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# Non Compliance or Disguised Compliance by Parents or Carers

## Scope of this chapter

A feature in some Serious Case/Practice Reviews has been the lack of co-operation and/or hostile attitude of parents / carers. When there are child welfare / protection issues, a failure to engage with the family may have serious implications and non-intervention is not an option. This chapter provides definition and guidance and should be read in full.

Introduction

The nature of child protection work is such that parents and carers may at times feel angry and react in a hostile or threatening way towards workers who are involved with them and their families. Employers have responsibilities under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. These responsibilities should be made known to all staff during induction periods. Employers should have in place practical day-to-day procedures to support staff who are working with families.

## 1. Guidance - First Principles

Workers have a right to feel safe, to be heard when they voice fears and concerns and to know that the response should include appropriate action being taken.

Workers should be aware that interpretation of communication may lead to a misinterpretation of compliance; behaviour may seem to be non-compliant where in fact the issue may be the way in which workers are communicating.

Confidentiality must not compromise the welfare and protection of children.

*"Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision".* [Working Together 2015 p.16]

**Where non-compliance is an issue, sharing information across agencies can assist in forming a plan to address this.**

## 2. Definitions

For the purpose of this guidance the following broad definitions are being used:

* **Hostile and threatening behaviour;** behaviour which produces damaging effects, physically or emotionally, in other people;
* **Non-compliant behaviour;** involves proactively sabotaging efforts to bring about change or alternatively passively disengaging;
* **Disguised compliance**; involves  service users not admitting to their lack of commitment to change but working subversively to undermine the process.

Parents, carers  may present in a number of ways on a continuum from hostility, threats and violence through to superficial and ineffective compliance. Behaviours may include:

* Ignoring advice / role of the professional;
* Misinterpreting / minimising the child's needs;
* Non-attendance at medical appointments;
* Effectively preventing the child seeing the professional (blatant or agreeing to appointment then ensuring it does not occur);
* Controlling discussion;
* Preventing meaningful contact with other parent / carer;
* Moving away;
* Manipulating and splitting professional relationships;
* Subverting change;
* Diverting discussions into arguments over e.g. the agenda;
* Use of complaints;
* Aggression and threats;
* Evidence of implements of violence (dogs, knives etc);
* Known history of actual violence.

## 3. Recognition of Potential Hostility and Non Compliance

**Ask yourself:** What were the reasons for the parents’ behaviour? Are there other possibilities besides the obvious? Could their behaviour have been a reaction to something I did or said rather than to do with the child.

**Ask yourself:** Have the parents understood the situation and do they understand what they are being asked to do and why is it required of them.

**Ask yourself:** Do they need another family member or advocate to support and help them understand.

Factors associated with hostility and non-compliance includes:

* 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.

Situations associated with hostility and non-compliance includes:

* Child protection enquires;
* Removal of a child into care;
* Domestic abuse;
* Previous threats of violence;
* Presence of weapons; and
* Potentially dangerous animals(snakes/dogs);
* Professional interventions e.g. questioning beliefs;
* Siblings can provide an obstruction by taking the focus away from the issue;
* Limited access to the child.

## 4. Hostile and Threatening Service users

**Ask yourself:** Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the child(ren)’s safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.

When workers are involved with families who have a reputation for hostile or bizarre behaviour, or where the worker feels uncomfortable, suspicions of child abuse may not always be as thoroughly investigated or followed through as they might otherwise have been.

For example:

* Only one ring at the door bell;
* Only waiting 5 minutes for family to arrive for an appointment;
* Not challenging when appointments are missed or client turns up late; and
* Accepting 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.

**This may result in professionals colluding with the family and failing to protect the child.**

Workers may also misinterpret the behaviour of parents/carers. What may appear to be defensive/uncooperative behaviour may be designed to mask hidden issues in the family such as domestic abuse, mental ill health, and drug or alcohol misuse. Workers should be aware of their level of assumption and expectations.

**Police Support**

* When workers are subjected to threats of violence or put in fear of violence then contact should be made with Police to report the conduct or behaviour of the parent / carer;
* On receipt of such information the Police may attend immediately in order to ensure the safety of any children, the worker and any others deemed at risk;
* Police will assess on whether the threats and fear of violence displayed to the worker amounts to a crime and will take any necessary measures to effectively investigate any identifiable crimes;
* If a worker is aware of a parent / carer who has previously displayed threatening, aggressive, hostile or violent behaviour then the Police may consider attending in support of worker planning to conduct a visit to ensure the safety of those present.

## 5. Recognition of Disguised Compliance

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; and
* Child’s report of matters is in conflict with parents’ report.

## 6. Clients Using Disguised Compliance

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 inter-agency communication.

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

## 7. Good Practice

Be clear from the outset what is known about the family and parents / carers, so as to assess risks involved and potential strategies e.g. parents with learning difficulties or mental illness may need to have information, advice and expectations conveyed in an alternative way, possibly working with specialist colleagues.

Review any multi-agency plan regularly e.g. the child’s plan, at regular multi-agency meetings or child protection conference and use measurable objectives within timescales and specific outcomes, with a clearly stated contingency plan.

Try to communicate clearly, so as to ensure that non-compliance is not caused by any misunderstanding.

Where there are child protection concerns explain to parents / carers that lack of co-operation is unacceptable.

Try to establish trust through active engagement, acknowledging that the family may see things differently and demonstrating a respect for their views, whilst confronting inappropriate attitudes.

Record and share all decisions and communications clearly.

Recognise when the family is not engaging so as to avoid collusion or avoidance - early recognition of resistance and failure to achieve progress with plans and agreements for the child is critical.

Supervision should explore the dynamics of any hostility or non-compliance and plan how best to address the situation including possible specialist assessments.

Consult a manager if access is ever denied or appointments repeatedly cancelled and/or 'forgotten'.

**Effect of Non-Compliance or Hostility**

In such situations, it is important to appreciate the significance for a child in the family i.e. it will enhance parent / carer's power and control and the child may fear reprisals if (s)he were to speak to professionals.

Professionals may feel extremely vulnerable when visiting hostile families, especially those who challenge effectively and are perceived as a threat and professionals need to recognise and avoid the risk of putting more effort into dealing with the resistance, than addressing the real problems facing the child(ren).

**Action to Take When Non-Compliance or Hostility Recognised**

Professionals should report non-compliance to their managers and to the social worker.

If there are child welfare concerns, the Children's Services team manager should convene a meeting. Sharing agencies' approaches, in accordance with information sharing arrangements may assist in forming an action plan.

The multi-agency / Core Group meeting should address the non-co-operation in the context of the child's written plan. Depending on the circumstances this meeting could be:

* The 1st meeting which will devise the plan;
* A review multi-agency meeting, brought forward if necessary;
* A professional Strategy Meeting where there are child protection implications that may need to be addressed by a Section 47 Enquiry or Initial Child Protection Conference;
* A Core Group meeting brought forward if necessary;
* A child protection review conference, brought forward if necessary.

Possible strategies include:

* Joint visiting with colleagues within or external to the agency, (requesting help from Police if there is a physical risk);
* Exploring the possibility of engaging other non-hostile members of the family, if this does not increase the risk to anyone;
* Children's Services holding a Legal Planning Meeting to clarify options e.g. Child Assessment Order, Interim Care Order.

**When there are Threats or Incidents of Violence**

Where there are actual threats or incidents of violence they must be reported to the Children's Services Team Manager immediately and local 'Violence at Work' procedures followed in relation to supervision, support, recording and reporting incidents to the Police.

Any response must take account of:

* Risks to children and other family members;
* Personal safety issues for staff.

The experience of violence or threats to staff should be used as evidence of the situation of the family and included in assessments of the child's circumstances.

**Note**: Violence towards staff is a multi-agency problem. If one agency has information a parent / carer is known to be violent, it must alert other agencies of the risks posed. If agencies withdraw their services in isolation due to threats against staff and fail to alert one another to the circumstances a child may be left without being seen by any agency and therefore be at increased risk of suffering significant harm.