

# WEST LoTHIAN CHILD PROTECTION COMMITTEE

## PROFESSIONAL CURIOSITY – A PRACTITIONER’S GUIDE

### Introduction

This guidance has been developed to provide all practitioners and managers, working directly or indirectly with children, young people and their families across the area, with clear practice guidance on how to be professionally curious and alert when working with children, young people and their families.

In West Lothian, the protection of children and young people is **everyone’s job and everyone’s responsibility**. This is a shared responsibility for all practitioners and managers working across the public, private and third sectors. It is essential that **everyone** understands the contribution they have to make in **keeping children and young people safe and protected from harm and abuse**.

This guidance should complement, not replace, any existing service or agency guidance on professional curiosity. Guidance alone cannot protect children and young people; but a competent, confident, curious and skillful workforce, working together with a vigilant public can. First Line Managers/Supervisors are key to the successful implementation of this practice guidance.

### Context

All children and young people (including unborn babies) have the right to be cared for; protected from harm and abuse and to grow up in a safe environment, in which their rights are respected and all their needs are met.

Children and young people should **get the help they need, when they need it, for as long as they need it**. They should also **get the right help, at the right time, from the right people** and their welfare is always paramount.

Most children and young people get all the help and support they need from their parents, carers and families; in addition to the universal services of education and health. However, on some occasions, some children and young people may need further help and support in order to safeguard, support and promote their wellbeing and to protect them from harm and abuse.

Professional curiosity has been a recurring theme in Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs) over many years. Learning from ICRs and SCR, both nationally and locally, identifies that recognising and responding to presenting issues in isolation and with a lack of professional curiosity can lead to missed opportunities to intervene or identify less obvious indicators of vulnerability or significant harm. In the worst circumstances this has resulted in death or significant harm and abuse.

Whilst professional curiosity has long been a working concept in children’s services, it equally applies to those working with vulnerable adults and/or adults at risk of harm.

### What is Professional Curiosity?

Professional curiosity is a combination of looking; listening; asking direct questions; checking out and reflecting on information received. Professional curiosity is about exploring and understanding what is happening with a child, young person and their family. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding one’s own professional responsibility and knowing when to act, rather than making

assumptions, or taking things at face value.

Professional curiosity means not taking a single source of information and accepting it at face value. It means triangulating information from different sources to gain a better understanding of family functioning which, in turn, helps to make predictions about what is likely to happen in the future. It means seeing past what appears to be obvious. It is about respectful scepticism and challenge.

Professional curiosity is not a new approach and does not mean extra work if you are doing your job well. But if you currently apply a 'tick box' approach to investigations, assessments and planning, and in your contact with children, young people and their families, then it will take you more time to be curious and ask questions, and to check out what you are told by other family members and other professionals.

Professional curiosity is not always easy and straightforward, especially with those parents, carers and families who demonstrate disguised compliance or coercive control. Families can appear to be engaging with practitioners, but may not always be able or willing to change as a result of an agency intervention/support. Some family members may be unable, through fear or uncertainty, to be open and honest about the family dynamics. It is with these families that practitioners need to exercise the most curiosity.

KEY PRACTICE POINTS		
Look and Listen – See the Child	Predict but don't Presume or Assume	See the Whole Picture
Ask and Act	Look Further and Enquire Deeper	Think the Unthinkable
Check Out and Reflect	Remain Flexible and Open-Minded	Believe the Unbelievable
Explore and Understand	See Beyond the Obvious	Think Wider – Look for the Signs
Think Professional Curiosity/Respectful Uncertainty and Challenge	Use Professional Judgement, Common Sense, Intuition and Gut Feelings	

### Barriers to Professional Curiosity

#### 1. *Disguised Compliance / Hostile and Non-Engagement*

A parent, carer or family member gives the appearance of co-operating to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement. Hostile or aggressive behaviour may also be a way to prevent workers from asking questions or probing more fully in to situations. Other families may simply not engage with practitioners as a means to prevent challenge. Practitioners need to establish the facts and gather evidence about what is actually happening. Focusing on outcomes rather than processes helps practitioners to remain child-centred and focused.

#### 2. *The "Rule of Optimism"*

Risk enablement is about a strengths-based practice approach, but this does not mean that new, emerging or escalating risks should not be treated seriously. The *"Rule of optimism"* is a well-known dynamic in which practitioners can tend to be over-optimistic about outcomes for children, young people and families in the face of mounting evidence to the contrary. Practitioners need to be alert to this evolving dynamic.

#### 3. *Accumulating / Escalating Risk*

Practitioners tend to respond to each incident, or event, or new risk discretely and in isolation, rather than assessing the new information holistically within the context of the whole child or young person, or looking at the cumulative effect of a series of incidents and historic events. This is where a chronology can be a key tool alongside supervision and reflection on

the situation in its entirety.

#### **4. Normalisation**

This refers to social processes through which ideas and actions come to be seen as “normal” and become taken-for-granted or “natural” in everyday life. Because they are seen as “normal” they cease to be questioned and are therefore not recognised as potential risks or assessed as such. Such normalisation can occur when practitioners become inured to poor home conditions, for example, through regular exposure to such conditions in the course of their work.

#### **5. Professional Deference**

Practitioners who have most contact with a child, young person and their family are in a strong position to recognise when the risks to a child or young person are escalating. However, there can be a tendency to defer to the opinion of a “higher status” professional, who has limited contact with a child or young person, but who views the risk as less significant. Practitioners must be confident in their own judgement and always outline their observations and concerns to other professionals, be courageous and challenge assessments of risk where there is a difference of opinion. Practitioners should always escalate ongoing concerns quickly through their own Line Management / Supervision arrangements. (The Child Protection Escalation and Dispute Resolution Procedure can be found at <https://publicprotectionwestlothian.org.uk/article/38072/For-professionals>)

#### **6. Confirmation Bias**

This is when practitioners unconsciously look for evidence that supports or confirms their pre-held view. It occurs when practitioners filter out salient facts and opinions that don't coincide with their own preconceived ideas and give higher status to the facts and opinions which do.

#### **7. ‘Knowing but not Knowing’**

This is about having a sense that something is not right but not knowing exactly what, so it is difficult to grasp the problem and take action. This is underpinned by intuition and gut feeling. Supervision and reflection can be useful in these instances to consider how ‘intuition’ can be articulated as an evidenced, professional view, discuss where these feelings are coming from and look at what further information is needed.

#### **8. Confidence in Managing Tension**

Disagreement, disruption and aggression from children, young people, their families or others, can undermine practitioner confidence and divert meetings away from topics the Practitioner wants to explore and back to the family’s own agenda.

#### **9. Dealing with Uncertainty**

Contested accounts; vague or retracted disclosures; deception and inconclusive medical evidence are common in child protection cases. Practitioners are often presented with concerns which are impossible to substantiate. In such situations there is a temptation to discount concerns that cannot be proved rather than to sit with uncertainty.

#### **10. Other Barriers to Professional Curiosity**

A lack of and/or poor supervision; case complexity; pressure of work; workers’ stress; inability to be curious; changes of case worker leading to repeatedly “starting again syndrome” in casework; closing cases too quickly; fixed thinking / preconceived ideas and values and a lack of openness to new knowledge can create unnecessary barriers.

### **Courageous and Difficult Conversations and Professional Curiosity**

Tackling disputes, disagreements and hostility; raising concerns or challenge and giving information that will not be well received are difficult. The following tips on how to have courageous and difficult conversations with children, young people and their families may

help:

- plan in advance to ensure there will be time to cover the essential elements of the conversation;
- keep the agenda focused on the topics that need to be discussed and be clear, open and unambiguous;
- have courage and focus on the needs of the child or young person;
- be non-confrontational and non-blaming and stick to the known facts;
- have evidence to back up what is said and ensure decision-making is justifiable and transparent;
- show empathy, consideration and compassion – be real and honest;
- demonstrate congruence i.e. making sure tone, body language and content of speech are consistent;
- acknowledge intuition and “*gut feelings*”; sharing these with others and seeking evidence;
- understand the elements and indicators of behavioural change;
- hold onto a healthy scepticism;
- understand the complexities of disguised compliance; and
- apply professional judgement and adopt a common sense approach.

Practitioners should never be worried about asking the obvious question or sharing concerns with colleagues and managers. A “fresh pair of eyes” looking at a case can help practitioners and agencies maintain a clear focus on good practice, a shared assessment of risks and needs, effective multi- agency planning and develop a critical mindset.

### **Authoritative Practice, Supervision and Professional Curiosity**

An important aspect of authoritative practice and professional curiosity is that every practitioner “*takes responsibility for their role in the child protection process*”. This needs to be underpinned by a culture and ethos of supportive and robust supervision. All Heads of Service and Managers have a responsibility to foster such a culture and should model authoritative practice and professional curiosity by their own leadership. This allows opportunities to question, explore and gain a better understanding of a case.

Supervision, Reflective Practice and Group Discussions can be even more effective in promoting professional curiosity and safe uncertainty and practitioners can use these safe spaces to think about their own judgements and observations of a child, young person and their family. It also allows staff to learn from one another’s experiences.

Line Managers/Supervisors can maximise opportunities for professional curiosity to flourish by:

- playing “*devil’s advocate*” – asking the “*what if?*” and “*so what?*” questions to challenge and support practitioners to think more widely around cases;
- questioning whether outcomes have improved for the child or young person and confirming the evidence for this;
- presenting alternative hypotheses about what could be happening;
- providing opportunities for group discussions which can help stimulate debate and curious questioning;
- allowing practitioners to learn from one another’s experiences; the issues considered in one case may be reflected in other cases for other team members;
- presenting cases from the perspective of other family members or practitioners;
- asking practitioners what led them to arrive at their conclusion and supporting them to think through the evidence;
- monitoring workloads and encouraging practitioners to talk about and supporting them to address issues of stress; and
- supporting practitioners to recognise when they are tired and need a fresh pair of eyes on a case.