

# WSCP Professional Curiosity Briefing

## What do we mean by ‘professional curiosity’?

Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means not taking a single source of information and accepting it at face value. It means testing out your professional hypothesis and not making assumptions or developing an unconscious bias about different situations. It means triangulating information from different sources to gain a better understanding of family/household functioning which, in turn, helps to make predictions about what is likely to happen in the future. It means seeing past the obvious.

Similar terminology has been used in some areas and is known as ‘respectful uncertainty’ (Laming 2003). This means that professionals must remain sceptical of the explanations, justifications or apologies they may hear. In other words, professionals should think the unthinkable and be respectfully curious.

This is not a new approach and does not mean extra work.

## Why is it important in working with children and their families?

Learning from case reviews, both nationally and locally, shows that responding to presenting issues in isolation and a lack of professional curiosity can lead to missed opportunities to identify less obvious indicators of vulnerability or significant harm, and we know that in the worst circumstances this has resulted in death or serious abuse.

## Is exercising professional curiosity easy and straight forward?

Not always. Especially with those parents who demonstrate disguised compliance or coercive control. Families can appear to be engaging with professionals but are not able or willing to change as a result of an intervention. Or certain family members are unable through fear to be open and honest about the family dynamics. It is with these families that professionals need to exercise most curiosity.

# What is disguised compliance?

This can occur when individuals want to draw professional's attention away from possible harm. It is often a theme in Serious Case Reviews and Child Safeguarding Practice Reviews. Disguised compliance can often prevent or delay understanding of the severity of harm to a child and can cause cases to drift.

For example:

- There may be no significant change despite significant input from professionals.
- The child's account may differ from that of parents/carers.
- Parents/carers may put little effort into making agreed changes work.
- Parents/carers may predominantly focus on their or other issues to distract professionals from what is happening to/with the child.
- Parents/carers behaviours may distract professionals from focussing on the child

## What can you do about it

- Question your own assumptions about how families function and guard against over optimism. Sometimes practitioners are over optimistic about parents/carers progress and ability to care for the child or their promises to engage with services. Rationalising behaviour is also common – for example failure to engage with services as a matter of 'parental choice' rather than non-compliance
- Observe what is being said but also remember to look for non-verbal cues e.g. body language and parent/child interactions.
- Keep detailed records and build up a chronology - this will help with looking for patterns of non-compliance.
- Look at previous records to identify patterns of behaviour/engagement. Remember that previous history is the best predictor of future behaviour.
- Recognise how your own feelings (for example tiredness, feeling rushed or illness) might impact on the view of a child or family on a given day
- Be willing to have less than 'comfortable' interactions with families when this is necessary
- Address any professional anxiety about how hostile or resistant families might react to being asked direct or difficult questions – get support if needed
- Remain open minded and expect the unexpected
- Appreciate that respectful scepticism and challenge are healthy – it is ok to question what you are told
- Ensure you are able to recognise disguised compliance
- Understand the impact of coercive control on the behaviour and responses of family members
- Understand the cumulative impact on children of multiple or combined risk factors, e.g. domestic abuse, parental drug/alcohol misuse, parental mental health (previously referred to as 'toxic mix')
- Ensure that your practice is reflective and that you have access to good quality supervision

# Keep the focus on the child

- Remain child focused at all times.
- Look to uncover the reality of the child's life in that family; talk to the child (ren). What is it like to be a child living in that household?
- When a child misses important appointments (e.g. with health providers or at school) remember that this is not their choice.
- A child who is not brought to appointments by their parent/carer misses the opportunity to engage in support that is required to meet their needs

## Some example questions to ask yourself?

### Looking

- Is there anything about what I am seeing in my interaction with this child or family which prompts questions or makes me feel uneasy or concerned?
- Am I observing behaviour which is indicative of abuse or neglect?
- Does what I am seeing support or contradict what I am being told?

### Listening

- Am I being told anything which requires further clarification?
- Am I concerned about what I am hearing family members saying to each other?
- Is someone in this family trying to tell me something but finding it difficult to express themselves? If so, how can I help them to do so?

### Asking

- Are there direct questions which I could ask in my direct contact with this family which will provide more information about the vulnerability of individual family members?

### Example questions:

- How do members of your family deal with conflict?
- How do adults in the household respond to stress?
- What arrangements are in place for the child or young person to access education?
- Who are the professionals working with individual members of your family?
- What is it like to be (name) living in this family/household? What is a typical day like for you?
- Who is this with you at this appointment?
- Who is living with you?
- Why are you not at school?
- What is the first thing you think of when you get up in the morning and/or the last thing you think of before you go to sleep?

- When were you last happy?
- Do you feel safe?
- What do you look forward to?
- Are there people who regularly visit your home apart from those who live there?
- Are you in fear of the consequences of doing something, or not doing something?
- "I'm curious, tell me more about that ..."
- "I'm wondering..."
- "I've noticed...and I'm wondering why?"
- "I get the feeling... would I be right?"

## Checking out

- Do I know what other professionals are involved with this family?
- Have other professionals observed what I have seen?
- Are professionals being told the same or different things, or do explanations from family members change over time or according to who you ask?
- Are other professionals concerned? If so, what action has been taken so far and is there anything else which should or could be done by me or anyone else?

**SEE PAST THE OBVIOUS .... LOOK FURTHER, SEE MORE .... THINK WIDER, LOOK FOR THE SIGNS**

