



Working with Resistance also known as Disguised Compliance: Learning from Reviews

Thanks to the Safeguarding Adults Boards and Safeguarding Children Partnership (Board)s of Leicester and Leicestershire and Rutland for permission to use information from their resource. Also, to resources developed from work undertaken by Waltham Forest Strategic Partnerships.

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Context of this resource

- This resource aims to address the often-complex issue of resistant behaviours including ‘disguised compliance and non-engagement’ so that practitioners can fully understand how it might present when they are working with people whether they are children or adults.
- The terms ‘disguised compliance and non-engagement’ does not take into consideration personal histories of trauma and trauma responses, nor does it come from a strengths-based approach.
- When people struggle with accepting or engaging with support, their behaviour may involve giving the appearance of co-operating with professionals, this may be to avoid confrontation or please the professional and allay concerns.
- Published case reviews highlight that professionals may delay or avoid interventions due to an appearance of cooperation (*adapted from the [NSPCC definition](#)*).
- Professionals should be ready to ‘think the unthinkable’ and respond to it using respectful uncertainty rather than professional optimism.
- Professional curiosity and the ability to have difficult conversations are an essential part of safeguarding and are required when working with people who struggle to engage with support.

Using this resource

- This can be used in team meetings or as part of group/individual supervision.
- You can look at it as a whole or dip in and out of it at your convenience.
- Please use the navigation bar below and icons within some of the slides to access the relevant section.
- There are external resources such as websites which can be accessed by clicking on the hyperlink.

Navigation bar:



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 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 non-intervention is not an option.

Examples of disguised compliance may include the following:

These examples may relate to parents/carers /people who use services themselves who may:

- deflect attention.
- focus on engaging well with one set of professionals, for example in education, to deflect attention from their lack of engagement with other services.
- criticise other professionals to divert attention away from their own behaviour.
- pre-arranged home visits and presenting the home as clean and tidy with no evidence of any other adults living there.
- failure to engage with services – promising to take up services offered but then fail to engage.
- avoiding contact with professionals- promising to change their behaviour and then avoid contact with the professional.
- people using services may be controlled or coerced in their relationship resulting in behaviours associated with disguised compliance.



What are the risks?

- Missing opportunities to make interventions - Professionals may perceive risk to be low level and fail to make timely interventions.
- Removes focus from children - This can lead to a focus on adults and their engagement with services rather than on achieving safer outcomes for children.
- Over optimism about progress - Professionals can become over optimistic about progress being achieved, leading to cases being stepped down and delaying timely interventions.



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 practitioners concerns and ultimately diffuse professional intervention... [NSPCC Factsheet](#) (2019)

Professionals should consider if there is evidence of domestic abuse or coercive and controlling behaviour which can be construed as disguised compliance. In reality fear of domestic abuse repercussions outweighs the fear of sanctions from professionals.



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, such as;
 - children taken away,
 - moved into a home,
 - taking independence away,
 - escalation of domestic abuse from partner, ex-partner, family member
- 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.....

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. **Does it reflect what parents/carers are telling you?**
- ✓ 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.

Be Professionally Curious!

Principles to work with Resistance and Disguised Compliance continued...



- ✓ 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.
- ✓ Effective multi-agency work needs to be coordinated so we have all available information regarding the lived experience of the child or adult.
- ✓ Parents or carers can easily prevent practitioners from seeing and listening to a child or another adult.
- ✓ Practitioners can be fooled with stories we want to believe are true.
- ✓ Consider why there may be disguised compliance – is there domestic abuse within the family?

Be Professionally Curious!

Why is Professional Curiosity Important?



Further information can be found in the SSP Practice Brief [Resource pack](#) - [Professional Curiosity - Swindon Safeguarding Partnership](#)



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 nosey.

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 the wrong intervention for individuals and families.



Using 'Was Not Brought' instead of 'Did Not Attend'

- Many children and adults are reliant on someone else to take them to meetings or appointments that relate to their welfare, care or health and as a result they are sometimes not taken to them. This may mean that a practitioner may record them as having 'not attended'.
- Consider using "Was Not Brought" rather than "Did Not Attend" for recording or noting the non-attendance of children/young people and adults who are reliant on someone else to take them to a meeting or appointment.
- "Did Not Attend" implies that the individual for whom the appointment or meeting has been arranged is responsible for not attending.
- There may be many reasons as to why someone doesn't attend an appointment, however if a child or adult is reliant on someone else to make, rearrange or take them to appointments or meetings, recording or noting "Was Not Brought" is a more accurate representation of the situation.
- This enables a practitioner to consider the reasons:
 - why a child/adult was not brought to a meeting/appointment,
 - the implications for them not having been brought, and
 - assess the potential risks or safeguarding concerns for them, especially if there is a repeat pattern of non-attendance.



If a child or adult doesn't attend an appointment / meeting, consider the following:

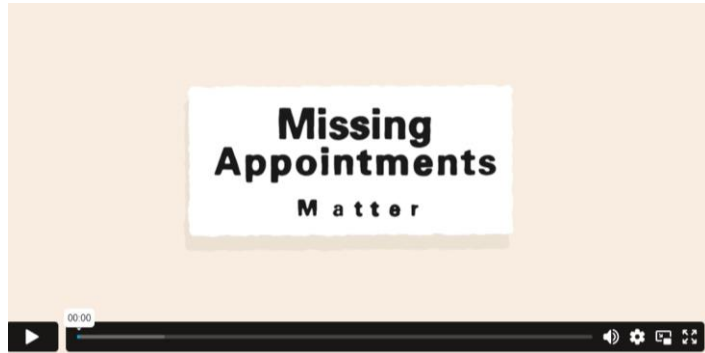
- ✓ Are they reliant on someone else to either make and / or take them to appointments or meetings? (Due to age, mental capacity, disability or accessibility).
- ✓ What are the implications of them not attending the appointment or meeting? (e.g.; Not accessing medication, not inputting into a planned review, not being part of a discussion about their health and wellbeing)
- ✓ Is this a one off, or is there is a repeat pattern?
- ✓ What could be the reason for their non-attendance? (e.g.; unavailability, domestic abuse, coercive and controlling behaviour, neglect etc.)

Actions to consider...

Refer to your individual agency/service procedures for further guidance. It may also be helpful to consider the following:

- ✓ Record or note the non – attendance as "Was Not Brought" and within the notes state:
 - ✓ that the child or adult was reliant on someone else to bring them to the meeting
 - ✓ any impact or safeguarding concern their non-attendance may have raised
 - ✓ if this was the first or repeat non-attendance and identify any emerging patterns
 - ✓ the action you have taken in response
- ✓ If you feel there is a potential safeguarding risk, discuss episodes of non-attendance with colleagues/other agencies, as this may identify further patterns.
- ✓ Make contact with the individual (or their parent / carer) to:
 - ✓ enquire why they did not come to the appointment
 - ✓ encourage them to rearrange
 - ✓ discuss with them any barriers which may have impacted on them attending
 - ✓ arrange support to attend future meetings if needed
- ✓ If contact cannot be made or if a further meeting cannot be agreed, consider your own agency's attendance policies and discussion with a senior colleague before discontinuing the service or appointment.

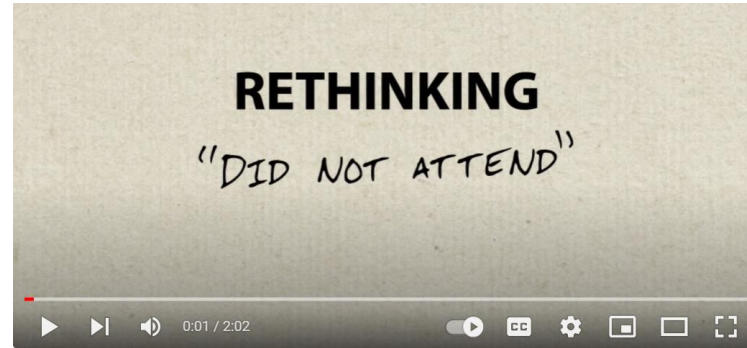
Watch these short clips to find out more



[Missing Appointments Matter](#) is aimed at raising awareness about the consequences of missing appointments and to ensure that children and adults get the medical care that they need. Commissioned by NHS Nottingham City CCG

Link to access: [Missing Appointments Matter FINAL on Vimeo](#) (duration 2:23 minutes)

For subtitled version: [A subtitled version of the video is also available here.](#)



Promotes use of 'Was Not Brought' instead of 'Did Not Attend' when referring to children not being presented at medical appointments. Commissioned by Nottingham City Council, NHS Nottingham City CCG and the NCSCB.

Link to access: [Rethinking 'Did Not Attend' – YouTube](#) (2017, duration 2 minutes)

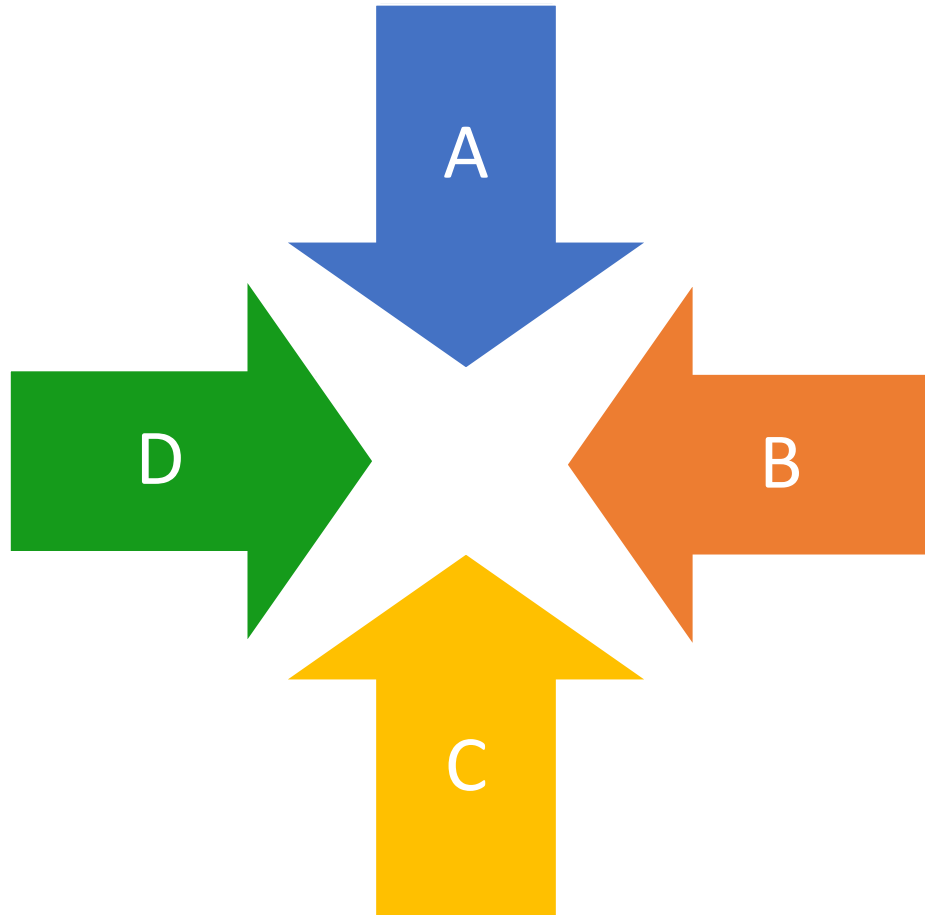


Short film advocating the right of children to be heard and the duty of those working with them to act. Commissioned by Leicester, Leicestershire and Rutland Safeguarding Children Partnership,

Link to access: [Was Not Heard – YouTube](#) (2021, duration 4:15 minutes)

Practice Examples

Choose how
you use the
scenarios



On the following slides there are four different scenarios for you to consider and answer the following questions for each one:

- ✓ Is there any evidence of resistant behaviour including disguised compliance?
- ✓ What questions might you ask?
- ✓ Where might additional information come from?



A

Shannon

Consider:

- ✓ **Is there any evidence of resistant behaviour including disguised compliance?**
- ✓ **What additional information do you need?**
- ✓ **Where who 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 Chanice and twice by neighbours. (This has also led to complaints about Chanice to the housing association).
- 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.



B

Bilal

Consider:

- ✓ **Is there any evidence of resistant behaviour including disguised compliance?**
- ✓ **What additional information do you need?**
- ✓ **Where who would you find it/who would you ask?**

- 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

Consider:

- ✓ **Is there any evidence of resistant behaviour including disguised compliance?**
- ✓ **What additional information do you need?**
- ✓ **Where who 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

Consider:

- ✓ **Is there any evidence of resistant behaviour including disguised compliance?**
- ✓ **What additional information do you need?**
- ✓ **Where who 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 Occupational Therapist (OT) has visited but Ron said his mother-in-law had gone to the Day Centre.
- The GP surgery report that blood tests revealed that Jean was anemic and was prescribed iron tablets and meal supplements.



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. Consider and 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.



Listen and 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?



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?



The following slides highlight some of the things you may have considered for the practice examples.

A: Shannon

B: Bilal

C: Graham

D: Jean





Shannon

Is there any evidence of resistant behaviour including disguised compliance?

- It appears that there may still be domestic abuse/violence and that Chanice is minimising the domestic abuse. 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. Consider completing a DASH Risk Identification checklist and MARAC referral.

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),
 - 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 within the home)
 - Police who may have some information from their visits.



B

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?
- Is Bilal being abusive to his mum? Is she scared of him?

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 conversation to what its like living with Bilal.
- School – academic and pastoral staff – and the dinner supervisors, Police and Shopkeepers



C

Graham

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.
- Neighbours who visit's Graham? Does it coincide with the loud music and fast food deliveries at the address?



D

Jean

Is there any evidence of resistant behaviour including disguised compliance?

- Kate says that mum (Jean) doesn't want to see anyone including her other daughter.
- Ron says that Jean is at the day centre when the Occupational Therapist (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?

- Day Centre
- Jean
- Kate
- Ron
- May
- G.P.
- Neighbours
- Occupational Therapist (OT)
- Police
- Grandchildren – are there any?



Useful Resources

SSP Training and resources

- [Working with Resistant Families](#)

SSP Practice Briefs and resources

- [Professional Curiosity](#)
- [Trauma-informed practice learning from reviews - Practice brief - Swindon Safeguarding Partnership](#)
- [Disguised compliance: learning from case reviews | NSPCC Learning](#)
- Free eLearning – Virtual College: [Learning from serious case reviews levels 1-4](#)
- [SSP Professional Disagreement and Escalation Policy \(child\)](#)
- [SSP Adults Escalation Policy](#)

External Resources

- [Understanding disguised non-compliance in social work | Iriss \(2022\)](#)
- [Disguised compliance: applying a relationship-based approach \(communitycare.co.uk\) \(2018\)](#)
- [We need to rethink our approach to disguised compliance - Community Care \(2017\)](#)
- [Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 | Local Government Association](#)
- Making Safeguarding Personal: <https://www.local.gov.uk/msp-toolkit>
- Assessment Framework (p30): [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](#)
- Understanding non-engagement with services – a useful resource from Wigan Safeguarding Adults Board: [Your search results \(wigansafeguardingadults.org\)](#)



Domestic Abuse Training and Resources

Domestic abuse modules

- [Domestic abuse: Impact on children and young people](#)
- [Honour-based abuse, forced marriage and female genital mutilation](#)
- [Swindon Domestic Abuse Forum](#)
- Free learning course - [Supporting victims of domestic violence - Swindon Safeguarding Partnership](#)
- [Female genital mutilation: Recognising and preventing FGM - Swindon Safeguarding Partnership](#)
- [Forced marriage awareness - Swindon Safeguarding Partnership](#)

Recorded webinars including Swindon Domestic Abuse forums and specific DA related webinars such as DA in tech society, FGM etc [Video archive - Swindon Safeguarding Partnership](#)

Practice briefs can be found here [7-minute briefs and learning resources to improve practice - Swindon Safeguarding Partnership](#)

There are several relating to DA and included some below.

- [Clare's Law - Domestic Violence Disclosure Scheme \(DVDS\) - 7-minute brief - Swindon Safeguarding Partnership](#)
- [Coercive control - Swindon Safeguarding Partnership](#)
- [SSP practice brief - DASH risk identification checklist and MARAC - Swindon Safeguarding Partnership](#)
- [Domestic abuse within families - learning from reviews - Swindon Safeguarding Partnership](#)
- [SSP Practice brief - female genital mutilation October 2022 - Swindon Safeguarding Partnership](#)
- [Non fatal strangulation - March 2023 - Swindon Safeguarding Partnership](#)





We hope you have found this resource useful.

We would really like your comments.
It will only take a couple of minutes either click on this
link

<https://forms.office.com/e/wBnV3LTvzV>

or use the QR code.

