



When Services Find It Hard to Engage – Recognising and Understanding Barriers

Multi-Agency Guidance

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Table of Contents

1. Introduction 3

2. Resistance 3

3. Victims of Domestic Abuse 4

4. Engagement and Working Together 5

5. Professional Curiosity 5

6. Best Practice 6

7. Keeping Safe 7

8. Key Messages.....8

9. Resources and References.....9

1. Introduction

- 1.1. Issues of engagement are a shared responsibility. They need to be identified and articulated in practice because they can impact decision-making and interventions and have negative consequences for the child or adult.
- 1.2. Learning from national and local Learning Reviews regularly include findings which relate to a lack of progress in children's plans and a lack of practitioner confidence in dealing with situations where services find it hard to engage. When there are repeated cancellations and re-scheduling of appointments the focus must remain on the child, with challenge to parent and carers when required. Children who experience frequent changes of address within a pattern of resistance/ aggression might be at increased risk.
- 1.3. [The National Guidance for Child Protection in Scotland \(2023\)](#) states:
'Failures in engagement are interactive – a shared responsibility. Persistent failure in engagement can contribute to significant harm as indicated in the triennial analysis of Significant Case Reviews (Care Inspectorate 2019). When children are subject to compulsory measures, the Principal Reporter must be informed if services cannot gain access. More urgent steps may be taken, if necessary, especially if babies and other very young children are involved.'
- 1.4. [The Triennial review of initial case reviews and significant case reviews for adults \(2019-2022\)](#) found that neglect and self-neglect were the most prominent categories of harm identified. There was a clear link between self-neglect and an adult's willingness or ability to engage. In a wider sense across all types of harm, it was noted that often, reasons behind the presenting behaviors were not fully explored, and a noted lack of professional curiosity was evident in just under half of reviews.

2. Resistance

- 2.1. Resistance is an important concept in the context of protection work. It needs to be identified and understood because it can significantly impact professionals, influencing their decision-making and actions, and can increase existing risk factors associated with a child or adult's care¹.
- 2.2. **Resistance, Non-Engagement and Disguised Compliance** - Usually meaning disguised non-compliance or non-effective compliance, are terms sometimes used when services find it hard to engage with families. These terms suggest that the responsibility lies with individuals and families, however they cover a range of difficulties that are produced through interaction. The tone of engagement and previous experiences of services may both play a part.
- 2.3. It is important to think about how these terms might add to power imbalance and make it difficult to build and sustain relationships.
- 2.4. Difficulties in engagement can be as a result of many different complex factors, including stigma, shame, denial, attachment history, previous experiences and

¹ Robb, 2014; Scottish Government, 2014; Vincent and Petch 2012

fear of what might happen if services are involved.

2.5. Examples might be when people:

- agree to keep appointments but never actually get there, continually changing or re-arranging appointments.
- agree to support plans but then do not affect any change (in adult services this can include the adult, carer(s), Power of Attorney (POA), or Guardian(s)),
- find it hard to acknowledge/ address risks.
- do 'just enough' in an attempt to limit or end service intervention.
- are unable to be contacted or refuse access to the home or child/ adult.
- Redirect/ control discussions – the focus is on the parents or carer and their problems, rather than the needs of the child/ adult. At times people might blame other workers or services. Professionals should ensure that the needs of the child or adult remain central.

2.6. Sometimes behaviour can become threatening which can significantly impact upon the safeguarding efforts of practitioners. This behaviour may be intimidating physically or emotionally and can range from hostility to actual physical or verbal aggression. It may include intimidation using complaints procedures against members of the workforce and use of social media to discredit professionals. Living in rural communities where people are known to each other can contribute to difficulties.

2.7. Supervision is vital when staff are experiencing aggression and threatening behaviours. The wellbeing and safety of practitioners must be supported alongside maintaining focus on the safety of the child/ adult.

Where any of these issues are identified, assessment of the adult/ parent/ carer's capacity to understand must be made. Assessment of their ability to make changes must also be progressed using a multi-agency approach as required.

Remember – Co-operation can only be measured through evidence of change in the behaviours that are causing harm and reducing safety.

3. Victims of Domestic Abuse

- 3.1. Victims of coercive control might experience additional barriers as a result of undue pressure being put upon them by the perpetrator or others. Coercive control has been described as a 'liberty crime' by Evan Stark (2007) because it takes away choices of the victim to control their own life.
- 3.2. Perpetrators may be using fear to stop families (in particular adult and child victims) working with services. Domestic abuse survivors may have been warned not to engage with services or be fearful that by doing so their children may be at risk of removal. This may lead to resistance or aggression due to fear of repercussions from the perpetrator if they are seen to align with services.

Similarly, victims and perpetrators may appear ‘united.’ It is important to understand that this might be the safest position for the victim.

- 3.3. If domestic abuse victims have previously been involved with services and have felt blamed or judged for the abuse (including language such as ‘she keeps putting him before her children’) they may be reluctant to engage with services.

4. Engagement and Working Together

- 4.1. Effective collaboration can break down at any time, sometimes very quickly. Anticipating stress responses and planning around these is essential, particularly in protection processes. Developing goals together and ensuring shared understanding and purpose will support positive engagement, encouraging hope is important in this process. Trauma-informed practice is essential to meaningful engagement and building trust, this includes practitioners being reliable. [National Trauma Transformation Programme](#)
- 4.2. ‘Investigations and formal meetings require careful preparation for child and family. This entails attention to the pace, place, planning and support for anxiety-provoking processes and transitions’².
- 4.3. When there are situations where partnership appears to be unrealistic due to difficulties in engagement, the barriers should be carefully explored as well as motivating factors for change. Motivational interviewing techniques³ might help, ensuring focus remains on the safety and welfare of the child/ adult. Advocacy should be offered in all circumstances within a rights-focussed approach. Third sector organisations can play an essential role in ensuring the voice of the child or vulnerable adult are heard.
- 4.4. Fathers and/ or men who are significant in the child’s life require to be included within assessment and analysis of strengths and risks; often these voices are not heard and their role in the support and protection of children is omitted. It is important that fathers are met with the same expectation of their parenting as mothers i.e., not holding mothers to higher standards.
- 4.5. When, despite efforts, professionals are unable to engage with parents/ carers, vulnerable adults and/ or families, they must ensure they have afforded them every opportunity to understand the concerns and the impact of non-engagement on the child or adult concerned. Remember, issues of language, disability, culture, and basic understanding should be a priority.
- 4.6. Recording all efforts to support and explain concerns to parents/carers, adults at risk, and their families using the most relevant communication methods is essential.

5. Professional Curiosity

- 5.1. Professional curiosity is the capacity and communication skill used by practitioners to explore and understand what is happening for an individual or

² National Guidance Child Protection, 2023

³ Forrester et al 2012

within a family, rather than making assumptions or accepting things at face value. It is an essential skill for practitioners to use in the protection of adults and children.

- 5.2. Having open discussions with individuals, parents, or carers when there are concerns about a child/ adult often provokes anxiety in practitioners. Practitioners need to have what are often difficult or awkward conversations about the issues affecting individuals or families. Professional challenge is part of good child protection and adult support and protection practice.
- 5.3. Practitioners should exercise a degree of caution in their judgements and ensure good triangulation of information. This means seeking independent views from a range of sources or practitioners, particularly when there appear to be discrepancies.
- 5.4. Focus on the need, voice and 'lived experience' of the individual or family. Be interested in the people you are working with and fully explore any concerns.
- 5.5. Reflective practice and regular supervision are ways to support practitioners to adopt professional curiosity as a non-judgemental and holistic approach to protecting children and adults at risk of harm.

6. Best Practice

- 6.1. Be open and transparent in interventions with **adults/ children/ families** and where possible involve them at all stages. Relevant information should be shared from any meeting or plan agreed, and who best to do that and where must be part of the assessment/ plan.
- 6.2. Developing a shared sense of purpose in relation to what needs to change for the safety of the child or adult involves offering choices, recognising strengths, and anticipating difficulties together. Support and supervision should take place as necessary and consider **how** practitioners can build on and develop skills to improve engagement and communication as well as protection measures needed.
- 6.3. Engage others who can be a partner in relation to the child or adult's safety plan, in order to support safety and build scaffolding around the adult/ child.
- 6.4. Motivational interviewing⁴ may provide skills and concepts for approaching difficulties in engagement, so long as a focus is kept on the child or adult's welfare and safety.
- 6.5. Consider a meeting with multi-agency colleagues e.g. group supervision or professionals' meeting, which must focus on the needs of the child/ adult, parent/ carer behaviours, and safety for staff. Triangulation of information is vital to building a holistic picture.
- 6.6. Reassessing and reviewing risk is vital. Safety plans should be updated when new and increased risks become known and escalation processes should be followed. Complete the [Trauma informed ready reckoner](#) to ensure appropriate decision making for the safety and protection of the child or adult, including

⁴ Forrester et al 2012

whether a child protection or adult support and protection response is required; follow single agency and multi-agency processes if appropriate.

- 6.7. Professionals should consider drawing up an agreement with the individual and/or family which is clear about everyone's responsibility to the working relationship and what everyone can expect from each other. This might include how you might resolve disagreements respectfully and expectations about how people should be treated. A trauma informed approach will assist in breaking down barriers and increase opportunities for shared understanding and better outcomes for children and adults.

Five key learning points

1. People working in health and social care are likely to be working with people with significant trauma histories and therefore may struggle to trust and engage in the care and treatment they need. Trauma is everyone's business.
2. Although trauma-informed approaches are an organisational change process, individual practitioners can cultivate trauma-informed practice, even when working within trauma- *uninformed* organisations.
3. Trauma-informed approaches aim to do the opposite of the original trauma. These approaches empower people to move from powerlessness to personal agency, from fear to safety, from secrecy to transparency (**Perôt, Chevous and the Survivors' Voices Research Group, 2018**). [Survivors Charter Final V1 for Piloting Oct 2018](#)
4. Trauma-informed practice with people relies on developing strong interpersonal and technical skills, and relationship-based practice.
5. Engaging in collaborative, mutual, healing relationships with survivors requires professionals in direct practice to attend to their own needs through comprehensive self- care and organisational support, including reflective supervision.

7. Keeping Safe

- 7.1. Practitioners must inform their line manager of any concerns they have with regard to **parents/ carers/ adults** whom they have assessed as a risk to the safety of members of the workforce. Each agency will have risk assessment procedures and lone worker policies that must be adhered to. Information about such concerns should be communicated across agencies as soon as possible, to promote the safety of other workers.
- 7.2. Before leaving to visit the **adult or family**, staff should consider the following:

- Ensure colleagues/ line managers know where you are going and when you are expected to be back, including discussion about any risks e.g. any previous experience of a person linked to the child or adult who has been hostile, intimidating, threatening or actually violent.
- Specific circumstances e.g. alcohol, drug related issues or poor mental ill health affecting any person you are likely to encounter on this visit.
- Whether a joint visit is required.
- Safety planning – it is important to talk about any fears you have and ways to increase your own safety and wellbeing during a home visit or within an office setting or neutral venue.
- Any further planning that needs to take place e.g. group supervision or a professionals' meeting.

8. Key Messages

- Co-operation and 'engagement' are no assurance of readiness to change, of capacity to change, or of change in the child or vulnerable adult's experience. Co-operation can only be measured through evidence of change in the behaviours that are causing harm and reducing safety.
- Effective co-operation can fail at any point, sometimes rapidly. Anticipation of, and planning for predictable cycles of stress, are a necessary part of child protection and adult support and protection planning. Clear communication is vital.
- Encouraging hope promotes collaborative goal setting. Unrealistic goal setting without sufficient continuity of support will erode the potential to sustain safety. Hope, transparency, curiosity and caution are steps on the road to effective alliance.
- Strengths and relationship-based approaches are key, alongside careful recording, multi-agency assessment and chronology.
- Guard against drift. The 'trauma ready reckoner' will support practitioners to be curious regarding behaviours, and the staged approach will detail attempts to engage and identify next steps regarding safeguarding.
- Practitioners can encounter hostility and aggression. Sometimes this can be anticipated in the location and planning of some meetings. In all such situations practitioners should be supported and supervised to ensure retention of focus on the child's or adult's safety needs, and to support the wellbeing and safety of staff.
- Agencies should collectively ensure the welfare of the child/ adult is the paramount consideration. This includes ensuring they are being seen. Health professionals should use this as a prompt to consider looking at the chronology to recognise any patterns regarding non-attendance at health appointments and the impact this could potentially have for the child or adult.

Staff should recognise the potential to experience vicarious trauma: Vicarious trauma is where a person experiences the impact of traumatic events as a result of working with a person who has directly experienced trauma. Practitioners working with people who have experienced trauma are therefore at risk of experiencing vicarious trauma and therefore need supportive environments and working practices, such as reflective, restorative supervision, that enables them to emotionally protect themselves.

9. Resources and References

9.1. Given the complexity when supporting individuals and families, the following should be considered, as appropriate, alongside this guidance:

- [Dumfries and Galloway Multi-Agency Child Protection Guidance](#)
- [Dumfries and Galloway Multi-Agency Adult Support and Protection Guidance](#)
- [Dumfries and Galloway Children's Services Resolution and Escalation Protocol](#)
- [Dumfries and Galloway Self-Neglect and Hoarding Protocol](#)
- [Domestic Abuse Guidance](#)
- [Protocol for Professionals' Meetings and Multi-Agency Working Forums](#)
- [National Trauma Transformation Programme](#)
- [Sue Woolmore talks about disguised compliance and the importance of professional curiosity](#)