Resistant Parents and Child Protection: Knowledge Base, Pointers for Practice and Implications for Policy

Work with resistant, hostile, non-compliant (including disguised non-compliant) parents and dealing with manipulation and deception is a significant feature of everyday child protection practice. The phenomenon has long been acknowledged in key publications on child protection and its manifestations have been clearly described. Yet, it hardly features in government guidance in England, contributing to a major reality gap with practice. This is despite the fact that revisions to guidance have been undertaken in response to child abuse tragedies where resistance to professional intervention has been a major feature, a recent example being the well-publicised case of Peter Connelly in London. In reviewing UK sources on this subject, the available knowledge is considered and strategies identified of value to practitioners working to promote the health and safety of highly vulnerable children, and maintain their own wellbeing in challenging and sometimes dangerous circumstances. Possible explanations as to why this important issue has been sidelined are advanced, based on perspectives derived from critical social theory. A firm basis for rectifying current deficits in policy and practice will be seen to exist, rooted in an engagement with the lived experience of the child and authoritative child protection practice. Copyright © 2011 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGES:
• Working with resistant, hostile and non-compliant parents is a key feature of everyday child protection work.
• There are a range of sources which draw attention to the issue and point the way for practitioners in identifying and assessing the phenomenon.
• There are a range of strategies and tactics which can be utilised to manage the problem. These need to be grounded in authoritative child protection practice and an appreciation of the lived experience of the child.

KEY WORDS: child protection; resistant parents

Naming the Challenge

How should the term ‘resistant parents’ be defined? When scoping their review of the research literature on effective services for resistant...
families, Fauth et al. (2010) originally took ‘highly resistant families’ to mean those families who do not engage or cooperate with services to protect children at risk of harm, including those who appear outwardly compliant and those who do not demonstrate positive change despite intervention and support from child protection services. However, based on the findings of their scoping study in which the origin of resistance (i.e. families or services) was deemed not to be definitive, this definition was revised to refer to families where interventions are not providing timely, improved outcomes for children.

In an endeavour to support professionals operating in their locality, some Local Safeguarding Children Boards (LSCBs) in England have drafted interagency guidance on the issue (e.g. Coventry Local Safeguarding Child Board, 2010; Warwickshire Local Safeguarding Child Board, 2007). In these documents, resistant and non-compliant behaviour is described as behaviour which produces damaging effects, physically or emotionally, in other people and involves proactively using such behaviour to sabotage efforts to bring about change or alternatively passively disengaging. Non-effective compliance involves parents and carers lacking any commitment to change but working subversively to undermine the process due to concealment, superficiality, dishonesty or incapability. Both aspects are predicated on the notion that when a parent is considered hostile or threatening, any presumption that he/she is different with his/her children must be rigorously tested. An additional consideration, beyond the scope of this particular discussion but which could be said to be a component of the phenomenon of parental deception, is that of denial. This might manifest itself, for example, in self-deception on the part of some parents who harm their children leading to a refusal in the face of all the evidence to acknowledge the damaging effects of their behaviour.

How ‘Leading Authorities’ have viewed the Issue

The death of Peter Connelly highlighted the lengths to which some parents will go to cover up the maltreatment of their children (Haringey Local Safeguarding Child Board, 2009). In his review of child protection in England, commissioned by the UK government in response to Peter’s death, Lord Laming (2009) contended that non-compliance by parents, or the threat of manipulation, must form part of the decision to protect the child. Qualifying training should ensure that social workers are prepared for the realities of working with parents who may be intentionally deceptive or manipulative. Social workers need good observation and analytical skills to understand signs of non-compliance and develop the emotional resilience to manage the challenge of dealing with potentially difficult families. The Laming review underlined the same issues evident in the circumstances surrounding the death of Victoria Climbie in London in 2000 (Lord Laming, 2003).

In a series of analyses of serious case reviews commissioned by the government, Brandon et al. (2008, 2009, 2010) examined patterns of cooperation and identified hostility, non-compliance and deception by families as a recurring theme. Some parents were described as employing a range of strategies including blocking communication, pleading ignorance and trivialising the significance of an action. Persistent non-attendance at appointments was often part of a pattern of non-cooperation, signalling a heightened risk of harm. Patterns
of hostility and cooperation or lack of compliance could change rapidly in families and were an important component of assessment information. Moreover, hostility is not necessarily unchangeable and can be modified by positive engagement and relationship skills. However, trust should be placed with care.

The government body charged in England with evaluating the quality of serious case reviews completed by LSCBs has observed that professionals can place too much reliance on what parents say and that families are often hostile to contact from professionals, developing skilful strategies for keeping them at arms’ length (Office for Standards in Education, Children’s Services and Skills, 2008). In these circumstances, children can become ‘invisible’ to professionals. Most recently, the Munro (2010) review, established by the incoming coalition government to address barriers to effective child protection, has acknowledged that some of the families professionals seek to help are very resistant and unwilling to engage. Professionals can be sometimes reluctant to make negative judgements about a parent and judge their behaviour as harmful to the child, particularly if the family is regarded as disadvantaged and socially excluded. Building strong relationships with families with compassion is crucial to reducing maltreatment but, echoing the Brandon analysis, trust needs to be placed with care with due demonstration of respectful uncertainty and curiosity in the narratives of parents and carers.

An Established Knowledge Base

The findings of earlier government-commissioned studies and work by authors with backgrounds in clinical psychology and psychiatry confirm how strongly this phenomenon has been defined. In a study of reports compiled in response to a series of child abuse inquiries established following catastrophic abuse to children during the 1980s, the aetiology of resistance to professional intervention is described in graphic detail (Appendix 1; Department of Health, 1997).

Resistance to professional intervention: In overarching terms, this needs to be seen as taking a variety of forms and dealt with to avoid collusion and drift. Citing the cases of Richard Fraser (1982), Jasmine Beckford (1985), Charlene Salt (1986) and Liam Johnson (1989), the review argues that coping with this behaviour requires a structured and planned approach.

Lying and deceitfulness: The review describes this behaviour as a recurring theme. Citing the cases of Lucy Gates (1982), Jasmine Beckford, Kimberly Carlile (1987), Tyra Henry (1987) and Liam Johnson, the difficulties of spotting deception are accepted but the importance of professionals attempting to verify verifiable facts presented during child abuse investigations, and in subsequent work with the family, is stressed.

Failure to attend day nursery or school: In the case of Jasmine Beckford, her mother removed the child from nursery and for two months Jasmine was out of sight. This development was accompanied by other evasive behaviour by the child’s carers.

Non-access: In the case of Claire Haddon (1980), regular visits by health professionals over a three-week period were followed by consecutive aborted visits. The inquiry highlighted the importance of guidance designed to assist professionals when visits to children at risk do not result in access. In relation to Charlene Salt, Heidi Koseda (1986) and Doreen Aston (1989), the review
observes that attempts to shut out the outside world may signal an escalating level of risk for children, requiring determined efforts by professionals to gain access to the children.

Whereabouts unknown: A feature of many of the cases analysed was the disappearance of families and uncertainty about the whereabouts of children. In the cases of Doreen Aston, Claire Haddon, Liam Johnson and Tyra Henry, this tactic was employed as a deliberate strategy to avoid professional intervention.

Violent behaviour: In its demonstration towards professionals, this is graphically illustrated in the case of Lucy Gates. However, the review highlights how self-directed violence as demonstrated by the male carer of Heidi Kosede can be equally intimidating. The Cleveland Inquiry (Secretary of State for Social Services, 1988) noted that anger, aggressive and destructive behaviour and the possibility of violent impulsive reactions should be acknowledged and strategies developed.

Pressure from within the family not to disclose: The Cleveland Inquiry (Secretary of State for Social Services, 1988) powerfully illustrated the pressure under which children may be placed not to tell of abuse. The case of Liam Johnson demonstrated how violent males are likely to prevent mothers from reporting abuse. The wider family of Reuben Carthy (1985) failed to report sightings of the child to the authorities. For professionals it is important to see family pressure and collusion as not mutually exclusive and to find out what is happening.

A period of silence: The review reports:

‘it is characteristic of many of the cases in which a child dies at the hands of a parent that it emerges that no one from any of the agencies saw the child during the last few weeks of his life. The silence is never absolute but through misperceptions, misunderstanding and a failure to identify what is happening within the structured approach to the case, and the power of what families do, effective contact with the child does not happen.’ (Department of Health, 1997, p. 71)

These dimensions were taken up by Reder and Duncan (1999) in their seminal work on fatal child abuse. In over half the cases they studied, they too found families would shut themselves away from the world and from contact with the professional network. Parents would refuse to open the front door, fail to keep appointments and keep children away from school or nursery. This phenomenon they described as closure. They identified instances where families would move into flight: repeated moves of location that led to the fragmentation of professional efforts to monitor the children. Reder and Duncan also drew attention to disguised compliance, defined as pre-emptive shows of cooperation, usually only temporary but sufficient to keep professionals at bay. For these authors:

‘These themes in family-professional interactions could all be understood as manifestations of the caretaker’s care and/or control conflicts. For instance, it seemed to us that closure and disguised compliance were shown by adults who had a fragile sense of control over their lives and felt compelled to assert control in relation to professionals. Again, flight was characteristically shown by parents who had come from severely emotionally depriving backgrounds and we inferred that their relentless travels were both attempts at both compulsive self-reliance, or self-care, and determination to keep professionals away’ (Reder and Duncan, 1999, p. 18)
The notion that in child protection work professionals are sometimes confronted with parents who have experienced profound psychological and emotional damage is a theme to which this analysis will return. The failure of policy and guidance to adequately acknowledge the notion of ‘damage’ has accompanied the minimisation of parental resistance and hostility as a feature of practice. There appears to be little justification for this given that this notion is one that appears to be well addressed in the literature also originating from psychology and psychiatry. Sarkar and Adshead (2006) have explored the possible connections between psychological damage, trauma and disorganised attachment, and Adshead and Jacob (2009) have helpfully appraised the literature on links between personality disorder and some adverse childhood factors.

Recently, Wild (2010) has outlined what social workers should expect when faced with resistant parents and crucially how to cope with this. He argues that this behaviour is likely to fall into three categories: threatening, belligerent and emotional. In the first instance, the behaviour shown to professionals may be profoundly intimidating. In the second, he cites the use of accusations of racism by parents to disarm and destabilise professionals. An example of this is the case of Khyra Ishaq (Birmingham Local Safeguarding Children Board, 2010) whose mother employed such accusations to powerful effect in the period leading up to the death by starvation of her daughter. In the last example, Wild contends that it is not necessary for service users to act with violence or hostility. It is possible to be emotionally evasive as well, steering professionals away from the reason they came to the household. The mother of Peter Connolly was particularly adept at this (Haringey LSCB, 2009). Wild proposes three main strategies to manage these responses, all of which indicate the value of good preparation in situations where professionals need to address resistant behaviours:

- **Know the case history** – This can assist practitioners to determine whether a service user is dangerous or just difficult. If the background of the person is known and understood, for example, a violent history, it becomes easier to tell how much is behind a threat.
- **Rehearse** – Running through potential scenarios with difficult parents may be helpful in ensuring professionals are not completely thrown off their mandate when these things actually happen. It is like learning one’s lines in advance.
- **Be confident** – Walking into a family home can be a daunting experience and social workers need to feel confident. Not to feel in immediate danger requires a sense of purpose and professionalism to sit through what comes the way of the professionals and again, to keep hold of the mandate for what needs to be done.

In recognition of the dearth of published research focusing specifically on effective services for resistant families and in the light of further high-profile child maltreatment cases in the UK, the Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO), a body funded by government to identify evidence of ‘what works’, commissioned and published a knowledge review conducted on its behalf by the National Children’s Bureau and led by Fauth et al. (2010). This was based on a rapid review of the research literature involving systematic searching and analysis of key data, drawing upon the best available evidence from 2000 to 2009. Data work connected to this review was conducted by the National Foundation for Educational Research. The review confirmed that although used in practice, the term
‘Despite these limitations, the review highlights some key considerations for practice:

- A need for practitioners to deal openly with the power dynamic between themselves and families.
- Demonstration of empathy and relationship skills but recognition that when dealing with resistant families these are unlikely to be sufficient; practitioners need to balance this with an eyes-wide-open, ‘boundaried’, authoritative approach aimed at containing anxiety and ensuring the child’s needs stay in sharp focus.
- Avoidance of permitting the complexities of adults’ problems from eclipsing children’s immediate needs.
- Importance of being able to distinguish between families genuinely engaged in treatment and those exhibiting ‘false compliance’.
- Recognition that family non-engagement or hostility hampers practitioners’ decision-making capabilities and follow-through with assessments and plans.
- A danger of over-optimism, focusing too much on small improvements made by families rather than keeping their full histories in mind.
- The need to organise and analyse information for assessments as well as gathering it.
- Direct observation of parent–child interactions in complex cases with concerted efforts to capture the voices of children.
- Recognition of the essential nature of good supervision in all cases but particularly when working with the most complex families.

A Major Deficit in Official Guidance

The position in relation to the issue of resistant parents can be summarised thus: over the last 30 years a credible body of knowledge has emerged from which pointers for practice may be identified. This is despite the acknowledged dearth of published research focusing specifically on effective services for this group of parents. Coinciding with this, individuals undertaking major work on behalf of the government have consistently made strong and remarkably similar statements on the status of the issue. This makes it all the more puzzling that the subject of resistant parents is afforded just three lines in the 390 pages of the current version of Working Together to Safeguard Children: A Guide to Interagency Working to Safeguard and Promote the Welfare of Children (Her Majesty’s Government, 2010). This document is the cornerstone of government guidance for child protection in England, revised in the aftermath of the death of Peter Connelly and in response to the progress report on the state of child protection in England produced by Lord Laming (2009).

In chapter 10 entitled Implementing the Principles of Working with Children and their Families, the guidance makes no reference to the possibility that some parents and carers may be resistant, hostile and non-compliant, as in Peter’s case. The chapter describes its rationale as being to elucidate the general principles, drawn from research, which underpin chapter 5 of the document comprising statutory guidance on the management of individual cases. Yet, while
claiming to detail the specific aspects of work with children and families, it is completely silent on resistant parents. In chapter 9 entitled Lessons from Research, we find the sole reference to the issue with an acknowledgement that ‘some children may be living in families that are considered resistant to change’ (Her Majesty’s Government, 2010, para 9.7) and that the knowledge review from C4EO is forthcoming. There is no attempt to draw upon any of the findings of the government-commissioned studies referred to previously or incorporate the observations of ‘leading authorities’. Moreover, the description used in this chapter is telling: families considered resistant to change. The problem is presented as though it were solely a perception of professionals rather than being an aspect of practice that requires reasonable acknowledgement as some LSCBs have sought to do in their inter-agency child protection procedures. This is not to deny that professionals need to guard against situations where families may feel they are set impossible targets and are then labelled as uncooperative when they fail to reach these. However, that an omission exists is clear. How is this explained and what does it indicate about the way in which policy and guidance have developed in England?

Child Protection and Critical Social Theory

Foucault (1969) provides an analytical framework for understanding the processes by which discourses, including those which surround child protection, are constructed. A discourse may be seen as a series of statements through which meaning is attributed to the subject under consideration. Foucault describes how these statements, taken as a whole, constitute a discursive formation which establishes the conditions within which knowledge is generated and truth constructed. In child protection and safeguarding children, as in other aspects of public policy, it is possible to identify certain discourses that have come to achieve a dominant status, shaping how child abuse is officially viewed and the content of practice guidance flowing from this construction. These dominant ideological positions would appear to have contributed to a steady minimisation of the issue of resistant and hostile parents. This helps account for why even key findings from work commissioned by the government itself have been ignored in statutory guidance, and useful insights originally located in other practice guidance, as we shall see shortly, discarded over time. The net result has been contemporary guidance that reflects a skewed perception of what day-to-day child protection work actually involves.

It is sensible not to overlook the presence of less sophisticated and, indeed, prosaic explanations of why policy and guidance have developed in certain ways. For example, a feature of the Munro review has been its focus on how well-intended reforms have not had the desired outcome in terms of uniformly improving outcomes for children, and, indeed, may have led to unhelpful and unintended consequences (2010, 2011a, 2011b).

However, seeking to account for why certain attributions of meaning have come to predominate in the discourses and discursive formations that surround child protection while other aspects of ‘knowledge’ have apparently been excluded is still likely to shed light on why the issue of resistant and hostile parents has become marginalised in current policy and guidance with deleterious effects on the most vulnerable children.
Some Possible Explanations

There are a number of reasons that may account for this.

Anxiety over a Potential Conflict with the Notion of Partnership with Parents

To accept that some parents may be highly resistant and hostile may be to raise uncomfortable questions about the nature and limitations of partnership working upon which the structure of safeguarding and child welfare in England has been largely built since the Children Act 1989. However, it would be unfortunate if this were to have contributed to any skewing of emphasis. In a document published in 1995 by the Department of Health, which at that time fulfilled the current role of the Department for Education in relation to safeguarding children, and the Social Services Inspectorate, which performed as its title indicates, that currently associated with Ofsted, a clear and durable definition of partnership is laid out. In The Challenge of Partnership (Department of Health and Social Services Inspectorate, 1995, pp. 11–12), it is stated that the objective of any partnership between families and professionals must be the protection and welfare of the child and is not an end in itself. Constructing a partnership should be based as far as possible on openness, mutual trust, joint decision making, and a willingness to listen to families and capitalise on their strengths. However, the guidance is clear that words such as equality, choice and power have a limited meaning at certain points in the child protection process. There are times when professional agencies have statutory responsibilities they must fulfil and powers they must use for the benefit of the child. Parents may become angry at professional intervention and sometimes refuse to cooperate:

‘In such circumstances, family involvement may amount to the professionals being as open and honest as possible and keeping the family informed about their rights and about what action the professional team is taking’ (Department of Health and Social Services Inspectorate, 1995, p. 12)

Impact of Studies on Parents’ Perceptions and Experiences of the Child Protection System

In the same year as publication of the partnership document, a major series of studies commissioned by the government looking at the operation and impact of the child protection system was released under the banner of Messages from Research (Department of Health, 1995). A major concern of this document was how the system was experienced by parents and its tendency to operate inefficiently when it came to meeting the needs of families, particularly if it were decided not to continue with an enquiry under section 47 of the Children Act 1989 into allegations of harm, a provision known to practitioners and described within the Act as the ‘duty to investigate’. Since the study of Farmer and Owen (1995), others have highlighted how parents can feel very upset and intimidated when their children are the subject of a referral to a local authority (Broadhurst and Holt, 2009; Thoburn, 2009). Some researchers have gone further and argued that practitioners should not assume that parents who appear guilty and evasive are in fact guilty of harm or neglect.
of their children: parents may have other reasons for avoiding scrutiny by the authorities that are not related to the care of their children (Hart and Powell, 2006). However, as Brandon et al. (2008) contend, it is also important to avoid being persuaded by parents who appear particularly willing or cooperative. Public inquiry reports show that parents who appeared cooperative sometimes did so as part of a strategy to deceive and disarm workers. We may speculate that while these studies have served to sensitise practitioners to the impact of the intrusive and deeply difficult processes of child protection on families, they may have contributed to a degree of over-compensation in policy terms insofar as these aspects figure large in government guidance, while the need to be mindful of potential parental resistance is ignored.

Prevalence of the ‘Strengths-led’ Approach

Another factor that may have militated against a rounded view of parental resistance is to be found among a set of principles set out in Working Together (2010) that are seen as needing to underpin work to safeguard and promote the welfare of children. One of these emphasises the importance of identifying both the strengths (including resilience and protective factors) and difficulties (including vulnerabilities and risk factors) within the child, his or her family and the context in which they are living, giving consideration to the impact of these factors on the child’s health and development. The guidance states:

‘Too often it has been found that a deficit model of working with families predominates in practice and ignores crucial areas of success and effectiveness within the family on which to base intervention.’ (Her Majesty’s Government, 2010, p. 135)

There are few practitioners who would not accept the importance of working to boost the strengths and resources of parents and families, including the most damaged and difficult, to make situations safer and healthier for children. But the elevation of a ‘strengths-led approach’ as a primary focus of work with all families while apparently condemning the notion of coming to a realistic view about potential deficits, including those associated with resistant, hostile and non-compliant behaviours, is to run the risk of partial and unbalanced assessments of children’s circumstances.

Underlining this observation from the vantage point of a study of serious non-accidental injury in infancy, and focusing upon the main government tool for assessing children and families the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000), which is predicated on a strengths-led approach, Dale et al. (2002) have asserted that its underlying view of parents who harm their children as essentially well-meaning but overstressed may not be adequate in responding to those with more serious problems, particularly when the children are very young.

Aversion to Notions of the ‘Problem Family’ and ‘Dangerous Families’

Raising the issue of resistant and hostile parents draws uncomfortable parallels with the notion of ‘problem families’, a pejorative term used to describe families regarded in popular culture as ‘chaotic’ and ‘reckless’ and seen as requiring essentially punitive interventions to modify their anti-social and irresponsible behaviour (Garrett, 2003). The term is often linked to the
notion of a social underclass comprising the poorest, most socially disadvantaged and excluded members of society whose circumstances are often attributed to perceived deficiencies in their moral character. The concern with which this issue has been viewed is evident in recent public policy pronouncements, though the terminology used to describe these families varies (Department of Health, 2010; Tempest, 2006). Political concern about them appears to have deepened following rioting in some English cities in August 2011 (Holehouse, 2011).

It can be speculated that unease about an association between this concept and resistant parents has influenced the abandonment (i.e. its disappearance from official guidance) of the notion of the ‘dangerous family’, a term captured in the ‘Orange Book’ assessment guide (Department of Health, 1988) which preceded the Framework for the Assessment of Children in Need and their Families. Taking its lead from the work of Dale et al. (1986), the guide asserts that on the spectrum of families that require intervention to safeguard their children are a small group of high-risk families that usually feature in child abuse deaths and subsequent inquiry reports. The work of Brandon et al. (2008, 2009, 2010) in examining serious case reviews presents perhaps a more complicated picture of the families involved. However, recognition that some of the personalities encountered by professionals can be ‘highly manipulative and very plausible particularly in relationships with authority’ (Department of Health, 1988, p. 12), and that these are individuals with ‘low ‘tolerance’, make ‘superficial relationships’, ‘(have) little concern for others’, and that the ‘aggressive person has learnt how far he can go with his aggression and therefore has established some control’ (Department of Health, 1988, p. 12) are statements that are likely to resonate with practitioners.

Ambivalence about the Use of Authority, Control and Imposed Change

Recognition of the need to work with parents who are resistant, hostile and non-compliant throws into sharp relief the legal and professional mandate of child protection workers. It underlines the need for clarity in exercising the power and authority with which legislation imbues the role, and recognition of the moral authority that derives from social arrangements in a liberal society whereby the state is expected to intervene to protect the most vulnerable, notwithstanding public, political and media ambivalence about this. Yet, despite its central importance, this aspect is another that is largely absent from the predominant discourses. It does not figure in explicit terms in any of the principles underpinning work to safeguard and promote the welfare of children described in Working Together (2010). Contrast this state of affairs with the following observations for which nothing comparable now exists in contemporary guidance:

‘Child protection work invariably involves the use of authority. Many practitioners remain uncomfortable about openly acknowledging and using their authority in their work with families. The positive use of power and authority can be a helpful tool in the therapeutic process as well as a means of protecting a child. It has been argued that ‘care’ and ‘control’ are opposing concepts…but it is now generally agreed that care and control, as any parent knows, are part of the same process. Using authority and control does not necessarily involve initiating legal action to obtain control through a court order, but it does involves explaining to parents what the social worker’s statutory duties and powers are and their relevance to the particular child’s and family’s situation.’ (Department of Health, 1988, p. 11)
Reluctance to Accept the Notion of ‘Damage’

The discursive formation manifest in current safeguarding guidance appears to be predicated on a belief that the individuals with whom professionals come into contact are essentially rational and inherently reasonable beings. Moreover, if practitioners would only apply the correct principles of working with families and find the most appropriate forms of engagement then children would be properly safeguarded. Howe (2010) underlines the importance of effective engagement with parents based on approaches that seek to reduce the emotional distance between professionals and families. However, as already indicated, the reality is that this work is made extremely difficult by the fact that on the spectrum of parents with whom professionals come into contact are those who have experienced significant and in some cases extreme emotional and psychological damage. This damage is sometimes manifested in challenging, unpredictable and at times aggressive behaviour.

Whilst resistant and hostile behaviour is by no means confined to those who lives are characterised by poverty and disadvantage, most observers would probably make an association between the psychosocial damage alluded to here and these conditions. The links between social deprivation and harm to children have been shown to be highly complex with a constellation of other factors at work and the presence of many causal pathways. The impact of the personal histories and backgrounds of parents needs to be seen as part of this constellation of factors and pathways (Tuck, 2000a, 2000b). The importance of understanding these histories and their impact and assisting parents to construct and share their narratives is one way in which emotional distance may be broken down and progress possibly made. Applying the insights from psychiatry previously cited in relation to psychological damage would assist in this task (Adshead and Jacob, 2009; Sarkar and Adshead, 2006). However, there still needs to be acknowledgement that the extent of this damage might make this a very difficult and in some cases unachievable task because the parent’s timescale for change may not coincide with the safety and developmental needs of their children. There is a danger that these efforts, rather than leading to demonstrable change, may simply serve to prop up an abusive situation, leading to further damage to the children. The need for realism has been perhaps another casualty of the predominant discursive formation.

Weighing the Impact

It can be argued that the cumulative impact of these inter-linked dimensions has been to generate enormous ambivalence towards the notion of resistant parents within dominant discourses, contributing to a down-playing, even denial of the problem, except when a child abuse tragedy occurs. When this happens, professionals invariably find themselves accused of naïveté: naïveté ‘beyond belief’ in the eyes of the chairman of the Jasmine Beckford inquiry in 1985. This is usually accompanied in immediate official responses by a back-tracking from the ‘strengths-led’ approach to a reminder to professionals that the child’s safety is the first priority of professional intervention. This was evident in the case of Baby Peter with the title of Lord Laming’s progress report referring to ‘child protection’ rather than the more wide-ranging description of
‘Actively sought to deceive and mislead the professionals who were seeking to help the family and disguise the abuse of Peter’

‘Effective assessments of risk and need based upon sound appraisal of the child’s real circumstances’

‘The importance of ‘authoritative child protection’”

‘safeguarding children’. However, the evidence is that in subsequent re-writing of guidance prompted by the tragedy, these pressing concerns fade into the background and the previous discursive formation re-emerges, with key lessons from the case inadequately grasped and poorly reflected in the revised guidance. This is there for all to see in Working Together (2010) in which key aspects of the lived experience of Peter Connelly are overlooked, most notably that he was being cared for by adults who actively sought to deceive and mislead the professionals who were seeking to help the family and disguise the abuse of Peter.

The Lived Experience of the Child

Ultimately, the acid test in assessing, analysing and managing any child protection case lies in understanding this. It requires that professionals ask themselves:

- What is like for this child, living in this family in these circumstances?
- Are these parents able to empathise on a consistent basis with the needs and feelings of the child?
- If highly resistant behaviour is being encountered, how exactly is this behaviour manifesting itself?
- What more does this tell us about the child’s life in this household?
- What is the nature of the narrative we can construct about this child’s lived experience drawn from our observations of him/her and his/her family; our direct communication with the child and his/her siblings; the parent’s behaviour, and our subsequent hypothesising about the case and analysis of these circumstances?

Allied to this focus on the child is a need for the application of models that enable practitioners to complete effective assessments of risk and need based upon sound appraisal of the child’s real circumstances, and which provide clear pathways for forming judgements (Tuck, 2004). It requires the application of frameworks that make it possible to assess and analyse parental motivation and propensity for change (Morrison, 2009). It is also important to locate these aspects in an organisational context. The exercise of such skills will only be effective if staff feel themselves to be properly supervised, trained and supported, and agencies have clear policies and processes, both single and inter-agency, for managing situations where parents are resistant and hostile, and to which staff can feel safely anchored.

Towards Authoritative Child Protection Practice

There is one further component to consider. Arguably the most important contribution to emerge from the second serious case review on Peter Connelly (Haringey LSCB, 2009), though this too was not reflected in Working Together (2010), was the authors’ reflections on the importance of ‘authoritative child protection’. This concept should provide the wider foundation on which work with resistant, hostile and non-compliant parents and, indeed, all families should be constructed, and the context within which the strategies identified in this paper are applied. The authoritative intervention, expanded for the purpose of this analysis, is:

- Urgent, thorough and challenging. It keeps a tight grip on interventions, employing clear targets and timescales that are consistent with the child’s needs and development.
• It has a low threshold for concern: parents can expect to be challenged about poor parenting and further harm to their children including chronic neglect.
• An unrelenting focus is maintained on the child. Risk assessment is seen as a key mechanism for achieving this and ensuring that parents are clear about concerns.
• It has high expectations of parents, understanding their response to demands placed upon them, and analysing their capacity to be a responsible parent and make the necessary changes.
• It has high expectations of what services and professionals should expect of themselves and provide for families. It is fundamentally an approach that seeks to command respect.

Conclusion

There are grounds for believing that the challenge of attempting to better process and synthesise the conflicting themes that have always been present in child protection work has been given insufficient attention. Consequently, certain uncomfortable truths have come to be largely ignored in favour of conceptions of harm to children and how it should be approached that rest more easily with the ideological positions that have tended to be most influential in framing high policy in England since the Children Act 1989. Positions that have fundamentally failed to grasp the full spectrum of human behaviour and response encountered in safeguarding and child protection work. This has contributed to the formulation of guidance, training and research priorities that have in important respects overlooked key aspects of knowledge and knowledge production, and so failed to adequately equip and support practitioners in addressing key elements of day-to-day practice, notably the identification and management of cases involving resistant, hostile and non-compliant parents. This analysis has demonstrated that by bringing other knowledge to the fore, it is possible to reframe the discursive formations that apply to the protection of children. This would ensure that in future these formations better reflect the requirements and realities of practice.

Acknowledgements

This article represents the position of the author and is not necessarily shared by Warwickshire LSCB or its members. It was delivered as a paper to a seminar organised by the West Midlands branch of BASPCAN on 9 February 2011.

Note

The critique contained in this paper on UK government policy is based on an analysis of the current version of Working Together to Safeguard Children (HM Government, 2010). Since the manuscript was submitted and accepted for publication a new draft version of this government guidance has been published but the critique still applies.

References


Thoburn J. 2009. Effective interventions where there are concerns about, or evidence of, a child suffering significant harm. C4EO Safeguarding: Briefing 1. Centre for Excellence and Outcomes in Children and Young People’s Services: London.


Appendix 1: Child Abuse Inquiries 1981–1989

Secretary of State Inquiry:


Local Inquiries;


Jasmine Beckford. London Borough of Brent and Brent Health Authority. Published December 1985.


Lucy Gates. London Borough of Bexley and Greenwich and Bexley Health Authority. Published July 1982.

Claire Haddon. City of Birmingham Social Services Department. Published February 1980.


