



## Building Confidence in Practice Working with Resistance

The Safeguarding Adults Boards and Safeguarding Children Partnership (Board)s of Leicester and Leicestershire and Rutland conduct reviews and multi-agency audits. The objective of this resource pack is to share learning on a specific topic to help build confidence in practice.

This resource is developed from work undertaken by Waltham Forest Strategic Partnerships.

This resource pack aims to address the often complex issue of resistant behaviours including Disguised Compliance so that practitioners can fully understand how it might present when they are working with people whether they are children or adults.

The PowerPoint can be used:

- In team/unit meetings
- As part of a group/individual supervision



You can look at it as a whole or dip in and out of it at your convenience. Use the icons to navigate through.

# *Resistant Behaviour*

*Click on the titles to learn more.*



What is it?

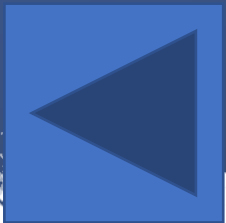
How do we work with it?

Practice Examples

Top Tips

# What is Resistant Behaviour?

- Resistant Behaviour involves people giving the appearance of cooperating with welfare agencies to avoid raising suspicions and allay concerns.
- There is a continuum of behaviours from individuals on a sliding scale, with the appearance of full co-operation at one end of the scale and planned and effective resistance at the other.
- Showing your best side or “saving face” may be viewed as “normal” behaviour in all families, but at its worst superficial cooperation may be to conceal deliberate abuse, and many case reviews highlight that practitioners can sometimes delay or avoid interventions due to this behaviour
- When there are risk/protection issues, a failure to engage with the individuals concerned may have serious implications and nonintervention is not an option.



# *The sliding scale of resistant behaviours....*

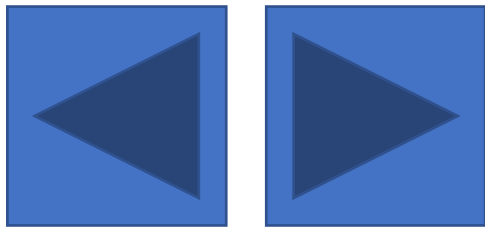
There are often 3 types of behaviour that can be exhibited:

- 1) Appearance of Full Compliance (disguised compliance) ▶
- 2) Refusal to engage (passive/aggressive behaviours) ▶
- 3) Planned effective resistance (non-compliance) ▶



# 1. Appearance of Full Compliance

This would also be called “Disguised Compliance”



Involves parents/adults/carers not admitting to their lack of commitment to change but working subversively to undermine the process due to concealment, superficiality, dishonesty or incapability...

Involves a parent/adult/carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay welfare agency concerns and ultimately diffuse professional intervention... [NSPCC Factsheet](#)

## 2. Refusal to Engage

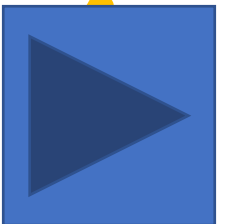
### **Involves Families/Parents/Carers**

- Who decline to engage with plans/interventions
- Who refuse entry to their home
- Who refuse access to the child/adult
- Who, where there are safeguarding concerns, refuse consent to contact other agencies

### **Behaviours here could include**


- Passive behaviours where parents/adults/carers just refuse anything/everything
- Physical or verbal aggression
- Deflecting concerns away from themselves

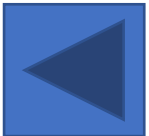
**BUT...Why might they refuse to engage....?**



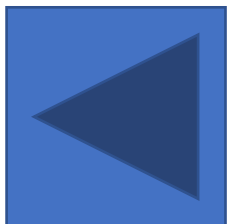


# Why might people refuse to engage?

- Frightened of what might happen - children taken away, moved into a home, taking independence away
  - Mistrust of any statutory agency
  - Previous negative experience
  - A belief that no one can help
  - A belief they are coping and no insight into how difficult things are
  - Literacy - not able to read letters or fill out forms
  - Difficulty articulating feelings - (displaying anger)
- 



# 3. Planned Effective Resistance



Involves proactively sabotaging efforts to bring about change or alternatively passively disengaging, including.....

Not being in when a meeting has been arranged

Not attending meetings/activities

Going to meetings/activities – but not applying what has been advised

Not following agreed plans ( Care plan, Safety plans)

Disposing of medication and ‘pretending’ that it has been given

Covering a bruise with chocolate/makeup/clothing

Saying a partner doesn’t live there anymore – but they do...

Excuses for no access – at his dad’s, she is asleep, on holiday



# Focus on.....

(Click on the boxes to learn more.....)

The individual -  
and not the needs  
of those around  
them

Change – this is  
what is needed to  
reduce risk

AND.....Make sure you have Professional Curiosity.....



# Principles to work with Resistance and Disguised Compliance

- Focus on the needs, voice and “lived experience” of the child/adult with whom you are working
- Avoid being encouraged to focus too extensively on the needs and presentation of the adults/parents/carers — whether aggressive, argumentative or apparently compliant
- Think carefully about the “engagement” of the adults/parents/carers and the impact of this behaviour on the practitioners’ view of risk
- Focus on change in the family/carer system and the impact on the lives and wellbeing of the child or adult — this is a more reliable measure than the agreement of adults/parents/carers in the practitioner’s plan
- There is some evidence that an empathetic approach by practitioners may result in an increased level of trust and a more open response leading to greater disclosure by those involved
- Practitioners need to build close partnership style relationships with families/carers whilst being constantly aware of the needs of the child/adult and the degree to which they are met
- Make sure you have Professional Curiosity



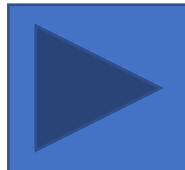


# Professional Curiosity

Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means:

- Testing out your professional hypothesis and not making assumptions
- Triangulating information from different sources to gain a better understanding of individuals and family functioning
- Getting an understanding of individuals' and families' past history which in turn, may help you think about what may happen in the future
- Obtaining multiple sources of information and not accepting a single set of details you are given at face value
- Having an awareness of your own personal bias and how that affects how you see those you are working with
- Being respectfully nosy

Why is Professional Curiosity important?



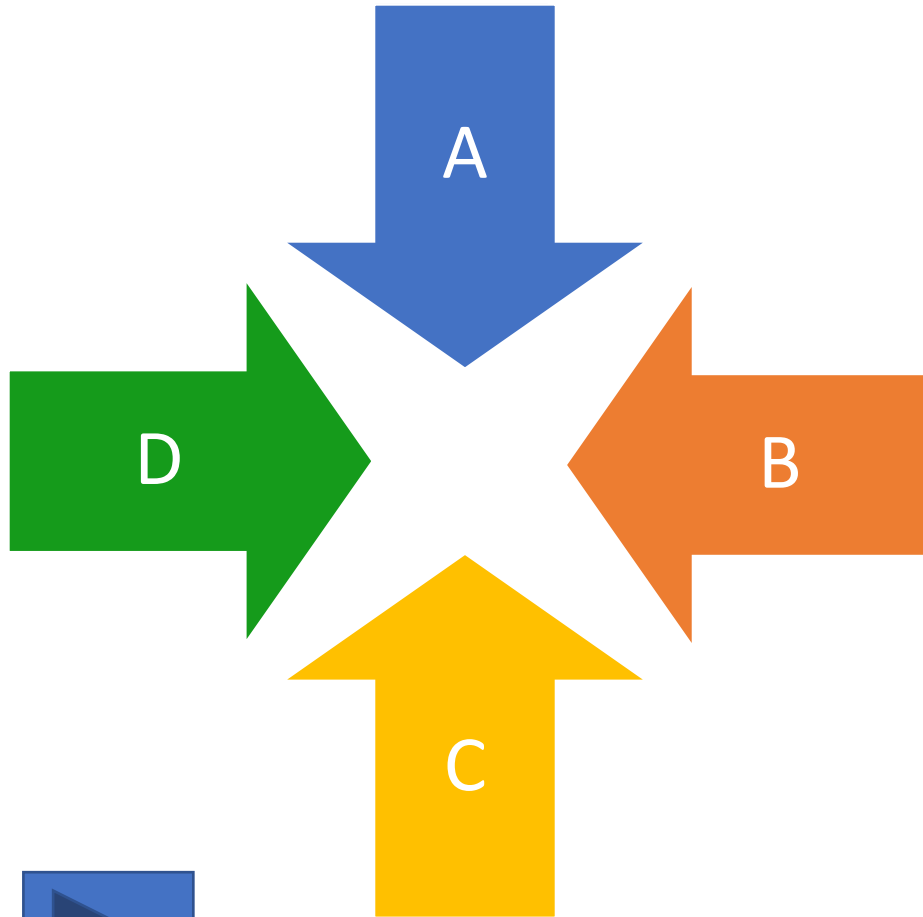
# Absence of Professional Curiosity can lead to:

- Missed opportunities to identify less obvious indicators of vulnerability or significant harm
- Assumptions made in assessments of needs and risk which are incorrect and lead to wrong intervention for individuals and families



# Practice Examples

Discuss the Scenarios and answer the questions



Is there any evidence of resistant behaviour including disguised compliance?

What questions might you ask?

Where might additional information come from?



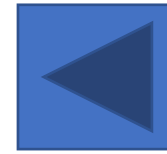
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# Shannon

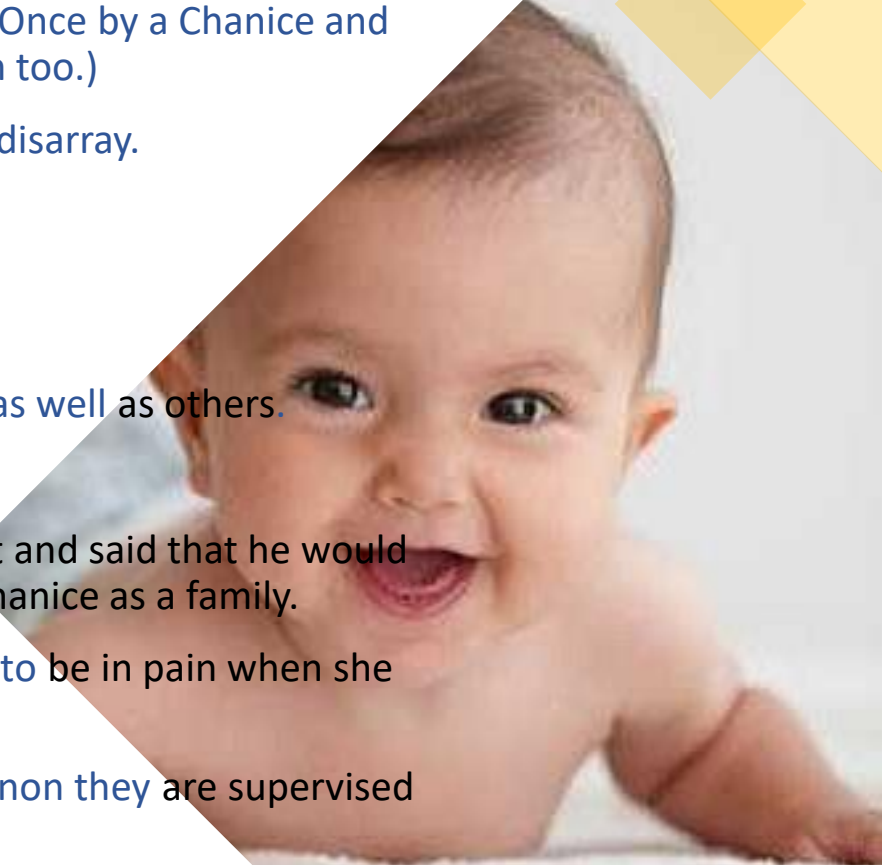
Is there any evidence of resistant behaviour including disguised compliance?

What additional information do you need?

Where would you find it/who would you ask?



- Chanice 19 years old lives in a flat in an area of social deprivation with her 5 month old baby – Shannon.
- Chanice was living with Shannon’s dad – Jonty who is 21 - until recently, but due to concerns from social care she has asked him to move out.
- During the pregnancy the police were called 3 times to the flat because of a disturbance. Once by a Chanice and twice by neighbours. (This has led to complaints about Chanice to the housing association too.)
- On every occasion Chanice said that nothing had happened in spite of the home being in disarray. When Chanice called she had an injury to her head but stated that it was her fault.
- When the police arrived Jonty was not in the flat
- The police made a safeguarding referral.
- Jonty is well known to the police and has a record of violence towards previous partners as well as others.
- This is Chanice and Jonty’s first child and they are both really excited.
- Following contact by social care with both parents and Chanice, Jonty willingly moved out and said that he would attend an anger management programme so that he could live back with Shannon and Chanice as a family.
- When you visit you notice that Chanice has a bruise on her arm and neck, and she seems to be in pain when she moves.
- Her interactions with Shannon are good and she says that when she sees Jonty with Shannon they are supervised by her mum – Beverley as agreed. She says Jonty is keen to prove he can be a good dad.



# Bilal



Is there any evidence of resistant behaviour including disguised compliance?

What additional information do you need?

Where would you find it/who would you ask?

B

- Bilal is 15 years old and his mum says he is really difficult.
- When you speak to his mum she says that he is causing problems for them in the area because he doesn't know how to behave.
- Bilal is regularly missing from home and school and mum reports him missing
- The police noted that there was a padlock on the outside of Bilal's room when they went round. Mum said that Bilal likes to lock his room when he isn't there (although it wasn't locked). The room contained a mattress with a sleeping bag on it and very little else except crumpled clothing. It was dirty. Mum said he must have sold his stuff – she doesn't know.
- Mum doesn't know what Bilal does – he never tells her....
- Bilal is always at school at dinner time and often gets extra because the dinner supervisors like him, and he will spend time chatting with them.
- Bilal often looks unkempt, and sometimes has bruises, cuts or marks on him, and his grades are starting to slide.
- Mum says he gets into fights.
- The police are aware of Bilal from being reported missing, hanging around in the precinct, and occasionally shoplifting – but usually only petty items such as milk, pop, fruit and sandwiches. The shop keepers say that it's like he's trying to goad them – to get a response from them.
- Bilal's mum talks to anyone who might be involved saying that she is at her wits end and doesn't know how to get him to behave.....she often cries...



C

# Graham

Is there any evidence of resistant behaviour including disguised compliance?

What additional information do you need?

Where would you find it/who would you ask?

- Graham aged 33 and lives alone
- Graham has a moderate learning disability
- Graham has diabetes and severe psoriasis which is managed with medication
- Home is a 7th floor one-bedroom flat which is very sparsely furnished
- Graham is well known to health and social care professionals plus local shopkeepers.
- Until recently Graham volunteered at a local charity shop
- Graham often cancels medical appointments, rearranges but does not turn up.
- Following a fall Graham was taken to hospital, health professionals noticed that Graham had several old bruises on this back and was unkempt. Graham said he was very clumsy
- Graham has become isolated from his family but tells the housing officer he has lots of friends
- Graham has started to refuse anyone entry to the home including utility services asking them to come back at another time
- Neighbours have complained about loud music from the flat
- The last professional that visited the home noticed that pizza boxes and takeaway containers were all over the flat plus what looked like discarded needles





D

# Jean

Is there any evidence of resistant behaviour including disguised compliance?

What additional information do you need?

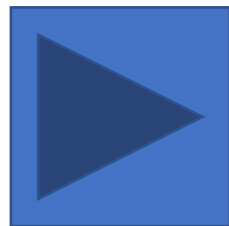
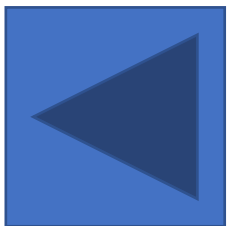
Where would you find it/who would you ask?

- Jean aged 94 lives with her daughter and son in law Kate and Ron
- Jean has dementia but has been physically well.
- Jean moved in with Kate and Ron 1 year ago and occupies a downstairs room
- Jean has another daughter May
- May is concerned that her mum is being locked in her room, also that large sums of money are going from her account.
- A neighbour contacted May to say that she had seen her mother through the window and she appeared to have lost a lot of weight
- Kate has told her sister that their mum doesn't want to see anyone
- The OT has visited but Ron said his mother in law had gone to the Day Centre
- GP' surgery report that blood tests revealed that Jean was anemic and was prescribed iron tablets and meal supplements



# Reflection on Practice

- Have you come across any resistant behaviours before?
- How did these present?
- What did you do?
- Could you have done anything differently?
- How will this resource inform your practice moving forward?



# TOP TIPS – Remember to:

1. Question your own **assumptions** about how individuals/families function and watch out for over optimism.
2. Address any **professional anxiety** about how hostile or resistant individual/families might react to being asked direct or difficult questions – don't be afraid to share with your manager any issues.
3. Ensure that your **practice is reflective** and that you have access to good quality supervision
4. Recognise your **own feelings** (for example tiredness, feeling rushed or illness) and how this might impact on your view of a child/adult/family on a given day.
5. Think about **why** someone may not be telling you the whole truth.
6. Understand the **cumulative impact** of multiple or combined risk factors, e.g. domestic abuse, drug/alcohol misuse, and mental health.
7. Appreciate that **respectful scepticism**/nosiness and challenge are healthy. It is good practice and ok to question what you are told. Remain open minded and expect the unexpected.
8. Recognise when parents/carers/individuals/adults repeatedly do not do what they said they would, and name this and discuss it with them – don't shy away from the **challenge**



# Top Tips: *ALWAYS* keep the individual central to all you do...

- Understand their lived experience
- Hear their voice
- What is their behaviour saying? Behaviour is a form of communication
- Do changes in routine, diet, likes and dislikes indicate how someone might be feeling/or what they are experiencing?

## RESOURCES

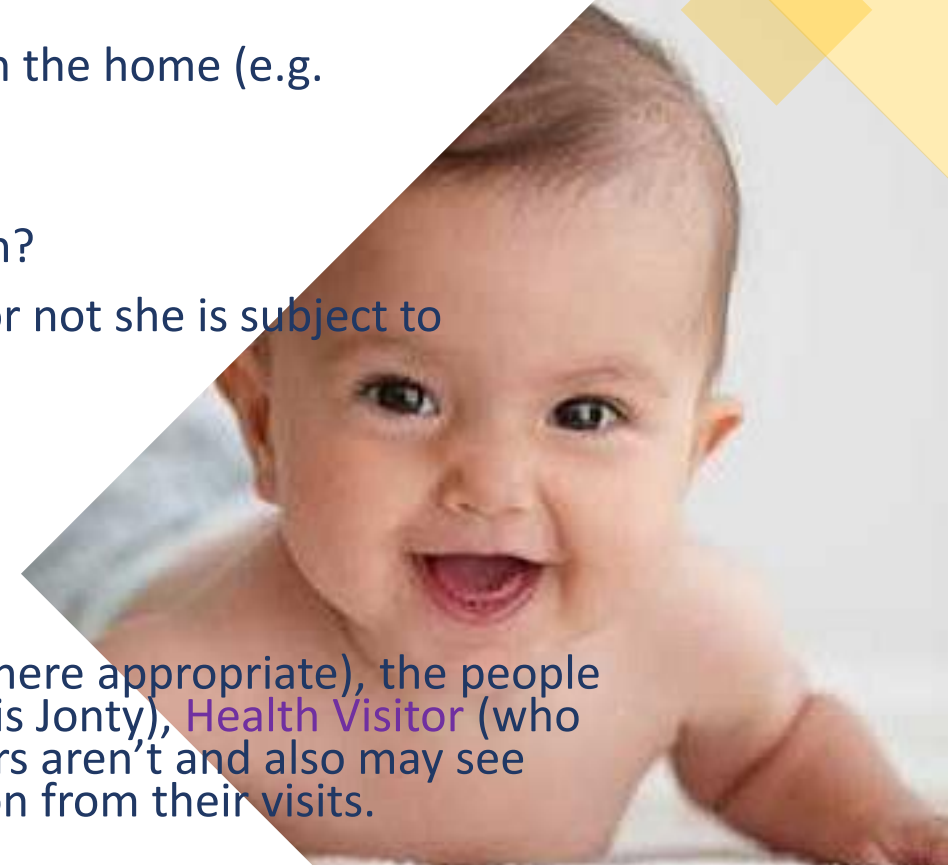
- Making Safeguarding Personal
  - <https://www.local.gov.uk/msp-toolkit>
- Assessment Framework (p30)
  - [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- Was not Heard
  - [Was Not Heard - YouTube](#)
- Was not Brought
  - [Was Not Brought for adults video](#)
  - [Rethinking 'Did Not Attend' - YouTube](#)



# Shannon

A

- Is there any evidence of resistant behaviour including disguised compliance?
- It appears that there may still be domestic abuse/violence and that Chanice is not being fully truthful. This poses a risk to Chanice AND Shannon.
- What additional information do you need?
- Has Jonty actually moved out/is there evidence of another adult living in the home (e.g. shoes/toiletries)?
- Has Jonty attended the anger management programme?
- Is Beverley supervising the contact between Jonty, Chanice and Shannon?
- An honest conversation with Chanice about her situation and whether or not she is subject to domestic abuse and violence
- Where would you find it? Who would you ask?
- Careful attention to the home environment
- You would need to talk to: Chanice, Beverley, and Jonty (all alone)
- You would need to also talk to: The Housing Association, Neighbours (where appropriate), the people running the Anger Management Programme (how involved/committed is Jonty), Health Visitor (who are often seen as non-threatening so may be told information that others aren't and also may see things withing the home) and the Police who may have some information from their visits.



# Bilal



- Is there any evidence of resistant behaviour including disguised compliance?
- There appears to be evidence that mum is covering up and/or explaining away many different situations...
- What additional information do you need?
- You need the child's voice
- You need to triangulate information
- You need to be professionally curious – why is Bilal behaving in this way? Why is mum unable to account for his appearance and environment? Has anything changed? Has anything significant happened for Bilal or the family?
- Where would you find it/who would you ask?
- Bilal – really need to understand Bilal's lived experience – what is really happening in his life?
- Mum – an honest and challenging conversation
- School – academic and pastoral staff – and the dinner supervisors, Police and Shopkeepers



# Graham

C

- Is there any evidence of resistant behaviour including disguised compliance?
  - Graham refusing entry to his home
  - Not attending medical appointments
  - Bruising – is the explanation the truth?
- What additional information do you need?
  - Who are the 'friends'?
  - When did things start to change?
  - Does this coincide with complaints from neighbours
  - Who was the last professional that visited and what is their view?
  - Do Graham's repeat prescriptions go to the surgery?
  - Why has Graham stopped working?
  - Why is he isolated from family?
- Where would you find it/who would you ask?
  - Graham and his family
  - The professional that visited
  - Health and social care – who is involved/what do they know
  - Housing office
  - Local shop keepers and the Charity shop where he worked



D

# Jean

- Is there any evidence of resistant behaviour including disguised compliance?
  - Kate says that mum (Jean) doesn't want to see anyone
  - Ron says that Jean is at the day centre when the OT calls.
  - Are these statements true?
- What additional information do you need?
  - Why has Jean moved in with Ron and Kate?
  - Does Jean have capacity for any decisions/How debilitating is her dementia?
  - Is Jean locked in the room?
  - Who has Power of Attorney and what is the nature of that (health/finance?)
- Where would you find it/who would you ask?
  - Jean, Kate, Ron, May, GP, Neighbour, OT and Police







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Leicester  
**Safeguarding**  
Children Partnership Board

WORKING TOGETHER  
TO KEEP CHILDREN SAFE

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WORKING IN PARTNERSHIP  
TO KEEP ADULTS SAFE