

Practice Guidance on Working with Resistance

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1. Introduction

This procedure should be considered alongside individual practitioner codes of conduct.

The purpose of this guidance is to complement existing single agency procedures designed to support and protect staff working with a range of resistant behaviours. It is intended to help professionals to understand and work with parents and carers who use these behaviours as a mechanism to keep professionals at a distance so as to reduce the need for further intervention.

The procedure aims to:

- Assist workers to understand the spectrum of resistant behaviours and the causes of such responses.
- Increase awareness of strategies workers may be able to employ to work positively with resistance.
- Help workers manage situations to keep themselves and others safe.
- Help workers to effectively assess the risk factors affecting children in the household.

1.1 Context

There is a wide array of behaviours exhibited by families towards workers which may be considered as part of the spectrum of resistance. These may range from those who decline services, show hesitancy or reluctance to those who are confrontational or violent in their response to practitioner involvement. Occasionally in extreme cases, there can be intimidation, abuse, threats of and actual violence as well as apparent co-operation (previously referred to as *disguised compliance*) as seen in the cases of Peter Connelly and Victoria Climbié.

A reluctance to engage is a common feature of child protection work as it can bring parents and carers into challenging and uncomfortable contact with professionals. When families consent to interventions, these are usually offered at a non-statutory level and are only escalated to statutory interventions if concerns are significant, and consent is withdrawn. Professionals working within the child protection arena should therefore assume the possibility of resistance in families they are working with and develop their skills in being able to manage such behaviours.

Resistant behaviours can often be understood as coping mechanisms driven by parental/caregiver underlying concerns and anxieties. These behaviours may be a result of the intersection of various factors, such as social inequalities, power imbalances, personal circumstances, and response to practitioner actions. With these factors in mind, resistant behaviours should not be considered a 'parent problem' but should be re-framed to be seen as a product of the worker/parent interaction that is informed by the family's social context.

Therefore, when faced with resistance, practitioners should take a strengths-based approach to focus on identifying the strengths and resources within the family rather than solely addressing their challenges or deficits. This approach can help to empower and engage families in the child protection process, leading to better outcomes for children.

1.2 A Note About Terminology

The term '*disguised compliance*' is often applied to certain social groups which makes it a potentially discriminatory term. This terminology can lead to inaccurate risk assessments and disconnect the family's issues from their wider social context, as well as silencing parental/caregiver perspectives.

Additionally, families who demonstrate so called '*disguised compliance*' form an extremely small proportion of cases known to statutory services, and it is more likely that practitioners will encounter behaviours more in keeping with resistance, reluctance, or hesitation for a variety of reasons. However, as the media and legislative reforms have given disproportionate attention to those families who have masked deliberate child abuse through '*disguised compliance*,' the term has been incorrectly linked all types of resistant behaviours.

Declining Services – Parents do not have to agree to support services, however, it is important to keep in mind that early help support is designed to aid families and children at a timely stage before problems escalate and become more difficult to address. Families may choose to refuse services for a variety of reasons, such as feeling that the services are not necessary, disagreeing with the approach being taken, or feeling that they can manage the situation on their own. Parents and caregivers should be supported to consider the potential benefits of accepting the support and discuss any concerns they have with the professionals offering it, before deciding whether to accept or decline it. Where families reject an assessment or support, all professionals involved should be prompted to thoroughly consider the risks to the child and whether it is necessary to take further action.

Ambivalence – Ambivalence refers to a state of uncertainty or mixed feelings that parents may have about participating in a child assessment. They may have concerns about the process or may not understand the reasons why services are being offered. They may be unsure about the potential benefits/consequences of participating or may have conflicting feelings about the professionals offering the service. This ambivalence can make it difficult for families to decide about whether to engage with services and this may lead to delays or difficulties in the assessment process. It's important for professionals to understand and acknowledge parents' ambivalence and try to address their concerns and provide the necessary information to help them make an informed decision.

Avoidance – Avoidance refers to a behaviour pattern where parents/caregivers deliberately avoid or delay participation in services. This can happen for a variety of reasons, such as fear of the unknown, mistrust of the professionals conducting the assessment, or concerns about the potential consequences of service involvement. Parents who are displaying avoidant behaviours may not respond to calls or emails, may not show up for scheduled appointments, or may cancel appointments at the last minute. This can make it difficult for professionals to conduct any assessments and may delay the provision of necessary services to the child and family. It's important for professionals to understand the reasons for the avoidance and address the underlying concerns and try to build trust with the family.

Confrontation – Confrontational behaviours are seen when parents/caregivers actively oppose or resist participation in services. This can manifest in a variety of ways, such as verbal or physical resistance, refusing to provide information, or making false or misleading statements. These behaviours can make it difficult for professionals to conduct assessments and may delay the provision of necessary services to the child and family. The reasons for this type of behaviours may be rooted in past negative experiences with services, concerns about the potential consequences of service provision, or feelings of defensiveness about parenting abilities. It is important for professionals to recognise and understand any underlying concerns and work towards building trust with the family, while adhering to ethical and legal guidelines. If the worker involved faces this kind of confrontation and verbal aggression, they should seek advice and support from their manager in finding the most effective way to continue to work with the family.

Violence – Violence refers to any physical or verbal behaviour that is aggressive, intimidating, or harmful towards workers. This can include physical attacks, threats of harm, verbal abuse, or destruction of property. Violence can be a cause of concern for safety and wellbeing of the child as well as of the involved professionals and it is important for professionals to be aware of their agency's protocols to ensure their own safety and the safety of others involved with the family. As the child's needs are paramount, active consideration should be given to whether there is a need to instigate child protection procedures or escalate the matter further.

Apparent Cooperation – Apparent cooperation refers to parents/caregivers who appear to be complying with services but are not fully committed or are actively resisting services in subtle or hidden ways. Apparent cooperation can be difficult to detect but the following indicators may be present:

- There is no significant change despite significant input.

- Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work.
- Change occurs because of external agencies or resources rather than because of parental/carers efforts.
- Change in one area is not matched by changes in other areas.
- Parents/carers only engage with certain aspects of a plan.
- Parents/carers align themselves with certain professionals.

2.1 Making Sense of Resistant Behaviours

There are many reasons why parents may show resistance to service interventions. It's important to note that resistance is not always a negative; it can be a natural response to an unexpected or unwanted intervention and should be acknowledged as such. A strengths-based approach that considers the parents' perspective and experiences can help to build trust and engagement.

Resistant behaviours tend to be a product of one or more of the following:

- i) **Social structure** or other social disadvantage such as existing oppression, discrimination or 'othering' experienced by the family.
- ii) **The context of child protection work** – the power differential between workers in authority and parents/caregivers can be keenly felt and may provoke feeling of anxiety, powerlessness or fear that may manifest as resistant behaviours.
- iii) **Resistance to change** – eg influencing factors such as shame, ambivalence or reduced confidence felt by the parents that affect their need or ability to change. Practitioners will need to consider the best approach to each of these behaviours.
- iv) **Denial of concerns** – where parents/caregivers either minimise the impact of the concerns on the children or are masking deliberate abuse.
- v) **Practitioner behaviour** – as both a source and solution to parental resistance; a more confrontational approach will create resistance whereas increasing empathy, listening and reflection will often reduce it.

With these factors in mind, parental resistance should not be considered a 'parent (or carer) problem' but should be re-framed and understood as being a product of the practitioner-parent/caregiver interaction that is influenced by the parent/caregivers response to their individual social context.

As such, to successfully address parental resistance, individual practitioners need to demonstrate higher-than-usual levels of empathy, listening and thoughtfulness. Managers of practitioners working with resistance will need to provide similarly higher-than-usual support. Workers who are supported in this way are more likely to understand the lived experience of children and recognise the impact of potential risks upon them.

3. Impact of Resistant Behaviours

3.1 The Impact on Children and Young People

Resistant behaviours from parents/carers may result in the children becoming isolated from services, especially if parents/caregivers are attempting to hide abuse or neglect that is taking place within the family, or when they are worried about losing their children. Indicators of a child being isolated in such a way may include significant periods of the children being unseen by professionals through school absence (including home education), not being brought to health or other appointments.

A child or young person's absence from school may be supported by the parent or carer and therefore, the child may not be recorded as being missing from education. This may mean they do not come to the attention of the Children

Missing Education Team, as they are officially still attending (see also **Children Missing Education Procedure**). Significant periods of absence should be monitored by schools and early years settings (although attendance at early years setting is not a statutory requirement), and action taken according as specified within the school's procedures, for example referral to the Educational Welfare Officer.

Accurate information and a clear understanding of what is happening to a child / young person within their family and community, is vital to any assessment. The usual and most effective way to achieve this is by engaging parents and their children in the process of assessment, reaching a shared view of what needs to change and what support is needed, and jointly planning the next steps.

Engaging with a parent/carer who is displaying resistant behaviours can be difficult and emotionally draining for practitioners. It is critical that managers support workers in these situations in identifying the specific behaviours in use and considering the underlying reasons driving parents/carers to behave in this way. This can inform discussions as to how the practitioner can alter their style of working with the family to promote the best possible level of engagement from them. It is important to explicitly work out and record what areas of assessment are difficult to achieve and why and the presence of any violence or intimidation needs to be included in any assessment of risk to the child living in such an environment.

The worker needs to be mindful of the impact that the parents/carers behaviour may be having on the day-to-day life of the child/young person. They may:

- Have become de-sensitised to violence.
- Have learnt to appease and minimise (as seen in Victoria Climbié).
- Be too frightened to tell.
- Identify with the aggressor.
- Want to protect their parents/carers from professionals.

3.2 The Impact on Assessment

In order to consider if resistant behaviour is impacting on your assessment of the child, it may help to reflect on the following questions with your manager:

- Are the needs of the child/ren known and understood, and are they being met?
- Is the day to day lived experience of the child known and understood? Describe what it is like to be that child living in that family. Is there a disconnect between the child's behaviour and what they say? What might the children be feeling when the practitioner leaves?
- Are the social disadvantages (such as discriminations or social 'othering') for the family known and understood? Are these likely to be contributing to feelings of anxiety, powerlessness, or fear for the parents/carers? Would it be helpful to explore this with the family?
- Are parents/carers experiencing difficult feelings such as shame, ambivalence, or low confidence? How are these feelings contributing to their use of resistant behaviours? Would it be helpful to explore this with the family?
- Are parents/carers minimising the impact of the concerns on the children or masking deliberate abuse? Is this at a sufficient level to affect the presence of safety in the family?
- Is the approach taken by the practitioner exacerbating or helping parent/caregiver behaviour? Is there unintended collusion through practitioners attempting to avoid conflict? Are there opportunities for practitioners to demonstrate even more empathy, listening and reflection with the family?
- What are the workers feelings when engaging with the family? Are they relieved when home visits end or when they are unsuccessful? How does this impact the assessment of available safety for the child?

- What message is the family receiving if the difficulties in engaging with them are left unchallenged? How is the parent/carer behaviour impacting on what practitioners would usually say/ask/do during a visit or an assessment?
- Are all key people in the family network been identified and consulted? Have absent parents or partners been considered? Is there evidence of others who could be living in the house when families have said that there is no other adult living there?
- If there is domestic abuse (including coercive control) in the family, are services working with the children to address this? Has consideration been given to service provision to the perpetrator as well as the adult victim?

3.3 Impact on Multi-Agency Working

All agencies need to work in partnership with families to achieve the agreed outcome. However, all parties involved need to understand this partnership may not be equal, depending on whether the involvement is with statutory or voluntary agencies, and sometimes parents/carers may show more resistance to specific agencies or individuals than others. If resistance is not seen across all agencies, then partners should seek to understand why this might be and learn from each other about how to best engage with the family.

The dynamics of inter-agency working can be impacted by the parent/carer’s resistant behaviours and there is a risk that any pre-existing tensions between agencies and individuals, or misunderstandings about different roles could surface. Care should be taken that such issues do not detract practitioner focus from being on the child’s welfare and a collective multi-agency discussion should be held to explore the questions outlined in section 3.2 to agree a plan of engagement. This may include alerting partners to potential difficulties and risks, planning how visits are undertaken (eg completing joint visits), or modifying how information is shared between partners and the family. Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working.

Caution may be needed about how to disclose personal information about certain family members to other services and concerns about possible repercussions from a parent/carer who displays more extreme resistance may be an added worry. However, information sharing is pivotal to safeguard and promote the welfare of children and young people (see **Information Sharing Protocol**). It is important that you are open and honest with parents, carers, and other family members when you share information about them with other services. You should tell them what information you are sharing, with whom and for what purpose, however, you should not inform them if doing so would jeopardise the safety of a child, young person, or others. **The child's needs are paramount and are central to all work with children and their families.**

If you answer **yes** to any of the following questions, you should share your concerns with your manager and any other practitioners involved with the family:

Question	Yes	No
Do you have previous experience of the parent/carer displaying actively resistant behaviours (confrontational or violent)?		
Are there circumstances in which these behaviours are more likely to occur?		
Do you feel intimidated or fearful of the parent/carer demonstrating the active resistance?		
Do you feel you may have been less than honest with the family to avoid conflict?		

Are you in a position where you will have to acknowledge the concerns about resistance for the first time, and are you fearful of the response?		
If another worker had these concerns about parent/carer behaviour, would you want to be made aware of them?		

4. Working with Resistance

In order to work effectively with resistant behaviours, it is important that practitioners do not think about the behaviour as a 'parent/carer problem,' but recognise the behaviours as being a product of the worker-parent/carer interaction that is informed by the family's (often complex) social context. Therefore, when faced with resistance, practitioners should take a strengths-based approach to focus on identifying the strengths and resources within the family rather than solely addressing their challenges or deficits. So as to achieve this, practitioners will need to demonstrate higher-than-usual levels of empathy, listening and thoughtfulness, and managers will need to provide similarly higher-than-usual support. Workers who are supported in this way are more likely to understand the lived experience of children and recognise the impact of potential risks upon them.

It may be helpful for practitioners to spend some time with their managers to reflect on sections 2 and 3 of this guidance and use these reflections to inform how workers can best facilitate the family's engagement. Support from other agencies involved with the family should be explored, and any concerns shared.

In some cases, despite making every effort to understand and engage the parent/carers, practitioners may find that no change or only small incremental changes are accomplished. In such situations, practitioners should discuss with their managers the impact that this may have on escalating concerns to safeguard the child/ren's welfare. **The child's needs are paramount and are central to all work with children and their families.**

4.1 Recording Information

It is vital that, as when working with any family, you make a full record of the practitioner's discussions including what is said, by whom, when and where, and what action the practitioner has taken (including onward referrals). Records should be kept up to date and copies shared with families, provided it is safe to do so.

A chronology of all concerns relating to a child or young person and their family, dated and sourced, should be recorded in the files of all concerned practitioners. A chronology lists in date order all the major changes and events in a child or young person's life. It can be a useful way of gaining an overview of events in someone's life. It should be used as an analytical tool to help practitioners understand the impact, both immediate and cumulative, that events and changes may have on the child or young person's developmental progress, including any resistant behaviour displayed by the parent/carers. **Remember that ideally, explicit consideration should be given to explaining the cause of the resistant behaviours rather than using the terminology in isolation.**

A chronology should include, for example, changes in the family composition, addresses and any moves, educational establishments and any moves, the child or young person's legal status, any injuries, periods in hospital or other medical treatment, and any disclosure of abuse. As well as positive incidents and achievements, as these can inform intervention alongside worries and concerns, recognising success as something to build upon.

5. Keeping Workers Safe

It is often assumed that there is a higher level of risk from men than from women and that male workers are less likely to be intimidated. False assumptions decrease the chances of recognition and support. Male workers may find it more difficult to admit to being afraid, and colleagues and managers may not recognise their need for emotional support. This may be particularly so if the perpetrator of the violence is a woman or young person. In addition, male workers may be expected to carry a disproportionate number of threatening service users.

Lack of appropriate support and a culture of denial or minimising of violent episodes as 'part of the job' can lead to the under-reporting of violent or threatening incidents and to more intense symptoms, as the worker feels obliged to deal with it alone. Violence and abuse towards workers based on their age, race, religion, gender, disability, or perceived sexual orientation, can strike at the very core of a person's identity and self-image. If the worker already feels isolated in their workplace in terms of these factors, the impact may be particularly acute, and they may need more support to access the appropriate support.

5.1 Workers Responsibilities

You have a responsibility to plan for your own safety, just as your agency has the responsibility for trying to ensure your safety. Workers should consult with their line manager to draw up plans and strategies to protect their own safety and that of other colleagues. There should be clear procedures on information sharing (both internal and external). Staff and managers need to be aware where further advice can be found.

Prior to contact with a family where actively resistant behaviours are expected, practitioners and their managers should consider how they can ensure worker safety during their interactions with the family. The measures taken by single agencies should be reflected in single agency procedures and made known to their staff.

5.2. Manager's Responsibilities

Managers have a statutory duty to provide a safe working environment for their employees under the Health and Safety at Work legislation, but managers and supervisors must also recognise the higher-than-usual intensity of the emotional labour and emotional impact that is involved whilst working with actively resistant behaviours. Managers should also proactively consider the potential consequences that this may have on practitioner decision making and practice.

Each agency should have a supervisory system in place that is accessible to the practitioner and reflects practice needs. It may be useful for managers to support a reflective discussion with practitioners around sections 2 and 3 of this practice guidance if there is a concern that a family is displaying some resistant behaviour. Managers must encourage a culture of openness, where their workers are aware of the support available within the team and aware of the welfare services available to them within their agency. Managers must ensure that their staff members feel comfortable in asking for this support when they need it. This includes ensuring a culture that accepts no intimidation or bullying from service users or colleagues. A 'buddy' system within teams may be considered as a way of supporting workers. Some agencies have confidential staff support systems, which involve sympathetic listeners. Managers should ensure that staff know how to access such support.

An agreed action plan should be drawn up detailing how any identified concerns can be managed or reduced. This should be clearly recorded in the supervision notes and the action plan should be agreed prior to a visit taking place. Whilst the practitioner should prepare for supervision and should bring case records relating to any violence/threats made, they should not wait for supervision to discuss concerns with their manager. Managers should be aware of the high incidence of under reporting by practitioners in relation to highly resistant behaviours and should encourage discussions where this may be a potential worry.