Disguised Compliance – ‘disguised non-compliance’ or ‘superficial compliance’

NOTTINGHAM CITY Safeguarding Children PARTNERSHIP

Important note for professionals. The terms ` Disguised Non-Compliance’ (DNC) and ` Superficial Compliance’ (SC) have been in common usage for a long time and will be familiar to those in practice.

There is now a view that to use the above terms may be unhelpful and possibly misleading, when working with children and families. The advice going forward is that even where practitioners recognise behaviours that fit the description of DNC or SC, they do not use those actual terms. This should not prevent practitioners from seeking advice and where necessary, making referrals to Childrens Social Care to discuss safeguarding/child protection concerns

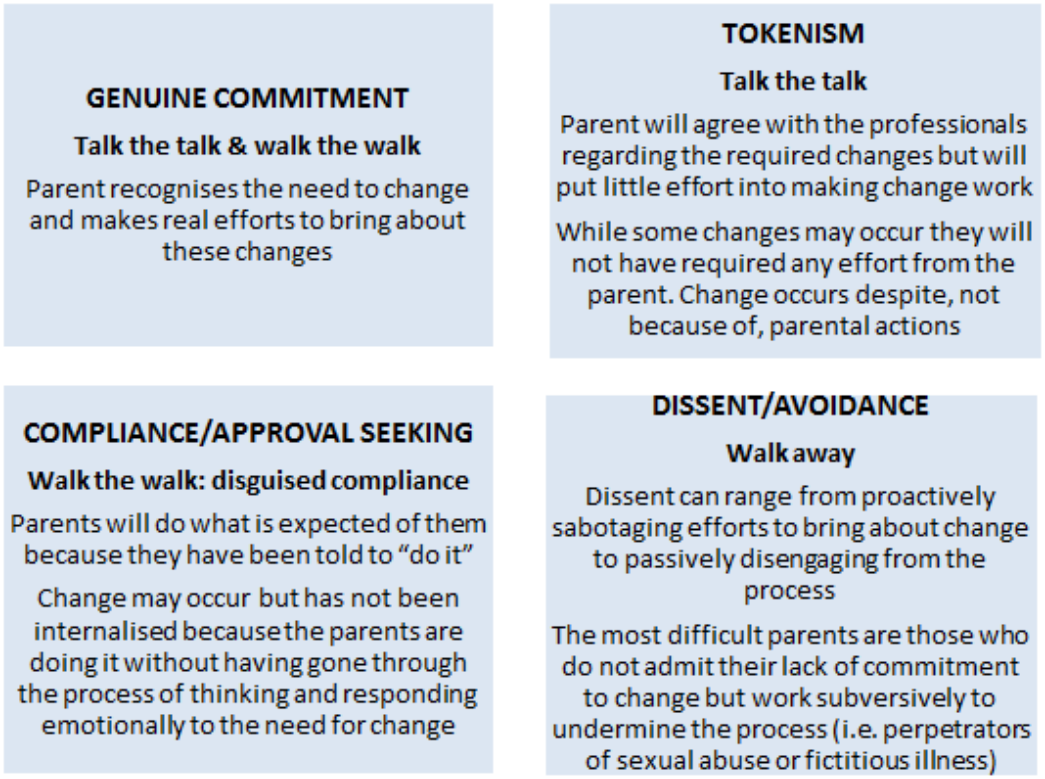
What do you need to know about disguised compliance?

- The NSPCC define disguised compliance as ‘a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.’
- Disguised compliance can lead to a focus on parental engagement with services rather than on achieving safer outcomes for children.
- Practitioners can be drawn into the complex needs of the parent or carer, but these needs may be used to deliberately block the practitioner from discovering the risks to the child.
- Practitioners can become over optimistic about progress being achieved, again delaying timely interventions.
- Parents or carers may engage selectively and do ‘just enough’ to keep practitioners at bay
- Parents or carers may split the professional network by engaging well with one set of professionals, to deflect attention from their lack of engagement with other services.

As practitioners, how can we respond effectively to parents and carers who engage in disguised compliance?

- Remember that the participation is not the same as cooperation. Don't confuse an *apparent* willingness to comply with an *actual* willingness to accept the need to change.
- Professional involvement does not equate to a child's safety - just because another practitioner is involved does not mean that they are proactively engaged with protecting the child. For example, we may wrongly assume that because a child has a medical specialist their condition is being treated.
- Maintain professional curiosity and keep in mind multiple hypotheses about what might be happening to the child and within the family
- Don't rely on self-reporting or how a parent or carer presents. 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. Describe the parental behaviour clearly.
- Be concerned if there is little evidence of significant change at reviews despite significant interventions and input from professionals
- Set clear and measurable outcomes and take action when outcomes are not achieved within agreed time scales.
- Listen to the information provided by parents and carers but always verify the information they provide via other sources.
- Use supervision as an opportunity to reflect on progress made, and what actions are needed to improve outcomes for the child.
- Be mindful of non-attendance, repeated cancellation and rescheduling of appointments as signs of disguised compliance
- Use chronologies and genograms to provide clarity about the extent, pattern and severity of concern and to make the child visible
- Caution! Consider if any lack of change is 'disguised compliance', or if it reflects a difficult relationship between the parent and professional(s). Sometimes professionals can too readily describe the parent as demonstrating disguised compliance when actually they just do not want to engage with that professional. Professionals may need to reflect on how they can establish a better relationship with the parents.

The model to the right, taken from Horwath and Morrison (1999), of parental motivation to change provides a framework to help with the identification of compliance and whether it is genuine commitment, tokenism, avoidance or externally motivated compliance which seeks approval from others.



Further reading…

- 'We need to rethink our approach to disguised compliance – Community Care article - http://www.communitycare.co.uk/2017/03/16/need-rethink-approach-disguised-compliance/

Suggested activity

In your team, pick a case and consider the family's motivation to change. Discuss whether the family is co-operating with plans in a wish to be seen as compliant or if they understand and accept the need for change to meet their child's needs