

Pan Bedfordshire Professional curiosity & challenge – resources for practitioners

Nurturing professional curiosity and challenge are a fundamental aspect of working together to keep children, young people and adults safe.

In this resource we will raise awareness of the need for respectful uncertainty; help practitioners spot the signs of when a parent or carer may be using disguised compliance; and advise where and how to access help and services.

What is professional curiosity?

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.

This has been described as the need for practitioners to practice ‘**respectful uncertainty**’ – applying critical evaluation to any information they receive and maintaining an open mind. In safeguarding the term ‘safe uncertainty’ is used to describe an approach which is focused on safety but that takes into account changing information, different perspectives and acknowledges that certainty may not be achievable.

Professional curiosity can require practitioners to think ‘outside the box’, beyond their usual professional role, and consider families’ circumstances holistically.

Professional curiosity and a real willingness to engage with children, adults and their families or carers are vital to promoting safety and stability for everyone.

Much has been written about the importance of curiosity during home visits and the need for authentic, close relationships of the kind where we see, hear and touch the truth of their experience of ‘daily life’ and are able to act on it and to achieve similar closeness with parents or carers.

Practitioners will often come into contact with a child, young person, adult or their family when they are in crisis or 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 in particular, but also some adults, 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 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.

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 child or adult 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 or adult in the family.

Thinking the unthinkable

Safeguarding is everyone’s responsibility, and where practitioners are concerned each and every agency has a role to play in safeguarding and protecting children and adults.

The following factors highlight the need for all of us to strive to improve professional curiosity and professional courage:

- the views and feelings of children and some adults are actually very difficult to ascertain
- practitioners do not always listen to adults who tried to speak on behalf of a child or another adult and who may have important information to contribute
- parents or carers can easily prevent practitioners from seeing and listening to a child or another adult
- practitioners can be fooled with stories we want to believe are true
- effective multi-agency work needs to be coordinated
- challenging parents or carers (and colleagues) requires expertise, confidence, time and a considerable amount of emotional energy.

What is disguised compliance?

Professional curiosity or respectful uncertainty is needed when working with families who are displaying disguised compliance. **Disguised compliance** involves parents or carers giving the appearance of co-operating with agencies to avoid raising suspicions and allay concerns.

There is a continuum of behaviours from parents or carers 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 following principles will help front line practitioners deal with disguised compliance more effectively:

- focus on the needs, voice and ‘lived experience’ of the child, young person or adult
- avoid being encouraged to focus extensively on the needs and presentation of the adults or carers – whether aggressive argumentative or apparently compliant
- think carefully about the ‘engagement’ of the adult or carers and the impact of this behaviour on the practitioner’s view of risk
- focus on change in the family dynamic and the impact this will have on the life and well-being of the child or adult – this is a more reliable measure than the agreement of adults or carers in any plan. For example; although a parent may say they agree with the assessment, they really don’t. And although they may attend alcohol support groups because it’s part of the plan, they don’t accept the need to change and have no intention of reducing their alcohol intake.

- 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 adults and children
- practitioners need to build close partnership style relationships with families whilst being constantly aware of the child or adult's needs and the degree to which they are met
- there is no magic way of spotting disguised compliance other than the discrepancy between an adult or carer's accounts and observations of the needs and accounts of the child or adult. The latter must always take precedent.

Communication – the key to good multi-agency working

Top tips:

- speak to other practitioners (multi agency) on a regular basis – don't wait for meetings – triangulation of information.
- when assessing and managing a case, input from two, three or four sources is better than one
- sometimes the most important relationship to trust is yourself (gut feeling) – if you feel there is a risk that is not being managed and no one is hearing you what do you do, how do you escalate this?
- try to be flexible with meetings to fit around all involved practitioner's availability
- don't use jargon – talk to colleagues and families using language they understand and relate to
- include families in decisions about their own lives
- be mindful of personal optimistic bias (wishful thinking) when reviewing the families' progress
- make sure care plans are multi-agency and SMARTER
- self-assessments tools can promote honest discussion
- team managers should attend training for providing effective supervision and reflective practice in managing safeguarding
- use quality assurance and audit framework such as quality standards to review case records to support good practice that keeps children safe and aids staff continuous professional development (CPD).

Information sharing:

- to support good communication, a formal information sharing arrangement should be in place between all agencies with the purpose and content about requesting and sharing information explicitly agreed
- fears about jeopardising the relationship with the family should not be a barrier to the sharing of information
- principles from 'the [seven golden rules for information sharing](#)' should be followed
- information should be shared in a timely manner and the family included where it does not increase risk
- all involved agencies should be given ample notice when invited to case review meetings to enable them to provide reports and feedback to contribute to ongoing assessment and review of family progress
- a group of practitioners should maintain contact with each other and make the times of meetings flexible to enable optimal attendance of practitioners.

Difficult conversations with parents & carers

Open discussion with parents and carers when there are welfare concerns about a child often provokes anxiety in practitioners. Professional challenge is part of good child protection practice.

To increase practitioners' confidence we published the [How to have difficult conversations with parents and carers](#).

The information in this guide is not exhaustive and it should be used as a reference tool alongside practitioners own safeguarding practices and in conjunction with appropriate supervision.

Four factors to consider when preparing for a difficult conversation with a parent or carer are:

1. Principles – that underpin safeguarding children
2. Planning – how to plan or be prepared
3. The conversation – things to consider when having a conversation
4. Examples – open questions and suggestions.

Professional challenge – having different perspectives

Differences of opinion, concerns and issues can arise for practitioners at work and it is important they are resolved as effectively and swiftly as possible.

Having different professional perspectives within safeguarding practice is a sign of a healthy and well-functioning partnership. These differences of opinion are usually resolved by discussion and negotiation between the practitioners concerned. It is essential that where differences of opinion arise they do not adversely affect the outcomes for children, young people or adults and are resolved in a constructive and timely manner.

Differences could arise in a number of areas of multi-agency working as well as within single agency working. Differences are most likely to arise in relation to:

- Quality/criteria/application of thresholds/acceptance for referrals
- outcomes of assessments
- roles and responsibilities of workers
- service provision
- timeliness of interventions
- information sharing and communication.

If you have difference of opinion with another practitioner, remember:

- professional differences and disagreements can help us find better ways improve outcomes for children, adults and families
- all professionals are responsible for their own cases and their actions in relation to case work
- differences and disagreements should be resolved as simply and quickly as possible, in the first instance by individual practitioners and /or their line managers
- all practitioners should respect the views of others whatever the level of experience – remember that challenging more senior or experienced practitioners can be hard
- expect to be challenged; working together effectively depends on an open approach and honest relationships between agencies

- professional differences are reduced by clarity about roles and responsibilities and the ability to discuss and share problems in networking forums.

More information about escalation can be found in our [procedures](#)

Professional curiosity & culturally competent safeguarding practice

The issue of safeguarding within Ethnic Minority communities is widely debated among policy makers and practitioners. 'Ethnic minorities' include white minorities, such as Gypsy, Roma and Irish Traveller groups ([GOV.UK](#)).

There is evidence that culturally competent safeguarding practice enhances children's and adults well-being and an understanding of how variations in child rearing and caring practices are understood by Ethnic Minority families and practitioners could contribute to prevention and early intervention.

Interventions have the potential to be as a result of stereotyping, lack of awareness among practitioners of how various categories of abuse are manifested in Ethnic Minority communities, coupled with a general lack of awareness of cultural practices. For example [Medway LSCB Dawn SCR](#) where there was a lack of understanding of how the family's cultural beliefs impacted on their attitudes towards Dawn's illnesses and the management of them.

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

All practitioners working with children, young people, vulnerable adults and their parents, carers 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, young person, adult and their family or carers lives their daily life.

Practitioners should be curious about situations or information arising in the course of their work, allowing the family to give their account as well as researching such things by discussion with other practitioners, 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.

Practitioners 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, young people or adults (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.
- Interpretation/Translation services

Often for Ethnic Minority 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.

Supervision, curiosity and understanding families

For many agencies, the use of effective supervision is a means of improving decision-making, accountability, and supporting professional development among practitioners. Supervision is also 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 practitioners can use these spaces to think about their own judgments and observations. 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, young person, adult or another family member's perspective.

Care & activity settings – sensitivity, curiosity and persistence

Care setting practitioners are perhaps best placed to notice how adults or children are because they have contact with the same adult or child on a regular basis. Practitioners can see changes in appearance, behaviour, alertness or appetite and provide a degree of monitoring of the adult or child's welfare; in effect, they can be the 'eyes' for other professionals working with them.

This will also apply to volunteers and workers who run groups and clubs for children, young people or adults.

There are many examples of good practice in care staff were alert to concerns and were able to demonstrate professional curiosity and awareness of possible maltreatment and cumulative risk.

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

Domestic Violence & Abuse and 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 judgments 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 & abuse can be very challenging and practitioners 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 provoke 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. Practitioners must be mindful to the needs of young people who may be experiencing inequality and/or violence in their relationships. Practitioners, 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.

[Bedfordshire Domestic Abuse Partnership](#) and [soLUTiONs](#), (Luton's community safety partnership) provide a single point of contact for victims and survivors of domestic abuse and violence, helping them to find the right help, advice and support. There is also advice and support to friends, families and professionals on the above websites.

Education settings – curiosity and listening

Education staff are perhaps best placed to notice how children and young people are because they have contact with them on an almost daily basis. School staff can see changes – such as in 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 practitioners working with the young person.

There are many examples of good practice in education where staff were alert to concerns and 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. Schools should be careful of 'organisational deafness' which minimises the chances of really hearing what young people are saying, for example in relation to concerns about their friends.

Practitioners (particularly school staff) should be curious and give sufficient credence to occasions when information is shared by young people.

Health practitioners – authoritative practice and professional curiosity

Authoritative practice and professional curiosity are vital in responding to the often highly complex cases that are characteristic of Reviews, 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
- encouraging a stance of professional curiosity and challenge from a supportive base.

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

In a large number of reviews there was evidence of poor engagement with health and social care services. Parents or carers who do not engage present a challenge to practitioners, but this challenge also provides an opportunity for protection.

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

Non-compliance may be a parent or carer's choice, but it is not the vulnerable adult's or 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.

A shift away from the term DNA (did not attend) to WNB (was not brought) would help 'maintain a focus on the adult or child's ongoing vulnerability and dependence, and the carers' responsibilities to prioritise the adult or 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 relevant Pan Bedfordshire safeguarding 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](#).

Police & Criminal Justice Agencies – 'Don't take things at face value'

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 an individual or a family only through one lens. Protecting children, young people or vulnerable adults involves understanding their lives and experiences and making professional judgments.

Children, young people or adults are unlikely to readily disclose abuse or neglect, this means practitioners have to be able to spot the signs and create a suitably safe and trusting listening environment.

There are examples of police and other professionals focusing on offender's behaviours and not their underlying vulnerabilities.

Children or vulnerable adults repeatedly going missing should trigger police officers' professional curiosity, it is vital to consider what is motivating their behaviour.

Practitioners and managers need to be curious, to be sceptical, to think critically and systematically but to act compassionately.