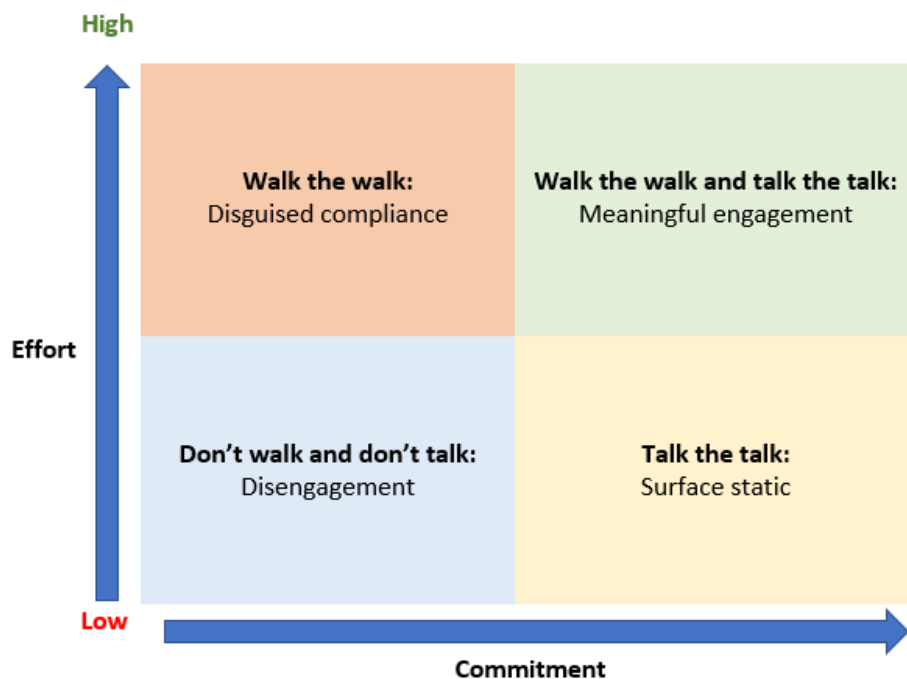


Working with resistance and challenge toolkit

How to work with resistance and challenge

Engagement with the plan necessitates effort and commitment from parents and caregivers and workers, both in terms of attitude and behaviour. Platt (2012) has adapted Ward et al (2004) Multifactor Offender Readiness Model (MORM) and applied it to statutory safeguarding practice. This diagram can be a useful tool when working with parents and caregivers.



We're aiming of course for the top right box: **walk the walk and talk the talk**, where both commitment and effort are high. Parents should feel like there is a respectful working alliance maintained between them and professionals in the system. They will be coming to appointments, open to discussing strengths and difficulties, making use of the support that is offered and committed to completing agreed tasks which will mean they can begin to better meet their child's needs.

If you observe a parent who appears committed to the plan but seems to be making little effort to effect positive change, then you are working with someone who is simply '**talking the talk**.' This person is full of good intentions in meetings or on home visits, but something always gets in the way of action. Mindful of restorative practices, you need to avoid the temptation to dive in to rescue these parents, doing things *for* or *to* them rather than *with* them, even when they present as genuinely distressed by the situation and sincere about wanting to address the problems.

When parents look like they're working with you and are on board with a plan for assessment, but the child's daily life never looks any better, superficial cooperation could be masking antipathy or anger towards the practitioner or the agency. This can often be seen more commonly in families who have worked with social care before and may not have had a positive experience. With parents you think are **walking the walk**, it is essential that you look beyond verbal reports of change to find evidence of tangible differences that a child's quality of life or emotional wellbeing is improving.

Finally, parents who are **neither walking the walk nor talking the talk** are the parents we have not yet managed to engage. These parents/caregivers have not opted in to change and there may be many reasons for this. They may not have understood the concerns, or they may be so consumed or overwhelmed by their own difficulties (for example, mental health, drug or alcohol use) that they are unable to look beyond them to attend to the needs of their child. You will observe both fight and flight responses in these contexts. Ferguson and Norton (2011) talk about *flight behaviours* in parents who frequently move to a new house or out of area, who don't keep appointments or who limit access to the child or to what the practitioner sees or hears on home visits. You may also recognise the more common forms of disengagement which are fight behaviours: verbal and physical assaults on workers; vehement or aggressive refutation of the concerns; trying to threaten or intimidate, perhaps by threatening to make complaints or take legal action.

So, what works? How do you work effectively with resistance?

To confront these challenges effectively, practitioners need to sustain a position of 'healthy scepticism' and 'respectful uncertainty' when working with families. (NCPCC, 2015, p.5) However, it is never sufficient to simply record that the family has not engaged or only superficially engaged with the assessment. You need to consider the drivers for this. Why is this person avoidant? Why is he ambivalent? Why is he hostile? You will need to try to understand that resistance is functional; to some degree or another it will be linked with the relationship between you as the practitioner and the service user. This is helpful information; although as a practitioner you can be a factor in *creating* the resistance, so can you use yourself as a tool for *minimising* resistance. Ask yourself 'what is getting in the way of me engaging this child or family' rather than surmising 'this child or family will not engage.' Have you, for example, missed anything critical in relation to gender, race, faith, ethnicity, physical or learning disability that is impacting on engagement?

Forrester et al (2008) studied taped interviews between social workers and actors playing the part of parents and found that the factor most influential to a positive client response was empathy. This is not the same as over identification with a client's experience or minimising the concerns. It is about validation of the feelings, allowing space for reflection, and even when the information shared is difficult or problematic, also considering 'and what else?'

When you ask exception questions about when a problem might be less overwhelming, less frequent or even absent, you can often initiate the hopeful building blocks for change. Genuinely empathetic workers are more likely to enable clients to share information and typically meet less resistance than those who ask closed questions in a problem saturated interview. Practitioners need to demonstrate that they too can *walk the walk and talk the talk* in partnership with the family. This means actioning their own tasks in the assessment/plan and working collaboratively alongside the parents/carers. Without an engaged, committed worker with them, even the most well motivated parent will find it more of a challenge to make any plan work.

However unpalatable it sounds, there will always be a minority of parents/carers who will not do what is needed to keep their children safe and well. It is vital if you feel you may be working with such a family, that you have the time and space to reflect on what might be happening; to talk to colleagues about the situation that might be able to offer a different perspective or challenge your views or hypotheses.

The following is adapted Wrench 2018: Reflection and activity with children and families

- *Stand back*

With the benefit of hindsight, the evidence of disguised compliance can be obvious, but when we're in it, it can be hard to see it.

- *Inter- professional relationships*

Talk to each other... when you are in regular communication with other agencies it is much more difficult for families to play you off against each other. The Working Together to Safeguard Children guidance 2018, reminds us, 'no single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right

help at the right time, everyone has a role to play in identifying concerns, sharing information and taking prompt action.'

- *Capacity*

Remember there are two components to having capacity to make the changes needed; motivation is of equal value to mental capacity. If either is missing you are unlikely to see sustained positive change. Do more *asking* parents/caregivers what needs to change (if anything) rather than *telling* families what needs to change.

- *Think about the use of written agreements very carefully*

Bear in mind that in **some** circumstances (domestic abuse being the prime example) parents will sign written agreements, for example agreeing not to allow the perpetrator of the violence into the family home, because they fear their children will be removed if they don't sign. What is the worth of this agreement? To expect a parent to be able to keep to such an agreement, when s/he is in an altogether powerless position is not only unrealistic but also potentially places too much responsibility on the victim rather than the perpetrator of the abuse. Consent or agreement to work with a plan or failure to do so, may be indicative of coercion or fear rather than disguised compliance.

- *Use an integrated chronology*

This will pull together information from across all agencies – it is much easier to see the reality of what is happening, to focus on the facts and the evidence when you have the full picture, rather than relying solely on what the parents and caregivers are telling you about their work or relationships with other professionals.

- *Spend time with the child*

It is all too easy to focus on the adults' needs during a home visit or assessment session; by the end of the hour you may find you've spent 45-50 minutes speaking to the adults and 5-10 minutes with the child. Is this sufficient time to learn about and understand the child's needs and lived experiences? Don't only just listen to the parents/caregivers. Listen to and be with the child to learn about his world.

- *Use evidence*

Wherever possible, make sure every decision and action you take is evidence based. Don't take anything you see or hear at face value; always look for the evidence to back up what you are being told or what you think you have understood.

- *Identify the outcomes*

Clarity of outcomes will ensure you focus on meeting the needs of the child and on the evidence for change. Everyone should then be working to the same agreed goals, with clear timescales and transparent consequences if they are not achieved. You will need evidence

of change, even if you could be persuaded otherwise by what parents or caregivers are telling you.

Reference

Creative Ideas for Assessing Vulnerable Children and Families, Wrench (2018) London: Jessica Kingsley Publishers