Tayside Practitioner's Guidance:

Professional Curiosity

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Introduction

This Practitioner's Guide has been produced by Tayside APC Steering Group based on the Perth & Kinross CPC guidance

This guidance has been developed to provide all practitioners and managers, working directly or indirectly with adults at risk and their families across Perth and Kinross, with clear practice guidance on how to be professionally curious and alert when working with people who may be at risk.

Public protection is a shared responsibility for all practitioners and managers working across the public, private and third sectors. This guidance should complement, not replace, any existing service or agency guidance on professional curiosity. Guidance alone cannot protect people; but a competent, confident, curious and skilful workforce, working together with a vigilant public can. First Line Managers / Supervisors are therefore key to the successful implementation of this practice guidance.

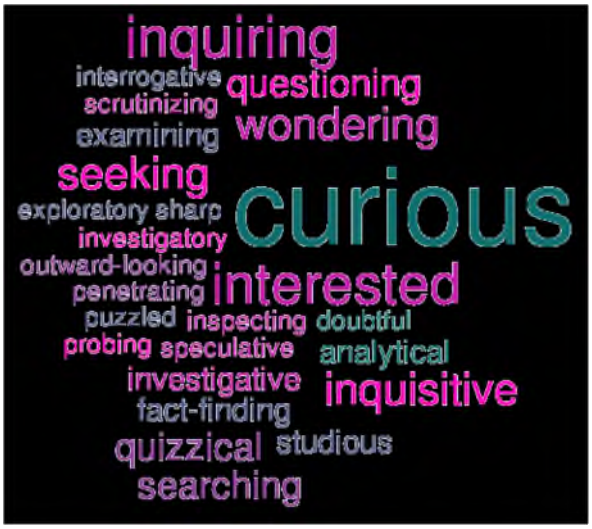
Context

All agencies have an essential role to play in ensuring that adults at risk are protected from harm, mistreatment or neglect.

Professional curiosity has been a recurring theme in Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs) over many years.

Learning from ICRs and SCRs, 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, to identify less obvious indicators of vulnerability or significant harm, and we know that in the worst circumstances this has resulted in death or significant harm and abuse. However, it is important to note that when a lack of professional curiosity is cited as a factor in a tragic incident or event, it does not automatically mean that blame should be apportioned.

Whilst professional curiosity has long been a working concept in children's services, it equally applies to adult services and 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 an adults at risk 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 adults at risk and their families, then it will take you more time to be curious and ask questions, and to check out what you are told with other family members and other professionals.

Professional curiosity is not always easy and straightforward, especially with those carers and family who demonstrate disguised compliance or coercive control. Families can appear to be engaging with practitioners, but may not always be able to, 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***
- ***Ask and Act***
- ***Check Out and Reflect***
- ***Explore and Understand***
- ***Predict but don't Presume or Assume***
- ***Look Further and Enquire Deeper***
- ***Remain Flexible and Open-Minded***
- ***See Beyond the Obvious***
- ***See the Whole Picture***
- ***Think the Unthinkable***
- ***Believe the Unbelievable***
- ***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

It is widely recognised that there are many barriers to being professionally curious. Practitioners must be aware of these barriers, which can include:

Disguised Compliance / Hostile and Non-Engagement

A 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. Focussing on outcomes rather than processes helps Practitioners to remain person-centred and focussed.

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 adults at risk and their families in the face of mounting evidence to the contrary. Practitioners need to be alert to this evolving dynamic.

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 adults at risk, 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.

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.

Professional Deference

Practitioners who have most contact with the adults at risk and their family are in a strong position to recognise when the risks to the person are escalating. However, there can be a tendency to defer to the opinion of a *"higher status"* professional, who has limited contact the adult 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 their opinion of risk if it varies from their own. Practitioners should always escalate ongoing concerns quickly through their own Line Management / Supervision arrangements.

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.

'*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 scenarios to discuss where these feelings are coming from and begin to look at what further information is needed.

Confidence in Managing Tension

Disagreement, disruption and aggression from adults at risk, 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.

Dealing with Uncertainty

Contested accounts; vague or retracted disclosures; deception and inconclusive medical evidence are common in protection practice. 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.

Other Barriers to Professional Curiosity

This can include 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. All of this 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 recognised as hard things to do. The following are some tips on how to have courageous and difficult conversations with adults at risk and their families:

- 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 adult at risk
- 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 or concerned about asking the obvious question, and always share concerns with colleagues and managers. A "fresh pair of eyes" looking at a case can help Practitioners and organisations to maintain a clear focus on good practice, the shared assessment of risks and needs, effective multi-agency planning and to 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 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 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 the adult and their family. It also allows Teams to learn from one another's experiences and the issues considered in one case may have echoes in other cases.

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 adult at risk and confirm what the evidence is 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 support them to think through the evidence;
- monitoring workloads and encourage Practitioners to talk about and support them to address issues of stress or pressure; and
- supporting Practitioners to recognise when they are tired and need a fresh pair of eyes on a case.