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## *Prompt Briefings*

# Engaging resistant, challenging and complex families

The issue of how to engage challenging or resistant families is key to improving outcomes for vulnerable children. Current limits on resources and continued increases in the numbers of care applications underline the importance of effective early intervention underpinned by positive engagement with families in order to prevent decision making taking place in the court arena.

This Prompt Briefing considers the dual issues of families' resistance, and problems of service design and delivery that make services inaccessible or unattractive to engage with. It references in particular the work of Barlow and Scott (2010) who provide an overview of safeguarding practices and a template for developing work in this field, a Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) Knowledge Review of research on working with 'highly resistant' families (Fauth et al, 2010), the recent work of Forrester et al (2012) around parental resistance, and the retrospective analyses that Brandon and her team have conducted of all Serious Case Reviews (SCRs) in England since 2003, giving the opportunity to learn from practice in those cases where the outcome was death or serious injury to a child or young person.

The Prompt also considers smaller reviews and single studies that add to the evidence these reviews provide.

Figures released by Cafcass in August 2012 showed a total of 3,519 care applications for the four months from April to July (an 8.3 per cent increase on the figures for April to July 2011). In May 2012 alone there were 980 applications, the highest ever recorded in one month.

<http://www.cafcass.gov.uk>



# 1. Working with resistant families: how and why families challenge

## What causes families to resist?

Forrester et al (2012) identify two main types of cause of resistance: resistance **created in the social context of the encounter with the practitioner**, and resistance **linked to the individual or family dynamics**. They propose a conceptual model for understanding the different reasons for parental resistance, which identifies five main contributory factors. In practice, these interact - 'often reinforcing one another to create powerful cocktails of resistance' (Forrester et al, 2012).

### 1. Social structure and disadvantage

Most social work clients have experienced discrimination, oppression and disadvantage, and these are key in shaping their interaction with social workers. However, this should be understood within the context that many other families have also experienced those issues and do not challenge professionals, which highlights the value of an ecological approach to assessment.

### 2. The context of child protection intervention

Statutory intervention reinforces the social experiences outlined above and social work intervention is often viewed as further oppression. This provokes further resistance, which may be exacerbated by fear of a child being taken into care. Such fears may also inhibit parents from discussing legitimate concerns with social workers.

### 3. Parental resistance to change

The authors discuss shame, ambivalence (feeling conflicting emotions) and lack of confidence in particular. Parents who have experienced oppression or discrimination may perceive their difficulties as entrenched and have little confidence in their ability to change. While this may be construed as ambivalence, it is crucial to differentiate between ambivalence about the need to change and ambivalence about the ability to do so. In any change process, accepting the need for change is vital.

### 4. Minimising/denying abuse or neglect

Whether harm has been caused by omission or commission, parents may intentionally deceive practitioners. Consequently, practitioners need to be skilled and creative in order to bring about meaningful engagement leading to change.

### 5. Conduct of the social worker

Empathic listening, respectful communication, open questions, and reflection are all crucial. These points are echoed by Mason (2012), whose findings regarding the 'art of relationship' in social work are discussed later in the briefing.

**'Parental resistance can be understood as one of the fundamental factors that shape the nature of social work with families where children are in need or at risk of significant harm'.**

(Forrester et al, 2012: 1)

**'Client resistance is not something that solely exists within the client, nor even something that is simply produced by the context of child protection. Rather, it is also to some degree a product of the nature and quality of the interaction between client and social worker. This is crucial because it puts the spotlight on social worker behaviour as both a potential cause of resistance and also our most important tool for reducing resistance' (Forrester et al, 2012: 4).**

## In what ways do families resist or challenge services?

A C4EO Knowledge Review on effective practice to protect children living in 'highly resistant' families outlines a number of ways in which families may present significant challenge to practitioners (Fauth et al, 2010). These include:

- > being unmotivated
- > the parents cannot be contacted
- > the family is constantly in crisis.

Families may also sometimes resort to violence against workers, and managers have identified a need for more systematic and structured responses to violence against their child protection workers (Fauth et al, 2010). However, they also articulate the tension of balancing the safety of practitioners with the protection of children who live in violent and aggressive homes.

In their definition of resistance, Forrester et al (2012) include 'apparent co-operation'. The diagram below illustrates some of the behaviours associated with disguised or false compliance that challenge social work intervention. Recognising these behaviours, challenging them and gauging parents' responses are all key aspects of assessing parental capacity to change.

## Engaging complex families over the long term

All practitioners need to be vigilant of the child's need for protection, both in the short and longer term. But for social workers and other practitioners working with complex families over time, maintaining focus on the child can be a particular challenge. The complexities of adults' problems can come to eclipse children's immediate needs (Fauth et al, 2010).

Farmer and Lutman (2012) followed a sample of neglected children and their families, studying practice over two to five years, and found that 28 per cent of the children were left too long in adverse circumstances prior to commencing care proceedings. Working long term in children's services could result in practitioners:

- > becoming desensitised to children's difficulties
- > normalising and minimising abuse and neglect
- > downgrading the importance of referrals from neighbours or relatives
- > over-identifying with parents
- > developing a fixed view of cases, resulting in practitioners discounting contrary or challenging information
- > viewing each incident or referral in isolation with no recognition of cumulative harm.

Farmer and Lutman identify four patterns of case management that provide a useful framework for reviewing long-term case work:

- > proactive throughout (25 per cent)
  - once child welfare concerns had been recognised children's social care moved to protect children and plan for their future
- > initially proactive, but became passive (25 per cent)
  - appropriate action was taken early on to safeguard the child and plan for the future, but over time management became passive and little further action was taken
- > passive initially but management later became proactive (26 per cent)
  - often long managed as family support in spite of risks but action was taken later on
- > passive throughout (24 per cent)
  - children were left to suffer harm without adequate intervention; there was a lack of direction and little planning.

		Effort	
		HIGH	LOW
Commitment to change	HIGH	Genuine Commitment	Approval Seeking
	LOW	Compliance / Imitation / Tokenism	Dissent / Avoidance

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## 1. Working with resistant families: how and why families challenge

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### Working with fathers

The need to improve engagement of fathers is highlighted in a variety of research studies, including all the SCR overview reports by Brandon et al.

Maxwell et al (2012) undertook a review of the work in this area in order to understand the barriers to and facilitators of better father engagement in child welfare services and the evidence on the effectiveness of work with maltreating fathers. The review identified a number of issues:

#### > 'Good' father/'bad' father

Practitioners have a tendency to develop fixed views about fathers, labelling them as either 'all good' or 'all bad' and then paying limited attention to the views of 'bad' fathers. These identities are sometimes constructed from information supplied exclusively by other family members, with no direct contact with the father, and can be compounded by team members' tendency to reinforce each other's views. These findings (from both UK and US research) demonstrate the dangers of labelling fathers and then trying to balance 'fathers' ability to change alongside past patterns of behaviour', which can lead practitioners to veer between negative and possibly overly optimistic perspectives.

#### > Mothers as gatekeepers

Mothers often refuse to share information about fathers. This may relate to a fear of losing their children, an abusive relationship or a desire to protect their 'territory'.

#### > Traditional practice regarding gender and parenting

Baynes and Holland (2012) found over a third of fathers in 40 child protection cases had no contact with a social worker prior to the first child protection meeting; another audit of domestically violent men found the father was neither seen nor telephoned in 32 per cent of core assessments audited (Ashley et al, 2011).

#### > Fathers as reluctant clients

Fathers fear being told how to parent, and believe that environments in which this work takes place are spaces for mothers rather than parents and/or fathers. There is a risk of this being misconstrued as resistance.

#### > Proactive and early involvement

A proactive approach to identifying and involving fathers early on, and making services relevant to them, facilitates their engagement. Promising approaches include perseverance, and increasing availability via flexible service hours (outside of 9-5 Monday to Friday). Activities that have successfully engaged fathers include assistance in gaining employment, and mental health and substance abuse support (Weinman et al, 2002). Ghate et al (2000) found that outdoor or skills-based activities also improved engagement.



## 2. Organisational barriers to effective engagement

**Brandon et al's (2008a) first analysis of serious case reviews (SCRs) found 'not only confusion and misunderstanding of thresholds, but also a preoccupation among agencies with eligibility criteria for services rather than a primary concern about the child or children'. This preoccupation was one of a number of interacting risk factors that left many children's cases on the boundary of services and levels of intervention.**

(Brandon et al, 2008b)

### **Preoccupation with thresholds**

Practitioners have to practise 'within the parameters set by their agencies' and several studies describe the challenges they face in 'navigating their agencies' (official and unofficial) rules and criteria surrounding thresholds for assessments and the receipt of services' (Fauth et al, 2010). In some instances, practitioners were told to classify children as 'at risk' of harm rather than 'in need' of services to facilitate a quick route to services.

### **'Stop, start' service delivery**

There is no doubt that improving joined-up delivery and moving away from 'stop, start' provision at the boundary of statutory children's social care is core to improving working relationships with these families. Families' lack of engagement or hostility can hamper practitioners' decision-making capabilities and follow-through, with assessment and planning leading to practitioners focusing too heavily on small improvements rather than keeping families' full histories in mind. (Fauth et al, 2010).

Brandon and colleagues' review of serious case reviews also found that 'the emotional impact of working with hostility from violent parents and working with resistance from older adolescents impeded engagement, adjustment and safeguarding action'. For example, they found evidence to show that one way of dealing with 'overwhelming information and the feelings of helplessness' generated in workers by such families is the 'start again syndrome' in which knowledge and information about the past are put aside in order to focus on the current circumstances, particularly where there is a new pregnancy or new baby, and the chance for a fresh start (Barlow and Scott, 2010: 48).

### **Inactive case management and desensitisation of staff**

As we have seen, Farmer and Lutman (2012) have identified the risks associated with practitioner desensitisation and inactive case management. Fauth et al (2010) reiterate the importance of good supervision when working with resistant and complex families. When practitioners feel overwhelmed or are not receiving adequate managerial support, they tend to avoid making difficult decisions or scrutinising/questioning their colleagues' decisions and behaviours, even when they have reason to believe a child is at risk. At times, this can lead to cases being closed prematurely (a point reiterated by Brandon et al, 2012).

Burton (2009) suggests a number of effective strategies for meeting the challenges associated with assessing and reviewing cases where the situation is changing constantly and where new information may be challenging:

- > Practitioners and their managers should routinely play 'devil's advocate' in considering alternative actions, explanations or hypotheses.
- > Supervision should provide a safe but challenging space to oversee and review cases.
- > Managers at all levels must promote a 'learning culture' with an ethos in which reflective practice and self-questioning are accepted and actively promoted.

Her recommendations are also discussed in the final section of this briefing.



## 3. Overcoming resistance and securing engagement in direct work with families

### Relationship-based practice

Fauth et al (2010) confirm that empathy and established relationship skills (although necessary) are not enough when working with resistant families. These essential skills need to be balanced with an ‘eyes-wide-open’, bounded and authoritative approach that contains anxiety and ensures the child’s needs remain central.

Mason (2012) considers the ‘art’ of relationship-based social work in the context of recent developments, in particular the *Munro Review of Child Protection* (2011). She provides an overview of some work in this area, which points to practitioners often taking a confrontational approach (Forrester et al, 2008) and an absence of the partnership working envisaged in the Children Act 1989 (Masson et al, 2008).

For her own research Mason gathered the views of parents involved in an Intensive Family Support Service (IFSS) in the north of England as to what they particularly valued about their social worker. The IFSS works with families with child protection concerns and children on the edge of local authority care. It is an intensive service with small caseloads enabling practitioners to spend ten hours per week with each family, supported by round-the-clock telephone availability. Short-term intervention (six to eight weeks) is underpinned by a solution-focused brief therapy approach in conjunction with practical help with problems the families may have identified.

This small-scale study confirms the importance of four key features of relationship-based practice, and highlights in particular the importance of practitioners having manageable caseloads and time to engage with families:

#### 1. *Communicating respectfully: trust, honesty, and feeling safe*

Open and honest relationships result in greater protection for children, as trust engenders greater information sharing. This confirms other research mentioned above (see also Platt, 2007) and highlights that the way in which work is undertaken is as important as what is actually done. Obviously this approach is facilitated by the small caseloads of the IFSS practitioners.

#### 2. *Sharing goals*

Outcomes are more likely to be achieved where a constructive relationship exists, with parents sharing goals and objectives. One mother said: ‘We made three steps – she was very clear about goals. And they have all happened. They were all things I wanted too.’

#### 3. *Understanding parents’ own needs and providing practical assistance*

Dominelli (2002) suggests that focusing only on the children can exclude parents and adversely affect engagement. The IFSS works with the whole family, often working alongside parents to understand their issues and help them achieve practical tasks. The challenge for practitioners is to keep the child and their needs as the central focus of engagement with the family and to ensure they are not dealing with false compliance.

#### 4. *Being reliable and available*

Many features that service users most valued were made possible by the small caseloads and IFSS working practices. One mother said: ‘She came round with Calpol at 10pm at night’, reflecting the team’s flexibility. Although it is resource intensive, an approach built around the family’s needs (rather than service boundaries or limitations) facilitates relationship building.

‘[since] resistance borne out from the client-worker interaction is within their sphere of influence, the very least we can do is ensure that workers are equipped with the skills necessary to ensure that their input does not create resistance or exacerbate the problem’.

(Forrester et al, 2012: 128)



**‘Rather than becoming engaged in debate or negotiation, the practitioner takes the statements or signs of resistance as an indicator to change their approach. This may involve focusing the discussion on different aspects of the behaviour or reframing the service user’s resistance. The practitioner may simply reflect back the resistance, or use double-sided reflection to highlight other areas of concern’.**

(Watson, 2011: 469)

## **Motivational Interviewing**

Motivational Interviewing (MI) is a client-centred and directive counselling style, originally developed in work with alcohol misuse (Miller, 1983; Forrester et al, 2008), which emphasises establishing a constructive and empathic relationship to help clients evaluate their behaviour within the context of their own goals and values. It seeks to explore and resolve ambivalence about personal behaviour and to encourage thinking about (and support) change (Miller and Rollnick, 2002). Crucial to MI is the concept that resistance is a product of client-practitioner interaction and that the practitioner’s behaviour is very influential.

Central to MI is a respectful style of communication that uses reflective statements to ensure practitioners understand what clients are conveying. The statements show that practitioners are genuinely trying to understand the parent’s point of view, and provide an opportunity for the parent to correct any misunderstandings. This helps address some of the power issues engendered by social structure. The opportunity for correction can also encourage greater information sharing by parents. Forrester et al (2012) discuss the use of MI in child protection and highlight three strategic aims of social work interviews:

### **1. Focusing on the child’s welfare and possible harm suffered**

While the practitioner and parent may not agree on the reasons for harm or that intervention is necessary, a potential area of agreement is that both want what is best for the child. Agreeing this can often be used as the basis for a more constructive relationship. There is no guarantee that resistance can be overcome, but MI training equips practitioners with a range of tools to address resistance in a less threatening way, an approach termed ‘rolling with resistance’.

### **2. Engaging the parent**

Despite the increasing numbers of care applications, the majority of children in receipt of statutory services will remain in the care of their families, so engaging parents is crucial. Forrester et al suggest a key question to employ here would be, ‘What are the advantages to us working together for your child’s welfare?’ (Forrester et al, 2012: 127)

### **3. Eliciting ‘change talk’ to resolve ambivalence**

‘Change talk can be conceptualised as the opposite of resistance: it is any talk about change by the client, whether that be recognition that a problem exists, increasing confidence that it can be resolved or a commitment to actually make a change in behaviour.’ (Forrester et al, 2012: 125) ‘Change talk’ should be used when parent and practitioner agree there is an issue to address (eg substance misuse); the practitioner can then use their MI skills to increase motivation to make changes for the benefit of the child.

The authors conclude that MI ‘provides the most promising basis’ for reducing and overcoming resistance, ‘paving the way for engagement and behavioural change’.

Maxwell et al (2012) consider the benefits of MI in enabling fathers to reflect on their behaviour and become motivated to make and sustain changes. Although there is no direct evidence to support this currently (further research is needed) the authors highlight the work of Taft et al (2001) to demonstrate the positive impact of MI on group attendance and the work of Forrester et al (2008) on MI’s role in changing styles of communication.

### 3. Overcoming resistance and securing engagement in direct work with families

#### Utilising attachment theory: the VIPP programme

There is a strong correlation between disorganised childhood attachment and unresolved trauma and low mentalisation (ie recognising what is going on in one's own head and what may be happening in other people's). These in turn are linked to disconnected and highly insensitive parenting. For example, Out et al (2009) found parents' attempts to protect themselves from further trauma rendered them unable to comfort their child. Low mentalisation limits the ability to understand that others have different thoughts/feelings than oneself, and parents with low mentalisation and low reflective function have difficulty understanding (or may completely misunderstand) their child's needs. This may expose the child to harm because the parent does not understand the impact of their neglect.

The challenge for professionals working with parents labelled as highly resistant is to enable them to understand and learn the importance of empathy in the parenting relationship. Shemmings et al (2012) outline an attachment-based intervention that is addressing this successfully. Video-feedback Intervention to Promote Positive Parenting (VIPP) is a video-based programme developed in the Netherlands, following Juffer et al's (2008) findings that parents benefit from viewing their interactions in order to change their behaviour. This can reduce disorganised attachment and promote sensitive and secure attachment.

Seven sessions are recorded under the VIPP programme. The practitioner analyses each session and develops a script for working with the parent. The first three sessions focus on the child's behaviour – this allows parent and practitioner time to build a working relationship, which is crucial to reducing resistance, before addressing parenting behaviours.

The next four sessions focus on parental behaviour. The practitioner mentalises, empathises and supports the parent, using the videos to build on strengths and encourage greater recognition of cues from the child. The practitioner will pause the video and use the child's expression and responses to highlight how much they gain from positive parental interaction and play. This demonstrates to the parent their ability to be sensitive and respond appropriately and competently to their child's needs. This is particularly useful for resistant parents who find it difficult to understand the importance of positive play or the strength of the bond with their child.

Shemmings et al conclude by suggesting that VIPP highlights the importance of practitioners demonstrating behaviours such as empathy, bounded compassion and trust, which are even more important when working with resistant parents. By modelling these relationships, practitioners can help parents understand and provide the warmth and empathy their children need.



#### The following research in practice resources on attachment are available on our website:

- > Read the Frontline briefing by David Shemmings on *Attachment in Children and Young People*
- > View David Shemmings' archived webinar on attachment
- > Download the associated Frontline chart showing key signs of attachment patterns or behaviour.

#### Participatory working: the Family Partnership Model

The Family Partnership Model derives from the 'constructionist' work of Kelly (1991), which suggests that everyone (including parents and practitioners) has a unique understanding of their world, and that responses and behaviours are the result of this understanding. To facilitate change, parental constructions need to be challenged and more effective constructions developed.

#### Construing – a model of how people construct understanding of their world:

- > all people construct a model of the world in their head
- > the model derives from experience
- > the model enables anticipation and determines action
- > each person is unique
- > constructions may not be conscious or verbalised
- > constructions evolve over time
- > social interaction is determined by our constructions of each other's constructions (Barlow and Scott, 2010: 64).

This model recognises the significance of the past and its impact on current constructions, and adopts relationship-based practice to facilitate the development of new and more appropriate constructions to keep children safe. The model shares many similarities with MI. Key to both is a non-judgemental approach to facilitate change and find new ways of managing situations.



## Principles for effective help: a different practitioner for different family members

Thoburn (2009) suggests that particularly complex and high-risk families may benefit from each child and adult having a different practitioner who is able to offer a dependable relationship that is founded on a strong knowledge base. In such a scenario, effective interagency working becomes even more important, with timely information sharing key to ensuring safety. Other over-arching principles, such as the advantages of lower caseloads and provision of round-the-clock support, have already been discussed above when looking at the evidence for the benefits of models such as IFSS. Thoburn also highlights the importance of continuity of allocated practitioner for resistant families if progress is to be sustained and new behaviours embedded.

## Personality Disorder (PD)

In her paper on parents with personality disorder, Daum (2009) highlights that the prevalence of PD in the population is estimated to be between 2 and 10 per cent. Child and family social workers report that approximately 40 per cent of their caseload involves a parent with PD, and some estimates suggest that a much higher proportion of children in care proceedings have a parent with PD. Daum defines PD as:

**‘a disorder of social relationships. Its central characteristics relate to difficulties in interpersonal relationships, and it is defined primarily in terms of behaviour in relation to other people. Clearly, ways of relating have effects on every social context in which the PD parent operates, including any organisation s/he comes into contact with’.**

(Daum, 2009: 1)

She goes on to suggest that the profound attachment difficulties experienced by adults with PD are activated in a very acute manner when they become parents and have a significant impact on relationships with their children. Having a child necessarily involves any parent in a set of relationships with professionals (from health visitors to school staff) who have a dual role: caring and authoritative. Given their attachment difficulties, Daum suggests it is especially hard for parents with PD to relate in a straightforward way to

professionals occupying this dual role. This is because caring and authority are the key components of a parental, or attachment, relationship. These difficulties are particularly acute when PD parents come into contact with social workers, but are likely to be present in all their relationships with professionals.

This provides an alternative perspective if professionals are met with hostility or extreme aggression. Such aggression can result in professionals withdrawing from a relationship with the parent, rather than reflecting on what is causing the difficulty.

Daum suggests two key principles of case management when faced with parents with a PD diagnosis:

1. to maintain a sense of these relational aspects of the parent's functioning, rather than simply its 'phenomenology' or clinical features
2. in doing so, to maintain a position of thoughtfulness in relation to both parent and other professionals, in the face of unthinking 'acting out'.

(Daum, 2009: 4)

These are underpinned both individually and systemically, highlighting the importance of a network of professionals working around these families to provide support and, ultimately, to take the necessary steps to protect vulnerable children.



## 4. How organisations can enable and support engagement

### Case audit

Earlier in the briefing we discussed the four patterns of case management identified by Farmer and Lutman (2012) – proactive throughout, initially proactive/ later passive, initially passive/ later proactive, passive throughout – which can provide a framework for reviewing case management.

Regular case audits by senior managers are essential to ensure that practice remains proactive. Consideration of patterns of case management and how workers' experience affects case management style is an important aspect of case audit. This should also be an element of supervision and peer supervision, encouraging practitioners to consider which of the four patterns outlined by Farmer and Lutman most accurately reflects their intervention.

Effective ways of guarding against and interrupting the negative processes that can affect case management over time (and which were identified by Farmer and Lutman) include a second social worker (eg a senior practitioner) undertaking a joint visit every four to six months in all cases with ongoing child protection issues. This will provide scrutiny of interventions and the progress of plans, and an opportunity to advise on case management.

Davies and Ward (2012) identify a number of other means by which organisations can improve practice and sustain engagement:

- > providing core training and continuous professional development on issues such as child development, attachment, and impacts of maltreatment
- > providing clearer guidance for practitioners on acceptable and unacceptable levels of parenting
- > gaining a historical understanding of cases – high-quality chronologies on all cases will assist here
- > addressing 'start-again syndrome'

> reviewing thresholds for children's social care and the number of 'chances' given to parents to demonstrate they can look after a child

> providing feedback to local authority legal teams, courts and guardians on the consequences of delay and inaction.

### Supervision

Good supervision structures are essential to support front-line staff to manage complex cases effectively. Pressure to close cases may lead to support being withdrawn prematurely – if this happens, parents are unlikely to re-refer themselves if there is a risk their child may be removed. Davies and Ward (2012) report that any expectation that parents will ask for more social work support if they encounter difficulties are not realistic. Parents may, however, be prepared to seek advice from health visitors (who are seen as able to offer help with less threatening connotations), so consideration should be given to the role that health visitors and schools can play alongside social workers in monitoring and offering further support to families.

In her final report Munro (2011) adapts organisational Risk Principles developed by the Association of Chief Police Officers. These highlight the impossibility of achieving absolute certainty in child protection cases, and the need for decisions to be made in a balanced and 'risk sensible' manner. Key within this is the capacity for practitioners to communicate openly in supervision in the knowledge that it is a safe space for constructive challenge and ongoing development. This also endorses Burton's work regarding the importance of learning cultures.

The newly introduced Assessed and Supported Year in Employment reflects some of the developments in this field in terms of reflective supervision and protected caseloads for newly qualified practitioners.

**Burton identifies two key characteristics of a learning organisation: (i) practice can be questioned, and (ii) a climate exists in which there is 'a non-judgemental acceptance that errors are inevitable [which] makes it easier to recognise, acknowledge and learn from them'.**

(Burton, 2009: 2)

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## Learning cultures

Burton (2009) argues that managers at all levels must ensure a learning culture and suggests a series of questions for organisations to consider as part of their oversight and review of cases to ensure assessments remain contemporary and to prevent the potential problems that can arise in long-term work with families. These are grouped into themes:

- > **the agency culture** (eg How does our agency culture promote critical reflection and revision of views in light of new evidence/hypotheses? How do we guard against a culture of denial and false optimism?)
- > **audit** (eg Do we consider what impact audits have on changing practice? How involved are managers in auditing and quality assurance processes?)
- > **organisational practice** (eg How robust is our supervision policy? How do we know it is being implemented in all aspects?)
- > **learning from experience** (eg How do we learn from successes and mistakes?)
- > **front-line staff** (eg What do we know about our newly qualified staff's experience of working in our agency?)

These questions could be used to analyse practice at every level of an organisation and may also provide a useful starting point in quality assuring supervision processes. Following publication of Munro's final report (2011) **research in practice** further developed questions to assist in this area of practice – these can be found at [www.rip.org.uk/munro](http://www.rip.org.uk/munro).

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# 5. Conclusion

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Engaging challenging and/or resistant families is a complex task. This reflects the complexity of the family structures and relationships involved. Consequently, there is no simple formula that will provide easy and quick solutions. Working with such families in order to keep children safe requires resilient and supported social workers who are able to take calculated and responsible risks in order to assist families in achieving long-term solutions. This necessitates practitioners having the time and space to reflect on their practice in order to gain a more comprehensive understanding of what life is like for the child or children in the families they are working with. Service issues such as caseloads and thresholds need to be reviewed constantly to ensure this space is available.

Motivational Interviewing and VIPP are examples of a growing range of evidence-informed tools to support effective engagement. These and other structured approaches to assessment and intervention support robust analysis of families' needs, of parents' capacity to change and intervention to support such change. They enhance social workers' ability and professional capacity to engage with families in an authoritative yet boundaried manner that enables the development of a mutually respectful relationship, alongside the ability to resist becoming inured to behaviours or slipping into the 'stop, start' syndrome.

Management support and oversight in the form of effective supervision that challenges constructively and develops curious practitioners is vital to providing challenge when working with resistant and complex families. This needs to be underpinned by transparent audit processes that demonstrate a learning culture and an acceptance that where errors are made these will be learned from.

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**Many thanks to** Susannah Bowyer,  
Minna Daum and Jason Lowther for  
their comments as critical readers.

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