

Working with Families Who Display Disguised Compliance

What is Disguised Compliance?

Disguised compliance is defined by the NSPCC (<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/disguised-compliance/>) as involving “a parent or carer giving the appearance of cooperating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.”

Examples of parental behaviours which indicate disguised compliance include:

- Parents who fail to engage with professionals and avoid contact;
- Repeated cancelling and rescheduling of appointments;
- Parents who tell workers ‘what they want to hear’, and who appear to agree about the changes needed but who then put little actual effort into making any change;
- Selective engagement - where parents do ‘just enough’ to keep professionals at bay;
- Parents who manipulate situations and make it difficult for professionals to see the child(ren) alone;
- Parents insisting on pre arranged visits (perhaps in order to clean the house first);
- Sporadic compliance - such as a sudden increase in school attendance, attending a run of appointments or engaging well with some professionals for a limited period of time;
- Deflecting attention - for example by criticising other workers;
- Controlling discussions - ensuring focus is on the parents and their problems, rather than the needs of the child(ren).

Why does it occur?

Most parents whose families are the focus of child protection interventions are involuntary participants in a process they may resent; agencies can be perceived as a threat meaning that families are fearful and reluctant to cooperate. Families can develop skilful strategies to keep professionals at ‘arms length’. Disguised compliance occurs when parents want to draw the professional’s attention away from allegations of harm and unsafe parenting with the aim of minimising or avoiding agency interventions in family life.

How does Disguised Compliance harm Children?

At the most basic level, disguised compliance harms children as it prevents professionals being able to properly assess the risks to children in the household:

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)
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/dcsf-rr023.pdf>

Babies and younger children can be particularly vulnerable, and the effects of missing out on timely safeguarding interventions can last throughout their childhood.

Disguised compliance also harms children in the following ways:

- Through missed opportunities to intervene;
- By removing professional focus from children to adults in family meaning cases drift;
- By making professionals feel overly optimistic about progress.

Older young people may display disguised compliance themselves, particularly in relation to health appointments.

Recognising Disguised Compliance - Think the Unthinkable

Serious Case Reviews have highlighted situations where professionals have delayed or avoided child protection interventions owing to parental disguised compliance. The Serious Case Review into the death of [Daniel Pelka](#) (2013) challenged workers to ‘think the unthinkable’ and to ‘believe and act upon what they saw in front of them, rather than accept parental versions of what was happening at home without robust challenge’.

However, as Brandon et al (2008) (<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/dcsf-rr023.pdf>) note disguised compliance, by its very nature, makes it difficult for professionals who are involved with a family to maintain an objective view of progress in safeguarding the welfare of a child. Disguised compliance ‘wrong foots’ professionals and can prevent or delay understanding of the severity of harm being experienced by children in the family.

Indicators of disguised compliance include:

- Parents seeking to avoid contact with professionals, including missed appointments;
- Parents seeking to control meetings with professionals and divert focus from the child to their own issues / problems;
- The child’s account differs to that of their parents / carers;

- Despite appearing to agree that changes are required, parents/carers then put little effort into making agreed changes work;
- Parental engagement with services is superficial and there is no significant change at reviews despite significant input from professionals.

Tips for Practice - How to tackle Disguised Compliance

The Importance of Healthy Scepticism

Child protection work is complex, and it can be hard when professionals have busy caseloads to 'dig deeper'. However, when there are suspicions of disguised compliance, it is important to always check for evidence in support of the parent's story / explanation for events.

In his report into the death of Victoria Climbiè, Lord Laming (2003) (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf) explained the importance of 'respectful uncertainty' as follows:

While I accept that social workers are not detectives, I do not consider that they should simply serve as the passive recipients of information, unquestioningly accepting all that they are told by the carers of children about whom there are concerns. The concept of "respectful uncertainty" should lie at the heart of the relationship between the social worker and the family. It does not require social workers constantly to interrogate their clients, but it does involve the critical evaluation of information that they are given. People who abuse their children are unlikely to inform social workers of the fact. For this reason at least, social workers must keep an open mind.

Establish the Facts

- Use in-depth assessments to gather evidence about what is actually happening. Observe what is being said but also remember to look for non verbal cues - e.g. body language and parent / child interactions;
- Keep detailed records and build up a chronology - this will help with looking for patterns of non compliance. Look at previous records to identify patterns of behaviour / engagement. Remember that previous history is the best predictor of future behaviour;
- Talk to other professionals. What are their experiences of the family? Coordinate information across families for a fuller picture of what life is like for the child;
- Be prepared to make critical judgements of parents and their behaviour;
- Avoid being over optimistic about a parent's ability or motivation to change.

Keep the Child in Focus

- Remain child focused at all times;

'Keanu died because there was failure across every agency to see, hear and respond to him in the context of what he was experiencing at any one point in time. Staff were distracted by his mother's needs and by taking what she was telling them at face value'. (Chair Birmingham, LSCB) (<http://www.bbc.co.uk/news/uk-england-birmingham-24365700>)

- Look to uncover the reality of the child's life in that family; talk to the child (ren). What is it like to be a child living in that household?
- When a young child misses important appointments (e.g. with health providers) remember that this is not their choice.

Ensure that Plans put in place to Safeguard Children Focus on Outcomes

- Identify clear outcomes which can be used to measure progress and reduce drift;
- Stand back - have there been any real changes?
- Look for clear signs of sustained improvement.

Support and Supervision

- Undertake joint visits with other professionals so you can share experiences;
- Use supervision to bring in a 'fresh pair of eyes'; talk through your concerns with your supervisor or manager and reflect on the case including any on-going concerns you have.

Assessing Capacity to Change

All disguised compliance involves resistance to change and an inability or unwillingness on the part of parents and carers to address risks to their child. Assessments of the parent's capacity and willingness to change should therefore be carried out alongside assessments of the child's life.

Contact Us

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