Practitioner Portfolio

Working with Resistance

Improving Outcomes for Vulnerable Children & Young People Where There Is Parental Resistance, Non-Engagement or Non-Compliance.

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Introduction

The purpose of the portfolio is to provide a suite of support material for all those working to improve outcomes for children where there is parental resistance, non-engagement or non-compliance.

The materials aim to help staff:-

- Recognise and understand resistance, non-engagement and non-compliance
- Become skilled and confident to work with these issues directly, in partnership with families
- Recognise and effectively manage the impact of parental resistance, non-engagement or non-compliance on developing and implementing the Child's Plan
- Recognise and effectively manage the impact of resistance, non-engagement or non-compliance on them as individuals and teams around the child

The portfolio includes information and guidance for frontline practitioners and their managers and for those responsible for policy and planning. It also includes training materials, links to online support material and a synopsis of suggested resources that could be purchased to supplement the portfolio.

The portfolio has been developed within the Getting It Right For Every Child framework and, as such, will complement existing policy and practice in children's services.

The portfolio has been developed by West of Scotland Child Protection Consortium.

PART ONE

Definition, Descriptions and Drivers

What is 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 professionals, influencing their decision making and actions, and can increase existing risk factors associated with a child's care (Robb, 2014, Scottish Government, 2014, Vincent & Petch 2012).

Research highlights that the language and meaning associated with the term 'resistance' is at times unclear and inconsistent.

Challenges include not only the definition of 'resistance' but also issues relating to the stage and process of engagement and/or the measurement of and capacity for change.

Within the child protection context 'resistance' is broadly recognised as 'non-engagement' and/or 'non-compliance' from one or both adults with caring responsibilities for a child.

Whilst there are complexities in the concept, the common feature in cases is:

"a resistance to change and an inability/unwillingness to acknowledge and/or address the risk/s to the child" (Calder, McKinnon, & Sneddon, 2012)

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.

Ultimately, most parents/carers experience child protection as an involuntary process. This may lead them to respond in a conflicting manner, moving between withdrawal, disguised compliance and aggression at different points throughout the process.

In these situations, resistance can manifest in range of deliberate non-engaging or non-compliant behaviours, attitudes and interactions such as

- **Failure to enable necessary contact;**
- **Active non-compliance;**
- **Disguised compliance;**
- **Threats of violence or other intimidation** (Scottish Government, 2014) **and**
- **On-line behaviours**

What do these resistant behaviours look like?

Failure to enable necessary contact

This behaviour can include missing appointments or refusing access to the home for relevant services. In their audit and analysis of SCR's, Vincent and Petch support concerns in this area noting relevant engagement issues such as

- 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 to the child

Patterns of engagement can be complex. It is important to consider any particular changes and/or patterns and the implications of these. The role of universal services in identifying and monitoring risk is also significant, for example providing information regarding poor engagement or non-attendance for immunisations or other health checks or poor school attendance or lateness.

Active non-compliance

This behaviour can involve proactively sabotaging efforts to bring about change or alternatively passively disengaging. It can be a method of **avoiding** co-operating with professionals.

Examples of behaviours include cancelling/missing appointments as above but also other passive resistance activities such as missing meetings and failure to undertake actions in plans or to engage in programmes of work.

Ambivalent behaviours such as changing the subject or being late or making excuses for appointments may also be apparent.

There can be some cases where the 'lack of insight and understanding' from particular parents/carers to their child's needs appears contrary with the apparent presentation in other areas of their life, such as being articulate, independent and confident. This may present distinct challenges through the process of engagement.

Whilst challenging, it is important to note that these particular behaviours are common and do not always mean that professionals are unable to effect change and work with families. Ambivalence is the most common reaction and may not amount to uncooperativeness. All service users are ambivalent at some stage in the helping process and whilst it may need to be acknowledged, it may well be worked through.

Disguised Compliance

Disguised compliance is the most difficult type of resistant behaviour to recognise.

Disguised compliance is where the parent/carer appears to co-operate without actually carrying out actions or enabling them to be effective. Individuals will not admit to their lack of commitment to change and their appearance of cooperation is purposely to avoid raising suspicions and diffuse professional intervention. Ultimately, the parent/carer may work subversively to undermine the process.

Where parents/carers are 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 and consequently risks are not reduced or addressed and workers may fail to recognise significant issues of concern, or a lack of progress, thus leaving the child in a high risk, unprotected environment

"Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted. Where parents engineered the focus away from allegations of harm, children went unseen and unheard" (Brandon *et al.*, 2008, p.4).

This behaviour was first described in 1993 "We have called this disguised compliance because its effect was to neutralise the professional's authority and return the relationship to closure and the previous status quo." (Reder et al, 1993, pp 106-7).

However, this behaviour and deliberate concealment have continued to be a recurring theme in a number of significant case reviews, including the high profile deaths from abuse and neglect of Victoria Climbie (Laming, 2003), Peter Connelly (Haringey LSCB, 2010), Declan Hainey (Renfrewshire CPC 2012) and Daniel Pelka (Coventry LSCB, 2013).

Disguised compliance behaviours could include a sudden increase in school attendance, engaging with some services/professionals for a limited period of time or at a key point in time, 'selective' co-operation, or cleaning the house before a visit from a professional or a formal meeting or presenting plausible excuses for missed appointments or concerns.

Factors which may indicate and evidence disguised compliance may include

- No significant change at reviews despite significant input; or change occurring but as a result of external agencies/resources not the parental/carers efforts
- Parents/carers agreeing with professionals regarding required changes but putting little effort into making changes work
- Parents/carers aligning themselves with certain professionals and only engaging with certain aspects of a plan.
- Differing reports from those involved – due to different information shared by parent with different services and/or differing reports between child and parent
- Change in one area is not matched by change in another

It is important to consider each adult caring role and relationship with professionals. Brandon et al highlighted cases where one of the parents/carers was seen by professionals to engage particularly well with services, in some cases a male partner convincing professionals that they were the caring parent and the mother was the source of risk, despite him ultimately being found to be the perpetrator of the offence.

Threats of violence or other intimidation

Threatening or violent behaviour towards practitioners can have significant impact on practitioners including limiting their capacity to carry out their professional role

Hostile and threatening behavior can be described as producing damaging effects, physically or emotionally, in other people. This behaviour can include challenging professionals, provoking arguments, extreme avoidance (e.g. not answering the door as opposed to not being in), threatened or actual violence.

Threatened or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the professional / agency to engage with. It may reflect a deep and longstanding fear and projected hatred of authority figures. Individuals may also have experience of getting their way through intimidation and violent behaviour.

Hostility and confrontation can often indicate a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents/carers may, perhaps realistically, believe that their children may be taken away or they may be reacting to them having been taken away.

On-line Behaviours

Research as to the extent, nature and impact of on-line behaviours by parents/carers towards practitioners in the context of their child protection work is limited. However, recent years have seen a growing recognition of the distinct issues in this area.

Anecdotal and published information outlines some descriptions of the nature of behaviours that can be displayed. These can involve practitioners being filmed either overtly or covertly whilst doing their job and this being uploaded onto public social media sites and Youtube for further sharing and comments. Legal paperwork such as Child Protection Orders that provide worker details and child details have also been uploaded. Of particular concern has been websites purposely set up to 'name and shame' practitioners. These have included the publication of practitioner's names, addresses and photos sometimes with the depiction of Nazi insignia to accompany the social services initials, "SS". On occasions individual's personal details innocently posted on Facebook have been used against them, for example one social worker's wedding photos were daubed with Nazi insignia and re-posted on a website that advocated hatred, hostility or violence.

These types of on-line behaviours directed towards practitioners could be described as 'cyber bullying' which has been defined as "any use of information and communications technology to support deliberate and hostile attempts to hurt, upset or embarrass another person" (Llewellyn 2009). Whilst this term and much of the supporting evidence is related to children, there are distinct themes that could be equally relevant when considering the nature of behaviours and impact on practitioners.

The high profile case of Child J in 2013 in England highlights many of the complexities and challenges around this type of behaviour. The High Court had ruled that family courts should not prevent parents, the media and websites from identifying social workers once care proceedings have ended. The council had sought a legal order restraining a father from placing harassing and abusive material and repeatedly publishing details about his case. This included placing a covert video of the child being removed from his parents' care under an Emergency Protection Order on Facebook and elsewhere on the internet. The information not only allowed his children, now adopted or subjects of care proceedings, to be identified, but it specifically focused on and identified the social worker. The outcome of the case was that restrictions preventing the publication of the names and addresses of Child J and his parents should be applied, but for a range of reasons the video footage should not be subject to such constraints.

What underlies resistance?

Active non-compliance can be a manifestation of denial, a well-recognised response for parents/carers where there are child protection concerns. Adults may deny that any problems exist, defend behavioural patterns and may not perceive that change is necessary.

Denial can also manifest in hostility and anger which on occasion can be linked in some ways to challenging behaviours such as aggression. This 'denial' can be underpinned by a number of internal and external factors, including

- Lack of insight, failure to recognise and understand that a problem exists and the impact of this on children
- Increased isolation, particularly those families with interlocking and co-existing problems
- Shame, ambivalence and lack of confidence
- Resistance to the involvement of public services (as distinct from resistance to change) and influencing factors such as power dynamics and past experiences
- Being overwhelmed with their difficulties and fearful about their ability to change
- The influence of stigma attached to conditions such as mental ill health, substance misuse or learning disabilities or from seeking social work assistance, particularly in some communities

Uncooperative behaviours from parents/carers can reflect **avoidance** and **ambivalence**. Avoidance may in part occur to escape negative feelings evoked by the prospect and challenges of service involvement.

Forrester, Westlake and Glynn (2012) identify three further internal factors that contribute to denial and unwillingness to change within individuals: shame, ambivalence and a lack of confidence. Shame is related to the stigma surrounding many of the behaviours, past experiences

and current situations of parents who have dealings with child protection services. Ambivalence refers to the conflicting emotions that parents/carers may feel when they perceive both positive and negative consequences of overcoming behaviour patterns such as alcohol misuse, which professionals may view in terms of the negative impact on their children, but which they may see as also offering some comfort and protection from the reality of their situation. Parents/carers who experience acute ambivalence may not yet have accepted a need to change. Some authors have suggested that the threat of legal proceedings may reduce ambivalence and act as a positive driver of change (see for instance Gregoire and Burke, 2004; Hiller *et al.,* 1998; Joe *et al.,* 1999). This, in part accounts for the effectiveness of the formal pre-proceedings process in diverting cases from care proceedings (Masson and Dickens 2013). On the other hand, parents/carers who lack self-confidence may be ambivalent about their *ability* to change and this may be at the root of their denial (see also Forrester *et al*., 2012; Saint-Jacques *et al*., 2006; Taylor *et al*., 2008).

Resistance from parents/carers may be the result of a number of influencing factors relating to background, emotions, confidence and capabilities. Consequently different types of resistance at different points in time can be common features through the child protection process.

In addition, parents may be resistant to the involvement of services rather than resistant to change in itself.

However it is important to note that parental resistance is not necessarily indicative of a lack of skilled intervention and work.

When does resistance manifest itself?

Resistance can be fluid and fast changing, and may be seen at any stage of an intervention as well as in different ways for different family members (Brandon et al 2009)

There can be some factors which influence when resistance can be more likely to manifest itself:

- In situations where there is a lack of trust or fear of betrayal
- When the family member feels that he/she has no choice but to take part
- When there is resentment of third party referrers
- When the goals for each party are different
- With people who have negative experiences or perceptions of social services
- When people feel that to ask for help is an admission of failure
- When people feel that their rights are not respected
- When people feel that they are not participants in the process
- If the practitioner is disliked

When resistance manifests itself, it is important to note if a family situation has changed. Sometimes broader issues have impacted on the level and type of resistance presented, and these broader issues in themselves can be important in terms of regular review and assessment of risk and need for children. Broader circumstances can include:

- An alcohol or drug relapse
- Non-compliance with medication or other treatment plan
- Deterioration in mental health
- A change in family dynamics
- A new friend or partner who exerts influence
- A change in life circumstances

Key Messages

- ➢ **Resistance, non-engagement and non-compliance are common features of parents involved in child protection interventions.**
- ➢ **Mental health problems including impaired personality functioning and/or learning disabilities can reduce the ability of parents/carers to understand the impact of their behaviour on children's wellbeing or to acknowledge the need for change.**
- ➢ **Apparent unwillingness to change can reflect internal factors such as shame, ambivalence about the need to change, and lack of confidence about capacity to change.**
- ➢ **External factors such as the imbalance of power, if not handled carefully, can compound and exacerbate resistance to service involvement.**
- ➢ **Cooperation should not be automatically viewed as a protective factor**
- ➢ **Understanding the "who" and "why" in terms of the resistance can help**
- ➢ **Children and young people may display resistance as they replicate the behaviour of their caregiver. The opportunity to engage with children and young people at the earliest opportunity in any number of creative ways is essential.**
- ➢ **Timescales and patters of resistance, non-engagement and non-compliance should be carefully monitored and explored – they may be indicative of increased levels of risk, support timely intervention; or help avoid drift**

PART TWO

Case Studies

Illustrations of Resistance

The purpose of these case studies is to illustrate examples of how resistance may manifest in different circumstances. These examples serve to heighten awareness of the different types of non-engaging and resistance behaviours displayed by parents/carers. Practitioners will recognise many of these families – by including these in this portfolio we then view these families through the lens of resistance in order to identify indicators of resistance more quickly in the future.

One

Jane is a teacher and separated from her husband Steven who works in a bank, when pregnant with their second child. They have two children aged 18 months and three and a half. Steven works fulltime and Jane returned to work part time 8 months ago after her maternity leave.

The health visitor had some concerns about possible post-natal depression after the birth of the youngest child as Jane appeared to show little warmth to the baby and seemed distant and preoccupied. However, Jane consistently advised she was coping well and has good support from her husband and a group of close friends.

The health visitor felt both children have been quite slow to develop language and neither appeared to play freely when given opportunities.

The oldest child started nursery 6 months ago. Staff have noticed that she has struggled to develop relationships with either the other children or the staff and that her play and vocabulary is very limited. Staff are concerned that she does not seem to want to communicate nor express her needs/wants.

Last week the toddler was taken to the GP by Jane who reported he had fallen down a couple of stairs in the house. The GP sent them to A&E and an x-ray revealed a rib fracture. A child protection investigation was undertaken as the parental explanation did not match the injury and both children were placed with Steven's mother on a temporary basis with the parent's permission.

Jane and Steven have said very little to police and social work staff who are assessing potential risk. Jane continues to insist the injury was sustained by falling down a couple of stairs and both deny there are any issues with the children's social and emotional development. They insist they do not require any service intervention and, while they have said they would like the children returned to Jane's care, they have not pushed the issue.

Something to think about:

> ➢ What assumptions do we make about professional parents/carers who are articulate and able to convey their needs and wishes clearly? Do we take sufficient opportunities to challenge our own perception of a family's engagement?

Two

Megan is fourteen months old and has been on the child protection register since before she was born. Her mother had two older children permanently removed due to persistent physical neglect which manifest in chronically uninhabitable living conditions. Megan's birth father has had no contact with her since birth. Mum met a new partner when Megan was a month old. He has a history of domestic abuse towards previous partners though there have been no reports of domestic abuse in this relationship. When Megan was six months old, mum's partner received a custodial sentence for offences committed prior to the relationship. They have been living as a family since his release four months ago. The home conditions fluctuate greatly. Each time they deteriorate to the extent that consideration is given to removing Megan, the couple make an effort to improve things. The improvement only lasts a short period, then a slow decline begins.

Something to think about:

> ➢ Are we at risk of becoming inured to children living at risk of significant harm for long periods of time and failing to identify and respond to such indicators of resistance?

Three

Marie and Brian have been in a relationship for five years. Marie has children from a previous relationship – Sharon aged 12 and David aged 14 years. Three months ago Sharon told her guidance teacher that she didn't like the way Brian touched her. She said that he starts tickling games but keeps his hands in contact with her body longer than she felt comfortable. Both children were interviewed by police and social work and David made similar comments. Brian reluctantly agreed to move out of the house while the investigation was active stating he did not want to risk the children being removed from home. Marie is very angry about this. She feels Brian has done nothing wrong and states that she has been present during tickling games and has seen nothing inappropriate. She has agreed to see Brian at times the children are in school or with grandparents and the children have said they do not wish contact at this time. Marie knows the children have said this but continues to insist Brian poses no risk and states the children have been made to feel the relationship is inappropriate due to all the questioning. Sharon continues to use her guidance teacher as a source of support, despite Marie submitting a written complaint alleging the school were "putting words into my daughter's mouth". Marie is very argumentative during all contact with any staff member from any agency and insists that everything discussed is recorded in writing and copied to her solicitor. Brian is a well-known local businessman and while he is never aggressive with staff, during phone calls where Marie is aggressive and threatening, a man's voice can be heard in the background. Police have stated there is unlikely to be enough evidence for any prosecution.

Something to think about:

> ➢ What role does external compliance (in terms of prosecution, convictions, compulsory supervision) play in working with families like this? Do we make best use of external compliance options when working with families who are resistant?

Four

Sue and Tim's only child, Ben (12 months), is on the child protection register due to concerns about physical injury. The parents believe Ben has a medical condition which has caused his injuries and this is being explored. Meanwhile, Ben is in foster care and his parents have supervised contact. During contact, Sue and Tim record Ben playing using their phone. They regularly manipulate situations so that the staff member is being recorded in the background. When asked to stop, they mimic the request and laugh at the worker. They take opportunities to "snub" the worker, for example, letting doors swing closed in her face, not intervening when Ben playfully throws objects at her and ignoring any attempts to establish a cordial relationship.

Something to think about:

> ➢ How much more challenging is resistant behaviour when it's targeted towards an individual rather than being directed at the "system"? How easy does your team or organisation make it for staff to discuss the personal impact of resistant behaviour?

Five

Sandra has a mild learning difficulty. Her son has sustained a number of accidental injuries around the home due to lack of supervision and Sandra not fully understanding his needs. Sandra does not want any service support. She states she had a social worker when she was young and she got taken into care. She doesn't want the same thing to happen to her son. Her health visitor and family support staff have tried to build a relationship with her but she remains very hostile and often will not allow entry to the house. She views all professionals with suspicion and although the implications of continued non-cooperation have been carefully explained several times, she refuses to shift her view. Sandra has no family support, will not reveal the identity of her child's father and her friends tend to exploit her by using her home as a drinking den.

Something to think about

When working with resistance, how well do we actively consider the possibility of adult support & protection concerns?

Six

Samantha's new partner, Gordon, has a history of very violent behaviour and has recently been released from prison for serious assault. There have been previous child protection concerns due to Samantha drinking heavily while caring for her two sons aged 5 and 7 years. The children are subject to compulsory supervision orders. When staff visit the home Gordon refuses to engage in any discussion and says Samantha has nothing to say either. He says staff can see the children for a minute to see they are fine but nothing further is allowed. He will not let the children be seen on their own. Gordon has a number of aggressive looking tattoos and he tries to intimidate staff using his physical presence. He has been banned from the children's school due to his aggressive behaviour towards staff. Gordon has children from a previous relationship who are now placed for adoption. Records indicate that, when his children were initially accommodated, he issued death threats to the social worker.

Something to think about:

How well do services involved with a family – the "teams around the child" – jointly discuss and agree strategies for managing resistant behaviour? Is there an opportunity to discuss how the strategy employed by one organisation may impact on the other services?

Seven

Sophie and her sister Mikaela have a genetic condition resulting in ongoing significant health needs. Their parents attend health appointments regularly and frequently express anxieties about their children to all services involved with the family. However, Sophie's health remains precarious and medical professionals are not convinced parents are complying with her treatment plan at home.

Something to think about:

How good are we at understanding attendance at appointments is only one measure of engagement? Do we currently have systems which are predicated on appointment attendance (for example, systems which support discharge from a service based on a certain number of missed appointments)?

PART THREE

Impact

Where a child lives with their parent(s) or carer(s), risk and needs cannot be optimally assessed and managed without the co-operation and involvement of parents.

Parental resistance, non-engagement and disguised compliance when there are child protection concerns can therefore result in the following negative outcomes for the child

- A child may remain in a high risk situation and potentially come to significant harm
- Wellbeing does not improve and may deteriorate
- A child becomes subject to a compulsory supervision order or accommodated where these interventions may not have been necessary if there had been effective engagement

This is recognised with the inclusion of resistance related risk factors in the National Risk Framework to Support the Assessment of Children and Young People (Calder, McKinnon & Sneddon 2012).

A review of Serious and Significant Case Reviews in the UK from 2011 until March 2014 involving disguised compliance was undertaken by NSPCC (NSPCC 2014). This identified the following risks to children: missed opportunities to make interventions, removing the focus from children and over optimism about progress.

Some examples of the mechanisms through which parental resistance, non-engagement and disguised compliance can be associated with poorer outcomes for children are described below.

- An incomplete assessment may result in significant needs and risks being unrecognised and therefore not taken into account in decision making and planning to support the child.

- If the impact of parental resistance, non-engagement and disguised compliance on the workers ability to undertake an assessment of the circumstances of the child and on the likelihood of co-operation and compliance with the child protection plan is not recognised, these will not be considered additional risk factors and taken into account when making decisions to protect the child.

- If parents are resistant to the implementation of a child protection plan (for example by not engaging or by deliberately sabotaging the plan) this is likely to undermine the effectiveness of the plan in achieving the objectives of making and keeping the child safe and promoting their wellbeing

- Where the time and emotional energy of staff who are supporting the child is diverted to overcoming parental resistance, they have less capacity to focus directly meeting the needs of the child.

- Where the time and emotional energy of parents/carers is focussed on avoidance or hostility towards services then they may be less emotionally available for their child than would otherwise be the case.

- Children who are aware of hostility and distrust of support services by their parents/carers may themselves adopt this pattern of behaviour and miss opportunities to benefit from working with support services.

- Some children who have been abused feel responsible for 'causing problems' in their family. This can lead to distress and feelings of guilt for the child. This is likely to be more evident where the parents/carers are expressing hostility, anger or other negative emotions towards support services.

Impact on service intervention

Non engagement and resistance can impact on every aspect of service contact and intervention with a family.

From a very basic level - such as difficulty gaining access to the child and/or parent – to a more complex level such as assessing the degree to which non engagement and resistance may compromise parental capacity to change, non- engagement and resistant behaviour presents highly significant challenges to staff working to protect children and young people.

When staff are faced with non-engagement and resistance, a number of common responses can develop:

- Seeing each situation as a potential threat and developing a 'fight' response or becoming over-challenging and increasing the tension between the professional and the family;

- Colluding with parents/carers by accommodating and appeasing them in order to avoid provoking a reaction;

- Becoming hyper alert to the personal threat so the professional becomes less able to listen accurately to what the adult is saying, distracted from observing important responses of the child or interactions between the child and adults;

- 'Filtering out' negative information or minimising the extent and impact of the child's experiences in order to avoid having to challenge. At its most extreme, this can result in professionals avoiding making difficult visits or avoiding meeting with those adults in their home, losing important information about the home environment.

- Feeling helpless / paralysed by the dilemma of deciding whether to 'go in heavy' or 'back off'. This may be either when faced with escalating concerns about a child or when the hostile barrier between the family and outside means that there is only minimal evidence about the child's situation.

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, 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.

"in many cases parents were hostile to helping agencies and workers were often frightened to visit family homes. These circumstances could have a paralysing effect on practitioners, hampering their ability to reflect, make judgments, act clearly, and to follow through with referrals, assessments or plans. Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted. Where parents made it difficult for professionals to see children or engineered the focus away from allegations of harm, children went unseen and unheard" (Brandon et al, 2008:3).

It is critical that, when professionals are working with families who display non engagement and resistant behaviour, that the impact of this on service intervention is consistently evaluated and monitored to ensure such impact is acknowledged, understood and minimised in order to ensure service intervention continues to be made in the best interests of the child.

This requires effective supervision, clear inter-agency communication, robust management oversight and supportive and constructive inter-agency working and challenge.

Sometimes the implementation of specific policies can significantly help to ensure service intervention continues to be made in the best interests of the child. This would include

policies in relation to the "unseen child" and policies in relation to lone working or other similar policies that help ensure staff safety. Nowadays, these types of policies – both unseen child and staff safety – are relatively common place and attention should be focused on ensuring these are widely known to staff and effectively utilised.

Building working relationships with families

Relationships are key to effecting change. All staff involved with families will utilise their relationships with family members to support and effect change.

Relationships take time, energy, attention and skill to create, build and maintain. This process is severely undermined when working with parents/carers who display non engagement and resistant behaviour.

For those parents/carers who display aggressive behaviour towards staff, concerns about physical safety may mean that service contact can only take place under certain conditions – for example, only within office premises as opposed to home visits or contact must involve two members of staff at all times. These kinds of constraints – and the evident absence of trust - make it much more difficult to establish effective working relationships from the outset.

For those parents/carers who display more covert non engagement and resistant behaviour, the impact of this on the working relationship will not be immediately apparent. In many situations, the working relationship will appear to be strong, characterised by seemingly open and honest communication and mutual joint effort to effect change. It will only become evident over time, when change does not occur, that the parent/carer is engaged in disguised compliance. This type of circumstance can often lead to increasing feelings of frustration and a lack of self-efficacy in staff. When the non- engagement and resistant behaviour is later recognised and identified, the sense of duplicity and deceit experienced by staff can contribute to almost a feeling of betrayal. Staff need support to process these valid emotions in order to re-establish a working relationship.

Due to the central role that relationships play in supporting parents to change, most staff tend to be highly motivated to preserve and maintain these relationships. However, some behaviour aimed at protecting the relationship may actually result in a degree of collusion. For instance, staff may avoid possible confrontation with a parent in case it "damages" the working relationship. This could include avoiding raising concerns about the child (or raising it by stating a third party has the concern), accepting the parent's version of circumstances without challenge, focusing on less contentious issues (housing, benefits), not asking to see the child alone, filtering or minimising negative information, and placing undue emphasis on positive information.

In virtually all child protection cases, parents/carers will be non- engaging/resistant to varying degrees. Regardless, in all cases, staff will be required to form working relationships with these parents/carers.

The principles of good relationship building in child protection cases remain constant:

- Never underestimate the power of consistent honesty and transparency.
- Respect and be sensitive to, other's viewpoints, feelings and experiences.
- Keep the focus on the best interests of the child at all times.
- Listen actively to others and attempt to understand the world of the child and their parents/carers.
- Work collectively with the other professionals involved with the family, following the agreed plans and decisions, presenting a "united" front.
- Make use of supervision to avoid collusion, or allowing relationship issues to cloud your view of the best interests of the child.
- Remain aware of the impact of the relationship on you as an individual and share this with your supervisor to ensure you receive effective support.

Questions to ask yourself:

1. **What might lie behind this non engagement and resistant behaviour?**
2. **What need is it meeting for the parent/carer?**
3. **Is there another way to meet this need that might lessen the display of non-engagement and resistant behaviour to a degree where a working relationship can be formed?**
4. **Am I inadvertently colluding with this parent/carer? For example, avoiding contact or avoiding raising contentious issues?**
5. **How effective is this working relationship? On what basis am I judging this?**
6. **Have I been honest with my manager about how this relationship affects me?**

Assessing risk and need

Assessment of risk and need requires workers to gather all relevant information, analyse this in terms of impact on the child, identify any needs and risks that require action and plan the action required to address the needs and risks.

There are obstacles immediately apparent when considering the impact of non- engagement and resistance on the process of assessing risk and need.

Firstly, there may be difficulties in gaining access to the child and/or their parent/carer. Where access is possible, it may be very limited – for example the parent may not allow the child to be seen alone, the parent may refuse to share background information or the

resistance by the parent may mean particular assessment tools routinely used to gather and analyse information are not able to be used.

The parent/carer may exhibit a range of non- engagement and resistant behaviour in order to deliberately obscure concerns about the child. Many parents/carers have their own legitimate needs – housing, mental health, bereavement etc. - and may seek to raise a number of such issues during the assessment process. Staff can become focused on addressing these needs – sometimes with a sense that if they can resolve some of the parent's/carer's issues it might be easier to focus the parent on the needs of the child. But for the parents/carers who deliberately deploy these methods of non- engagement and resistance, there will be no end to their demands and workers can become caught up in a cycle of crisis perpetuated by parents/carers. Because issues that affect parents/carers will, to varying degrees, affect the children, workers may well have the view that such intervention is aimed at improving outcomes for children. However, without a clear professional analysis of the needs and risks for each child, which informs the child's plan, intervention will instead be driven by the needs of parents and carers.

Assessment of risk and need in a child protection context must always be undertaken on a multi-agency basis. But for families with non -engagement and resistant behaviour, the range of professional involvement may be quite limited, either because the parents/carers have not engaged or because the service has withdrawn. This brings its own challenges – not least of which is the lack of shared professional opinion in order to reach collective judgement of risk and need.

Children whose parents/carers have very complex needs – a childhood of abuse/neglect, drug and/or alcohol misuse, mental health difficulties, domestic abuse – require to have their needs carefully and skilfully assessed in order to identify and address risk and need and staff will need to take into account the impact of non- engagement and resistance while undertaking such analysis.

Possibly the greatest challenge for staff is evaluating the role that non engagement and resistance plays in relation to assessing any concern about a child.

In some circumstances, non -engagement and resistance is a clear concern in and of itself. This can be illustrated in cases where parents do not take their child to critical appointments, thus preventing or delaying treatment or intervention, or even exacerbating the concern. Thus we have both the initial concern about the child that requires intervention, plus the non -engagement and resistance by the parent which is delaying or preventing help for the child. The non- engagement/resistance alone in this case raises a question about the parent's ability to meet the needs of the child.

In other circumstances, the role of non- engagement and resistance in relation to assessing the concern about the child is much less clear. Take, for example, a parent or carer who is resistant to developing a working relationship with staff trying to support the family. Someone who will only reluctantly agree to a minimal level of intervention, does not volunteer any information and displays a cold and non-engaging manner towards all staff. Yet, they fulfil their role in the child's plan and circumstances improve. In this case it could be argued that the non -engagement/resistance had a lesser role.

Staff must ensure there is no "drift" in cases due to parental non engagement and resistance. For instance, if a child protection assessment is difficult to complete due to non - engagement/resistance, a decision must be made about the next step in addressing the needs of the child. Processes should not be drawn out unnecessarily while staff continue to try and engage with parents/carers. This could potentially leave children in a very vulnerable position. Assessments, however "incomplete", should be brought to multi-agency decision making forums in order for collective professional judgement on the way forward. It is well regarded that assessment is a continually evolving dynamic process, therefore it is not necessary to reach a certain point in an assessment before convening a multi-agency meeting.

The principles of good assessment in child protection cases remain constant:

- Gather all information from available sources and carefully record any gaps.
- Consider what the available information tells you about the needs/risks for the child.
- Ensure you only derive accurate, evidence based findings in your analysis.
- Be explicit about evidence source and when drawing on information from another professional, include the basis of this information (eg. Based on observation or based on case records).
- Be explicit about "unknowns" in your analysis.
- Guard against bias such as over optimism
- Ensure parental information is presented and analysed in terms of impact on the child
- Seek and utilise the expertise of other professionals

Questions to ask yourself:

1. **How has non engagement/resistance impacted on this assessment? (Information gaps, over emphasis on positives or negatives, limited view of child's perspective etc.)**
2. **Have I said and done what I would usually say and do when undertaking this type of assessment? Have others?**
3. **Have I identified and seen the key individuals involved? Including those who may not be acknowledged as living in the home?**
4. **Have I felt relief at the end of my contact with this family? Or when I couldn't reach this family?**

5.   **Where there are issues of domestic abuse, have I engaged with the perpetrator?**
6.   **Have I identified and engaged with any relevant men in this child's life? Including both those living at home and those not living at home?**
7.   **If this non engagement and resistance was not present, how would this change the *nature* of the concern for this child?**
8.   **And how would it change the *level* of risk/need for this child?**
9.   **Have I contacted another agency known to the family and suggested a joint visit?**
10. **Have I discussed my concerns and sought guidance from my manager in ensuring the children are regularly seen?**

Decision-making

Decisions are informed by the assessment and analysis of all information, using professional judgement. Assessment, analysis and professional judgement can all be impacted by non - engagement and resistance

Parents/carers who present non engagement and resistance may exhibit behaviours which in themselves require decisions to be made about the best way to manage such behaviour. Threats, complaints, non- attendance at appointments, allying with one service against another etc. are all examples of non -engaging behaviours that will require those involved with the family jointly deciding how best to manage these.

In addition, when decisions are being made about intervention, non- engagement and resistance by families can have an impact on *how*, *when* and *what* decisions are made.

For example, parental co-operation may lead to less coercive intervention even when there is evidence of poor parenting (Platt and Turney 2012).

Cases may be closed due to lack of co-operation – decisions like this can, in turn, have an impact on level and type of risk to a child. It is important to note that no case should be closed before a multi-agency discussion has taken place.

Decision making in the child protection field includes the whole spectrum of decision making, from decisions made very swiftly on the basis of limited information (such as decisions about a child's immediate safety) to those made on a more longer term planned basis (such as decisions about permanency).

Within a short time of meeting someone, we all form intuitive judgements about them. Social workers following up a child abuse allegation will quickly form an opinion, a 'gut reaction', about the parents. It is therefore both necessary and inevitable that initial assessments and judgements will be based on very limited evidence about the family.

Judgements made on such slender grounds should, rationally, be regarded as very tentative and open to revision.

It is widely accepted that one of the most common pitfalls in child protection work, is the failure to revise initial assessments.

'One of the most common, problematic tendencies in human cognition … is our failure to review judgements and plans – once we have formed a view on what is going on, we often fail to notice or to dismiss evidence that challenges that picture.'
(Fish, Munro and Bairstow 2009: p9)

Attribution is the process of inferring the causes of events or behaviors. In real life, attribution is something we all do every day, usually without any awareness of the underlying processes and biases that lead to our inferences.

As we seek to explain the reasons and causes for behaviors, we are prone to falling victim to a number of cognitive biases and errors. Our perceptions of events are often distorted by our past experiences, our expectations and our own needs.

When it comes to other people, we tend to attribute causes to internal factors such as personality characteristics and ignore or minimize external variables. This phenomenon tends to be very widespread, particularly among individualistic cultures. Psychologists refer to this tendency as the **fundamental attribution error**; even though situational variables are very likely present, we automatically attribute the cause to internal characteristics.

Key Messages

- ➢ **Resistance, non-engagement and non-compliance can contribute to children being unseen and unheard**
- ➢ **The complexities of adults' problems can eclipse children's needs**
- ➢ **Overly optimistic views on small improvements and not always keeping history in mind are common pitfalls in child protection work**
- ➢ **Practitioners must ensure they are not unwilling to make critical judgements; underestimating harm to children; or developing fixed views of families that are not updated in light of contrary evidence**
- ➢ **Respect the right of parents/carers to challenge any professional's interpretation of events, assessment of their child's needs or assessment of risk to the child. Challenge is not necessarily resistance.**
- ➢ **Confirm that the parents/carers understand the concerns and what is expected of them**
- ➢ **Assess what, if any, contribution the service approach and/or interventions may be making to the resistance**

PART FOUR

Support

Working with families who display resistant or non-engaging behaviour has an impact on individual staff.

At a basic level, some types of resistant behaviour can cause staff to fear for their personal safety. Other feelings range from frustration to a sense of helplessness.

Resistance can feel very personal at times and it can be difficult for individuals to step back and view the behaviour as part of a strategy deployed by the parent to shift focus from their behaviour and its impact on the child.

Overall, there is a danger that staff feel isolated and vulnerable, both on a personal and on a professional level.

Support for staff must, at a minimum, include mechanisms for regular one to one, face to face meetings with someone with the skills to foster reflective practice, provide a safe space and help staff to speak about the impact of resistance.

Supervisors and managers must create environments that give permission for staff to acknowledge the impact of their work on them as individuals, in a way that is non-stigmatising and which can help lead to increased support in the workplace.

Consideration should be given to basic office lay outs which include means by which staff involved in home visiting can "sign in and out" as a way to check on their whereabouts, quiet rooms for debriefing and clarity of recording resistance behaviours in case records.

On-line Behaviours – impact on staff

Some understanding of the potential impact issues for practitioners may be gained by considering the evidence base relating to cyberbullying. Whilst this is mainly centred on behaviours between young people many themes may be relevant for consideration. Material on line can feel ever present and endlessly accessible through mobile devices at any time, place and by anyone. Unlike direct confrontation with parents that takes place in a distinct context such as the workplace or a parent/carer's home, the internet is ever present, available and used routinely in a range of different personal and professional contexts. This can compound feelings of helplessness and can be more difficult to 'escape' from. This anxiety, combined with the fact that individuals often make harsher and more hurtful statements online than they would in person, makes 'cyberbullying' a particularly destructive form of bullying

On-line behaviours - BASW's advice to social work employers

The primary responsibility for dealing with these threats to social workers lies with employers. It is often politic to ignore these sites – social work is not the only profession which is subject

to this form of abuse – but where social workers are very clearly identified and there is incitement to hatred and violence BASW's advice to employers is:

1. This libellous publication of information and opinion on the internet is equivalent to spreading unedited opinion in a newspaper or on television.

2. A responsible employer should regard it as a type of assault, and most (if not all) employers have very clear procedures as to how to deal with members of the public who are abusive to, or who assault, employees to whom they have a duty of care.

3. BASW would hope to see a letter go out from the employer's legal department stating clearly that this type of abuse will not be tolerated and legal action may follow without warning.

4. Consideration should be given to reporting this to the police.

5. A referral should also be made to the Chief Officer so that it can be taken to whichever organisation they are part of (the Association of Directors of Children's Services or Adult Services, for instance) with a view to lobbying Parliament to prosecute the website organisers.

6. The employer should also give thought to putting out a local press release to discourage others, and if action was taken and resulted in, for example, punishment for anti-social behaviour, that should be publicised.

7. The employer should also have written procedures for managers around this type of action, alongside social networking and other internet-based procedures.

Managers' support for staff

Assessing parental capacity to change in these situations requires empathy and relationship skills (Forrester *et al.*, 2012; Holland, 2000); it also requires professional objectivity and understanding of the common pitfalls of intuitive reasoning (Munro, 1999), and a working environment in which decisions can be openly discussed and tested out with colleagues and staff receive supportive supervision in which mistakes can be acknowledged without fear of censure (Munro,1999,2005; Kirkman and Melrose,2014).

Managers should consider how to facilitate working environments which ensure support for staff both in managing the individual impact of working with these types of behaviours, and in managing the impact on ongoing assessment and decision-making.

Managers and supervisors play a critical role in identifying resistant behaviour in families and its impact.

The following are critical for managers in supporting staff:

- Provision of regular, effective supervision
- Clear messages to service users about acceptable/unacceptable behaviour towards staff
- Space to debrief
- Opportunities to reflect
- Strategies to support particular aspects of the case – such as joint visits to aggressive families

The following are questions helpful for managers to consider and explore in supervision:

1. Does the worker have experience of the parent/carer being hostile, intimidating, threatening or violent?
2. Does the worker have experience of the parent/carer displaying resistant behaviours?
3. What is the view of the resistant behaviours when each individual incident is viewed collectively
4. Is the worker intimidated or fearful?
5. Does the worker feel sorry for the parents/see the parents as victims?
6. Is the worker protective of the parents/minimising concerns expressed by others?
7. Is the worker effectively challenging of issues and behaviours when necessary?
8. Is the use of complaints or threats of complaints affecting the worker or the intervention?
9. Is the worker able to effectively measure tangible change in behaviours and attitudes directly relating to the Child's Plan? (beyond a positive relationship and apparent compliance)
10. Has the worker used the resistance risk indicators within the National Risk Framework to Support the Assessment of Children and Young People (2012)? http://www.gov.scot/Resource/0040/00408604.pdf

Support for teams around the child

When working as part of a "team around the child", resistance should become central to ongoing information-sharing, assessment, analysis, planning and review. Multi-agency plans for children will set out anticipated outcomes, with associated tasks, supports, timescales and responsibilities, but unless resistance is actively considered and explored at every opportunity, the team around the child will be unsuccessful in implementing the child's plan effectively.

Chronologies are effective tools in analysing a child's circumstances and they can also help to identify both the existence of resistance, the nature of resistance and any patterns that help understand both how resistance manifests and how it might be addressed. It is therefore important that each service involved with the family maintains a single agency chronology which is shared across services in order to identify and agree significant events which would form an integrated chronology.

It is important to work in a transparent way with families, in order to foster partnerships with parents/carers who are critical members of the team around the child. But there may be circumstances where professionals would benefit from meeting away from families to specifically discuss resistance behaviours being displayed by families.

It is crucial that this is done in a safe and constructive manner. In cases where a particular individual or service appears to be experiencing resistance from parents/carers, it is important to explore possible barriers to engagement that are specific to the worker or service, along with considering why the parent/carer might be choosing to target one particular service. While, there is a need to consider how we might be contributing to resistance, individual staff or services should be supported with this type of reflection.

Remember that some parents/carers deliberately select a service with whom to deploy resistance behaviours with the sole purpose of encouraging focus to shift from their own behaviours to the individual service. If the team around the child falls into this trap, they could be colluding with a family's resistance.

When parents/carers are challenged in respect of any resistant behaviour, it is important that there is shared ownership across the team around the child about why this behaviour is a concern. Services must be careful not to be drawn into discussions about individual services not present.

Similarly, services should not act in isolation when planning strategies to address resistance. Actions such as:

➢ Changing worker
➢ Changing usual service delivery model
➢ Closing the case

should all be discussed across the team around the child before the action is initiated.

While changing a worker, or barring a parent/carer from a particular office might well be actions that are decided as necessary in a particular case, it is important to have multi-agency discussion in order to test out any unforeseen consequences of such actions.

Of key importance is the need to have multi-agency discussion before any service closes a case – especially if the closure is due to non-engagement. This is because both the non-engagement and the gap in service must both be taken into account in assessment and analysis of the child's circumstances.

Questions to ask:

• **Has each part of the team around the child shared all information relevant to understanding this child's circumstances?**

- **Do we have a high quality integrated chronology that has been analysed for indicators of resistance?**
- **Have we, individually and collectively, reviewed what we know about resistance in this family and considered whether or how we might be contributing to non-engagement?**
- **Has any service that is part of the team around the child taken particular action to manage the resistant behaviours, and, if so, has the team around the child discussed the risks and benefits to each action?**
- **As the team around the child, do we have a shared agreement on the stage at which resistance will trigger an escalation of this case?**

Support for organisations

Questions to ask:

- **Are there clear policies in place to effectively manage hostile behaviour from families and effectively support staff in these situations?**
- **How are approaches to the different types of resistant behaviour agreed, set, challenged and maintained within agency culture, supervisory practice and with parents?**
- **How clear are these to staff and parents? And how are they monitored and reviewed?**
- **What range of responses should be available, operated by whom, in what ways, to ensure these approaches are operationalised and kept in place?**

Learning and Development

This section, developed by the West of Scotland Child Protection Learning and Development Group, contains examples of: external providers of resistance training, some training developed by local Child Protection Committees, and some additional resources useful in learning & development environments.

RECONSTRUCT
Course Title - Difficult, Dangerous and Evasive – working with hard to engage families

COURSE DESCRIPTION
Practitioners working with child protection and safeguarding issues regularly have to deal with frightening, anxiety-provoking situations where adults may be dangerous, difficult or evasive. Recent child death inquiries regularly comment on how manipulative the parents or carers of the child were, and serious case reviews remark on how parents and carers are often not being challenged and are evading intervention.

This 2 day training highlights these concerns and fills a gap in what is one of the most neglected areas of training: the critical dynamic between worker and service user, particularly when concerns about child protection need to be raised. The training promotes the need for effective and erudite intervention through practice and rehearsal of challenging examples using actors. It covers a range of practice issues including: individual and collective values, reflective practice and critical thinking, personal process (how own past experiences impact on work), a model of dealing with challenge and definitions of difficult and dangerous users.

LEARNING OUTCOMES

- Understanding the organisational context of work which can help or hinder staff support in challenging situations.

- Exploring how our own value base can often fragment when faced with threatening situations.

- A model of communication to use when faced with difficult situations.

- Understanding the difference between 'dangerous' and 'difficult.'

- Self-care and utilising support systems as a means of survival in hostile conditions.

TARGET AUDIENCE
This training is tailored to front line staff and is relevant for both newly-qualified and experienced workers. This course can be run with either a single agency or multi-agency participant group.

ADDITIONAL INFORMATION / COURSES
Different options for delivery are available – contact course provider for further information

CONTACT DETAILS
www.reconstruct.co.uk

SUE WOOLMORE
Course Title - Sandstories

COURSE DESCRIPTION
Sandstories training tool offers insight and wisdom to understanding the impact of the neglect and maltreatment of infants and children using storytelling. It illustrates both the characteristics of a family which is 'resistant' to professional intervention and also explores the dynamic between those trying to 'help' the family. Contained within this story are the key lessons learned from Serious Case Reviews in the last 20 years.

LEARNING OUTCOMES
Essential 1 day training course :

- participants will be able to recognise the characteristics and behaviours of families and professionals who are engaged in a 'resistant' relationship
- participants will explore strategies for maintaining a child-centred and 'authoritative' approach with resistant families, without losing empathy and compassion

- participants will be better equipped to recognise 'disguised compliance' in families, particularly where child neglect is a concern
- the importance of multi agency collaboration, and meaningful communication, is reiterated throughout
- the crucial role of reflective practice, supervision and peer support to strengthen workforce resilience and wisdom will be reinforced
- participants will understand better the impact of fear and stress (including domestic violence) on children and young people
- participants will be better equipped to wrestle with the challenging question, "How long should we keep trying with this family?"
- key messages from serious case reviews and research will underpin all of the learning

TARGET AUDIENCE
Sandstories has been developed for groups of up to 20 participants, for a full day training event. Ideally, the participants will be drawn from different agencies, although the training can also be very helpful on a single agency basis.

ADDITIONAL INFORMATION / COURSES
Essential plus Course
1½ day training session, with up to 20 participants (ideally multi-agency).
The learning outcomes for this training session match those provided in the "Essential" model. However, the additional time provided by the extra half day creates an invaluable opportunity for participants to apply their reflective learning to current cases with which they are working. This will enhance the potential for immediate impact on practice. There will also be more space to consider the characteristics of "authoritative" practice and how this can be applied in the child-centred way.

Embedded Course
This training model provides an additional half day for participants who have experienced either the "Essential" or "Essential Plus" training sessions.
The "Embedded" session would be arranged 3 – 6 months after the initial training session. The purpose of this session is to explore how the reflective learning from Sandstories has been embedded in real-life practice. It will also act as a catalyst to encourage and reinvigorate practitioners to maintain a child-centred focus in their work.
This model has the additional, strategic benefit of providing LSCBs with evidence of the impact of training on local, multi-agency practice.

CONTACT DETAILS
http://www.sandstories.co.uk/training-development

FUTURE CHILDCARE TRAINING LTD
Course Title - Professional dangerousness "please keep me safe!"

COURSE DESCRIPTION
This course focuses on recognising the signs of distress in children, and understanding how parents disguise compliance as a front for concealing abuse. The course programme focuses on providing participants with some time for reflection and learning from mistakes that have been made in the past. Professional dangerousness can occur within the practices of individual workers, within teams of professionals, within entire departments or between agencies. Often professional dangerousness occurs as a direct response to the actions of families where there are childcare concerns, as a result of our own

discomfort within our role, or when workers who are responsible for child protection leave the child at risk of significant harm as a result of their assumptions, attitudes or behaviours.

LEARNING OUTCOMES

This course aims to:

- Raise awareness of the outcomes and lessons learnt from major serious case reviews and enquiries.
- Provide structured time for reflection, exploration and planning around safeguarding practices and acknowledge the need for workers to share their feelings, anxieties and experiences.
- Recognise the impact stress, anxiety and abuse has on the child's development, self esteem and behaviour, highlighting the importance of the first years of a child's life, which form the foundation for all aspects of human growth, relationships and development.
- Develop skills in child focused observation and analysis, understanding behaviour, and forming evidence based judgements about the actions we take and the decisions we make.
- Recognise professional dangerousness when it occurs in a range of settings and develop strategies to challenge dangerous practices.
- Remind childcare professionals about the need for a 'hands-on' approach to child focused assessments and be able to communicate with the child on the child's level. Remembering it is always the child who holds the key.
- Address the way families react when child abuse is on our agenda and how their behaviour affects the responses and decisions of professional workers. Professionals need to develop the confidence to investigate, question and challenge.
- Acknowledge the significant problems in the day-to-day reality of working across organisational boundaries and cultures with view to developing strong and mature partnerships.
- Enable delegates to gain the necessary knowledge and skills to feel more comfortable and confident when challenging the professionalism of ourselves and others, which can include other professionals within the same agency and team, as well professionals involved in the case.

TARGET AUDIENCE

This course is suitable for all childcare professionals at every professional level within social services, health, early years, drugs teams, youth offending teams, education, police, private and voluntary sectors who work with children and families

ADDITIONAL INFORMATION / COURSES

To book this course you will need between 12 and 25 people that need training. This could be your own team of staff or you could contact other childcare professionals, local authorities or agencies in your local area who may also require the training. When you have between 12 and 25 delegates that need training you can contact the administration team on the email address below to discuss available training dates.

CONTACT DETAILS

info@futurechildcaretraining.com

GLASGOW CHILD PROTECTION COMMITTEE
Course Title - Working with non-engaging families

COURSE DESCRIPTION

One day course which draws on some of the theory presented by Reconstruct around communication styles, interpersonal skills and worker self-awareness and uses case studies to explore the use of the child's plan to monitor and challenge non-engagement constructively.

LEARNING OUTCOMES

The objectives are for participants to be able to:-
- Identify non-engagement by service users
- Increase their ability to manage and appropriately challenge behaviours that indicate non engagement
- To increase the ability to assess the risk such behaviours pose to children and young people
- To assess capacity for change
- Increase your ability to remain child centred while recognising the impact of work on practitioners
- Identify strategies to support practitioner wellbeing

TARGET AUDIENCE

The training is intended for specific and intensive workforce and usually attracts social workers, teachers, health visitors, addictions workers, voluntary sector workers.

ADDITIONAL INFORMATION / COURSES

CONTACT DETAILS

Susan Dobson - Senior Learning & Development Officer, Glasgow Child Protection Committee
Tel: 0141 420 5862
Email: Susan.dobson@glasgow.gov.uk

NORTH LANARKSHIRE CHILD PROTECTION COMMITTEE
Course Title - Non-engaging families

COURSE DESCRIPTION

This one-day multi agency learning event is designed to highlight the importance of meaningful engagement with families in the wake of significant case reviews.

LEARNING OUTCOMES

The objectives of this learning event are to -
- Demonstrate an understanding of why families don't engage with services
- Demonstrate an understanding of the increased risk to the safety and welfare of children in non-engaging families.
- Demonstrate an understanding of the importance of a multi agency approach.

- Employ shared strategies to support families to engage and enable assessment of the child's safety and welfare.

TARGET AUDIENCE

All practitioners who work directly with children and their families who want to develop their confidence and practice skills in working with non-engaging or resistant families.

CONTACT DETAILS
Fiona Swift
Child Protection Co-ordinator
Regent House
9 High Patrick Street
Hamilton
ML3 7ES
01698 452859

EAST AYRSHIRE CHILD PROTECTION COMMITTEE
Course Title – Working with Challenging Families

COURSE DESCRIPTION

This is a one day multi – agency course which looks at raising awareness and identifying the various behaviours of resistant families, including disguised compliance.

LEARNING OUTCOMES

1. To raise awareness of the various behaviours of resistant families
2. To identify the risks to children and young people of resistant and challenging families
3. To discuss the behaviour and difficulties to workers of disguised compliance
4. To look at the role of the multi-agency professional in relation to challenging families
5. Demonstrate the use of tools and strategies to support the practitioner working with challenging families

TARGET AUDIENCE

Multi-agency practitioners who are looking to understand more about the issues of resistance in families, and identify strategies to deal with them. Ideally for practitioners working within the specific and intensive workforce with children and families**.**

CONTACT DETAILS

Debbie Willett
Workforce Development Officer:
Multi Agency Children's Services
Civic Centre North
John Dickie Street
KILMARNOCK
KA1 1HW

Tel: 01563 576859

EAST AYRSHIRE CHILD PROTECTION COMMITTEE
Course Title – Introduction to Motivational Interviewing

COURSE DESCRIPTION

Research highlights that the behaviour and skills of practitioners can, at times, create a barrier within direct practice or can be used as an effective tool. The development of skills in respect of motivational interviewing techniques has been included in recommendations in reports including; '*Getting Our Priorities Right. Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use.'* (Scottish Government 2013) http://www.gov.scot/Resource/0042/00420685.pdf and *'Resistance, a complex challenge for practice' (Robb 2014; With Scotland Briefing Note)* http://withscotland.org/exchanging-withscotland-briefings

This course runs over two sessions (1.5 days) The first full day includes a range of approaches to learning. The follow up half day takes place a few weeks later to allow time for participants to use the skills and techniques in practice and for critical reflection on their practice.

Participants must be able to attend on both dates.

LEARNING OUTCOMES

To enhance multi-agency practitioners' skills in respect of motivational interviewing techniques and to develop their understanding of the process of change and relationship building, so enhancing engagement and partnership working with children, young people and their families.
- To raise understanding and skills in respect of **motivational interviewing techniques and the process of change.**
- To help practitioners establish a common language and culture of practice around considerations of motivation and change.

TARGET AUDIENCE

The training is intended for specific and intensive workforce practitioners who work directly with children and their families and who want to develop their confidence and practice skills.

CONTACT DETAILS

Audrey McNeish
Workforce Development Officer:
Multi Agency Children's Services
Civic Centre North
John Dickie Street
KILMARNOCK
KA1 1HW
Tel: 01563 576859

National Risk Framework to support the assessment of children and young people 2012
This national risk assessment 'toolkit' for child protection supports practitioners in identifying and acting on child protection risks in children and young people though a staged process of assessment, analysis and risk management along with a range of tools that build upon the GIRFEC Practice Model and are developed around the three risk components of Risk, Resilience and Resistance.
http://www.gov.scot/Resource/0040/00408604.pdf

Resilience Matrix – a framework for thinking
A 13 minute animation which gives a working explanation of the Resilience Matrix.
It is for Named Persons, Lead Professionals and everyone using the National GIRFEC Practice Model, to give direction and confidence in the use of the tool in practice to assess and analyse children and young people's identified need, risk and protective factors.

The resource may be embedded in your Local Authority training platform, and is also available to view and download from YouTube: https://youtube/nbRIMeAWY_Y

Key Messages

- ➢ **Working with resistance, non-engagement and non-compliance has an impact on individual workers as well as upon wider service intervention.**
- ➢ **Individuals can feel isolated and vulnerable and managers have a responsibility to support and protect their staff from the impact of their work.**
- ➢ **Working environments must create safe spaces for staff to talk about how they feel in relation to the work they do.**
- ➢ **Teams around the child guard against inadvertently colluding with a families resistance.**
- ➢ **Single services should not take action to address resistance without multi-agency discussion (unless immediate safety is compromised).**
- ➢ **The risks and benefits of strategies to address resistance should be explored on a multi-agency basis.**
  Staff need to be equipped with knowledge and skills when working with resistance, non-engagement and non-compliance. There are a range of courses available which focus on this topic

PART FIVE

What Works? Tools and Tips

There are a number of common strategies that could be used to address and improve engagement.

- Re-evaluating your engagement strategy and communication techniques
- Identifying how engagement could be improved, by reflecting on what has not worked and what might instead work
- Using strengths-based approaches to identify even small signs of positive engagement with a view to building "successes"
- Discussing the issues/concerns with the child, young person and/or family and identifying solutions together
- Meeting families in a different environment outside the family home
- Discussing the issues/concerns with a supervisor, manager or colleagues
- Look at the section on underlying factors – could these be alleviated?

There are some particular tools that may be useful when working with resistance, non - engagement and non - compliance:

Motivational Interviewing

Motivational interviewing is a counselling method, originally developed in response to the treatment of problem alcohol users. It focuses on exploring and resolving a person's ambivalence about change, and accepting that ambivalence is a normal part of the change process. The core value of motivational interviewing is that it does not impose change; rather it supports change in a manner which is congruent with the person's own values and concerns (Miller and Rollnick, 2013). Motivational interviewing was developed as a clinical tool for individuals who are not yet ready for change, to help them move forward (Miller and Rollnick, 2013). Motivational interviewing is characterised by a particular approach, based on three key elements: collaboration between the therapist and client; evoking or drawing out the client's ideas about change; and emphasising the autonomy of the client (Miller and Rollnick, 2013).

http://www.motivationalinterviewing.org/

Family Group Conferencing

There is considerable evidence to suggest that involving parents and their wider extended family in the decision-making processes can decrease parental resistance to involvement with social workers by reducing their feelings of powerlessness within the context of statutory interventions and court proceedings. Family Group Decision-Making (FGDM), sometimes referred to as 'family group conferencing', was introduced in the UK in the 1990s, with the support of the Family Rights Group. It represents a departure from traditional decision-making models in child welfare, where there can often be an emphasis on expert knowledge and skills within an adversarial context (Barnsdale and Walker, 2007).

http://www.frg.org.uk/involving-families/family-group-conferences/fgc-listings/fgc-scotland

Signs of Safety

The Signs of Safety is an innovative strengths-based, safety-organised approach to child protection casework. The model of its approach was created in Western Australia by Andrew Turnell and Steve Edwards, who worked with over 150 front-line statutory practitioners and based it on what those practitioners know works well with difficult cases.

The approach focuses on the question "How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?" This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen a child's and family's situation. A format for undertaking comprehensive risk assessment — assessing both danger and strengths/safety — is incorporated within the one-page Signs of Safety assessment protocol.

http://www.signsofsafety.net/signs-of-safety-2/

C-Change Model

(Dendy Platt & Katie Riches)

Published in 2016 by the University of Bristol, C-Change is an assessment that focuses specifically on **parental capacity to change**, with the aim of better informing future planning and decision-making. It is designed to be integrated within an existing assessment and, as such, requires the following to be in place:

- ➢ Assessment of family and environmental factors
- ➢ Assessment of the child's needs
- ➢ Assessment of parenting capacity
- ➢ Identification of key difficulties that the family should address to ensure the safety/well-being of the child
- ➢ An evolving analysis that will draw together the findings from all aspects of the assessment

There are five fundamental principles of the C-Change assessment:

1. Capacity to change should be assessed in relation to particular defined behaviours.
2. A capacity to change assessment should be integrated within existing processes of assessment and analysis.
3. All relevant parents or carers should be assessed separately, but with attention to the dynamics between joint carers.

4. A capacity to change assessment should incorporate two essential sources of information, namely observable behaviour, and the barriers and facilitators affecting capacity to change.
5. For the needs of the child to remain central to the assessment, the key consideration is the parents' capacities to achieve change within the child's timescales.

C-Change is built around factors known to affect whether a particular behaviour or behaviour change will take place (such as motivation/intentions, priority/relevance and contextual factors).

http://www.bristol.ac.uk/sps/research/projects/current/assessing-parental-capacity-to-change/

Key Messages

- ➢ **The professional relationship between the practitioner and the service user is central to effective practice.**
- ➢ **A sensitive approach, based on principles employed in motivational interviewing, can reduce resistance and help parents contemplate change.**
- ➢ **Family Group Decision-Making involves relatives and others in sharing responsibilities for addressing children's needs and gives families a real opportunity to make their own decisions about how to solve family problems.**
- ➢ **Signs of Safety is a strengths-based, safety-focused approach developed in Australia and gathering popularity in Europe.**
- ➢ **C-Change is an assessment process which focuses on parents/carers capacity for change and is useful in assessing longer term plans for children.**
- ➢ **Where there is no acknowledgement of a problem, in families where there are: perpetrators of sexual abuse; extreme domestic abuse where the perpetrator shows a pervasive pattern of disregard for and violation of the rights of others; there is both substance misuse and violence in the home; and/or where parents consciously and systematically cover up *deliberate* abuse, parents are unlikely to make sufficient changes to protect children from harm within an appropriate timeframe.**

PART SIX

Additional Resources

Additional Resources

Title	Type of Resource
Disguised Compliance	On-line factsheet (approx 5 pages)
Author / Publisher NSPCC	**Available From** https://www.nspcc.org.uk/globalassets/documents/information-service/factsheet-disguised-compliance1.pdf
Description This factsheet briefly explains what 'disguised compliance' refers to, when it occurs and what professionals can do to identify and counteract it.	
Date Published 2010	

Title	Type of Resource
Disguised Compliance – Ready Reckoner	Ready Reckoner
Author / Publisher East Ayrshire	**Available From** East Ayrshire Workforce Development Officer, Kilmarnock Tel: 01563 576859 ALSO ATTACHED AS APPENDIX
Description A tool for practitioners to use in relation to identifying disguised compliance. The ready reckoner lists ten key points in relation to potential disguised compliance based on research and SCR's. The tool gives a checklist for practitioners to highlight potential behaviours after a home visit, and record them to identify patterns of disguised compliance.	
Date Published 2016	

Title	Type of Resource
Effective practice to protect children living in 'highly resistant' families	Knowledge Review (97pages)
Author / Publisher Centre for Excellence and Outcomes in Children and Young People's Services	**Available From** http://archive.c4eo.org.uk/themes/safeguarding/files/safeguarding_knowledge_review.pdf
Description This knowledge review was commissioned to provide evidence on what works in protecting children living in 'highly resistant' families where they may suffer, or are likely to suffer, significant harm because of ill-treatment or the impairment of health or development due to abuse or neglect. It is based on a rapid review of the research literature involving systemic searching and analysis of key data. It summarises the best available evidence from 2000 to 2009 that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.	
Date Published 2010	

Title	Type of Resource
Facing up to obstructive parents	Article (4 pages)
Author / Publisher	**Available From**
Molly Garboden / Community Care	http://www.communitycare.co.uk/2010/08/06/facing-up-to-obstructive-parents/

Description
This on-line article looks at obstructive behaviour with particular reference to the serious case review into the death of Khyra Ishaq.

Date Published August 6th 2010

Title	Type of Resource
Learning from case reviews involving disguised compliance	Online Briefing (approx. 3 pages)
Author / Publisher	**Available From**
NSPCC	https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/disguised-compliance/

Description
This at-a-glance briefing is based on case reviews published since 2011, where disguised compliance was a key factor.

Date Published March 2014

Title	Type of Resource
National Guidance for Child Protection in Scotland 2014 – Part 4, paragraphs 476-484	Guidance (2 pages)
Author / Publisher	**Available From**
Scottish Government	http://www.gov.scot/Resource/0045/00450733.pdf

Description
On-line guidance for practitioner's including key messages for practice

Date Published 2014

Title	Type of Resource
National Risk Framework to support the assessment of children and young people	Risk Framework / Toolkit
Author / Publisher	**Available From**
Calder, McKinnon & Sneddon / Scottish Government	**http://www.gov.scot/Publications/2012/11/7143/downloads#res408604**

Description
The document is a national risk assessment 'toolkit' for child protection to support practitioners in identifying and acting on child protection risks in children and young people. It includes Resistance as one of the core components along with risk and resilience.

With section 3 on 'Risk Tools' it includes a specific risk indicator sheet for resistance related risk indicators. This includes a collection of Resistance Related Risk Indicators drawn from research and practice that help highlight potential risk factors within a child/young persons life circumstances |

relative to the three dimensions of assessment within the My World Triangle – the child (how I grow and develop), parent/carer (what I need from the people who care for me) and their wider world.

Date Published 2012

Title	Type of Resource
Resistance; A complex challenge for practice	Briefing Paper
Author / Publisher Lindsey Robb / With Scotland	**Available From** http://withscotland.org/professional-e-library-withscotland-briefings (up to July 2017) or from http://www.inverclydechildprotection.org/professionals/scotland-briefings/

Description

 This briefing provides a concise summary of the available research knowledge in which to inform practice. It is aimed at practitioners, managers, policy-makers and researchers

Date Published   2014

Title	Type of Resource
The Cycle of Change	Tool
Author / Publisher Carlo C. DiClemente and J. O. Prochaska	**Available From** http://socialworkpodcast.blogspot.co.uk/2009/10/prochaska-and-diclementes-stages-of.html Includes a podcast

Description
A six stage model, incorporating processes and techniques designed to be utilised at the different stages, which outlines the stages through which an individual progresses in order to move towards change. Originally developed for use in smoking cessation, the cycle of change is now used more widely in supporting individuals with any behaviour change.

Date Published   1983

Title	Type of Resource
Threshold continuum	Tool
Author / Publisher East Ayrshire	**Available From** East Ayrshire Workforce Development Officer, Kilmarnock Tel: 01563 576859

Description

A training tool to identify behaviour with challenging families and link it to a colour graded chart. Is also a useful tool to highlight threshold inconsistencies.

Date Published Not Known

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APPENDIX – Resistance Ready Reckoner

	Ready Reckoner		
	Visit 1	Visit 2	Visit 3
The adults deflect attention from the child to themselves and their issues			
Parents choose some parts of a plan to co-operate with but not other parts			
Parents promise to take up services offered but then fail to attend			
At pre-arranged home visits, the house, child and set up appear well presented and clean			
Parents try to prevent you from spending time with the child on their own			
Your records are mainly about parent engagement rather than issues about the child			
Parents promise to change their behaviour and then avoid contact with professionals			
Parents criticise other professionals to divert attention away from their own behaviour			
Key outcomes and targets have not been met despite parents seemingly genuine reasons			
What the parents are saying and what you are seeing does not add up			

Action: Be aware and alert.

Action: speak to supervisor and email multi agencies to discuss their experience.

Action: High likelihood of disguised compliance, raise concerns and don't be distracted, get to see the child.

CHILD PROTECTION COMMITTEE
KEEPING OUR CHILDREN SAFE
IN
EAST AYRSHIRE

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