
 - Am I colluding with parents/carers by avoiding conflict, e.g. focusing on less contentious issues, avoiding asking to look round the house, or not asking to see the child alone?
 - Am I changing my behaviour to avoid conflict?
 - Am I filtering out negative information or minimising?
 - Am I afraid to confront family members?
 - What message am I giving this family if I don't challenge?
 - Am I relieved when there is no answer at the door/when I get back out of the door?
 - Did I say, ask and do what I would usually say, ask and do when making a visit or assessment?
 - Am I working with the key people or focusing on the less intimidating family members?

Any professional who identifies resistance, or is concerned about whether there is a dynamic with a hostile family which is impacting on the assessment or intervention, should discuss this with their own supervisor before reporting it to the lead worker, who will consult all the professionals involved with the family. This may be done, as part of the Early Help Plan, through the Core Group, or by reconvening the **Child Protection Conference**, depending on the level of concern and threshold at which the concerns are being monitored. It is important to identify whether the resistance relates to a single agency/professional or to several, and whether there are any professionals working with the family who do not experience resistance.

Professionals should consider the nature and seriousness of the current reasons for concern for the child's welfare. These may not be immediately clear as:

- A family may avoid engagement by drawing attention away from the child's needs and toward the needs of parents or other family members; and
- A family that avoids engagement may present as motivated to address their child's needs but encountering difficulties in doing so.

Professionals should carefully reassess the seriousness of the concerns in the context of the evidence of resistance. When there is concern about a child's welfare, and the family take positive action to conceal information, this is in itself a risk factor, but the total assessment of risk must be based on the evidence as to whether or not the child's needs, including the need for protection, are being met.

When resistance is identified in a family it is essential that work remains focused on the child's welfare. Agencies should coordinate their actions to take advantage of any good relationships the family may have with professionals.

Professionals must ensure that the aims and objectives of a plan (e.g. Early Help, Child in Need or Child Protection) are clear, and that each agency's role in the plan is clear. It may be appropriate to reallocate responsibility for some tasks, but any change must be justified in terms of meeting the child's needs.

If insufficient progress is made in achieving the tasks set out in the plan, the professionals must reconvene to reconsider the risk assessment. The meeting (e.g. core group) must consider whether the threshold for action to escalate concerns (e.g. escalate to child protection or evoke PLO proceedings) has been passed - if there is resistance to change, the risk is not reducing, and it may be increasing. Action and decisions should manage any drift and delay in meeting the child's needs.

Summary

If it has been agreed that change is necessary to safeguard the child's welfare, the plan has not been effective unless there is progress in achieving that change.

If the frequency of contact with the child is inadequate it is not possible to know whether the risk is increasing, reducing or staying the same, and the plan is unsafe.

When resistance is recognised in a family, attention may be diverted to the resistance itself, however focus should remain on whether the risk to the child is increasing or decreasing, or has changed in nature.

If one or more agencies do not experience resistance in their relationship with the family, this may balance the difficulties experienced by other agencies, provided that appropriate progress is being made as set out in the plan.