

# ‘PROFESSIONAL CURIOSITY’

WHAT IS IT, WHY IS IT  
IMPORTANT ... AND WHY IS  
IT SOMETIMES DIFFICULT  
TO DO IN YOUR WORK?

**PROFESSOR DAVID  
SHEMMINGS OBE PHD**

EMERITUS PROFESSOR OF CHILD  
PROTECTION RESEARCH,  
UNIVERSITY OF KENT

VISITING PROFESSOR OF CHILD  
PROTECTION RESEARCH, ROYAL  
HOLLOWAY, UNIVERSITY OF  
LONDON

THESE SLIDES MAY NOT TO BE  
REPRODUCED OR DISPLAYED  
ELSEWHERE

PLEASE CHECK FOR COPYRIGHT  
OF ANY LINKS GIVEN

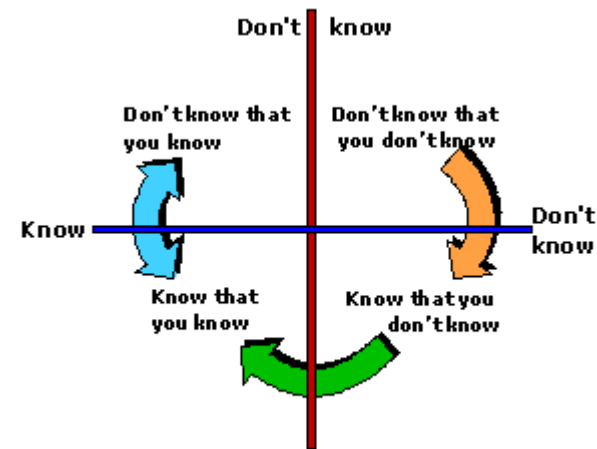


# PROFESSIONAL CURIOSITY

- Here are some links – first from [Tayside](#) and [Swindon](#) - which offer some good tips and ideas – but be careful about the use of the term ‘**disguised compliance**’ (referred to in both, but I think written before the concerns about the term were beginning to be expressed)
- And here are two articles about problems with the term ‘disguised compliance’. The first is from [Family Law Week](#); the second is by [Jadwiga Leigh, Liz Beddoe and Emily Keddell](#)

# WHAT ARE THE BARRIERS TO PROFESSIONAL CURIOSITY (FROM THE ABOVE LINKS)

- Hostile and Non-Engagement (as mentioned, I left out 'disguised compliance')
- The 'Rule of Optimism'
- Accumulating / Escalating Risk
- Normalisation
- Professional Deference
- Confirmation Bias
- 'Knowing but not Knowing'
- Confidence in Managing Tension
- Dealing with Uncertainty (have a look at [these](#) by Prof Eileen Muir from Research in Practice)



# **WHAT ARE THE BARRIERS TO PROFESSIONAL CURIOSITY (FROM THE ABOVE LINKS)**

Other Barriers to Professional Curiosity ... 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

# AND HERE ARE SOME MORE LINKS

From the [Safeguarding Company](#) (relating to education)

From [Greenwich Safeguarding](#)

And two from Leeds

[Children's Safeguarding](#)

[One minute Guide](#)



# UNCONSCIOUS BIAS CAN SIGNIFICANTLY AFFECT CURIOSITY

HERE ARE TWO LINKS YOU MIGHT  
FIND INTERESTING

- [Unconscious Bias Training](#)

- <https://www.changingfaces.org.uk/for-professionals/employers/training-guidance/unconscious-bias-training/>
- [https://cogresearch.gabba.net/cif\\_survey/](https://cogresearch.gabba.net/cif_survey/)

- And try this film

- <https://youtu.be/K-n7el87Dmo?t=52>

- [Implicit and Unconscious Bias](#)

- <https://scholar.harvard.edu/rbr/implicit-or-unconscious-bias>
- <https://implicit.harvard.edu/implicit/>

AND HAVE A LOOK  
AT THIS  
BY RICH DEVINE

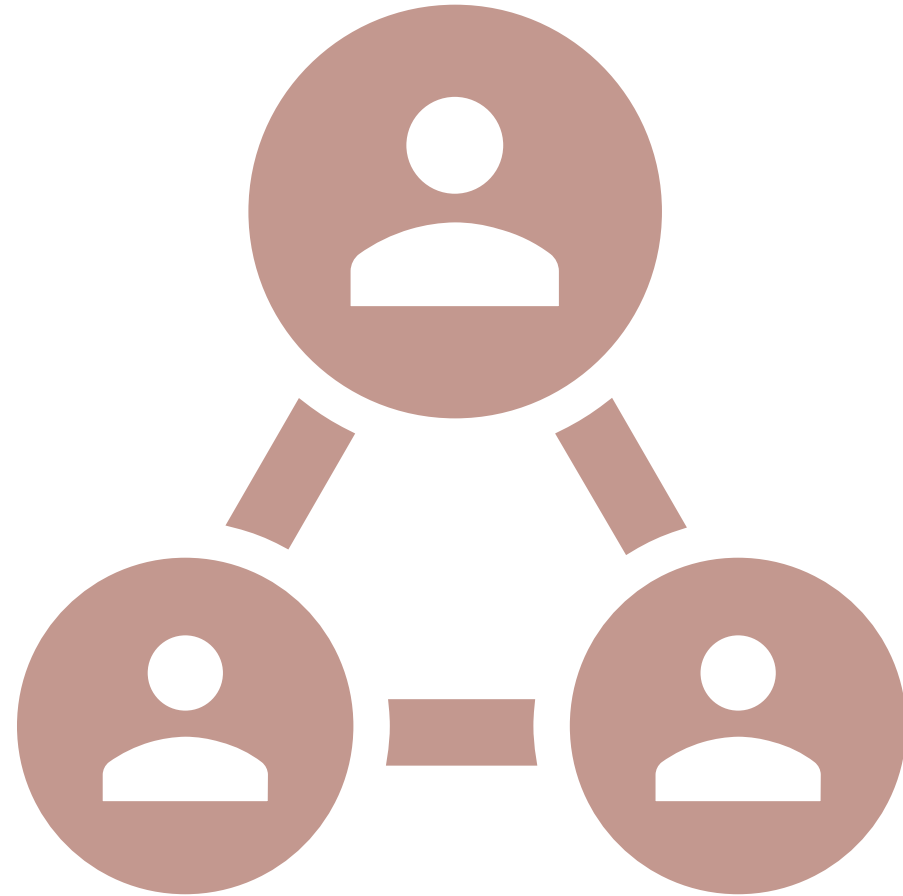
CONNECTING  
THE NOTION OF ...

**‘PROFESSIONAL  
CURIOSITY’** ...

TO THE WIDER  
CONTEXT OF ...

**ASSESSMENT,  
ANALYSIS AND  
DECISION-  
MAKING**

THE **‘WHY’** IS IT  
SO DIFFICULT?  
QUESTION





THE SPECIAL AND  
COMPLEX NATURE OF  
DECISION-MAKING,  
ASSESSMENT ANALYSIS  
IN THE WORK YOU DO



# IMPORTANCE OF 'BASE RATE' IN RISK ASSESSMENT AND THE 'FALLACY OF REVERSE INFERENCE' → HUGE VARIANCE

- Two articles on problems with the term 'Toxic Trio'

<https://www.sciencedirect.com/science/article/pii/S0190740920321010>

<https://www.communitycare.co.uk/2021/01/28/alarmingly-weak-evidence-base-toxic-trio>

- A preferred term is 'trio of vulnerabilities'

**FROM A  
CONFERENCE  
BY DR PAT  
CRITTENDEN  
15 DEC 2021  
(SOME)  
FALLACIES  
CORRECTED)**

*“Appearance is not the same as reality*

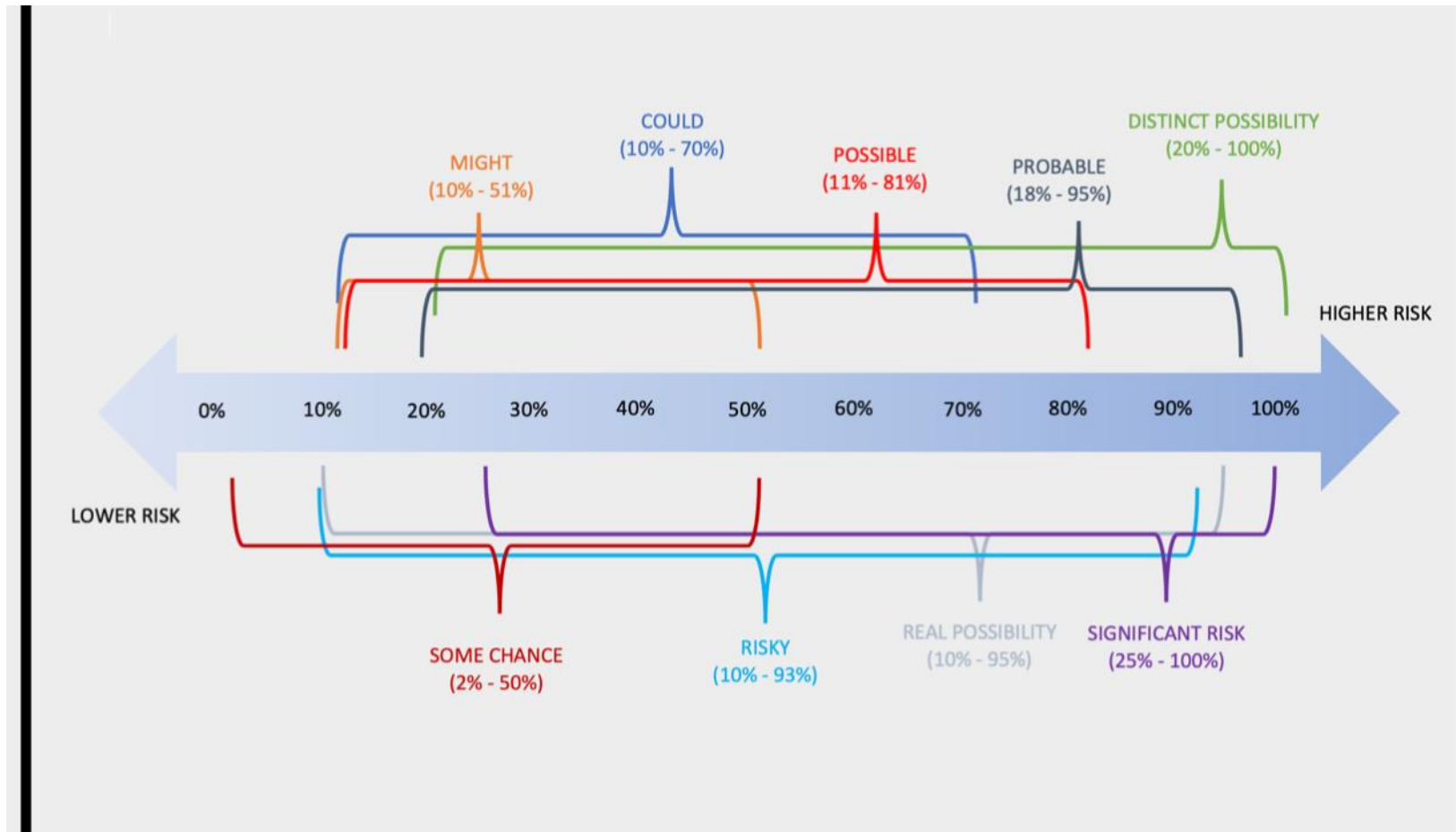
*Hurt children don’t always look distressed*

*Parental aspirations don’t always predict  
behaviour*

*Parental psychological trauma is not  
always easily identified”*

**FROM A  
CONFERENCE  
BY DR PAT  
CRITTENDEN  
15 DEC 2021**

- Routines and checklists will miss complex cases and traumatised individuals
- Photos of children smiling can be misleading
- There can be big discrepancies between risky behaviour, on the one hand, and ‘bright smiles and super-positive’ behaviour on the other
- Empathic responses from practitioners, and ‘community resources’, are likely to be most effective
- There are ‘massive differences’ between professionals when asked to ‘rate attunement’



FROM RESEARCH BY  
 DR DAVID WILKINS, CARDIFF UNIVERSITY

DAVID WILKINS & GODFRED BOAHEN

# Critical Analysis Skills for Social Workers



FROM THE  
INTRODUCTION

- ... in social work, if a parent tells you that their child suffered an injury when they ran into a door, if the child of an older adult tells you their father must be placed into residential care, if the mother of a young man with mental health difficulties tells you he needs stronger medication as she cannot cope – then you cannot simply accept this information uncritically. That is, you need to think critically about why you are being given this information and what it might mean.

FROM THE  
INTRODUCTION

- Research by Gailliot et al. (2007) shows that strenuous mental activity uses up energy in the form of glucose from the body. Thinking hard – like physical effort – drains your energy reserves and can leave you feeling physically exhausted. From this, it entails that even the thought of hard, mental activity can be daunting, in the same way that for most (sensible) people, the thought of running a marathon would be daunting.



- Kahneman (2011) discusses an interesting study of judges sitting on a parole board and relates this to the finding that mental activity uses up the body's resources in a similar way to physical activity. The study, by Danziger, Levav and Avnaim-Pesso (2011), found that on average, 35 per cent of parole requests were approved with the remaining 65 per cent declined. A more detailed examination of the rates of approval and decline found that after breaks for food and drink, the rate of approval increased to 65 per cent and fell steadily towards zero until the time of the judges' next break. As Kahneman concludes, the best interpretation of this data is that the judges' decision-making, their analysis of the merits of each request for parole, was affected by their own hunger and fatigue. If you are ever unfortunate enough to find yourself before a parole board, try and make sure your case is discussed straight after lunch.

FROM THE INTRODUCTION

- ... in response to the challenge that a lack of time precludes good, critical analysis, we say that good, critical analysis saves time. How? By helping you be more efficient in terms of the information you gather. Starting from the premise that no practitioner can claim to collect all the available information, there must always be a degree of selection that takes place.

FROM CHAPTER 1

# FROM CHAPTER 3 - JARGON

Reflection point:  
do you use  
jargon?

Here are some common terms in social work and how they were interpreted by a group of service users on behalf of the Social Care Institute for Excellence.

Voluntary agencies  
– people with no  
experience

Maintain – thought  
to be related to  
child maintenance

Sensitive –  
something sore and  
tender

Encompass – a  
way of finding  
directions

Agencies –  
second hand  
clothes shops

Common  
(values) – cheap  
and nasty

Eligibility – a  
good catch for  
marriage

Allocation process  
– related to getting  
a new house

Function – a  
wedding, party or  
funeral

Gender – most did  
not know what this  
might mean

Networks – no  
one knew this  
word

## JARGON - FROM CHRIS DYKE'S

### WRITING ANALYTICAL ASSESSMENTS IN SOCIAL WORK

- For example:
  - I have come to the conclusion as a result of my assessment that in the view of the local authority there are serious concerns about the issues in the family. The parents have not engaged with services and are inappropriate in their substandard care of the children, causing physical neglect and emotional harm and having a deleterious effect on the children's welfare while failing to meet their needs. Looking forward we need to imbue their parental capacity with an increased proactivity under the auspices of a SMART intervention under a child in need which the parents should consistently engage with.
- This passage is 100 words long and manages to say absolutely nothing. It does, however, give two impressions:
  1. I have identified myself as a professional who writes like a professional;
  2. I don't like what these parents are doing.

# JARGON - FROM CHRIS DYKE

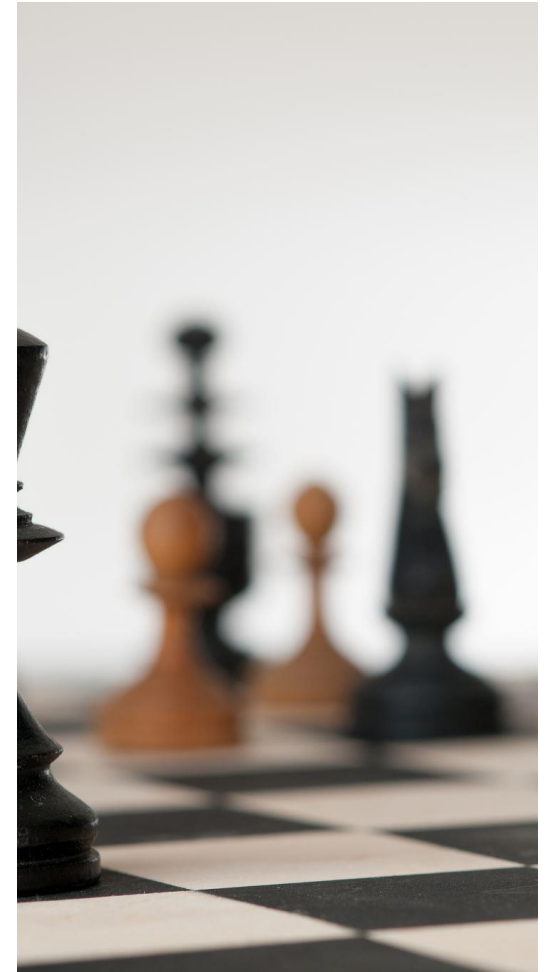
- There are two immediate problems with this kind of jargon:
  1. The service user doesn't know what you're talking about;
  2. You (me: perhaps?) don't know what you're talking about.
- The second point is demonstrated every time a professional can't explain what they mean when asked for an example. This advice meets surprising hostility in the workplace. Social workers and managers frequently tell me 'but we have to use long words to sound more professional'. No you don't, and this isn't just my view: Judge Lea criticised a social worker for writing a report that 'might as well be in a foreign language' and said that using long words to make simple points cast significant doubt on whether a social worker could properly communicate with a service user (Silman, 2015).

FROM CHRIS  
DYKE

BEYOND A  
SUPERFICIAL  
IDENTIFICATION  
OF 'RISK

- Knowing that someone 'has substance misuse issues' tells you nothing. Does it mean they smoke cigarettes and a joint of cannabis once a week? Does it mean they're an intravenous heroin user spending £300 a week?
- Say what's happening. For example, 'there are issues of substance misuse and physical chastisement in the home, leading to Amy self-harming' could mean:
  1. 'Mum drank a litre of vodka (which she does at least four times a week) and hit Amy with a metal stick. As a result, Amy jumped off a bridge intending to kill herself'; or
  2. 'Mum smoked a joint of cannabis, argued with Amy and slapped her. Afterwards, Amy made superficial cuts to her wrists.'
- Neither situation is good, but 1 is decidedly more serious than 2. Using general terms for a specific incident misses the detail, and the detail helps you assess needs and risk

**FROM DR  
DAVID  
WILKINS**



I visited Mr Cooke at home and interviewed him about his daily life. Mr Cooke informed me that he feels his self-care skills are reasonably good; Mr Cooke feels he is able to meet his own needs for nutrition, for personal care and for stimulation at home. In terms of social relationships, Mr Cooke is part of various networks including a local mosque. However, I had the impression from interviewing Mr Cooke that he showed some evidence of short-term memory loss and this was non-commensurate for a man of his age. On observation, the home environment was reasonably clean and tidy –however, I did notice several areas of concern, including a poorly maintained aquarium. With his consent, I spoke with Mr Cooke’s GP who informed me that he regularly visits Mr Cooke at home and finds him to be often confused and disoriented.

**TASK: RE-WRITE THE FOLLOWING TWO PARAGRAPHS, AIMING FOR (1) CLARITY AND (2) BREVITY (YOU SHOULD FEEL FREE TO SPECULATE AS REQUIRED IN ORDER TO RE-WRITE THE PARAGRAPHS MORE CLEARLY)**



- I visited Mr Cooke at home and we talked about the things he does day to day. Mr Cooke told me that he is able to make himself a cup of tea, that he can wash and take a bath without help and that he likes to read, listen to the radio and watch TV, all of which he told me he can do without help. Mr Cooke attends mosque every Friday and he often talks to the other people who attend at the same time. However, I did notice during the visit that Mr Cooke told me things more than once and several times he asked to be reminded who I was. This suggested to me that he may have some short-term memory loss and that he was more forgetful than many other men of his age, in my experience. The house was clean and tidy apart from a fish tank, which was quite cloudy and murky.

TASK: RE-WRITE THE FOLLOWING TWO PARAGRAPHS, AIMING FOR (1) CLARITY AND (2) BREVITY (YOU SHOULD FEEL FREE TO SPECULATE AS REQUIRED IN ORDER TO RE-WRITE THE PARAGRAPHS MORE CLEARLY)

**TASK: RE-WRITE THE FOLLOWING TWO PARAGRAPHS, AIMING FOR (1) CLARITY AND (2) BREVITY (YOU SHOULD FEEL FREE TO SPECULATE AS REQUIRED IN ORDER TO RE-WRITE THE PARAGRAPHS MORE CLEARLY)**

I visited Mr Cooke at home and interviewed him about his daily life. Mr Cooke informed me that he feels his self-care skills are reasonably good; Mr Cooke feels he is able to meet his own needs for nutrition, for personal care and for stimulation at home. In terms of social relationships, Mr Cooke is part of various networks including a local mosque. However, I had the impression from interviewing Mr Cooke that he showed some evidence of short-term memory loss and this was non-commensurate for a man of his age. On observation, the home environment was reasonably clean and tidy –however, I did notice several areas of concern, including a poorly maintained aquarium. With his consent, I spoke with Mr Cooke’s GP who informed me that he regularly visits Mr Cooke at home and finds him to be often confused and disoriented.

I visited Mr Cooke at home and we talked about the things he does day to day. Mr Cooke told me that he is able to make himself a cup of tea, that he can wash and take a bath without help and that he likes to read, listen to the radio and watch TV, all of which he told me he can do without help. Mr Cooke attends mosque every Friday and he often talks to the other people who attend at the same time. However, I did notice during the visit that Mr Cooke told me things more than once and several times he asked to be reminded who I was. This suggested to me that he may have some short-term memory loss and that he was more forgetful than many other men of his age, in my experience. The house was clean and tidy apart from a fish tank, which was quite cloudy and murky.

**A GENTLE  
INTRODUCTION TO  
'RESEARCH FOR  
PRACTITIONERS'**



# QUIZ 1

1. What is the name of the main act of Parliament that covers children's services?
2. Which section of the act covers 'children in need'?
3. Which section deals what is sometimes called 'voluntary care'?
4. What is the correct term for 'voluntary care'?
5. Which section covers 'care orders'?
6. Which section covers 'children in need of protection'?
7. What is the name of the main government department that covers children and families work?
8. Identify the main guidance covering the safeguarding of children in the UK.
9. Who undertook the major review of child protection in the UK which was published in 2011?
10. Who is the Chief Social Worker for C and F in England?

A SHORT  
RESEARCH QUIZ  
FOR  
PRACTITIONERS  
(DIFFERENT TO  
PROCEDURAL OR  
LAW QS)

1. Briefly state three key findings about what affects whether reuniting a child with her/his birth parents is likely to be successful
2. What does research say about the most effective ways to help young people subjected to child sexual exploitation?
3. Name two key writers and some of their findings in the field of adolescent neglect
4. Name two key researchers who have studied how poverty and inequality differentially affect CP referrals to social care across the country
5. Think of one current 'intervention' in the field of child and families work and briefly summarise the findings of research into its effectiveness

# LINKS FOR SOME OF THE QUIZ QUESTIONS

## Reunification

- <https://www.jrf.org.uk/report/reuniting-looked-after-children-their-families>
- <https://whatworks-csc.org.uk/research-report/improving-the-chances-of-successful-reunification-for-children-who-return-home-from-care-a-rapid-evidence-review/>

## CSE

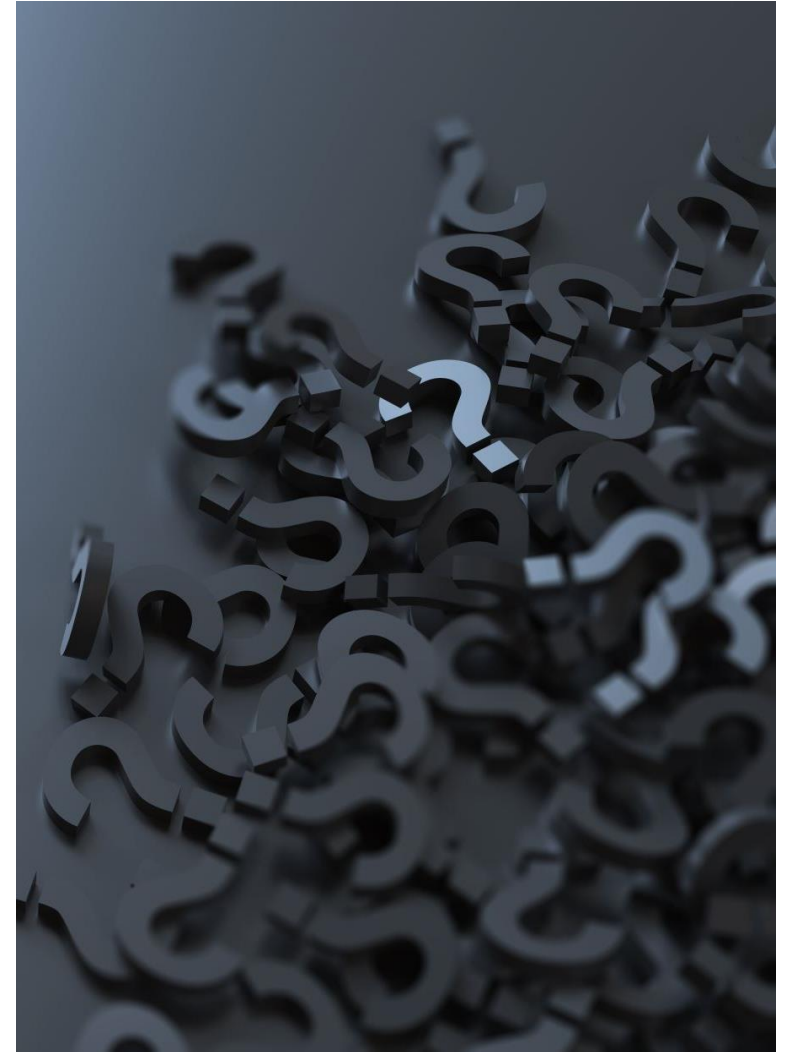
- <https://www.ccinform.co.uk/practice-guidance/cse-perpetration-disruption-and-prosecution/?cmpid=NLC%7CSCSC%7CSCCN-2016-0426>

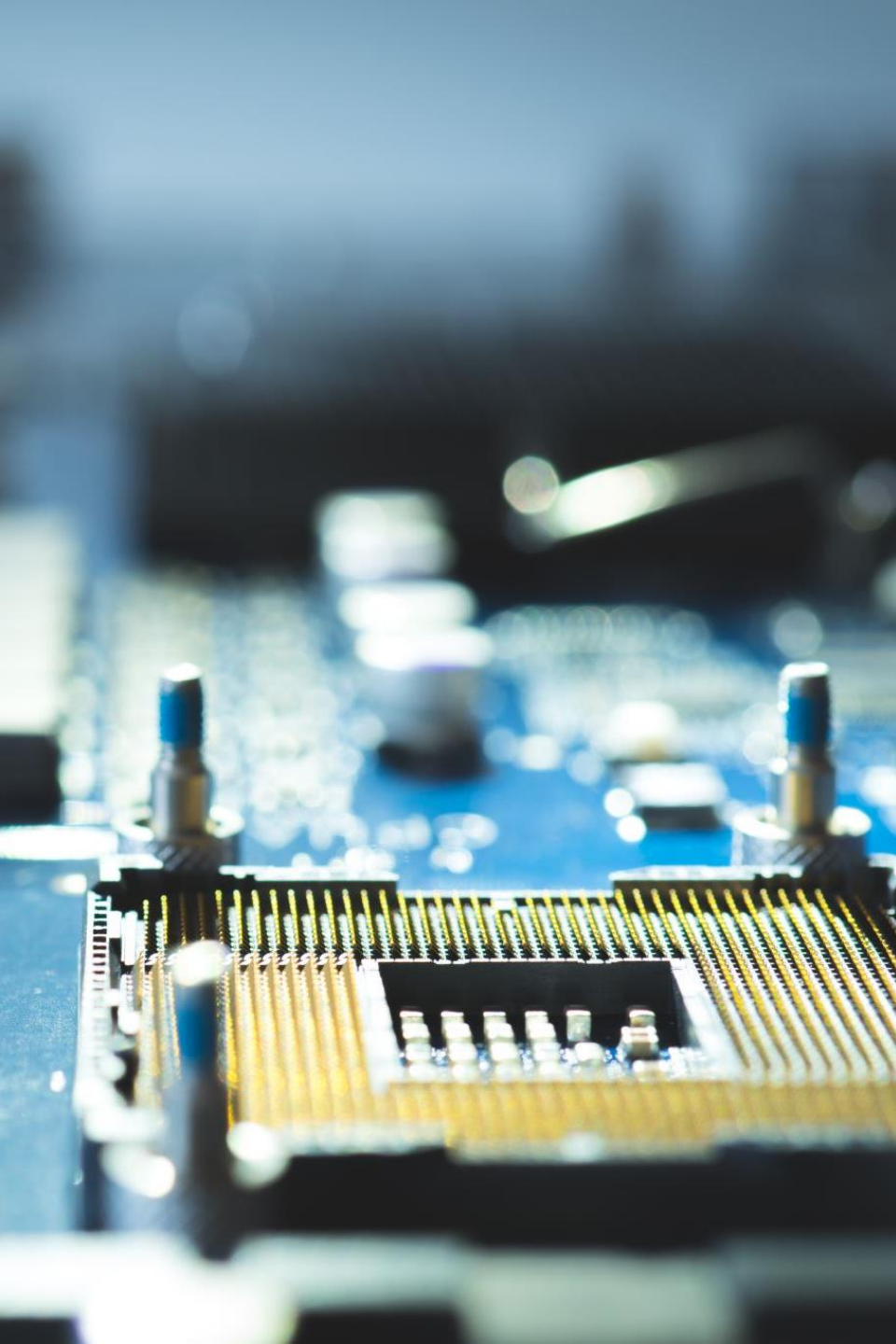
## Adolescent neglect (eg Mike Stein)

- [https://www.childrensociety.org.uk/sites/default/files/thinking\\_about\\_adolescent\\_neglect\\_report.pdf](https://www.childrensociety.org.uk/sites/default/files/thinking_about_adolescent_neglect_report.pdf)

## Poverty and CP referrals (see Paul Bywaters and Andy Bilson, in particular)

- <https://www.healthcare.ac.uk/research-2/implementation-and-improvement-research-group/system-conditions-and-inequalities-in-childrens-social-care/>
- <https://bilson.org.uk/child-protection/>






# THE WHAT WORKS CENTRE

## EVIDENCE STORE DASHBOARD

[HTTPS://WHATWORKS-  
CSC.ORG.UK/EVIDENCE-STORE/](https://whatworks-csc.org.uk/evidence-store/)


THE INTERVENTION	OUTCOME	OVERALL EFFECTIVENESS	STRENGTH OF EVIDENCE
------------------	---------	-----------------------	----------------------

 <b>Study Review</b>  <b>Foster and kinship care support</b> Interventions to support children living in foster and kinship care placements, and their carers	<b>CHILD BEHAVIOUR</b>	++	★☆☆☆
	<b>ATTACHMENT AND RELATIONSHIPS</b>	+	★★☆☆
	<b>PLACEMENT OUTCOMES</b>	++	☆☆☆☆

 <b>Study Review</b>  <b>Home visit programmes</b> Assessing whether home visit interventions for new and pregnant mothers are a cost-effective tool to prevent child maltreatment	<b>CHILD MALTREATMENT</b>	+	★★★☆☆
--	---------------------------	---	-------



THE INTERVENTION	OUTCOME	OVERALL EFFECTIVENESS <sup>?</sup>	STRENGTH OF EVIDENCE <sup>?</sup>
------------------	---------	------------------------------------	-----------------------------------

 <b>Study Review</b>  <b><u>Sexual abuse recovery using CBT</u></b> Using cognitive-behavioural approaches to support the recovery of children who have experienced sexual abuse	CHILD'S PSYCHOLOGICAL FUNCTIONING	0	★ ★ ★ ★
	CHILD BEHAVIOUR	0	★ ★ ★ ★

 <b>Study Review</b>  <b><u>Signs of Safety</u></b> A strengths-based, safety-orientated approach to casework designed for use throughout the safeguarding process	ENTRY TO CARE	0	★ ★ ★ ★
--	---------------	---	---------

**AND FINALLY, SOME  
RECENT RESEARCH INTO  
ATTACHMENT**

FINALLY HAVE A LOOK AT [THIS](#),  
ABOUT ATTACHMENT - IT'S VERY  
LONG BUT CONTAINS  
IMPORTANT MESSAGES. FOR  
EXAMPLE ...

The following misunderstandings regarding attachment difficulties appeared in more than a minority of practitioners:

1. The respondents did not distinguish clearly between aspects that could be regarded as risk factors for, or influences on, attachment difficulties and actual attachment difficulties themselves
2. Many of the indicators mentioned were describing caregivers' (often mothers') difficulties and past experiences rather than focusing on difficulties in the *child's* attachment behaviours expressed towards current caregivers
3. Although many of the difficulties reported with which children presented may be *associated* with attachment difficulties (perhaps as consequences), they were not necessarily attachment difficulties themselves.



FINALLY HAVE A LOOK AT THIS,  
ABOUT ATTACHMENT - IT'S  
VERY LONG BUT CONTAINS  
IMPORTANT MESSAGES. FOR  
EXAMPLE ...

4. The concept of trauma was used in very broad ways and often treated as being the same construct as attachment. Practitioners commonly referred to traumas occurring within *past* attachment relationships (i.e. what is often referred to as developmental trauma) and considered their impact on current functioning as reflecting 'attachment difficulties', without necessarily considering whether or not the child's *current* attachment behaviour towards his or her caregivers is problematic. This conflation of cause (in the previous example) or consequence (in the latter) with the construct itself blurs the meaning of attachment in ways that we believe are unhelpful and potentially confusing.



AND HERE'S  
A KEY 'TAKE  
HOME' FROM  
THIS STUDY  
(IN THE  
PLAIN  
ENGLISH  
ABSTRACT)

### Plain English summary

- Attachment refers to an infant's natural instinct to seek comfort from their main carers. There are four ways in which infants show attachment ('attachment patterns'). These are known as secure, insecure-avoidant, insecure-resistant and disorganised. Secure attachment usually occurs with consistent and responsive parenting/caregiving and is linked with positive social and emotional child development. Inconsistent, neglectful or abusive parenting/caregiving can lead to problems with attachment, including disorganised attachment, and is linked to poorer outcomes. Parenting support, education and therapies help parents improve infant attachment and their child's outcomes.
- We surveyed UK services to see what they offered families with attachment problems. A total of 734 UK services responded. This identified 10 therapies or support packages most commonly offered to parents. We checked what research had been done on these. We found very little. We found 61 studies of support packages with quite good evidence, but these were generally not ones offered by UK services.

AND HERE'S  
A KEY 'TAKE  
HOME' FROM  
THIS STUDY  
(IN THE  
PLAIN  
ENGLISH  
ABSTRACT)

- We also looked in detail at research for all types of support/therapies to improve attachment. We looked for the best research (called 'randomised controlled trials'); 26 studies had tested therapies to see if they improved secure attachment and 20 had tested whether or not they improved (i.e. reduced) disorganised attachment. We found that these therapies or support packages are good at increasing secure attachment and improving disorganised attachment. Mostly they did this by helping parents/caregivers improve caregiving and particularly how sensitive and responsive they are to their child and their needs.
- Currently, practice is not following research, and research is not being done to properly evaluate current practice. We need to improve the evidence and the way it links to practice, including how those organising and paying for services are made aware of up-to-date research to make sure that the best treatments are available. High-quality training for staff is also important.

### **Headline**

- **This study found the most commonly used attachment interventions in UK services currently have a limited evidence base and those with stronger evidence bases are less widely used.**

### How to be curious

1. Explain at the first visit that you may have to ask personal or sensitive questions
2. Never disregard information because it does not fit with your understanding – be open to the unexpected and willing to change your opinion
3. Do not make presumptions about what is happening in a family home
4. Ask questions in an open and relaxed manner – explain that the intention is not to interrogate but to understand
5. Beware of inconsistent explanations, vague or retracted disclosures
6. Do not discount concerns just because they are unproven – concerns may be both valid and impossible to substantiate
7. Explanations from the family need to be collated with observation and other sources of information – is the overall picture consistent?
8. Home visits should include seeing the whole home, especially where the child sleeps
9. Think family – who else has an important role in the child’s life? Are they also vulnerable?
10. Seek consent to speak to the professional network– serious case reviews repeatedly find that had all of the information held by different agencies been collated it would have led to a much clearer picture of the risk to the child
11. Be aware of how your own background, culture and beliefs impact on the way you interpret a situation
12. Seek a second opinion – talk any doubts through with an appropriate colleague, i.e. (depending on your role) your designated safeguarding lead, in peer or line supervision or via the MASH consultation line (020 8921 2267)

From the Greenwich link earlier



John Burham's notion of  
**Social Graces**

(now, GRRACCEESS)