 

Forth Valley Multi-Agency Guidance

When Services Find It Hard To Engage

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| Version | Date | Author | Date Review Due | Changes/comments |
| 1.0 | 15.12.2017 | FV PPP Group | December 2018 | First issued |
| 2.0 | 15.03.2018 | FV PPP Group | March 2020 | Reviewed and re-issued |
| 3.0 | 15.09.2021 | FV PPP Group | September 2024 | Reviewed and updated in line with national guidance for child protection 2021 |

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# Purpose

This guidance aims to improve outcomes for children and young people when services are finding it hard to engage.

***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
* Forth Valley multi-agency Escalation Guidance and relevant single agency Escalation Guidance
* Forth Valley Professional Curiosity multi agency guidance

# Introduction

The United Nations Convention on the Rights of the Child (UNCRC) 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. Issues of engagement are a shared responsibility. They need to be identified and articulated in practice because they can impact on decision making and interventions and have negative consequences for the child. Learning from national and local Case Review’s regularly include findings which relate to a lack of progress in child and child protection plans and a lack of practitioner confidence in dealing with situations where services find it hard to engage. When there are repeated cancellations and re-scheduling of appointments the focus must remain on the child, with challenge to parents when required. Terms like ‘resistance’ and ‘disguised compliance’ are sometimes used when services find it hard to engage with families. Such terms imply the location of responsibility for this block lies with children and families. ‘Non-engagement’ covers a spectrum of failures that are all a production of interaction. The tone of engagement and painful previous experiences of services may both play a part.

# Definitions

**Resistance**

Resistance is an important 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:-

* Resistance to change
* Inability/unwillingness to acknowledge and/or address the risks to children

# Non- engagement

Non-engagement on the part of service users may take the form of aggression, manipulation, concealment, superficiality, blaming and ‘splitting’ professionals, inaction or selective action.

Children who experience frequent changes of address within such a pattern may be at increased risk.

Evidence demonstrates that some parents/carers 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 adult and child appointments
* Children had poor school or nursery attendance
* Professionals were often unable to contact families or were refused access to the home or child.

When parents/carers do not co-operate, professionals must ensure they have afforded them every opportunity to understand the concerns and the impact of non-engagement on the child. Ensuring professionals have considered issues of language; disability; culture and basic understanding should be a priority.

Recording all efforts to explain and support concerns to parents/carers using the most relevant communication methods is essential.

# Hostile, threatening behaviour

* Behaviour which may be intimidating physically or emotionally.
* This behaviour can range from threatening to actual physical, emotional or verbal aggression.
* It may include intimidation using Complaints Procedures against members of the workforce.

# 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, which does not improve outcomes for children.
* 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

**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 progressed using a multi-agency approach as required.**

# Why parents may be resistant

Effective child protection is a constant search for ‘meeting points’. This is likely to depend on appreciation of the feelings and context of avoidant or oppositional communications. These might include fear, distrust, exhaustion, shock, isolation, intoxication, anxiety, depression, stigma, denial, blame, shame, deflection, trauma, attachment history, incapacity or confusion. Some will have had traumatic experiences of being coerced and controlled; others may have already had a child removed.

# Adopting trauma informed practice will assist the workforce to support recovery.

A family may be uncooperative with professionals as 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, describing 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

**Risk to children**

**Where you have these concerns, always retain your focus on the child’s safety needs and risks**

When assessment, planning and action are needed, practitioners should use the GIRFEC National Practice Model. The practitioner needs to be mindful of the impact that any non- engagement 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.

Inclusive protection and support of children involves engaging with the risks and strengths presented by fathers and/or the men that are most significant to the child’s safety and wellbeing. This component of protection and support is sometimes absent.

# 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.

# Keeping Staff Safe

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

* Do my colleagues/line managers 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 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, ready to use and will I have a signal?
* 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?

# Best Practice

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/plan. 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.

Developing a shared sense of purpose in relation to what needs to change for the safety of a child involves offering choices, respecting proven positives and anticipating difficulties together. Collaboration may also involve some degree of structured coercion, as far as necessary in each situation. Widening the circle should be considered, engaging others who can be a partner in relation to the child’s safety plan. The development of a working alliance does not include condoning harmful behaviour or conditions. Deviation from a child protection plan must be explored in detail and addressed in practical terms.

Failures in engagement are interactive and a shared responsibility. Persistent failure in engagement can contribute to significant harm as indicated in the triennial analysis of Significant Case Reviews (Care Inspectorate 2019). When children are subject to compulsory measures, the Reporter must be informed if services cannot gain access. More urgent steps may be taken if necessary, especially if babies and other very young children are involved. Where compulsory measures are not in place a referral to the Reporter must be considered.

Motivational interviewing (Forrester et al 2012) may provide skills and concepts for approaching resistance, so long as a focus is kept on the child’s welfare and safety.

* Consider 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 child/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

# Drawing up a written contract

Professionals should consider drawing up a written contract with the family specifying exactly what behaviour is not acceptable (e.g. raised voices, 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

# Key Messages

* Co-operation and ‘engagement’ is no assurance of readiness to change, of capacity to change, or of change in the child’s experience. Co-operation can only be gauged by evidence of change in those behaviours defined as a necessary focus for the sake of the child’s safety and that lead to their needs being met in a consistent and sustainable manner.
* Effective co-operation can fail at any point, sometimes rapidly. Anticipation of, and planning for predictable cycles of stress, are a necessary part of child protection planning. Clear, secure and reliable lines of communication must be established
* Encouraging hope promotes collaborative goal-setting. Unrealistic goal-setting without sufficient continuity of support will erode the potential to sustain safety. Hope, transparency, curiosity and caution are steps on the road to effective alliance.
* Solution-focused and strengths-based approaches may be optimal. This should be backed by careful recording, multi-agency assessment and chronology in order to gauge progress and guard against drift.
* Practitioners encounter hostility and aggression. Sometimes this can be anticipated in the location and planning of some meetings. Sometimes it is necessary to withdraw to minimise risk. In all such situations practitioners should be supported and supervised to ensure retention of focus on the child’s safety needs, and to support the wellbeing and safety of staff.
* Agencies should collectively ensure the welfare of the child is the paramount consideration.

**Resources and References**

[National guidance for child protection in Scotland 2021 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/)

[Practitioner Pages – These pages are for practitioners to support improving outcomes for Forth Valley Communities (glowscotland.org.uk)](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/)

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| Identified concern that a Service is finding it hard to engage | |
|  |  |
| Assess parent’s capacity to understand and to change | |

Consider Referral to Reporter

Inform Reporter if child is already subject to compulsory measures

Consider:

* + Joint visits

Contact Police for urgent check Consider Child Protection referral

Initial Considerations:

* language barriers
* disability barriers
* cultural barriers
* creating opportunities to explain concerns

Use GIRFEC National Practice Model and a trauma informed approach

* + Written contract
  + Change multi-agency/ child protection plan with specific actions
  + Access appropriate supervision

Are you worried about the child’s wellbeing or safety?

Start

Are you worried the child is still at risk??