Disguised compliance: learning from case reviews

Summary of risk factors and learning for improved practice around families and disguised compliance

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Disguised compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published case reviews highlight that professionals sometimes delay or avoid interventions due to parental disguised compliance.

The learning from these reviews highlights that professionals need to establish the facts and gather evidence about what is actually happening, rather than accepting parent’s presenting behaviour and assertions. By focusing on outcomes rather than processes professionals can keep the focus of their work on the child.

Reasons case reviews were commissioned

This briefing is based on case reviews published since 2011, where disguised compliance is a key factor. It pulls together and highlights the learning contained in the published reports.

In these case reviews, children died, or were seriously injured in a number of different ways:

- physical abuse, including head injuries and shaking
- neglect, including dehydration and malnutrition
- co-sleeping with parents who had consumed alcohol and drugs
- the ingestion of drugs.

Babies and very young children are at particular risk from a lack of timely intervention due to disguised compliance.

Risk factors for disguised compliance in case reviews

Missing opportunities to make interventions
A reduction or downgrading in concern on the part of professionals can allow cases to drift, so losing the opportunity to make timely interventions.

**Removes focus from children**

Disguised compliance 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, again delaying timely interventions.

**Recognising disguised compliance**

**Parents deflecting attention**

Parents focus on engaging well with one set of professionals, for example in education, to deflect attention from their lack of engagement with other services.

**Criticising professionals**

Parents criticise other professionals to divert attention away from their own behaviour.

**Pre-arranged home visits**

Pre-arranged home visits present the home as clean and tidy with no evidence of any other adults living there.

**Failure to engage with services**

Parents promise to take up services offered but then fail to attend.

**Avoiding contact with professionals**

Parents promise to change their behaviour and then avoid contact with professionals.

**Learning for improved practice**

**Establish facts and gather evidence**

Don’t accept presenting behaviour, excuses or parental assertions and reassurances that they have changed or will change their behaviour. Establish the facts and gather
evidence about what is actually occurring or has been achieved, in order to not lose objective sight of what is happening.

**Build chronologies**

Chronologies can be used to provide evidence of past parenting experience, including possible former instances of disguised compliance, and to analyse parenting history. The information can then be considered in relation to current parenting capacity and to gain a fully documented picture of the family environment. This can help in recognising and understanding further incidences of disguised compliance.

**Record the children’s perspective and situation**

Recording can become focussed on the adult’s participation and parenting capacity. Instead the focus should be on recording the children’s perspective and situation. This will help to retain the focus on the child and can also help to ensure that important information does not become lost when shared between multiple agencies.

**Identify outcomes**

Focus on outcomes rather than process, so that attention cannot be deflected by good intent or an appearance of participation. Identify and establish clear, understandable and measurable outcomes and take action when outcomes are not achieved within agreed time scales.

**Use of staff supervision to challenge beliefs**

Professionals can become overly optimistic about change that has occurred. This can involve rationalising parent’s behaviour to their own viewpoint, for example seeing a failure to engage with services as a matter of ‘parental choice’ rather than non-compliance, or an over optimistic desire to believe change has occurred. Supervision needs to challenge professionals’ beliefs about apparent changes and to seek evidence of actual progress.