

Working with Resistance A Complex Challenge for Practice

**Forth Valley Multi Agency Guidance
to improve outcomes for vulnerable
children and young people where
there is parental hostility, non
engagement or disguised
compliance.**

Version	Date	Author	Changes
1.0	15 th December 2017	FV PPP Group	
2.0	Due 15 th December 2018		

Foreword

This guidance has been developed by Clackmannanshire and Stirling Child Protection Committee and Falkirk Child Protection Committee. We would also like to acknowledge the *WithScotland* briefing paper '*Resistance, a complex challenge for practice*'. The chairs of the Child Protection Committees in Forth Valley acknowledge the shared responsibility that agencies and services have for protecting children and safeguarding their welfare and the importance of partnership working in achieving this.

Workforce development is a key strategic priority across the area and helps to ensure that practitioners are adequately prepared and supported to address the complexities often associated in child protection work.

This guidance will also be useful in circumstances across the continuum of need. To support early intervention practice where patterns of behaviour and /or non-engagement with families lead to emerging and rising concern.

Purpose

- The guidance as been developed by the Child Protection Committees to support professionals working with families who may be uncooperative when a child is subject to child protection registration or subject to child protection processes.
- It should assist staff from all agencies when dealing with families who may be hostile and will also support professionals working with families where superficial engagement is thought to be an issue.
- Where there are difficulties accessing children about whom there may be concerns, inter agency communication and information sharing must be prioritised in a timely, confident and competent manner.

This guidance should be considered alongside:

National Child Protection Guidance and local child protection procedures
Single agency lone worker and the management of violence and aggression policies
Forth Valley Unseen Child Guidance 2016
Forth Valley Escalation Guidance (currently under development)

Introduction

The Convention on the Rights of the Child (1990) states that all children have the right to be protected from abuse, neglect or exploitation. They also have the right to the provision of services to promote their survival and development. Resistance needs to be identified and acknowledged in practice since it can impact on decision making and interventions and have negative consequences for the child. Frontline workers in all agencies, statutory and voluntary, involved in child care and child protection have been increasingly aware of the difficulties in working with families who do not engage, present as threatening or are unpredictable but where the child's plan indicates a requirement to remain involved for their protection. In the Learning Summary from a Significant Case Review on Child C, undertaken on behalf of Fife Child Protection Committee in June 2017, recommendation 10 and 15 relate to practitioner confidence in dealing with disguised compliance/non-engaging

families and the repeated cancellation and re-scheduling of appointments, promoting the focus remains on children, with challenge to parents when required.

Definitions

Resistance

Resistance is an important and multi-faceted concept in the context of child protection work. It needs to be identified and understood because it can significantly impact on professional's, influencing their decision making and actions, and can increase existing risk factors associated with a child's care (Robb, 2014, Scottish Government, 2014, Vincent and Petch 2012). Research highlights that the language and meaning associated with the term 'resistance' is at times unclear and inconsistent.

Calder, McKinnon, & Sneddon, 2012, describe common features of Resistance in cases as:-

- a resistance to change
- an inability/unwillingness to acknowledge and/or address the risks to children

Evidence demonstrates that some parents/carers can display negative and hostile reactions and may deliberately evade practitioner interventions that are intended to help manage and reduce risks for children.

Vincent and Petch, 2012, support concerns in their audit and analysis of Significant Case Reviews in Scotland, suggesting that:-

- parents/carers frequently failed to attend appointments for themselves or their children
- children had poor school or nursery attendance
- professionals were often unable to contact families or were refused access to the home or the child

Hostile, threatening behaviour

- Behaviour which may be intimidating physically or emotionally.
- This behaviour will range from threatening to physical, emotional or verbal aggression.
- It may include intimidation by use of the Complaints Procedures against members of the workforce.

Non- compliance /uncooperative behaviour

- Where parents/carers proactively sabotage all efforts to effect change or they passively disengage.
- This will cover a wide range of behaviours such as:-
Passive non compliance with care plans
Failure to keep appointments
Refusal to allow access to the home and/or child
- When parents/carers do not co-operate, professionals must ensure they have afforded them every opportunity to understand the concerns and their impact on the child. Ensuring professionals have considered issues of language, disability, culture and basic understanding.

Disguised compliance

- Where parents/carers subversively undermine any work without admitting lack of commitment.

Examples of this behaviour would be:-

- Agreeing to keep appointments but never actually getting there, continually changing or re-arranging appointments
- Where change occurs it is as a result of input from others not from the parent/carer
- Parents who tell workers ‘what they want to hear’, and appear to agree about the changes needed but who then put little actual effort into making any change
- Selective engagement – where parents do ‘just enough’ to keep professionals at bay
- Sporadic compliance – such as a sudden increase in school attendance , attending a run of appointments or engaging well with some professionals for a limited period of time
- Deflecting attention – for example, by criticising other workers
- Controlling discussions – ensuring the focus is on the parents and their problems, rather than the needs of the child(ren)

Tips for practice on how to tackle disguised compliance is contained within:

[tri.x research briefing - February 2017](#)

Where any of these issues are identified, assessment of the parents/carers capacity to understand must be made. Assessment of their ability to make changes must also be made.

Reasons why parents may be resistant

There are a number of reasons why a family may be uncooperative with professionals, including the fact that they do not want their privacy invaded or may have something they think should be hidden. They may refuse to think they have a problem and resent outside interference. When families do not understand what is expected of them, this can result in what appears to be resistance. In these circumstances time should be allocated to working with families on the need for a child’s plan to ensure the family are confident in what they need to do and why this is necessary. The dislike or fear of authority figures, fear the children may be removed, previous poor experiences of professional involvement and resentment of staff changes may all contribute to resistance, aggression and confrontation. A range of social, cultural, psychological and historical factors influence the behaviour of parents. A comprehensive family assessment should address previous involvement with agencies and professionals to understand the context for the family. In general, a parent will try to regain control over their lives, but they may be overwhelmed by pain, depression, anxiety and guilt resulting from earlier losses in their lives. Addressing uncooperativeness may be the moment at which the person opens up their feelings, even if they may be negative, at the prospect of help. They may not be aware of this process going on.

Assessment

Of the risk to children and families

When assessment, planning and action are needed, practitioners should use the *Getting it Right for Every Child* (GIRFEC) National Practice Model, which can be used in a single or multi agency context (Forth Valley GIRFEC Components and Child's Plan Guidance)

The practitioner needs to be mindful of the impact that any hostility, resistance and uncooperative behaviour may have on the day to day life of the child who may become desensitised to violence, be too frightened to tell, identify with the aggressor or have learnt to appease and minimise issues. The Scottish Government document 'National Risk Framework' (2012) contains a section on Considering Parental Resistance and Risk. Child and family records and chronologies must include information about any incidents where risk to a child or member of the workforce has been identified.

Of the risk to staff

Practitioners must inform their line manager of any concerns they have with regard to parents/carers whom they have assessed as a risk to the safety of members of the workforce. Each agency will have risk assessment procedures and lone worker policies that must be adhered to. Information about such concerns should be communicated across agencies as soon as possible, to promote the safety of other workers as required.

Options for Practice

- Consideration of calling a Professional only meeting, which must focus on the needs of the child, parental behaviours and safety for staff.
- Joint visits may be required with a relevant combination of workers
- A multi agency or child protection plan must be agreed with specific actions identified.
- Adult support and protection procedures should be considered as required
- Support from managers and access to supervision or where appropriate child protection supervision must be available.
- Drawing up a written contract

It is recognised as good practice to be open and transparent in our dealings with families and they should be involved at all stages if possible, therefore relevant information should be shared with the family from any meeting or plan agreed and who best to do that and where must be part of the assessment.

Support and supervision should reflect on **if** and **how** practitioners may be contributing to resistance and opportunities to build on and develop skills in communication and relationship building in practice should be considered.

Drawing up a written contract

Professionals should consider drawing up a written contract with the family specifying exactly what behaviour is not acceptable (eg. raising of voice, swearing, threatening etc). The consequences of continued poor behaviour on an individual's part must be clear and realistic, with explanations given to the family including how this will be taken into account in any risk assessment of the child

Keeping Safe

Before leaving to visit the family, staff should consider the following:-

- Do my colleagues/line manager know where I am and when I am expected to be back?
- Do they know that I might be at risk during this visit?
- Do we have previous experience of a person linked to the child or adult being visited being hostile, intimidating, threatening or actually violent?
- Are we aware of any specific circumstances e.g. alcohol, drugs related issues or poor mental ill health affecting any person we are likely to encounter on this visit?
- Do I feel intimidated or fearful of any person likely to be encountered on the visit?
- Do I need to agree to visit jointly?
- Do I have a mobile phone with me that is ready to use?
- Does my manager have access to my mobile phone number, car registration number, home address and phone number?
- Could this visit take place in an office or clinic setting or in a neutral venue?
- Does this visit need to take place or do professionals need to meet separately?

Key Messages

- Professionals must work within their agency policies and procedures with regard to assessment, care planning, information sharing and recording
- Agencies should collectively ensure the welfare of the child is the paramount consideration.
- There must be clear lines of communication
- Supervision of cases should take place as per agency guidelines

Useful Links

[GIRFEC Components & Childs Plan Guidance – 2016](#)

[National Risk Framework \(Scottish Government\) \(2012\)](#)

[National Guidance for Child Protection in Scotland 2014](#)

[Forth Valley Inter Agency Child Protection Guidance \(2016\)](#)

[NHS Forth Valley Lone Worker Policy \(2015\)](#)

[NHS Forth Valley Management of Violence and Aggression Policy \(2015\)](#)

NB Local Authority employees can access Lone Worker and Management of Violence and Aggression policies on Local Authority Intranet sites.