

Spotlight on...

Disguised compliance



What is 'disguised compliance'?

'Disguised compliance' involves a parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention. The term is attributed to Reder *et al's* (1993) work which identified that *"Sometimes, during cycles of intermittent closure, a professional worker would decide to adopt a more controlling stance. However, this was defused by apparent co-operation from the family. We have called this disguised compliance because its effect was to neutralise the professional's authority and return the relationship to closure and the previous status quo."* (Reder *et al*, 1993).

Examples of disguised compliance could be a sudden increase in school attendance, attending a run of medical and/or non-medical appointments, engaging with professionals such as health workers for a limited period of time, or cleaning the house before a visit from a professional. Such engagement would only be sustained for a short period, often coinciding with the timing of professional's visits and / or the reviewing of care plans, before reducing in part or completely.

When does disguised compliance occur?

Disguised compliance occurs when parents want to draw the professional's attention away from allegations of harm. It is often a theme in Serious Case Reviews Brandon *et al* (2008) highlighted that *"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."*

Apparent compliance can affect the professional's engagement with families and children. Brandon *et al* (2008) described patterns of co-operation and the effect disguised compliance has as *"disguised or partial parental compliance also wrong-footed professionals. Apparent parental co-operation often prevented or delayed understanding of the severity of harm to the child"*.

What is difficult about working with families where disguised compliance occurs?

Disguised compliance can make it very difficult for professionals to maintain an objective view of progress in safeguarding the welfare of a child.

For example:

- There may be no significant change despite significant input from professionals.
- The child's account may differ from that of parents/carers.
- Parents/carers may put little effort into making agreed changes work.
- Parents/carers may predominantly focus on their or other issues to distract professionals from what is happening to/with the child.
- Parents/carers behaviours may distract professionals from focussing on the child.

What can practitioners do?

Lord Laming (2003) suggested that professionals needed to practice "respectful uncertainty" in applying critical evaluation to any information they receive and maintain an open mind.

Disguised compliance

Professionals need to constantly question all assumptions, and this should be supported through the provision of high quality supervision. Where there are concerns that parents are disguising their behaviour and/or providing inaccurate information to professionals, it is important that practitioners speak and share information with others who are involved with the child/family to distinguish what is fact, and, consider where risks may remain to the child(ren).

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.

Avoid being over optimistic about a parent's ability or motivation to change.

Keep the focus on the child

Remain child focused at all times;

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 child misses important appointments (e.g. with health providers or at school) remember that this is not their choice. A child who is not brought to appointments by their parent/carer misses the opportunity to engage in support that is required to meet their needs.

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.

Optimism

Sometimes practitioners are over optimistic about parents' and carers' progress and ability to care for the child or their promises to engage with services.

Practitioners may rationalise parent's behaviour, for example seeing a failure to engage with services as a matter of 'parental choice' rather than non-compliance.

Resources

[NSPCC's Learning from Case Reviews- Disguised Compliance](#)

[HIPS online procedures](#)

[Was Not Brought / Family Engagement Policy](#)

