## Being Professionally Curious & Challenging

Sharing learning to help develop practice

### Wakefield Safeguarding Children Partnership

Learning from safeguarding audits and reviews has told us we need to better embed what it means to be professionally curious and challenging, why it is important, what to listen and look out for, how to check out what is being said and what resources can be used to support.



This learning briefing aims to raise awareness about how to be professionally curious and challenging in Wakefield.

ways:

Op

- team meetings
- as part of single or multi-agency training
- reflect as part of supervision

The briefing should be used either in its entirety or focus on specific parts as you see fit. The menu below lets you jump quickly to different sections.

Menu Bar



What is professiona curiositv

This learning should be used in a number of different

• for personal professional development

Wakefield Resources



**Scenarios: Act Out or Discuss** 



Action for you

#### What is Professional curiosity?

Professional curiosity involves looking, listening, asking direct questions, checking out and reflecting on what you are seeing and hearing. It needs you to:

- test out your professional feeling by not making assumptions
- checking out information from different places (known as triangulating) to gain a better understanding of children and family functioning
- getting an understanding of children's and family's past history which may help you think about what may happen in the future
- not accepting a single set of details that you are given at face value
- being mindful of your own personal bias and how this affects what you are seeing and hearing
- being respectively nosey
- recognise when there is disguised compliance











#### Why do we need to be Professionally curious?

Not being professionally curious or challenging can lead to:

- less obvious indicators of abuse, neglect, significant harm and vulnerability being missed
- making inaccurate assumptions when assessing needs and the risk a child and family may be missing
- wrong intervention for a child and family being delivered

?

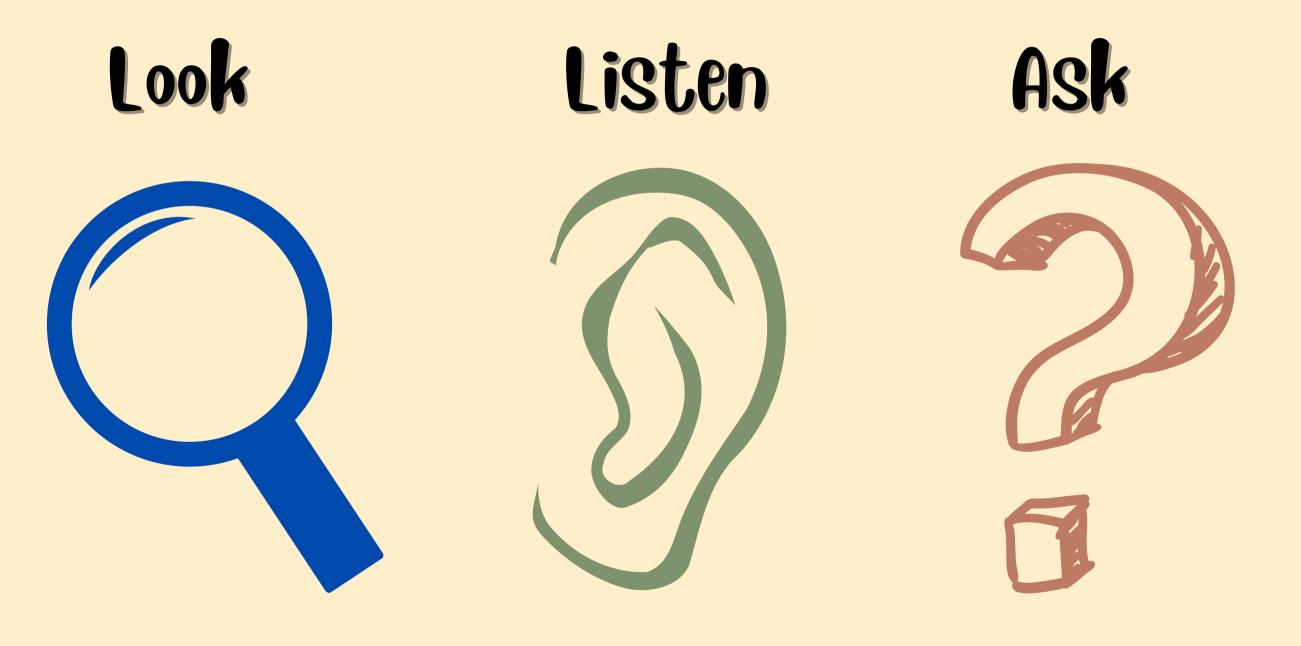
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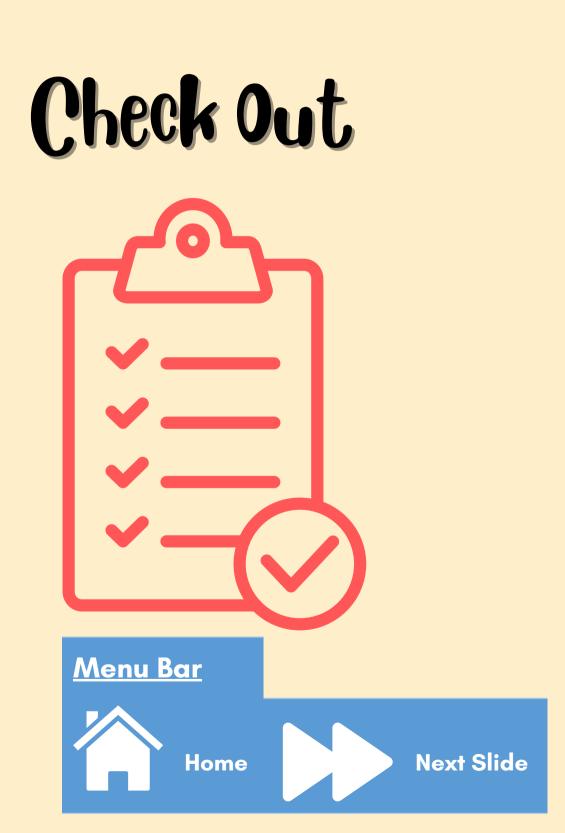


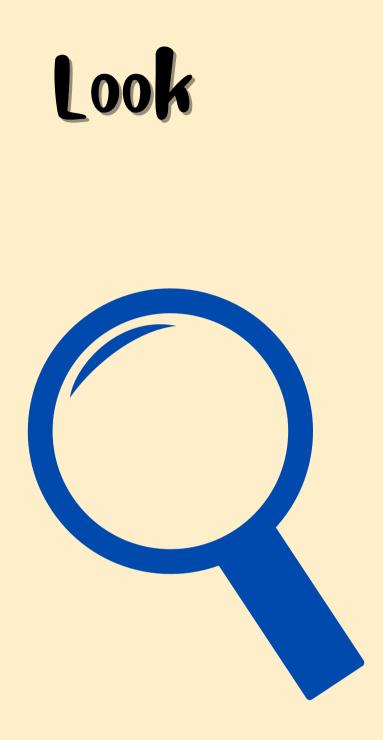
Scenarios: Act Out or Discuss

Action for you









- Is there anything about what you see when you meet with this child / parent / carer which prompts questions or makes you feel uneasy
- Are you observing any behaviour which is indivative of abuse or neglect?
- Does what you see support or contradict what you're being told?



#### Listen



- Are you being told anything which needs further checking?
- Are you concerned about what you hear family members say to each other?
- Is someone in the family trying to tell you something but is them to do so?

finding it difficult to say what it is? If so, how can you help



# Ask

- Are there direct questions you could ask when you meet this child / parent / carer / family which will provide more information about the vulnerability of individual family members?
- Some examples which could be used:
  - How do you spend a typical day?
  - Who do you live with?
  - When were you last happy?
  - What do you look forward to?
  - How did you get that injury?
  - Who is this with you?
  - When do you feel safe?
  - Why are you not at school?



#### Check Out



- Are other practitioners involved?
- Have other practitioners seen and heard the same as you?
- Are practitioners being told the same or different things? You should check what you are being told with at least two other practitioners from different services
- Are others concerned? If so, what action has been taken you or anyone else?

so far and is there anything else which should be done by



#### Remember to:

- Question your own assumptions about how individuals / families function and watch out for over optimism
- Recognise your own feelings (for example tiredness, feeling rushed or illness) and how this might impact on your view of a child and their family on a given day
- Think about why someone may not be telling you the whole truth
- Demonstrate a willingness to have challenging conversations
- Address any professional anxiety about how hostile or resistant parents / carers might react to being asked direct or difficult questions
- Remain open minded and expect the unexpected
- Appreciate that respectful scepticism / nosiness and challenge are healthy. It is good practice and ok to question what you are told
- Recognise when parents / carers repeatedly do not do what they said they would (known as disguised compliance) and name this and discuss with them
- Understand the cumulative impact of multiple or combined risk factors e.g. domestic abuse, drug / alcohol misuse, mental ill-health
- Ensure your practice is reflective and that you have access to good quality supervision and/or peer support





#### USe

Continuum of Need: A Framework to Support Decision Making

#### Neglect Toolkit

Guidance on Making a Safeguarding Referral

On Demand and Bookable Learning





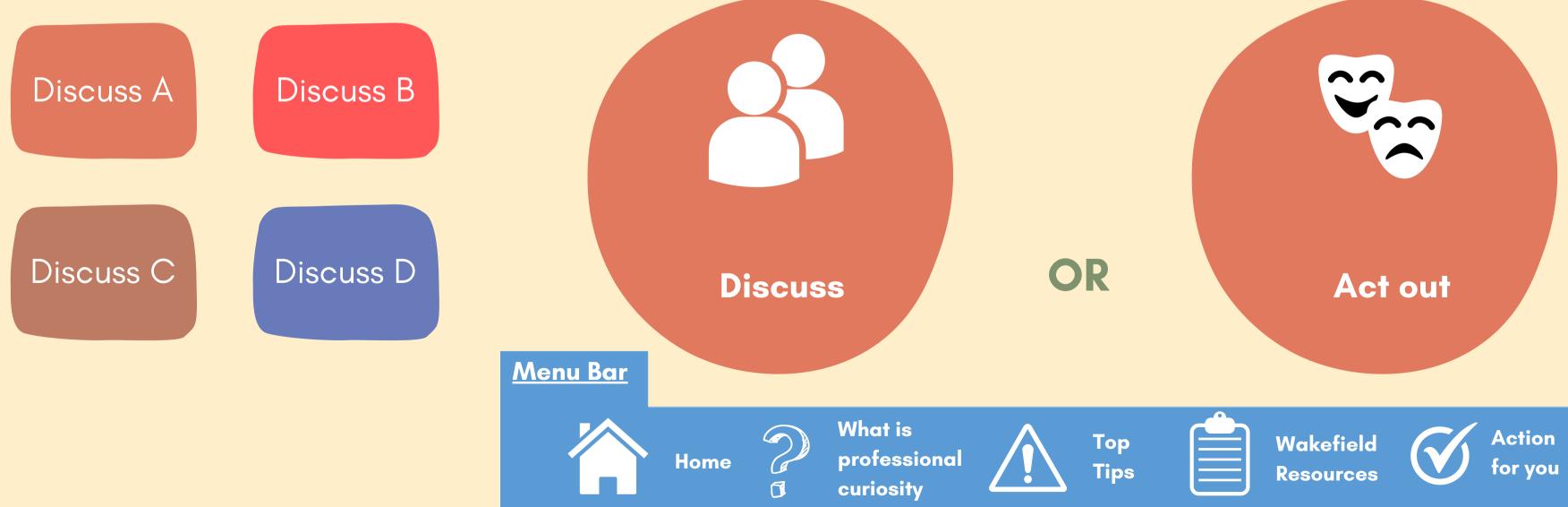
#### Guidance on Child Exploitation

#### WSCP website



#### ACT OUT or DISCUSS scenarios

You are about to get 4 scenarios Choose how you use them



#### Act Out: Instructions

- Divide into a pair or group of 3
- One of you will be the 'named person'
- The other(s) the 'practitioner(s)'
- Practitioner(s), **next** slide - look away

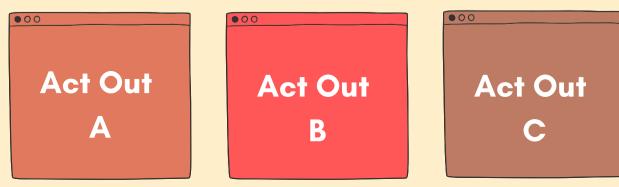
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#### **Practitioner(s)**

You will ask questions to find out more about the named person

**3.** In your pair / group of 3: Discuss the scenario afterwards. Were the right questions asked? Swap over for the next scenario

D



#### Named person (Sam, Gray Family, Mo, Saskia)

- You have limited background information – view next slide
- Use your imagination and do ad lib to suitably test your colleague(s)

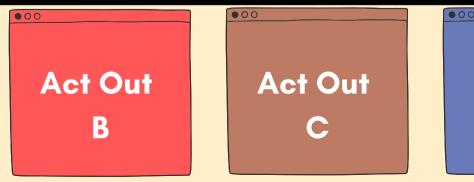


#### Act Out: Sam scenario what questions would you ask?

#### Sam

#### aged 14 and lives at home with his Mum and 2 younger brothers

- Sam shares a room with both of his younger brothers (aged 11 and 9), in a small 2 bedroom house
- He is often missing from home, but this is not always reported by his Mum
- Sam's Dad lives close by and he sees him sometimes on weekends
- Sam's Mum does not like him seeing his Dad because of his criminal record. She has worries he is encouraging Sam to take drugs and has heard from her friends he is asking Sam to sell drugs too to his friends. Sam and his Dad deny this
- Sam is known to the police and has been working with Youth Justice on a statutory order for theft
- School says Sam is regularly absent from school and when he is in class he is late and disruptive. He goes missing from school at lunch times
- Sam is seen with lots of different people in the area, some his age but others who look older
- Mum says she is becoming fed up of Sam's behaviour at home and him getting in trouble with the police and the threats he sometimes makes to her and his brothers
- Sam attends his local youth group, who have reported he has come seemingly drunk and smelling of cannabis
- Sam appears to have a deep hacking cough but his GP has not seen him since he was 10



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Act Out D

#### <u>Menu Bar</u>

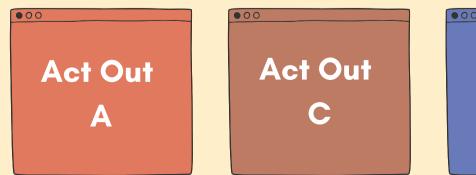
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#### Act Out: Gray family scenario what questions would you ask?

#### **Gray Family**

#### Mum (Alice) aged 30, Dad (Zak) aged 29, Lilly aged 7, Lucy aged 4, and Theo aged 3 months

- The family live in a 3 bedroom spacious house which is always immaculate
- Alice and Zak have been together since they were teenagers and have had an on-off relationship
- The family were subject to a Child Protection Plan after dad physically assualted mum and made threats towards Theo. The family have now been stepped down from Child Protection after Alice and Zak advised they are no longer in a relationship and Zak has left the family home
- There have been historical episodes of domestic abuse where both parents have been perpetrators and victims, with Zak being the perputrator of significant physical abuse towards Alice and coercive control.
- The family have been known to a range of services since Lilly was born
- There have been multiple occassions when Lucy has not been brought to health appointments. Health visitors and community midwives have also struggled to visit to provide post-natal care
- When the family have been seen, all safe sleep guidance has been given to Alice, who has stressed she knows what to do given this is her third child. The stand for Theo's moses basket has been damaged, Alice reported Zak kicked the stand during an argument
- Both Alice and Zak have a history of drug and alcohol misuse and also mental-ill health. Zak sought support from his GP shortly after Theo's birth for suicidal ideation



Act Out D

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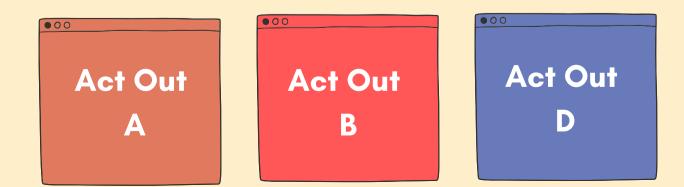
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#### Act Out: Mo scenario what questions would you ask?

#### Mo

#### aged 8 and lives at home with his Dad

- Mo and his Dad live in a 1 bedroom flat. Mo shares a bedroom with his Dad where he sleeps in a separate bed. Dad will often sleep on the sofa in the living room so Mo has the bedroom to himself
- Mo and his Dad have had a really difficult 2 years. His Mum and Dad's wife died 18 months ago and both of his elderly grandparents died recently. Dad stopped working to care for his wife and has struggled to find motivation to go back to work since
- The conditions in the flat are cramped and throughout is untidy with uncleaned plates in the kitchen, bins overflowing, floors and carpets dirty and the flat generally cluttered with boxes, clothes and other possessions
- Mo's attendance at school is low (70%), and school say they are concerned Dad is keeping Mo from attending. When Mo is in school he can be very quiet and withdrawn, and looks dishevelled and often says he is hungry. Developmentally, Mo is behind other children of his age
- During play time recently, Mo was seen and heard by lunch time staff acting out being drunk
- After Mo's Mum died, the only support network he and his Dad had was his grandparents before they died recently



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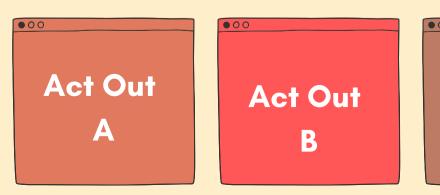
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#### Act Out: Saskia scenario what questions would you ask?

#### Saskia

#### aged 15 and lives at home with her mum and 5 younger siblings

- Saskia is eldest child of 6 and lives at home with her mum and younger siblings (2 brothers and 3 sisters aged 3 12 years)
- The family live in a 3 bedroom house, with Saskia sharing a room with her eldest sibling, her 12 year old sister
- The children are currently subject to care proceedings due to a history of significant neglect and have been known to services since moving to the Wakefield District from another area when Saskia was aged 8
- Mum is separated from the children's Dad who lives outside the Wakefield District in a neighbouring area
- There is a history of Mum concealing pregnancies of some of Saskia's younger siblings and Saskia is reported to have helped Mum with their births. All children are regularly not brought to medical appointments
- School says Saskia is sexually inappropriate towards other children in school, which included an investigation into a serious sexual assault which was no further actioned
- 2 of Saskia's siblings have alleged Saskia has exposed her genital area to them









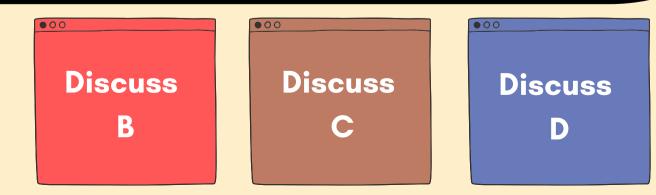


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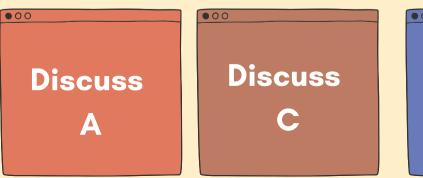
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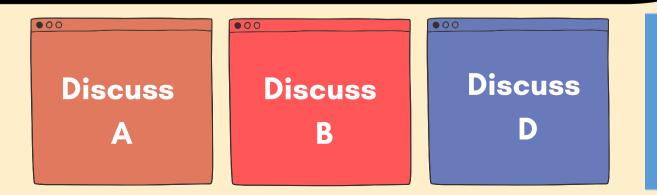
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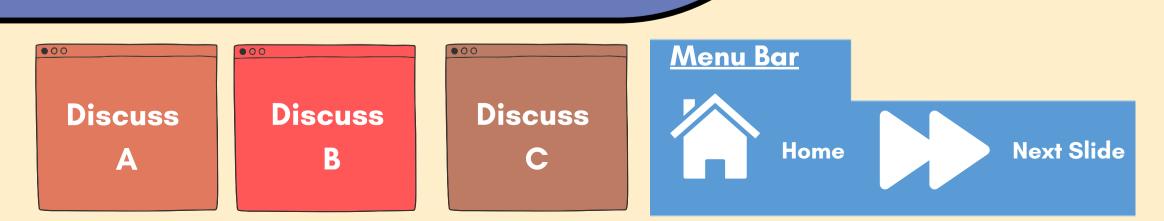
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#### Actions

Have you viewed / used all the slides in this learning briefing?



What is professional curiosity?



Scenarios: Act Out or Discuss

Wakefield Resources



Visit **www.wakefieldscp.org.uk** for information, training, resources and guidance when it comes to safeguarding children

Contact Wakefield Safeugarding Children Partnership (WSCP) about this learning briefing: <u>wscpevents@wakefield.gov.uk</u>



Wakefield Safeguarding Children Partnership