

4.1.35 Working with Resistant and Non-Compliant Families

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Introduction

This guidance has been developed in response to the recommendations arising from a local Serious Case Reviews. The current PSCB interagency procedures guide professionals to address resistance from families on

an interagency basis and recommends that a strategy meeting should be convened to consider the impact on the children and determine any further action required to safeguard children.

Learning from serious case reviews reinforces the need for this guidance to be provided for professionals to enable them to work effectively and safely with such families.

Please also see the findings of a review undertaken by C4EO (Centre for Excellence and Outcomes in Children and young People's Services), which focussed on working with vulnerable families that are 'resistant to change'. The full report is available at the c4eo website. The key findings have been highlighted in the relevant sections of this chapter.

Purpose

The purpose of this guidance is to:

- Assist all staff working with hostile/threatening and non-compliant parents/carers and those who use disguised compliance;
- Help all staff identify where these actions may be impacting on childcare/child protection issues.

Therefore this guidance is to assist with those situations where families are unable or unwilling to engage in partnership with professionals to effectively promote and safeguard the welfare of children.

Context

1. 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 practitioners who are involved with them and their families. Employers have responsibilities under the Health and Safety at Work Act 1974, the management of Health and Safety at Work Regulations and the Workplace Regulations 1992. The agencies policies and procedures for the safety of their staff should be made known to all staff;
 2. Employers should have in place practical day-to-day procedures to support staff who may be undertaking home visits. Practical procedures should include the provision of mobile phones and logging with colleagues where you are going and your anticipated return time;
 3. The Bridge Childcare Development Service in their report (1997) into the death of Ricky Neave in 1994 recommended "*when a parent is considered to be threatening or hostile any presumption that they are different with their children should be rigorously tested*";
 4. They further recommended that in these situations "recognition be given by managers to the impact on practitioners of parental aggression and any fear that is aroused in them and the consequences for decision making and practice. Adequate professional supervision and support must be given in these situations";
 5. In Portsmouth, a serious case review highlighted the need to support practitioners in order to assist them in dealing with situations in which they may feel threatened or fearful.
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Definitions

The term, 'highly resistant' sits on a continuum. At one end, a degree of reluctance on the part of parents, who may know they need help but find it hard to accept, is to be expected. At the other end we find a small number of highly manipulative parents who are very accomplished at misleading child care professionals.

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

Resistant and Non-compliant behaviour which produces damaging effects, physically or emotionally, in other people and involves proactively sabotaging efforts to bring about change or alternatively passively disengaging.

Non Effective compliance; involves service users not admitting to their lack of commitment to change but working subversively to undermine the process due to concealment, superficiality, dishonesty or incapability.

To complicate matters considerably parents may say they accept the need for change, and can appear motivated towards that end, whereas, in reality, they are actually opposed.

Public Law Outline, implemented nationally in April 2008 has the potential to provide professional greater leverage with families that are deliberately and unreasonably obstructive by clarifying their concerns in a 'Letter before Proceedings'. Still, there are considerable practice implications when practitioners are confronted by resistant families, many of which have emerged in high profile cases, such as Victoria Climbe and Peter Connolly.

As long as professionals remain alert to those individuals accomplished at responding with 'disguised compliance', this perspective is less likely to result in defensive practice. Such an 'eyes wide open' approach recognises the profound harm and distress that happens to children who are maltreated, while simultaneously upholding professional values.

Reoccurrence of maltreatment occurs with families presenting with multiple problems and complex circumstances. C4EO, 2010, notes that evidence of analysis from serious case reviews including serious cases of abuse resulting in child death or serious injury found many parents were classified as uncooperative in some manner.

Recognition of Hostility and Non-Compliance

Factors associated or contributing to hostility and non-compliance include:

- Maltreatment re-occurrence;
- Isolation;
- Stress and violent experiences in childhood;
- Disinhibiting effects of alcohol and certain drugs;
- Mental illness;
- Some psychotic states;

- Sensory impairment; and
- Medical or social history indicating a low tolerance or frustration and the potential for violence;
- Denial.

Situations associated with resistance and non-compliance include:

- Child Protection enquiries;
- Removal of child into care;
- Domestic abuse;
- Current and previous threats of violence;
- Presence of weapons; and
- Potentially dangerous animals (snakes/dogs).

Messages from research show that high levels of parental mental illness, alcohol and drug misuse and domestic violence feature significantly in families where children become involved in the Child Protection system and these factors need to inform any assessment and ongoing work.

Recognition of Non-Effective Compliance

Factors, which may indicate and evidence non-effective 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 indicating false compliance;
 - 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 a certain professional;
 - Cancelled appointments leading to children not being seen;
 - Children using adult language indicating they have been primed.
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Effect on Professional Practice and Decision Making

People naturally tend to evade frightening confrontations. When practitioners are involved with families who are known for hostile, resistant or exhibiting bizarre behaviour, or where the practitioner feels uncomfortable, suspicions of child abuse may not always be as thoroughly enquired into or followed through as they might otherwise have been. For example:

- Only one ring at the door bell;
- Only waiting 5 minutes for the family to arrive for an appointment;
- Not challenging when appointments are missed or the family arrive late;
- Not challenging lack of change;
- Accepting unlikely explanations.

To confront parents/carers may, in the mind of the practitioner produce a hostile response or lead them to believe any positive professional relationship will be lost. This may result in practitioners colluding with the family and failing to protect the child. Practitioners 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 violence, mental ill health and drug or alcohol misuse.

If practitioners have a poor understanding of the symptoms of mental ill health, drug/alcohol misuse/domestic violence and the consequent impact on the family they may operate at a lower level of expectation and the impact on the child is not recognised.

One of the key findings of the review undertaken by C4EO (Centre for Excellence and Outcomes in Children and Young People's Services) in relation to working with vulnerable families that are resistant to change was that practitioners working with such families need to have an eyes-wide open, and an authoritative approach that is aimed at containing anxiety and ensuring that the child's needs remain in sharp focus. The complexities of the adults' problems often eclipse the child's immediate problems and a family's lack of engagement or hostility will often hamper a practitioner's decision-making capabilities and follow through with assessments and plans.

Practitioners working with families need to be clear and challenging without being unnecessarily confrontational.

Service Users Using Non Effective Compliance Practitioners 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
- Practitioners may fail to recognise significant issues of concern misinterpret vital information and lose interagency communication.

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

Interagency Communication

The Portsmouth Information Sharing Protocol promotes interagency communication and is the agreed basis on which information across agencies will be shared.

The Victoria Climbié Enquiry states *“The Government should issue guidance on the Data Protection Act 1998, the Human Rights Act 1998 and common law rules on confidentiality. The Government should issue guidance as and when these impact on the sharing of information between professional groups in circumstances where there are concerns about the welfare of children and families”*. (January 2003) - Recommendation 13

The Government have acted on this recommendation and has produced guidance **“What to do if you're Worried a Child is being Abused”** contains a lengthy guide on information sharing.

Training

Whether working with complex families with issues of hostility and compliance or with families where there are issues of domestic violence/mental ill health and alcohol or drug misuse, it is essential that practitioners are able to assess the motivation to change of their clients. Their ability to do so may be impaired when working with this client group.

To complement training in assessment and analysis there is a need to develop a more experiential approach looking at the feelings that can be engendered in workers and the possible effects on practice and decision-making.

The review undertaken by C4EO, referred to above, identified that the development of interpersonal skills of engagement and challenge within the workforce was key to supporting effective practice with complex and hostile families. Such skills can also be strengthened through joint working with experienced colleagues across all professional backgrounds.

Supervision

Managers have a vital role in providing the environment and mechanisms to allow workers to explore the impact of working in such situations and the effect on their practice.

Supervision and line-management must be present to contain the practitioner's anxiety and maintain a focus on the child's

Supervision must give the practitioner the opportunity to stand back and reflect on the impact on them and their practice e.g. what is my experience? What am I feeling? Why do I feel like this? What am I going to do?

Managers are responsible and accountable for providing staff with support and supervision, in accordance with the agencies policies to enable them to voice their fears and concerns and ensure that the response should include appropriate action being taken.

If any practitioner feels uncomfortable or unhappy about working with a family, they must immediately consult with a supervisor, so that the problem can be shared. Asking for support is not a weakness in practice. The practitioner should record their feelings and ensure that other professionals are alerted to the issues and a multi-agency meeting convened if necessary.

Risk Assessments

Employers have responsibilities under the Health and Safety at Work Act 1974, the management of Health and Safety at Work Regulations and the Workplace Regulations 1992 for the safety of staff.

Risk assessments should, wherever possible, include other agencies involved with the children and their families. The outcome of the risk assessment undertaken by a single agency should be shared with any other agency known to be involved with the child or family.

The outcome of the assessments should ensure that in addressing staff safety, the needs of the children are not compromised and that action is taken to ensure children's needs are actively considered.

Risk assessments are designed to support professional expertise and decision-making. Safeguarding services should be skilled in making critical use of the information they provide.

Joint Visits and Consultation with other Agency Staff

Where there is the presence of a contributing factor, interagency joint visiting should be the "norm". Visiting with a colleague from the same team and acknowledging that practitioners in some agencies are more competent in working with clients with particular needs or behaviours.

If working with a family who is non-compliant or disengaging, practitioners need to undertake inter agency checks, communicate and record significant factors.

Unannounced joint visits may help to consolidate thinking on the issues and impact on the child

Chronologies

The recording systems are important in assisting practitioners in identifying patterns of non-effective compliance and drift. The use of chronologies is a useful tool and should be standard practice. They will aid the analysis of information, allow for the recognition of developing patterns and promote effective case management.

Management Action

The welfare of the child is paramount and practitioners across agencies must work together to ensure that the welfare of the child is maintained with clear lines of communication, accountability and joint working. This is particularly important when a child is not subject to a **Child Protection Plan**.

Where there is evidence of non-compliance and concerns for the child/ren remain managers must take immediate action to put in place strategies for acting on the concerns and safeguarding children.

Managers must ensure that children are seen and timescales for reviewing progress of plans are set and monitored regularly.

- Defaulted visits and appointments should be rigorously followed up and any more than three defaulted visits should alert staff and managers to convene a multi- agency meeting;
- Where the child is not subject to a Child Protection Plan a multi -agency meeting should be convened within 7 working days to consider the concerns, the impact on the child and identify a plan to address the concerns;
- Where a child is subject to a Child Protection Plan, the Core Group should be convened immediately within 3 working days to review the Child Protection Plan and develop appropriate plans to safeguard children, including consideration for removal of the children.

These actions should be recorded and their presence made known to workers and partner agencies who are involved with the family and who may subsequently be required to visit.

Managers must ensure that their agency procedures and the PSCB Interagency Child Protection Procedures are followed.

Managers should consider the skills and experience of their staff when making a decision to allocate a case and if necessary put in place 'buddying' to ensure less experienced staff are supported appropriately by a more experienced staff member or peer supervision for a team of professionals.

Multi-Agency Meetings

All multi-agency meetings should be chaired by a manager and notes taken outlining actions required and the accountable practitioners responsible for addressing each aspect of the plan.

The plan should be focused on the child and whether the actions identified will benefit the child.

Alternative venues from the family home should be considered to access the child e.g. school, children's centre, nursery and alternative non- threatening methods of communication considered e.g. Parent/Child game, play activities.

Where there is professional conflict, the Resolving Professional Differences Protocol should be instigated to discuss the concerns and agree the approach. ([link](#)).

Step up arrangements such as convening a child protection case conference should be considered at any stage if the child continues not to be seen.

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