

The purpose of this guidance is to provide practitioners and managers, working directly or indirectly with children, young people and their families across Aberdeenshire, with clear practice guidance on how to work with resistance to improve outcomes for children where there is:

Parental Resistance	Non-Engagement	Non-Compliance	Hard to reach Families
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Within Aberdeenshire, the protection of children and young people is **everyone's job and everyone's responsibility**. This is a shared responsibility for practitioners and managers working across the public, private and third sectors. It is essential that **everyone** understands the contribution they have to make in **keeping children and young people safe** and **protected from harm and abuse**.

This guidance should complement, not replace, any existing service or agency guidance on professional curiosity. Guidance alone cannot protect children and young people; but a competent, confident, curious and skilful workforce, working together with a vigilant public can. First Line Managers / Supervisors are therefore key to the successful implementation of this practice guidance.

CONTENTS	PAGE
<b>Introduction</b>	2
<b>Part One – Definition, Descriptors and Drivers</b>	3
- What is resistance?	3
- What Do These Resistant Behaviours Look Like?	3
- What underlies resistance?	6
- When might resistance manifest itself?	7
<b>Part Two - Impact</b>	8
- Impact on children and young people	8
- Impact on service intervention	9
- Impact on decision-making	14
<b>Part Three - Support</b>	16
- Support for staff	16
- Support for teams around the child	18
- Support for organisations – Questions to consider	19
<b>Part Four – Tackling Resistance Tools and Tips</b>	20
- Motivational interviewing	20
- Family Group Conferencing	20
- C-Change Model	20
- Disguised Compliance – Ready Reckoner	21
<b>References</b>	22
<b>Appendix – Disguised Compliance Ready Reckoner</b>	24

## Introduction

We would like to acknowledge and thank the West of Scotland Child Protection Committee Consortium for sharing their Resistance Guidance with us, which we have adapted for the Aberdeenshire Resistance Guidance Section of the Aberdeenshire Neglect Toolkit.

The purpose of the guidance is to provide a suite of support material for all those working to improve outcomes for children where there is parental resistance, non-engagement, noncompliance, or the family are deemed to be, hard to reach.

The materials aim to help staff:-

- Recognise and understand resistance, non-engagement, and non-compliance
- Become skilled and confident to work with these issues directly, in partnership with families
- Recognise and effectively manage the impact of parental resistance, non-engagement, or noncompliance on developing and implementing the Child's Plan
- Recognise and effectively manage the impact of resistance, non-engagement, or noncompliance on them as individuals and teams around the child

## Context

The guidance includes information and guidance for frontline practitioners and their managers and for those responsible for policy and planning and has been developed within the Getting It Right For Every Child (GIRFEC) framework and, as such, will complement existing policy and practice in children's services.

*'Protecting Children and Young People: Framework for Standards', Standard 2.10*

*"Professionals take action to protect each child even when their parents pose a risk to workers. Agencies ensure there are systems and support mechanisms in place to maximise staff safety in such situations."*

*'Protecting Children and Young People: Framework for Standards', Standard 8.8.*

*"Agencies ensure that staff are adequately protected from violence and aggression and that in undertaking their duties the risks to both the professional and children are minimised."*

We would like to acknowledge and thank and the West of Scotland Child Protection Committee Consortium for sharing their Resistance Guidance with us, which we have adapted for the resistance part of our Aberdeenshire Neglect Toolkit.

## PART ONE Definition, Descriptors, Drivers

### What Is Resistance?

'Resistance' is an important and multi-faceted concept in the context of child protection work. It needs to be identified and understood because it can significantly impact on professionals, influencing their decision making and actions, and can increase existing risk factors associated with a child's care (Robb, 2014, Scottish Government, 2014, Vincent & Petch 2012).

Research highlights that the language and meaning associated with the term 'resistance' is at times unclear and inconsistent.

Challenges include not only the definition of 'resistance' but also issues relating to the stage and process of engagement and/or the measurement of and capacity for change.

Within the child protection context 'resistance' is broadly recognised as 'non-engagement' and/or 'noncompliance' from one or both adults with caring responsibilities for a child.

Whilst there are complexities in the concept, the common feature in cases is: *'a resistance to change and an inability/unwillingness to acknowledge and/or address the risk/s to the child.'* (Calder, McKinnon, & Sneddon, 2012)

Evidence demonstrates that some parents/carers can display negative and hostile reactions and may deliberately evade practitioner interventions that are intended to help manage and reduce risks for children.

Ultimately, most parents/carers experience child protection as an involuntary process. This may lead them to respond in a conflicting manner, moving between withdrawal, disguised compliance and aggression at different points throughout the process.

In these situations, resistance can manifest in a range of deliberate non-engaging or noncompliant behaviours, attitudes and interactions such as:

- Failure to enable necessary contact
- Active non-compliance
- Disguised compliance
- Threats of violence or other intimidation (Scottish Government, 2014)
- On-line behaviours

### What Do These Resistant Behaviours Look Like?

#### **Failure to enable necessary contact**

This behaviour can include missing appointments or refusing access to the home for relevant services. In their audit and analysis of SCR's, Vincent and Petch support concerns in this area noting relevant engagement issues such as parents/carers frequently failed to attend appointments for themselves or their children:

- children had poor school or nursery attendance
- professionals were often unable to contact families or were refused access to the home or to the child

Patterns of engagement can be complex. It is important to consider any particular changes and/or patterns and the implications of these. The role of Universal services in identifying and monitoring risk is also significant. For example, providing information regarding poor engagement or non-attendance for immunisations or other health checks or poor school attendance or lateness.

**Active Non-Compliance** behaviour can involve proactively sabotaging efforts to bring about change or alternatively passively disengaging. It can be a method of avoiding co-operating with professionals.

Examples of behaviours include cancelling/missing appointments as above but also other passive resistance activities such as missing meetings and failure to undertake actions in plans or to engage in programmes of work.

**Ambivalent** behaviours such as changing the subject or being late or making excuses for appointments may also be apparent. There can be some cases where the 'lack of insight and understanding' from particular parents/carers to their child's needs appears contrary with the apparent presentation in other areas of their life, such as being articulate, independent and confident. This may present distinct challenges through the process of engagement.

Whilst challenging, it is important to note that these particular behaviours are common and do not always mean that professionals are unable to effect change and work with families. Ambivalence is the most common reaction and may not amount to uncooperativeness. All service users are ambivalent at some stage in the helping process and whilst it may need to be acknowledged, it may well be worked through.

**Disguised Compliance** is the most difficult type of resistant behaviour to recognise. Disguised compliance is where the parent/carer appears to co-operate without actually carrying out actions or enabling them to be effective. Individuals will not admit to their lack of commitment to change, and their appearance of cooperation is purposely to avoid raising suspicions and diffuse professional intervention. Ultimately, the parent/carer may work subversively to undermine the process.

Where parents/carers are using disguised compliance, workers may believe they have engaged in a positive way with parents/carers in addressing risk and working towards change. However, this may not be the case and consequently risks are not reduced or addressed and workers may fail to recognise significant issues of concern, or a lack of progress, thus leaving the child in a high risk, unprotected environment

*"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" (Brandon et al., 2008, p.4).*

This behaviour was first described in 1993 "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, pp 106-7).

However, this behaviour and deliberate concealment have continued to be a recurring theme in a number of significant case reviews, including the high-profile deaths from abuse and neglect of Victoria Climbié (Laming, 2003), Peter Connelly (Haringey LSCB, 2010), Declan Hainey (Renfrewshire CPC 2012) and Daniel Pelka (Coventry LSCB, 2013).

Disguised compliance behaviours could include a sudden increase in school attendance, engaging with some services/professionals for a limited period of time or at a key point in time, 'selective' co-operation, or cleaning the house before a visit from a professional or a formal meeting or presenting plausible excuses for missed appointments or concerns.

Factors which may indicate an evidence disguised compliance may include:

- No significant change at reviews despite significant input; or change occurring but as a result of external agencies/resources not the parental/carers efforts
- Parents/carers agreeing with professionals regarding required changes but putting little effort into making changes work
- Parents/carers aligning themselves with certain professionals and only engaging with certain aspects of a plan
- Differing reports from those involved – due to different information shared by parent with different services and/or differing reports between child and parent
- Change in one area is not matched by change in another

It is important to consider each adult caring role and relationship with professionals. Brandon et al highlighted cases where one of the parents/carers was seen by professionals to engage particularly well with services, in some cases a male partner convincing professionals that they were the caring parent and the mother was the source of risk, despite him ultimately being found to be the perpetrator of the offence.

### **Threats or Violence or Other Intimidation**

Threatening or violent behaviour towards practitioners can have a significant impact on practitioners including limiting their capacity to carry out their professional role. Hostile and threatening behaviour can be described as producing damaging effects, physically or emotionally, in other people. This behaviour can include challenging professionals, provoking arguments, extreme avoidance (e.g., not answering the door as opposed to not being in), threatened or actual violence.

Threatened or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the professional /agency to engage with. It may reflect a deep and longstanding fear and projected hatred of authority figures. Individuals may also have experience of getting their way through intimidation and violent behaviour.

Hostility and confrontation can often indicate a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents/carers may, perhaps realistically, believe that their children may be taken away or they may be reacting to them having been taken away.

### **Online Behaviours**

Research as to the extent, nature and impact of on-line behaviours by parents/carers towards practitioners in the context of their child protection work is limited. However, recent years have seen a growing recognition of the distinct issues in this area. Anecdotal and published information outlines some descriptions of the nature of behaviours that can be displayed. These can involve practitioners being filmed either overtly or covertly whilst doing their job and this being uploaded onto public social media sites and YouTube for further sharing and comments. Legal paperwork such as Child Protection Orders that provide worker details and child details have also been uploaded. Of particular concern has been websites purposely set up to 'name and shame' practitioners. These have included the publication of practitioner's names, addresses and photos sometimes with the depiction of Nazi insignia to accompany the social services initials, "SS". On occasions individual's personal details innocently posted on Facebook have been used against them, for example one social worker's wedding photos were daubed with Nazi insignia and re-posted on a website that advocated hatred, hostility or violence.

These types of on-line behaviours directed towards practitioners could be described as ‘cyber bullying’ which has been defined as “any use of information and communications technology to support deliberate and hostile attempts to hurt, upset or embarrass another person” (Llewellyn 2009). Whilst this term and much of the supporting evidence is related to children, there are distinct themes that could be equally relevant when considering the nature of behaviours and impact on practitioners.

The high-profile case of Child J in 2013 in England highlights many of the complexities and challenges around this type of behaviour. The High Court ruled that family courts should not prevent parents, the media and websites from identifying social workers once care proceedings have ended. The council had sought a legal order restraining a father from placing harassing and abusive material and repeatedly publishing details about his case. This included placing a covert video of the child being removed from his parents' care under an Emergency Protection Order on Facebook and elsewhere on the internet. The information not only allowed his children, now adopted or subjects of care proceedings, to be identified, but it specifically focused on and identified the social worker. The outcome of the case was those restrictions preventing the publication of the names and addresses of Child J and his parents should be applied, but for a range of reasons the video footage should not be subject to such constraints.

### **What Underlies Resistance?**

Active non-compliance can be a manifestation of denial, a well-recognised response for parents/carers where there are child protection concerns. Adults may deny that any problems exist, defend behavioural patterns and may not perceive that change is necessary.

Denial can also manifest in hostility and anger which on occasion can be linked in some ways to challenging behaviours such as aggression. This ‘denial’ can be underpinned by a number of internal and external factors, including:

- Lack of insight, failure to recognise and understand that a problem exists and the impact of this on children
- Increased isolation, particularly those families with interlocking and co-existing problems
- Shame, ambivalence and lack of confidence
- Resistance to the involvement of public services (as distinct from resistance to change) and influencing factors such as power dynamics and past experiences
- Being overwhelmed with their difficulties and fearful about their ability to change
- The influence of stigma attached to conditions such as mental ill health, substance misuse or learning disabilities or from seeking social work assistance, particularly in some communities

Uncooperative behaviours from parents/carers can reflect avoidance and ambivalence. Avoidance may in part occur to escape negative feelings evoked by the prospect and challenges of service involvement. Forrester, Westlake and Glynn (2012) identify three further internal factors that contribute to denial and unwillingness to change within individuals: shame, ambivalence and a lack of confidence.

Shame is related to the stigma surrounding many of the behaviours, past experiences and current situations of parents who have dealings with child protection services. Ambivalence refers to the conflicting emotions that parents/carers may feel when they perceive both positive and negative consequences of overcoming behaviour patterns such as alcohol misuse, which professionals may view in terms of the negative impact on their children, but which they may see as also offering some comfort and protection from the reality of their situation. Parents/carers who experience acute ambivalence may not yet have accepted a need to

change. Some authors have suggested that the threat of legal proceedings may reduce ambivalence and act as a positive driver of change (see for instance Gregoire and Burke, 2004; Hiller *et al.*, 1998; Joe *et al.*, 1999). This, in part accounts for the effectiveness of the formal pre-proceedings process in diverting cases from care proceedings (Masson and Dickens 2013). On the other hand, parents/carers who lack self-confidence may be ambivalent about their *ability* to change and this may be at the root of their denial (see also Forrester *et al.*, 2012; Saint-Jacques *et al.*, 2006; Taylor *et al.*, 2008).

Resistance from parents/carers may be the result of a number of influencing factors relating to background, emotions, confidence and capabilities. Consequently, different types of resistance at different points in time can be common features through the child protection process. In addition, parents may be resistant to the involvement of services rather than resistant to change in itself. However, it is important to note that parental resistance is not necessarily indicative of a lack of skilled intervention and work.

### **When Might Resistance Manifest Itself?**

Resistance can be fluid and fast changing and may be seen at any stage of an intervention as well as in different ways for different family members (Brandon et al 2009). There can be some factors which influence when resistance can be more likely to manifest itself:

- In situations where there is a lack of trust or fear of betrayal
- When the family member feels that he/she has no choice but to take part
- When there is resentment of third-party referrers
- When the goals for each party are different
- With people who have negative experiences or perceptions of social services
- When people feel that to ask for help is an admission of failure
- When people feel that their rights are not respected
- When people feel that they are not participants in the process
- If the practitioner is disliked

When resistance manifests itself, it is important to note if a family situation has changed. Sometimes broader issues have impacted on the level and type of resistance presented, and these broader issues in themselves can be important in terms of regular review and assessment of risk and need for children.

Broader circumstances can include:

- An alcohol or drug relapse
- Non-compliance with medication or other treatment plan
- Deterioration in mental health
- A change in family dynamics
- A new friend or partner who exerts influence
- A change in life circumstances

## KEY MESSAGES

- Resistance, non-engagement and non-compliance are common features of parents involved in child protection interventions
- Mental health problems including impaired personality functioning and/or learning disabilities can reduce the ability of parents/carers to understand the impact of their behaviour on children's wellbeing or to acknowledge the need for change
- Apparent unwillingness to change can reflect internal factors such as shame, ambivalence about the need to change, and lack of confidence about capacity to change
- External factors such as the imbalance of power, if not handled carefully, can compound and exacerbate resistance to service involvement
- Cooperation should not be automatically viewed as a protective factor
- Understanding the "who" and "why" in terms of the resistance can help
- Children and young people may display resistance as they replicate the behaviour of their caregiver. The opportunity to engage with children and young people at the earliest opportunity in any number of creative ways is essential
- Timescales and patterns of resistance, non-engagement and non-compliance should be carefully monitored and explored – they may be indicative of increased levels of risk, support timely intervention; or help avoid drift
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## PART TWO - Impact

### Impact on Children & Young People

Where a child lives with their parent(s) or carer(s), risk and needs cannot be optimally assessed and managed without the co-operation and involvement of parents. Parental resistance, non-engagement and disguised compliance when there are child protection concerns can therefore result in the following negative outcomes for the child:

- A child may remain in a high-risk situation and potentially come to significant harm
- Wellbeing does not improve and may deteriorate
- A child becomes subject to a compulsory supervision order or accommodated where these interventions may not have been necessary if there had been effective engagement

This is recognised with the inclusion of resistance related risk factors in the National Risk Framework to Support the Assessment of Children and Young People (Calder, McKinnon & Sneddon 2012).

A review of Serious and Significant Case Reviews in the UK from 2011 until March 2014 involving disguised compliance was undertaken by NSPCC (NSPCC 2014). This identified the following risks to children:

- missed opportunities to make interventions - removing the focus from children - over optimism about progress.

Some examples of the mechanisms through which parental resistance, non-engagement and disguised compliance can be associated with poorer outcomes for children are described below.

- An incomplete assessment may result in significant needs and risks being unrecognised and therefore not taken into account in decision making and planning to support the child.
- If the impact of parental resistance, non-engagement and disguised compliance on the workers ability to undertake an assessment of the circumstances of the child and on the likelihood of co-operation and compliance with the child protection plan is not recognised, these will not be considered additional risk factors and taken into account when making decisions to protect the child.
- If parents are resistant to the implementation of a child protection plan (for example by not engaging or by deliberately sabotaging the plan) this is likely to undermine the effectiveness of the plan in achieving the objectives of making and keeping the child safe and promoting their wellbeing
- Where the time and emotional energy of staff who are supporting the child is diverted to overcoming parental resistance, they have less capacity to focus directly meeting the needs of the child.
- Where the time and emotional energy of parents/carers is focussed on avoidance or hostility towards services then they may be less emotionally available for their child than would otherwise be the case.
- Children who are aware of hostility and distrust of support services by their parents/carers may themselves adopt this pattern of behaviour and miss opportunities to benefit from working with support services.

- Some children who have been abused feel responsible for ‘causing problems’ in their family. This can lead to distress and feelings of guilt for the child. This is likely to be more evident where the parents/carers are expressing hostility, anger or other negative emotions towards support services.

### **Impact on Service Intervention**

Non engagement and resistance can impact on every aspect of service contact and intervention with a family. From a very basic level - such as difficulty gaining access to the child and/or parent – to a more complex level such as assessing the degree to which non engagement and resistance may compromise parental capacity to change. Non- engagement and resistant behaviour presents highly significant challenges to staff working to protect children and young people.

When staff are faced with non-engagement and resistance, a number of common responses can develop:

- Seeing each situation as a potential threat and developing a ‘fight’ response or becoming overchallenging and increasing the tension between the professional and the family.
- Colluding with parents/carers by accommodating and appeasing them in order to avoid provoking a reaction.
- Becoming hyper alert to the personal threat so the professional becomes less able to listen accurately to what the adult is saying, distracted from observing important responses of the child or interactions between the child and adults.
- Filtering out negative information or minimising the extent and impact of the child’s experiences in order to avoid having to challenge. At its most extreme, this can result in professionals avoiding making difficult visits or avoiding meeting with those adults in their home, losing important information about the home environment.
- Feeling helpless / paralysed by the dilemma of deciding whether to ‘go in heavy’ or ‘back off’. This may be either when faced with escalating concerns about a child or when the hostile barrier between the family and outside means that there is only minimal evidence about the child’s situation.

One of the key findings of the review undertaken by C4EO (Centre for Excellence and Outcomes in Children and Young People's Services) in relation to working with vulnerable families that are resistant to change was those practitioners working with such families need to have an eyes-wide open and authoritative approach. This needs to be aimed at containing anxiety and ensuring that the child's needs remain in sharp focus. The complexities of the adults' problems often eclipse the child's immediate problems and a family's lack of engagement or hostility will often hamper a practitioner's decision-making capabilities and follow through with assessments and plans.

*“in many cases parents were hostile to helping agencies and workers were often frightened to visit family homes. These circumstances could have a paralysing effect on practitioners, hampering their ability to reflect, make judgments, act clearly, and to follow through with referrals, assessments or plans. Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted. Where parents made it difficult for professionals to see children or engineered the focus away from allegations of harm, children went unseen and unheard” (Brandon et al, 2008:3).*

It is critical that, when professionals are working with families who display non engagement and resistant behaviour, that the impact of this on service intervention is consistently evaluated and monitored to ensure such impact is acknowledged, understood and minimised in order to ensure service intervention continues to be made in the best interests of the child. This requires effective supervision, clear inter-agency communication, robust management oversight and supportive and constructive inter-agency working and challenge.

Sometimes the implementation of specific policies can significantly help to ensure service intervention continues to be made in the best interests of the child. This would include policies in relation to the “unseen child” and policies in relation to lone working or other similar policies that help ensure staff safety. Nowadays, these types of policies – both unseen child and staff safety – are relatively commonplace and attention should be focused on ensuring these are widely known to staff and effectively utilised.

### **Building working relationships with families**

Relationships are key to effecting change. All staff involved with families will utilise their relationships with family members to support and effect change. Relationships take time, energy, attention and skill to create, build and maintain. This process is severely undermined when working with parents/carers who display non engagement and resistant behaviour.

For those parents/carers who display aggressive behaviour towards staff, concerns about physical safety may mean that service contact can only take place under certain conditions – for example, only within office premises as opposed to home visits or contact must involve two members of staff at all times. These kinds of constraints, and the evident absence of trust, make it much more difficult to establish effective working relationships from the outset.

For those parents/carers who display more covert non engagement and resistant behaviour, the impact of this on the working relationship will not be immediately apparent. In many situations, the working relationship will appear to be strong, characterised by seemingly open and honest communication and mutual joint effort to effect change. It will only become evident over time, when change does not occur, that the parent/carer is engaged in disguised compliance. This type of circumstance can often lead to increasing feelings of frustration and a lack of self-efficacy in staff. When the non- engagement and resistant behaviour is later recognised and identified, the sense of duplicity and deceit experienced by staff can contribute to almost a feeling of betrayal. Staff need support to process these valid emotions in order to re-establish a working relationship.

Due to the central role that relationships play in supporting parents to change, most staff tend to be highly motivated to preserve and maintain these relationships. However, some behaviour aimed at protecting the relationship may actually result in a degree of collusion. For instance, staff may avoid possible confrontation with a parent in case it damages the working relationship. This could include avoiding raising concerns about the child (or raising it by stating a third party has the concern), accepting the parent’s version of circumstances without challenge, focusing on less contentious issues (housing, benefits), not asking to see the child alone, filtering or minimising negative information, and placing undue emphasis on positive information.

In virtually all child protection cases, parents/carers will be non- engaging/resistant to varying degrees. Regardless, in all cases, staff will be required to form working relationships with these parents/carers.

The principles of good relationship building in child protection cases remain constant:

- Never underestimate the power of consistent honesty and transparency
- Respect and be sensitive to other's viewpoints, feelings and experiences
- Keep the focus on the best interests of the child at all times
- Listen actively to others and attempt to understand the world of the child and their parents/carers
- Work collectively with the other professionals involved with the family, following the agreed plans and decisions, presenting a united front
- Make use of supervision to avoid collusion, or allowing relationship issues to cloud your view of the best interests of the child
- Remain aware of the impact of the relationship on you as an individual and share this with your supervisor to ensure you receive effective support

### Questions to ask yourself:

1. What might lie behind this non-engagement and resistant behaviour?
2. What need is it meeting for the parent/carer?
3. Is there another way to meet this need that might lessen the display of non-engagement and resistant behaviour to a degree where a working relationship can be formed?
4. Am I inadvertently colluding with this parent/carer? For example, avoiding contact or avoiding raising contentious issues?
5. How effective is this working relationship? On what basis am I judging this?
6. Have I been honest with my manager about how this relationship affects me?

### Assessing risk and need

Assessment of risk and need requires workers to gather all relevant information, analyse this in terms of impact on the child, identify any needs and risks that require action and plan the action required to address the needs and risks. There are obstacles immediately apparent when considering the impact of non-engagement and resistance on the process of assessing risk and need. Firstly, there may be difficulties in gaining access to the child and/or their parent/carer. Where access is possible, it may be very limited. For example, the parent may not allow the child to be seen alone, the parent may refuse to share background information or the resistance by the parent may mean particular assessment tools routinely used to gather and analyse information are not able to be used.

The parent/carer may exhibit a range of non-engagement and resistant behaviour in order to deliberately obscure concerns about the child. Many parents/carers have their own legitimate needs, housing, mental health, bereavement etc, and may seek to raise a number of such issues during the assessment process. Staff can become focused on addressing these needs sometimes with a sense that if they can resolve some of the parent's/carer's issues it might be easier to focus the parent on the needs of the child. But for the parents/carers who deliberately deploy these methods of non-engagement and resistance, there will be no end to their demands and workers can become caught up in a cycle of crisis perpetuated by parents/carers. Because issues that affect parents/carers will, to varying degrees, affect the children, workers may well have the view that such intervention is aimed at improving outcomes for children. However, without a clear professional analysis of the needs and risks for each child, which informs the child's plan, intervention will instead be driven by the needs of parents and carers.

Assessment of risk and need in a child protection context must always be undertaken on a multi-agency basis. But for families with non-engagement and resistant behaviour, the range of professional involvement

may be quite limited, either because the parents/carers have not engaged or because the service has withdrawn. This brings its own challenges, not least of which is the lack of shared professional opinion in order to reach collective judgement of risk and need.

Children whose parents/carers have very complex needs - a childhood of abuse/neglect, drug and/or alcohol misuse, mental health difficulties, domestic abuse - require to have their needs carefully and skilfully assessed in order to identify and address risk and need. Staff will need to take into account the impact of non-engagement and resistance while undertaking such analysis. Possibly the greatest challenge for staff is evaluating the role that non engagement and resistance plays in relation to assessing any concern about a child.

In some circumstances, non-engagement and resistance is a clear concern in and of itself. This can be illustrated in cases where parents do not take their child to critical appointments, thus preventing or delaying treatment or intervention, or even exacerbating the concern. Thus, we have both the initial concern about the child that requires intervention, plus the non-engagement and resistance by the parent which is delaying or preventing help for the child. The non-engagement/resistance alone in this case raises a question about the parent's ability to meet the needs of the child.

In other circumstances, the role of non-engagement and resistance in relation to assessing the concern about the child is much less clear. Take, for example, a parent or carer who is resistant to developing a working relationship with staff trying to support the family. Someone who will only reluctantly agree to a minimal level of intervention, does not volunteer any information and displays a cold and non-engaging manner towards all staff. Yet, they fulfil their role in the child's plan and circumstances improve. In this case it could be argued that the non-engagement/resistance had a lesser role.

Staff must ensure there is no drift in cases due to parental non engagement and resistance. For instance, if a child protection assessment is difficult to complete due to non-engagement/resistance, a decision must be made about the next step in addressing the needs of the child. Processes should not be drawn out unnecessarily while staff continue to try and engage with parents/carers. This could potentially leave children in a very vulnerable position. Assessments however incomplete, should be brought to multi-agency decision making forums in order for collective professional judgement on the way forward. It is well regarded that assessment is a continually evolving dynamic process, therefore it is not necessary to reach a certain point in an assessment before convening a multi-agency meeting.

The principles of good assessment in child protection cases remain constant:

- Gather all information from available sources and carefully record any gaps
- Consider what the available information tells you about the needs/risks for the child
- Ensure you only derive accurate, evidence-based findings in your analysis
- Be explicit about evidence source and when drawing on information from another professional, include the basis of this information (e.g., Based on observation or based on case records)
- Be explicit about unknowns in your analysis
- Guard against bias such as over optimism
- Ensure parental information is presented and analysed in terms of impact on the child • Seek and utilise the expertise of other professionals

**Questions to ask yourself:**

1. How has non engagement/resistance impacted on this assessment? (Information gaps, over emphasis on positives or negatives, limited view of child's perspective etc.)
2. Have I said and done what I would usually say and do when undertaking this type of assessment? Have others?
3. Have I identified and seen the key individuals involved? Including those who may not be acknowledged as living in the home?
4. Have I felt relief at the end of my contact with this family? Or when I couldn't reach this family?
5. Where there are issues of domestic abuse, have I engaged with the perpetrator?
6. Have I identified and engaged with any relevant men in this child's life? Including both those living at home and those not living at home?
7. If this non engagement and resistance was not present, how would this change the nature of the concern for this child?
8. And how would it change the level of risk/need for this child?
9. Have I contacted another agency known to the family and suggested a joint visit?
10. Have I discussed my concerns and sought guidance from my manager in ensuring the children are regularly seen?

### Impact on Decision-making

Decisions are informed by the assessment and analysis of all information, using professional judgement. Assessment, analysis and professional judgement can all be impacted by non- engagement and resistance. Parents/carers who present non-engagement and resistance may exhibit behaviours which in themselves require decisions to be made about the best way to manage such behaviour. Threats, complaints, nonattendance at appointments, allying with one service against another etc. are all examples of non-engaging behaviours that will require those involved with the family, jointly deciding how best to manage these.

In addition, when decisions are being made about intervention, non-engagement and resistance by families can have an impact on **how**, **when** and **what** decisions are made. For example, parental co-operation may lead to less coercive intervention even when there is evidence of poor parenting (Platt and Turney 2012). Cases may be closed due to lack of co-operation. Decisions like this can, in turn, have an impact on level and type of risk to a child. It is important to note that no case should be closed before a multi-agency discussion has taken place.

Decision making in the child protection field includes the whole spectrum of decision making from decisions made very swiftly on the basis of limited information, such as decisions about a child's immediate safety, to those made on a longer term planned basis, such as decisions about permanency.

Within a short time of meeting someone, we all form intuitive judgements about them. Social workers following up a child abuse allegation will quickly form an opinion, a 'gut reaction' about the parents. It is therefore both necessary and inevitable that initial assessments and judgements will be based on very limited evidence about the family. Judgements made on such slender grounds should rationally, be regarded as very tentative and open to revision. It is widely accepted that one of the most common pitfalls in child protection work, is the failure to revise initial assessments.

*'One of the most common, problematic tendencies in human cognition ... is our failure to review judgements and plans – once we have formed a view on what is going on, we often fail to notice or to dismiss evidence that challenges that picture.'*

(Fish, Munro and Bairstow 2009: p9)

**Attribution** is the process of inferring the causes of events or behaviours. In real life, attribution is something we all do every day, usually without any awareness of the underlying processes and biases that lead to our inferences. As we seek to explain the reasons and causes for behaviours, we are prone to falling victim to a number of cognitive biases and errors. Our perceptions of events are often distorted by our past experiences, our expectations and our own needs.

When it comes to other people, we tend to attribute causes to internal factors such as personality characteristics and ignore or minimize external variables. This phenomenon tends to be very widespread, particularly among individualistic cultures. Psychologists refer to this tendency as the **fundamental attribution error**; even though situational variables are very likely present, we automatically attribute the cause to internal characteristics.

#### KEY MESSAGES

- Resistance, non-engagement and non-compliance can contribute to children being unseen and unheard
- The complexities of adults' problems can eclipse children's needs
- Overly optimistic views on small improvements and not always keeping history in mind are common pitfalls in child protection work
- Practitioners must ensure they are not unwilling to make critical judgements; underestimating harm to children; or developing fixed views of families that are not updated in light of contrary evidence
- Respect the right of parents/carers to challenge any professional's interpretation of events, assessment of their child's needs or assessment of risk to the child. Challenge is not necessarily resistance
- Confirm that the parents/carers understand the concerns and what is expected of them
- Assess what, if any, contribution the service approach and/or interventions may be making to the resistance

## **PART THREE Support**

### **Support for Staff**

Working with families who display resistant or non-engaging behaviour has an impact on individual staff. At a basic level, some types of resistant behaviour can cause staff to fear for their personal safety. Other feelings range from frustration to a sense of helplessness.

Resistance can feel very personal at times, and it can be difficult for individuals to step back and view the behaviour as part of a strategy deployed by the parent to shift focus from their behaviour and its impact on the child. Overall, there is a danger that staff feel isolated and vulnerable, both on a personal and on a professional level.

Support for staff must, at a minimum, include mechanisms for regular one to one, face to face meetings with someone with the skills to foster reflective practice, provide a safe space and help staff to speak about the impact of resistance. Supervisors and managers must create environments that give permission for staff to acknowledge the impact of their work on them as individuals, in a way that is non-stigmatising, and which can help lead to increased support in the workplace.

Consideration should be given to basic office lay outs which include means by which staff involved in home visiting can sign in and out as a way to check on their whereabouts, quiet rooms for debriefing and clarity of recording resistance behaviours in case records.

### **On-line Behaviours – Impact on Staff**

Some understanding of the potential impact issues for practitioners may be gained by considering the evidence base relating to cyber bullying. Whilst this is mainly centred on behaviours between young people many themes may be relevant for consideration. Material online can feel ever present and endlessly accessible through mobile devices at any time, place and by anyone. Unlike direct confrontation with parents that takes place in a distinct context such as the workplace or a parent/carer's home, the internet is ever present, available and used routinely in a range of different personal and professional contexts. This can compound feelings of helplessness and can be more difficult to 'escape' from. This anxiety, combined with the fact that individuals often make harsher and more hurtful statements online than they would in person, makes 'cyberbullying' a particularly destructive form of bullying.

### **Online Behaviours –BASW Advice to Social Work Employers**

The primary responsibility for dealing with these threats to social workers lies with employers. Social work is not the only profession subjected to this form of abuse, but where social workers are very clearly identified and there is incitement to hatred and violence BASW's advice to employers is:

1. This libellous publication of information and opinion on the internet is equivalent to spreading unedited opinion in a newspaper or on television
2. A responsible employer should regard it as a type of assault, and most (if not all) employers have very clear procedures as to how to deal with members of the public who are abusive to, or who assault, employees to whom they have a duty of care

3. BASW would hope to see a letter go out from the employer's legal department stating clearly that this type of abuse will not be tolerated, and legal action may follow without warning
4. Consideration should be given to reporting this to the police
5. A referral should also be made to the Chief Officer so that it can be taken to whichever organisation they are part of (the Association of Directors of Children's Services or Adult Services, for instance) with a view to lobbying Parliament to prosecute the website organisers
6. The employer should also give thought to putting out a local press release to discourage others, and if action was taken and resulted in, for example, punishment for anti-social behaviour, that should be publicised
7. The employer should also have written procedures for managers around this type of action, alongside social networking and other internet-based procedures.

### **Managers' support for staff**

Assessing parental capacity to change in these situations requires empathy and relationship skills (Forrester *et al.*, 2012; Holland, 2000); it also requires professional objectivity and understanding of the common pitfalls of intuitive reasoning (Munro, 1999), and a working environment in which decisions can be openly discussed and tested out with colleagues and staff receive supportive supervision in which mistakes can be acknowledged without fear of censure (Munro,1999,2005; Kirkman and Melrose,2014).

Managers should consider how to facilitate working environments which ensure support for staff both in managing the individual impact of working with these types of behaviours, and in managing the impact on ongoing assessment and decision-making.

Managers and supervisors play a critical role in identifying resistant behaviour in families and its impact.

The following are critical for managers in supporting staff:

- Provision of regular, effective supervision
- Clear messages to service users about acceptable/unacceptable behaviour towards staff
- Space to debrief
- Opportunities to reflect
- Strategies to support particular aspects of the case – such as joint visits to aggressive families

The following are questions helpful for managers to consider and explore in supervision:

1. Does the worker have experience of the parent/carer being hostile, intimidating, threatening or violent?
2. Does the worker have experience of the parent/carer displaying resistant behaviours?
3. What is the view of the resistant behaviours when each individual incident is viewed collectively?
4. Is the worker intimidated or fearful?
5. Does the worker feel sorry for the parents/see the parents as victims?
6. Is the worker protective of the parents/minimising concerns expressed by others?
7. Is the worker effectively challenging of issues and behaviours when necessary?
8. Is the use of complaints or threats of complaints affecting the worker or the intervention?

9. Is the worker able to effectively measure tangible change in behaviours and attitudes directly relating to the Child's Plan? (beyond a positive relationship and apparent compliance)
10. Has the worker used the resistance risk indicators within the National Risk Framework to support the assessment of children and young people?  
<http://www.gov.scot/Resource/0040/00408604.pdf>

### **Support for Teams Around the Child**

When working as part of a team around the child, resistance should become central to ongoing information sharing, assessment, analysis, planning and review. Multi-agency plans for children will set out anticipated outcomes, with associated tasks, supports, timescales and responsibilities, but unless resistance is actively considered and explored at every opportunity, the team around the child will be unsuccessful in implementing the child's plan effectively.

Chronologies are effective tools in analysing a child's circumstances and they can also help to identify both the existence of resistance, the nature of resistance and any patterns that help understand both how resistance manifests and how it might be addressed. It is therefore important that each service involved with the family maintains a single agency chronology which is shared across services in order to identify and agree significant events which would form an integrated chronology.

It is important to work in a transparent way with families, in order to foster partnerships with parents/carers who are critical members of the team around the child. But there may be circumstances where professionals would benefit from meeting away from families to specifically discuss resistance behaviours being displayed by families.

It is crucial that this is done in a safe and constructive manner. In cases where a particular individual or service appears to be experiencing resistance from parents/carers, it is important to explore possible barriers to engagement that are specific to the worker or service, along with considering why the parent/carer might be choosing to target one particular service. While there is a need to consider how we might be contributing to resistance, individual staff or services should be supported with this type of reflection. Remember that some parents/carers deliberately select a service with whom to deploy resistance behaviours, with the sole purpose of encouraging focus to shift from their own behaviours to the individual service. If the team around the child falls into this trap, they could be colluding with a family's resistance.

When parents/carers are challenged in respect of any resistant behaviour, it is important that there is shared ownership across the team around the child about why this behaviour is a concern. Services must be careful not to be drawn into discussions about individual services not present.

Similarly, services should not act in isolation when planning strategies to address resistance. Actions such as:

- Changing worker
- Changing usual service delivery model
- Closing the case

These should all be discussed across the team around the child before the action is initiated. While changing a worker or barring a parent/carer from a particular office might well be actions that are decided as necessary in a particular case, it is important to have multi-agency discussion in order to test out any unforeseen consequences of such actions.

Of key importance is the need to have multi-agency discussion before any service closes a case, especially if the closure is due to non-engagement. This is because both the non-engagement and the gap in service must both be taken into account in assessment and analysis of the child's circumstances.

### Questions to Consider:

- Has each part of the team around the child shared all information relevant to understanding this child's circumstances?
- Do we have a high-quality integrated chronology that has been analysed for indicators of resistance?
- Have we, individually and collectively, reviewed what we know about resistance in this family and considered whether or how we might be contributing to non-engagement?
- Has any service that is part of the team around the child taken particular action to manage the resistant behaviours, and, if so, has the team around the child discussed the risks and benefits to each action?

As the team around the child, do we have a shared agreement on the stage at which resistance will trigger an escalation of this case?

### Support for Organisations – Questions to Consider

- Are there clear policies in place to effectively manage hostile behaviour from families and effectively support staff in these situations?
- How are approaches to the different types of resistant behaviour agreed, set, challenged and maintained within agency culture, supervisory practice and with parents?
- How clear are these to staff and parents? And how are they monitored and reviewed?
- What range of responses should be available, operated by whom, in what ways, to ensure these approaches are operationalised and kept in place?

### KEY MESSAGES

- Working with resistance, non-engagement and non-compliance has an impact on individual workers as well as upon wider service intervention
- Individuals can feel isolated and vulnerable, and managers have a responsibility to support and protect their staff from the impact of their work
- Working environments must create safe spaces for staff to talk about how they feel in relation to the work they do
- Teams around the child guard against inadvertently colluding with a family's resistance
- Single services should not take action to address resistance without multi-agency discussion (unless immediate safety is compromised)
- The risks and benefits of strategies to address resistance should be explored on a multi-agency basis
- Staff need to be equipped with knowledge and skills when working with resistance, non-engagement and non-compliance. There are a range of courses available which focus on this topic

## PART Four What Works? Tools and Tips

There are a number of common strategies that could be used to address and improve engagement.

- Re-evaluating your engagement strategy and communication techniques
- Identifying how engagement could be improved, by reflecting on what has not worked and what might instead work
- Using strengths-based approaches to identify even small signs of positive engagement with a view to building “successes”
- Discussing the issues/concerns with the child, young person and/or family and identifying solutions together
- Meeting families in a different environment outside the family home
- Discussing the issues/concerns with a supervisor, manager or colleagues
- Look at the section on underlying factors – could these be alleviated?

There are some particular tools that may be useful when working with resistance, non - engagement and non - compliance:

### Motivational Interviewing

Motivational interviewing is a counselling method, originally developed in response to the treatment of individuals who experience problematic alcohol use. It focuses on exploring and resolving a person’s ambivalence about change and accepting that ambivalence is a normal part of the change process. The core value of motivational interviewing is that it does not impose change; rather it supports change in a manner which is congruent with the person’s own values and concerns (Miller and Rollnick, 2013). Motivational interviewing was developed as a clinical tool for individuals who are not yet ready for change, to help them move forward (Miller and Rollnick, 2013). Motivational interviewing is characterised by a particular approach, based on three key elements: collaboration between the therapist and client; evoking or drawing out the client’s ideas about change; and emphasising the autonomy of the client (Miller and Rollnick, 2013). <http://www.motivationalinterviewing.org/>

### Family Group Conferencing

There is considerable evidence to suggest that involving parents and their wider extended family in the decision-making processes can decrease parental resistance to involvement with social workers by reducing their feelings of powerlessness within the context of statutory interventions and court proceedings. Family Group Decision Making (FGDM), sometimes referred to as ‘family group conferencing’, was introduced in the UK in the 1990s, with the support of the Family Rights Group. It represents a departure from traditional decision-making models in child welfare, where there can often be an emphasis on expert knowledge and skills within an adversarial context (Barnsdale and Walker, 2007). <http://www.frg.org.uk/involving-families/family-group-conferences/fgc-listings/fgc-scotland>

**C Change Model** (Dendy Platt & Katie Riches) Published in 2016 by the University of Bristol, <http://www.bristol.ac.uk/sps/research/projects/current/assessing-parental-capacity-tochange/>

C-Change is an assessment that focuses specifically on **parental capacity to change**, with the aim of better informing future planning and decision-making. It is designed to be integrated within an existing assessment and, as such, requires the following to be in place:

- Assessment of family and environmental factors
- Assessment of the child’s needs

- Assessment of parenting capacity
- Identification of key difficulties the family should address to ensure the safety/well-being of the child
- An evolving analysis that will draw together the findings from all aspects of the assessment

There are five fundamental principles of the C-Change assessment:

1. Capacity to change should be assessed in relation to particular defined behaviours.
2. A capacity to change assessment should be integrated within existing assessment and analysis.
3. All relevant parents or carers should be assessed separately, but with attention to the dynamics between joint carers.
4. A capacity to change assessment should incorporate two essential sources of information, namely observable behaviour, and the barriers and facilitators affecting capacity to change.
5. For the needs of the child to remain central to the assessment, the key consideration is the parents' capacities to achieve change within the child's timescales.

### **Disguised Compliance – Ready Reckoner**

A tool for practitioners to use in relation to identifying disguised compliance. The ready reckoner lists ten key points in relation to potential disguised compliance based on research and SCR's. The tool gives a checklist for practitioners to highlight potential behaviours after a home visit and record them to identify patterns of disguised compliance (Appendix).

#### **KEY MESSAGES**

- The professional relationship between the practitioner and the family is central to effective practice
- A sensitive approach, based on principles employed in motivational interviewing, can reduce resistance and help parents contemplate change
- Family Group Decision-Making involves relatives and others in sharing responsibilities for addressing children's needs and gives families a real opportunity to make their own decisions about how to solve family problems
- Signs of Safety is a strengths-based, safety-focused approach developed in Australia and gathering popularity in Europe
- C-Change is an assessment process which focuses on parents/carers capacity for change and is useful in assessing longer term plans for children
- Where there is no acknowledgement of a problem, in families where there are: perpetrators of sexual abuse; extreme domestic abuse where the perpetrator shows a pervasive pattern of disregard for and violation of the rights of others; there is both substance misuse and violence in the home; and/or where parents consciously and systematically cover up *deliberate* abuse, parents are unlikely/unable to make sufficient changes to protect children from harm

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## APPENDIX

### Disguised Compliance – Ready Reckoner

A tool for practitioners to use in relation to identifying disguised compliance. The ready reckoner lists ten key points in relation to potential disguised compliance based on research and SCR's. The tool gives a checklist for practitioners to highlight potential behaviours after a home visit, and record them to identify patterns of disguised compliance

	Ready Reckoner		
	Visit 1	Visit 2	Visit 3
The adults deflect attention from the child to themselves and their issues			
Parents choose some parts of a plan to co-operate with but not other parts			
Parents promise to take up services offered but then fail to attend			
At pre-arranged home visits, the house, child and set up appear well presented and clean			
Parents try to prevent you from spending time with the child on their own			
Your records are mainly about parent engagement rather than issues about the child			
Parents promise to change their behaviour and then avoid contact with professionals			
Parents criticise other professionals to divert attention away from their own behaviour			
Key outcomes and targets have not been met despite parents seemingly genuine reasons			
What the parents are saying and what you are seeing does not add up			

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