Working Together to improve Professional Curiosity

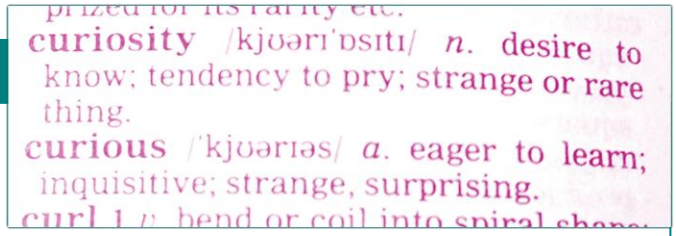
January 2017

The Brighton & Hove Local Safeguarding Children Board's Business Plan 2013-16 identifies four key areas of concern to focus on. These are: **Neglect, Sexual Abuse, Sexual Exploitation,** and **Early Help.**

Throughout the years we have been producing a feature on each of these forms of child abuse. This bulletin on **Professional Curiosity** spans all four of our priorities and is an essential part of working together to keep children safe. In this bulletin we will raise **awareness** of the need for respectful uncertainty, help you **spot the signs** of when a parent may be using disguised compliance, and let you know where & how to access **help** & **services**.

If you have any feedback on this bulletin please contact our Business Manager at BHSCP@brighton-hove.gov.uk

What do we mean by Professional Curiosity?

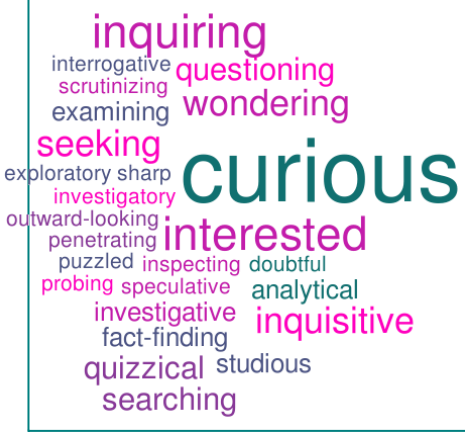


Professionals will often come into contact with a child, young person or their family when the child is vulnerable to harm. These interactions present crucial opportunities for protection. Responding to these opportunities requires the ability to **recognise** (or see the signs of) vulnerabilities and potential or actual risks of harm, maintaining an open stance of **professional curiosity** (or enquiring deeper), and understanding one's own responsibility and knowing how to **take action**.

Children rarely disclose abuse and neglect directly to practitioners and, if they do, it will often be through unusual behaviour or comments. This makes identifying abuse and neglect difficult for professionals across agencies. We know that it is better to help children as early as possible, before issues get worse. That means that all agencies and practitioners need to work together – the first step is to be professionally curious. Professional curiosity and a real willingness to engage with children and their families are vital to promote safety and stability for families.

Professor Harry Ferguson has written about the importance of curiosity during home visits and uses the examples of the Baby Peter and Daniel Pelka cases. He highlights the need for authentic, close relationships with children of the kind where we see, hear and touch the truth of their experience and are able to act on it and to achieve similar closeness with parents / carers.

In the Climbié inquiry, Lord Laming suggested social workers needed to practice "**respectful uncertainty**", applying critical evaluation to any information they receive and maintaining an open mind. In safeguarding the term 'safe uncertainty' (Mason 1993) is used to describe an approach which is focused on safety for children but that takes into account changing information, different perspectives and acknowledges that certainty may not be achievable.



Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.

Curious professionals will spend time engaging with families on visits. They will know that talk, play and touch can all be important to observe and consider. Do not presume you know what is happening in the family home – ask questions and seek clarity if you are not certain. Do not be afraid to ask questions of families, and do so in an open way so they know that you are asking to keep the children safe, not to judge or criticise. Be open to the unexpected, and incorporate information that does not support your initial assumptions into your assessment of what life is like for the child in the family.

Thinking the Unthinkable

Working Together to Safeguard Children (2015) makes clear the legal framework and the expectations on different professionals. Safeguarding is everyone's responsibility, and where professionals are concerned each and every agency has a role to play in safeguarding and protecting children.

This guidance highlights the following factors that highlight the need for all of us to strive to improve **professional curiosity** and **professional courage:**

- The views and feelings of children are actually very difficult to ascertain
- Professionals do not always listen to adults who tried to speak on behalf of the child and who may have important information to contribute
- Parents and carers can easily prevent professionals from seeing and listening to the child
- Professionals can be fooled with stories we want to believe are true
- Effective multi agency work needs to be co-ordinated
- Challenging parents (and colleagues) requires expertise, confidence, time and a considerable amount of emotional energy

Domestic Abuse & Professional Curiosity

Many Domestic Homicide Reviews and Serious Case Reviews refer to a lack of professional curiosity or respectful uncertainty. Practitioners need to demonstrate a non-discriminatory approach and explore the issues to formulate judgements that translate into effective actions in their dealings with families. In particular it is vital that professionals understand the complexity of domestic abuse and are curious about what is happening in the child, adult and perpetrator's life. Professional curiosity is much more likely to flourish when practitioners:

- are supported by good quality training to help them develop;
- have access to good management, support and supervision
- 'walk in the shoes' (have empathy) of the child and/or adult to consider the situation from their lived experience;
- remain diligent in working with the family and developing the professional relationships to understand what has happened and its impact on all family members.
- always try to see all parties separately.

Working with families where there is domestic violence can be very challenging, and professionals should not take everything they are told at face value. This is particularly so when a victim is not being seen alone, and we should also be alert to the following behaviours which should excite our professional curiosity:

- the victim waits for her/his partner to speak first;
- the victim glances at her/his partner each time they speak, checking her/his reaction;
- the victim smooths over any conflict;
- the suspected perpetrator speaks for most of the time;
- the suspected perpetrator sends clear signals to the victim, by eye/body movement, facial expression or verbally, to warn them;
- the suspected perpetrator has a range of complaints about the victim, which they do not defend.

If these signals are present, the practitioner should find a way of seeing the suspected victim alone. Staff must be cognisant to the needs of young people who may be experiencing inequality and/or violence in their relationships. Professionals, however curious, cannot protect children and adults by working in isolation. Domestic abuse requires a multi-agency response and families and communities also have a vital role to play in protecting children and adults.

The Portal provides a single point of contact for victims and survivors of domestic or sexual abuse and violence, helping them to find the right help, advice and support. The Portal can also give advice and support to friends, families and professionals: theportal.org.uk

The LSCB, in association with Rise, who have been supporting victims of domestic abuse in Brighton for over 20 years, provide training for professionals on Domestic Violence & Abuse: The Impact on Children & Young People. More information and to book here

Learning from Serious Case Reviews:

Child A – Bedford

This SCR looked into the death of a 19-month-old child in April 2013, as the result of a non-accidental head injury. Child A's mother and her partner were arrested but it was not possible to establish who caused the injury.

The review identified a number incidents where professionals relied on the self reporting by Mother without challenge or without a clear search for corroborative evidence. This acceptance of parental explanation prevented professional curiosity and challenge, as well as significant risks of proceeding on false information. A safe system for children & young people incorporates routine challenge of what is reported by parents into processes such as supervision and decision making, and encourages a culture of partnership working which recognises that asking questions & seeking explanation from parents is to be valued. Agencies should allow time for in depth supervision, and ensure that an independent uninvolved voice at key decision making meetings. Managers are in a key position to model that challenge is acceptable, and should demonstrate how it can be done in a constructive way so that workers have more confidence in challenging parents.

The review also considered at issues around robustly asking about, and responding to domestic violence, and substance misuse, as well as exploring how preconceived ideas about fathers as either "good" or "bad" influences how involved they are in assessments regarding their children. There have been a number of high profile Serious Case Reviews where fathers have tried to alert professionals to concerns about a mother's care of children and have been disregarded because of perceptions that they were unreliable (Hamza Khan, Baby Peter). This means that important information about risks may be lost, or under recognised. Fathers are important to children, and it is critical they are given a voice. It is imperative that fixed views about men do not get in the way of providing an individual response based on the needs of children.

Read the full report here

Child Sexual Exploitation in Oxfordshire: Children A-F

A lack of professional curiosity was described as 'a theme' which ran through this review. There were unanswered questions in relation to several of the girls, around associating with unknown adults and the review gave an example of a key practise episode where there seemed to be no exploration of why a girl, with a vulnerable background, was using contraceptives at the age of 12.

Social Work Team Managers rarely challenged observations like this in supervision, but the lack of curiosity was not restricted to certain agencies. A senior social work manager said "The police response lacked curiosity – they would pick the child up, give them a telling off and drop them back at the children's home", and the Police IMR confirms this with its own illustrations. In Health, children accessing Sexual Health Services were also subject to a lack of curiosity and the hospital provides an example about an admission for excess alcohol. "… the team did not review (the child's) sexual history other than at first presentation at a time when she was still intoxicated, when she told the admitting junior doctor that she 'regularly has sex for alcohol and drugs' – but describes those she has intercourse with as 'friends'. This information was taken at face value: at that time there was limited knowledge of potential Child Sexual Exploitation amongst clinical staff

The review also noted concerns of staff working in sensitive areas such as GUM clinics, and described a feeling that if they ask too much the children might not stay, or fail to re-attend: compromising staff's ability to give best medical treatment. In some disciplines there is a fine line between what staff perceive as an appropriate degree of professional curiosity and they think a young person will perceive as too nosey or intrusive.

There was also a number of concerns that were not robustly followed up on due to assumptions of partnership working. Oxford Health describes how, with all the children being Looked After Children or having a social worker, some staff assumed that they knew about and were managing ongoing concerns. The apparent lack of rigour also related to uncertainties about Police powers – for example the right to enter property to search for a child, or the appropriateness of following children covertly to try to identify possible perpetrators.

You can read the full SCR report here or visit www.oscb.org.uk/case-reviews

Learning for individual agencies: Triennial Analysis of SCRs 2011 – 14

The Department for Education has published Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014 , looking at 293 SCRs relating to incidents from April 2011 to March 2014. As well as identifying themes and trends from these SCRs, this report looks at the context of learning from all SCRs over the last 10 years to build a fuller picture of the nature and circumstances of serious and fatal maltreatment.

Briefings for key safeguarding agencies have been developed, and can be read at seriouscasereviews.rip.org.uk

Authoritative Practice & Professional Curiosity: Health

The report emphasises the importance of authoritative practice and professional curiosity in responding to the often highly complex cases that are characteristic of SCRs, where multiple risks and vulnerabilities, may extend over considerable periods of time.

An important aspect of authoritative practice is that every practitioner "**takes responsibility for their role in the safeguarding process"**. Authoritative practice needs to be underpinned by a culture of supportive supervision and service leads and managers have a responsibility to foster such cultures and model authoritative practice in their own leadership by:

- Encouraging all health practitioners to take responsibility for their role in safeguarding process, while respecting and valuing the role of others.
- Allowing practitioners to exercise their **professional judgement** in the light of the circumstances of a particular case (the report highlights as an example of good practice a case in which a midwife made a referral to MARAC on the basis of her professional judgment, despite the assessment being below the standard threshold; the subsequent risk assessment was classified as high)
- Encouraging a stance of professional curiosity and challenge from a supportive base.

Supporting engagement: moving from Did Not Attend (DNA) to Was Not Brought (WNB):

In a large number of SCRs where the child died of a medical cause, there was evidence of poor parental engagement with health and social care services. Parents who do not engage present a challenge to professionals, but this challenge also provides an opportunity for protection

When working with vulnerable families, health practitioners and services should maintain 'consistent support for the family' and curiosity and vigilance towards meeting children's needs – and be persistent in pursuing non-engagement

Non-compliance may be a parent's choice, but it is not the child's. Health service administrators and practitioners should treat repeated cancellations and rescheduling of appointments with curiosity and with the same degree of concern as repeated non- attendance. In doing so, it is essential to recognise families' vulnerabilities and be flexible in accommodating their needs.

The authors propose that a shift away from the term DNA (did not attend) to WNB (was not brought) would help *'maintain a focus on the child's ongoing vulnerability and dependence, and the carers' responsibilities to prioritise the child's needs'.*

Tips for health professionals to Be Curious!

- Know who the named professionals are for your area and that you fully understand their roles-promoting good professional practice, and providing advice and expertise for fellow professionals
- Ensure that safeguarding is addressed within your clinical supervision.
- Be aware of the Pan Sussex Safeguarding & Child Protection Procedures
- Be aware of the need to always have professional curiosity'
- Be prepared to be both challenged and challenging within your own professional sphere.
- Ensure you know how to escalate safeguarding concerns

‘Don’t take things at face value’: Police & Criminal Justice Agencies

Developing and maintaining an open stance of professional curiosity supports police (and other staff) to consider the possibility of maltreatment, and to challenge and explore issues while maintaining an objective and supportive approach.

Given that criminal justice agencies often deal with specific incidents, supervising individual offenders or investigating stand-alone crimes, there is a risk of seeing a family only through one lens. Protecting children & young people involves understanding their lives and experiences and making professional judgements.

Children are unlikely to readily disclosure abuse or neglect, this means professionals have to be able to spot the signs and create a suitably safe and trusting listening environment.

In the Triennial Analysis of SCRs 2011-2014 there were examples of police and other professionals focusing on young people’s **behaviours** and not their underlying vulnerabilities: **This inability of all services to see the child as a vulnerable child rather than a troubled or troublesome young adult was a common and recurring theme.**

Children repeatedly going missing should trigger police officers’ professional curiosity. Rather than seeing such behaviour as ‘street-wise’ or ‘wilful’, it’s vital to consider **what** is motivating the behaviour.

Watch our LSCB Chairperson Graham Bartlett discuss the need for practitioners and managers to be **curious**, to be **sceptical**, to think **critically** and **systematically** but to act **compassionately** here.

Sensitivity, Curiosity and Persistence: Education

School staff are perhaps best placed to notice how children are because they commonly have contact with the same child on an almost daily basis. School staff can see changes – such as in a child’s appearance, behaviour, alertness or appetite – and provide a degree of monitoring of the child’s welfare; in effect, they can be the “eyes” for other professionals working with the young person.

The Triennial Analysis of Serious Case Reviews 2011-2014 provides examples of good practice in education where staff were alert to concerns, were able to demonstrate professional curiosity and awareness of possible maltreatment and cumulative risk.

Being professionally curious enables practitioners to challenge parents and explore a child’s vulnerability or risk while maintaining an objective, professional and supportive manner. This is not an easy balance.

It can be difficult for children to express concerns about their own wellbeing, so practitioners have a responsibility to create an environment in which they can do so. In Brighton & Hove a local Learning Review (Ben) highlighted an ‘organisational deafness’ which minimised the chances of really hearing what teenagers were saying, when they told us concerns about their friends. In this case Ben’s peers had, over two years, highlighted concerns to adults, but this did not trigger a significant response. The review urges professionals (particularly school staff) to be curious and give sufficient credence to occasions when information is shared by young people.

Dealing with uncertainty: Social Work

We want to ensure that all children are safe but we can’t. There is too much uncertainty. Respecting this means that we stop talking of ‘ensuring’ all children are safe – aim to make them **safer**.

Contested accounts, vague or retracted disclosures, deception and inconclusive medical evidence are common in child protection and 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’. A child-focused approach means it is important to remain mindful of the original concern and remain professionally curious.

- ‘Unsubstantiated’ concerns and inconclusive medical evidence should not lead to case closure without further assessment.
- Retracted allegations still need to be investigated
- The use of standardised tools can reduce uncertainty, but they are not a substitute for professional judgement; results need to be collated with observations and other sources of information
- Social workers are responsible for triangulating information– seeking independent confirmation of parents’ accounts and weighing up information from a range of practitioners, particularly when there are discrepant accounts.

What is Disguised Compliance?

Professional Curiosity or Respectful Uncertainty is keenly needed when working with families who are displaying Disguised Compliance. Disguised compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. There is a continuum of behaviours from parents on a sliding scale, with full co-operation at end of the scale, and planned and effective resistance at the other. Showing your best side or "saving face" may be viewed as "normal" behaviour and therefore we can expect a degree of Disguised Compliance in all families, but at its worst superficial cooperation may be to conceal deliberate abuse, and many case reviews highlight that professionals can sometimes delay or avoid interventions due to parental disguised compliance.

The LSCB delivers multi-agency training on Enabling & Supporting Compliance: Working with Disguised Compliance and Forceful Counter Argument in Safeguarding. When there are child welfare/protection issues, a failure to engage with the family may have serious implications and non-intervention is not an option. This course has been produced to support professionals working with these problematic dynamics, and promotes the following principles to help front line practitioners deal with this more effectively.

- Focus on the needs, voice and "lived experience" of the child
- Avoid being encouraged to focus to extensively on the needs and presentation of the adults – whether aggressive argumentative or apparently compliant
- Think carefully about the "engagement" of the adults and the impact of this behaviour on the professionals view of risk
- Focus on change in the family system and the impact on the lives and wellbeing of the child/children – this is a more reliable measure than the agreement of adults in the professionals plan
- There is some evidence that an empathetic approach by professionals may result in an increased level of trust and a more open family response leading to greater disclosure by the adults and children
- Professionals need to build close partnership style relationships with families whilst being constantly aware of the child's needs and the degree to which they are met
- There is no magic way of spotting Disguised Compliance other than the discrepancy between adult's accounts and observations of the needs, wellbeing and accounts of children. The latter must always take precedent.

To book please visit our website www.brightonandhovelscb.org.uk/event/disguised-compliance

The importance of professional curiosity is a thread throughout our other safeguarding training sessions, and we are have recently updated our session on The Impact of Parental Substance Misuse to include the voice of a service user, who explains to the attendees how she "worked the system" and how she openly lied on occasion to cover the fact that she was not engaging. This has an incredible impact on the trainees and helped them consider the implications in much richer detail. The LSCB are hoping to add more experiences from parents and children to our training materials in the future.

Examples of Disguised Compliance

Apparently legitimate **excuses for non-engagement being accepted at face value** – for example Mother spoke with her allocated social worker and indicated that she would be unable to attend a scheduled family group conference because it clashed with her follow up appointment with a psychiatrist and because her mother and sister in law would be away. In analysing mother's excuses for non-compliance it becomes apparent that she usually uses more than one excuse for any given event.

Opportunities for more effective intervention - Professionals need to be prepared to challenge excuses for non-compliance and where appropriate to carry out relevant lateral checks. Being clear in labelling non-compliance as harmful to children could help with engaging parents, or clarifying the need for intervention if non-compliance continues.

Cancellation and rescheduling of appointments – for example if teams within maternity and specialist child health services worked with mother & children, but were falsely reassured by mother's contact with the team (not recognising a pattern in the rebooking of appointments).

Opportunities for more effective intervention - Repeated cancellation and rescheduling of appointments should be treated with the same degree of concern as repeated non-attendance

Supervision, curiosity and understanding families

Eileen Munro's review of child protection championed the use of effective supervision as a means of improving decision-making, accountability, and supporting professional development among social workers. She also identified it as an opportunity to question and explore an understanding of a case.

Group supervision and Reflective Practice Groups can be even more effective in promoting curiosity and safe uncertainty, as social workers can use these spaces to think about their own judgements and observations of a family. It also allows teams to learn from one another's experiences, and the issues considered in one case may have echoes in other workloads.

Tips for practice:

- Play 'devil's advocate'
- Present alternative hypotheses
- Present cases from the child or another family member's perspective
- Talk to families about supervision – "I talked about how to help you with my team last week and they thought that …"

One of the Social Work Pod Managers provided us with a simple example of how supervision can promote professional curiosity and an understanding of a family system:

> **"Current presenting 'problem'**: John won't go to school. John is 14 and lives with his parents. There has been some historical contact due to parental domestic violence. Mum attended POCAR 3 years ago due to alcohol misuse and has experienced depression. Last police call out for domestic violence, also 3 years ago, was a significant assault witnessed by John.
>
> **Systemic hypothesis**: The parents are experiencing difficulties in their relationship. This has led to verbal rows and aggression. John remembers this has happened before. Maybe if he is at home he can prevent it from happening again? Mum is at her wits end, she doesn't know why John won't go to school, he is growing up, she feels like she is losing him and he won't listen to her. She feels low so has a bit more to drink that evening – Dad notices she is drinking more – he worries that she might have a problem again, he is angry because he doesn't know what to do and why isn't John at school. They have another row that evening. John hears his parents rowing …he worries it might happen again…….maybe he should just stay at home to keep an eye on things."

Child Neglect – Be Professionally Curious!

Neglect is the most common reason for a child to be the subject of a child protection plan in the UK. It is estimated to affect up to one in ten children.

The warning signs & symptoms of child neglect vary from child to child. By understanding these indicators, we can respond to problems as early as possible and provide the right support and services for the child & family:

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing, e.g. not having a winter coat
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured.

Child neglect can be multifaceted and enduring, and as such may be difficult to pick up from one single incident. It may involve a broader set of circumstances which can only be pieced together through the accumulation of evidence.

In dealing with neglect practitioners need to be professionally curious to determine further information in the interests of the child. It is essential that professional curiosity is exercised at all times. Being professionally curious in this context means looking to identify indicators of neglect and not being reliant on legal thresholds alone. Professionals should instead explore the significance of one or a number of indicators of neglect when investigating an incident in a home setting or elsewhere.

Read more from the briefing note prepared by the National Multi Agency Child Neglect Strategic Work Group **www.actionforchildren.org.uk/media/5287/child-neglect.pdf**

Professional Curiosity & Culturally Competent Safeguarding

The issue of safeguarding children from Black Asian Minority Ethnic (BAME) is widely debated among policy makers and practitioners.

There is evidence that culturally competent safeguarding practice enhances children's wellbeing and an understanding of how variations in child rearing are understood by families and professionals could contribute to prevention and early intervention (*Korbin and Spilbury, 1999*).

Interventions have the potential to be as a result of stereotyping, lack of awareness amongst practitioners of how various categories of abuse are manifested in BAME communities, coupled with a **general lack of awareness of cultural practices.**

It is important therefore that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons.

All professionals working with children, parents or families whose faith, culture, nationality and possibly recent history differs significantly from that of the majority culture, must be professionally curious and take personal responsibility for informing their work with sufficient knowledge (or seeking advice) on the particular culture and/or faith by which the child and family lives their daily life.

Professionals should be curious about situations or information arising in the course of your work, allowing the family to give their account as well as researching such things by discussion with other professionals, or by researching the evidence base. Examples of this might be around attitudes towards, and acceptance of, services e.g. health; dietary choices; education provision or school attendance.

In some instances reluctance to access support stems from a desire to keep family life private. In many communities there is a prevalent fear that social work practitioners will 'take your children away'. There may be a poor view of support services arising from initial contact through the immigration system, and, for some communities - particularly those with insecure immigration status - an instinctive distrust of the state arising from experiences in their country of origin.

Professionals must take personal responsibility for utilising specialist services' knowledge. Knowing about and using services available locally to provide relevant cultural and faith-related input to prevention, support and rehabilitation services for the child (and their family) will support practice.

This includes:

- Knowing which agencies are available to access;
- Having contact details to hand;
- Timing requests for expert support and information appropriately to ensure that assessments, care planning and review are sound and holistic. For BAME communities, accessing appropriate services is a consistent barrier to them fully participating in society, increasing their exclusion and potential for victimisation.

The Safeguarding Lead in your agency should be able to signpost you to appropriate support available within your organisation. Brighton & Hove City Council run a training course on Working Cross Culturally for people working with families in the city. This helps participants better understand the diversity of cultural communities within Brighton & Hove, describes the role of culture in child development, and teaches best practice when working with cultural difference. This can be booked through the Learning Gateway: learning.brighton-hove.gov.uk

Useful numbers:

Brighton & Hove LSCB office: 01273 **292379** **BHSCP@brighton-hove.gov.uk**
Designated Doctor Safeguarding Children: 01273 **265788**
Designated Nurse Safeguarding Children: 01273 **574680**
Brighton & Hove Police Child Protection Team: **101**
Local Authority Designated Officer: 01273 **295643**

Brighton & Hove LSCB local safeguarding children board

If you are concerned about a child call the Front Door for Families on 01273 290400