

Disguised Compliance

Disguised compliance was a term first used in 1993 to describe some families' behaviour when receiving interventions from social care – however it can apply in any discipline when practitioners are trying to encourage and initiate change in parenting behaviour. This is often a reaction to a practitioner choosing to take a more authoritative or assertive stance. Disguised compliance occurs when a family attempt to maintain the appearance of complying with plans to safeguarding or promote the welfare of the child, but do not follow this through with meaningful action. Sometimes this may include a short period of improvement which is not sustained.

Families demonstrating disguised compliance are primarily concerned with ending professional interference in their lives, and are often ambivalent about achieving change. Sometimes this may include a short period of improvement which is not sustained. When the family begins to return to negative patterns of behaviour professional behaviour can also change to become more authoritarian. At this stage the parent's motivation to work with the agreed plan may decrease because they feel misunderstood, ashamed or angry.

Indicators and examples of disguised compliance

- Parents agree with professional concerns and the changes needed, but put little effort into achieving them
- No significant change takes place despite significant input
- Conflicting accounts are received from children, family members and different practitioners.
- Families have short periods of superficial co-operation which draw attention away from concerns.
- The parents show selective co-operation, focusing on some issues, engaging with some services or professionals
- Appointments are made but are then missed, often with a plausible explanation
- Attention is diverted away from the child towards parent's problems
- Parents avoid engagement, for example claiming not to receive voicemails or missed calls.

Risks and Pitfalls when working with disguised compliance

- Workers may not suspect 'disguised compliance' as parents can be very skilled at diversion.
- Failure to question or verify parent's claims increase the opportunity for disguised compliance.
- If there are barriers to getting to know a child it is more difficult for practitioners to understand their lived experience.
- Holding a fixed view of a case can distort the way new information is interpreted.
- Over-optimism emphasises positive information while minimising negative information, and makes it hard to be curious and challenging about what is happening.
- Poor recording and communication between practitioners can make disguised compliance more difficult to detect.
- Lower expectations of some families can leave children in situations which would not be tolerated in other situations.

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How can practitioners work effectively with disguised compliance?

- Keeping the focus on the child's daily experience - are you getting the whole picture?
- Using supervision to reflect on case issues including how the work impacts on you as a practitioner.
- Undertaking joint visits with colleagues or other practitioners.
- Exploring parent's rationale or motivation; consider belief systems as they may help to understand how the parents meet the child's needs – could be protective or risk factors.
- Get to know the children that you are working with, including spending time with them on their own.
- Where cases are stuck or there is disagreement agencies should meet with each other to consider what is happening in the case.
- Authoritative practice – respectful uncertainty and healthy scepticism. Establish the facts and gather evidence about what progress is being made.
- Focus on clear and measurable outcomes instead of process.

Disguised Compliance and cultural factors

When carrying out child protection work with black and minority ethnic or faith communities, staff should neither over-focus nor ignore a family's culture or faith. Some Serious Case Reviews have shown that families can use practitioners' anxieties about cultural sensitivity as a deterrent, by accusing them of racism or not understanding their culture. It is important to explore and understand a family's cultural belief systems, but they should never lead us to tolerate abuse.

Case example – Child Z

Child Z and her siblings were the focus of multi-agency intervention due to concerns about neglect and high levels of additional need within the family. Child Z's Mother had a history of bereavement and trauma and found it very difficult to engage with professionals due to high levels of distrust.

There were multiple ways in which Child Z's Mother distracted professionals from focussing effectively on the children's needs.

- Agreeing but cancelling planned visits on the basis of anniversaries related to bereavements – sometimes these anniversaries did not match up with the facts
- Referencing her own trauma and distrust of professionals had the effect that practitioners felt unable to challenge or their attention was diverted to supporting her rather than focussing on the children
- Citing the difficulty of caring for a disabled child as a reason for poor home conditions and missed appointments, but refusing care packages when offered
- Making it difficult for practitioners to see the children by ensuring they were unavailable on scheduled visits
- Splitting professionals by telling them different things and only agreeing to see certain individuals
- Making complaints against professionals which led to them lacking confidence to challenge
- Professionals sometimes felt paralysed by the fear that she would harm herself if they upset her

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