**Non Compliance or Disguised Compliance by Parents or Carers**

**SCOPE OF THIS CHAPTER**

**Summary of risk factors and learning for improved practice from case reviews around families and disguised compliance**

<https://learning.nspcc.org.uk/media/1334/learning-from-case-reviews_disguised-compliance.pdf>

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 and safety.

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4. [Good Practice](https://hertsscb.proceduresonline.com/chapters/p_non_compliance.html#practice) **1.** **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](https://westmidlands.procedures.org.uk/page/glossary?term=Significant+harm&g=3YjN#gl1) 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 behaviour 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 behaviour, 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.

“*Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision*”. [Working Together December 2023]

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

**2.** **Indicators of resistance / disguised compliance**

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 clients not admitting to their lack of commitment to change but working subversively to undermine the process.

Parents 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

**Implications of disguised compliance:**

* Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work creating barriers to safeguarding approaches;
* No significant change at reviews despite significant input;
* 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.

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:

* Care planning 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 of harm, unprotected environment.

**4.** **Good Practice**

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.

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

Review any multi-agency plan regularly e.g. [Child's Plan](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/childs_paln.html), at regular multi-agency meetings or [Child Protection Conference](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/child_prot_conf.html) and use measurable objectives within timescales and specific outcomes, with a clearly stated contingency plan.

Where there are child protection concerns explain to parents / carers what the expectations are in terms of meetings and visits.

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.

Ensure that discussions take place in supervision that 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'.

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

Professionals should report non-compliance to their managers and to the child’s social worker.in all situation the following should be considered.

* the evidence of non compliance
* information from other professionals;
* the original causes for concern;
* the level of resistance and the seriousness of the concerns;
* the parent/carer understanding of what is expected from them
* Impact on the child

If the child is subject of a child in need plan the team manager should chair a CIN meeting at the earliest time

The CIN meeting should address the issues of noncompliance in the context of the child’s plan and assessed risk / need.

* The devise a plan of intervention to ensure that children are seen and spoken with clear timescales and contingency plan if this doesn’t happen.
* Review threshold of concern – Consideration of a [Strategy meeting](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/strategy_discussion.html) where there are safeguarding implications that may need to be addressed by a [Section 47 Enquiry](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/sec_47_enq.html) to be determined from a multiagency decision.

If there are **child protection concerns and a child protection plan is agreed**, the Children's Services team manager should chair a core group meeting that addresses this issue at the earliest opportunity.

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:

* Devise a plan of intervention to ensure that children are seen and spoken with clear timescales and contingency plan if this doesn’t happen.
* Call a [Strategy Discussion](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/strategy_discussion.html) where there are child protection implications that may need to be addressed by a [Section 47 Enquiry](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/sec_47_enq.html)
* Consider if the [Review Child Protection Conference](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/rev_chi_prot_conf.html), should be brought forward if necessary.
* Consider a Care planning meeting Chaired by Service Manager to determine next steps and Legal threshold considerations are required through Legal Gateway.

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;

**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. Risk Management meeting to be held

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.

**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 recognized 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.

**Further reading**

<https://lrsb.org.uk/uploads/engaging-resistant-challenging-and-complex-families-(research-in-practice).pdf>