

What do we mean by 'working with people who services find hard to engage'?

Services may find it challenging to engage certain people with whom they are working. This may be evident in a number of ways, including:

- Where the person/family avoids contact with professionals.
- Repeated cancelling and rescheduling of appointments.
- Where professionals have difficulty seeing the child or adult at risk alone.
- Where the person/family tells workers what they want to hear by agreeing that changes are needed, but then does then there is limited effort to make the agreed changes.
- Where the person/family does 'just enough' to keep professionals at bay.
- Where attention is deflected from the person/family by criticising workers or making complaints.
- Where the family or carers control discussions by ensuring the focus is on them rather than the needs of the child or adult at risk.
- Sporadic compliance – for example, attending appointments and engaging with professionals for a limited period of time.

What other terms might this be referred to as and why has the language changed?

Historically, these types of behaviour may have been described as '*disguised compliance,*' '*hard to reach,*' '*evasive,*' '*non-engaging*' '*not participating,*' '*aggressive*' or '*resistant.*'

This is because there is not an agreed language to describe situations where a person does not want a service or intervention. However, there are issues with these types of labels as they do not explore the reasons behind these types of behaviours.

Although 'disguised compliance' appeared to be a useful term for professionals to express concerns about families' behaviour, families found it increased their worry and anxiety and made them feel like they were being set up to fail. If families appeared to comply with plans they will be treated with suspicion, and if they resist, then they will also be treated

with suspicion. Instead of labelling lack of engagement, there are other factors that professionals should consider when assessing the situation. Case Reviews analysed by the NSPCC have identified a range of people who experience issues around accessing and engaging with services:

- Teenagers.
- first generation immigrants, asylum seekers and refugees
- fathers and male carers.
- deaf and disabled children.
- people whose first language is not English.

However, lack of engagement is likely to have more to do with the accessibility of services, rather than the people who need their help. Describing people as 'hard to reach' risks blaming individuals for not taking up the offer of services and ignores the complexities behind why someone may struggle to accept services being offered. It can also lead practitioners to assume that someone is 'too hard' to work with.

Why might people be reluctant to engage with services?

There may be a number of reasons why a person may be reluctant to engage with services, including:

- resentment of outside interference.
- fear of authority figures.
- feeling dis-empowered.
- lacking motivation.
- cultural differences.
- not believing there is a problem or disagrees with professional opinion
- not knowing what is expected of them.
- poor previous experiences of interaction with services.
- having something to hide, for example, child abuse.
- stigma within a community or among family and friends around asking for help.
- fear of consequences of asking for help, for example in domestic abuse situations.
- geographical or environmental barriers, such as no disabled access
- issues around availability of services, such as long waiting lists or inconvenient opening hours.
- communication differences, such as language barriers.

How can I respond?

When working with people with whom services are struggling to engage, professionals in all agencies can improve the chances of a positive outcome for the child or adult at risk by:

- keeping the child or adult at risk at the forefront of focus – see them, talk to them alone, explain concerns and plans to them where appropriate, avoid being overly distracted by family members' or carers' needs.
- being professionally curious and keeping an open mind.
- viewing through a trauma informed lens – people may be behaving in a certain way as a coping mechanism for anxiety that service involvement may provoke, based on previous distressing incidents in their lives.
- establishing the facts by gathering information about what is actually happening – e.g., observing what is said, non-verbal cues.
- critically evaluating information provided and checking for evidence in support of the family's explanation of events.
- Use chronologies to help identify patterns of behaviour and help better understand a person's ability or motivation to change.
- communicating regularly with multi-agency colleagues to share information and work together in a planned approach.
- seeking advice from multi-agency partners to ensure progress with the family or carers is appropriate.
- ensuring plans are SMART (Specific, Measurable, Achievable, Realistic and Timebound) in addressing concerns in order to identify if any positive changes are being made.
- keeping the relationship with the family or carers formal though supportive by giving clear indications that the aim of the work is to achieve the best for the child or adult at risk.
- using supervision to talk through concerns and reflect on the situation with a manager.
- being alert to underlying complete resistance despite every effort being made to understand and engage the family or carers and being willing, in such cases to take appropriate action to protect the child or adult at risk.

Spotlight on working with people who services find hard to engage

Where can I learn more?

[Why language matters: reframing responsibility for accessing services | NSPCC Learning](#)

[We need to rethink our approach to disguised compliance - Community Care](#)

[TCAFINALDisguised compliance or undisguised nonsense .pdf](#)

[Summary of the National review into child sexual abuse within the family environment: CASPAR briefing](#)

[Working with families where engagement is challenging | Research in Practice](#)

“At the heart of any support work with parents/carers and their families is the need for a positive and empowering relationship between all those involved, based on mutual respect”

[Research in Practice](#)

“Language matters.....Our use of language can create barriers (e.g., if we use “attention seeking behaviour” or “manipulative” to describe someone) or it can create opportunities to build a more compassionate relationship (e.g., if we reframe our description as “connection seeking behaviour”)”

[A Roadmap for Creating Trauma-Informed and Responsive Change](#)