Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Think Family and Professional Curiosity

22nd January 2025 13:00-1400

Presented by: Dr Marie McVeigh and Dr Vicky Donkin

Named GPs for Safeguarding

ICB Primary Care All-Age Safeguarding Team

Aims and Objectives

- Understand Think Family Approach and it’s relevance to all age safeguarding in primary care.
- Consider professional curiosity in the context of safeguarding.
- Discuss potential barriers to professional curiosity and how to navigate them.
- Understand different types of resistant behaviour and how to negotiate them.
- Consider the importance of safeguarding supervision, discussions with colleagues and the wider MDT.

Think Family Approach

Promotes co-ordinated thinking and delivery of services to safeguard children and adults.

Remember: Neither children, young people or adults exist or live in isolation.

Think Family Approach

- **The Think Family agenda** recognises and promotes the importance of a whole-family approach which is built on the principles of '**Reaching out'**.
- **No wrong door:** all services should offer an open door into a system of joined-up support. This is based on more coordination between adult and children's services.
- **Looking at the whole family:** services working with both adults and children take into account family circumstances and responsibilities.
- **Building on family strengths:** practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities.

Think Family - “Myth of Invisible Men”

- Research undertaken by the Child Safeguarding Practice Review Panel suggests that men are between 2 and 15 times more likely than women to perpetrate harm in under ones.

- **However, practice tends to render fathers ‘invisible’ and generally ‘out of sight’ as services do not regularly, significantly and substantially involve fathers.**

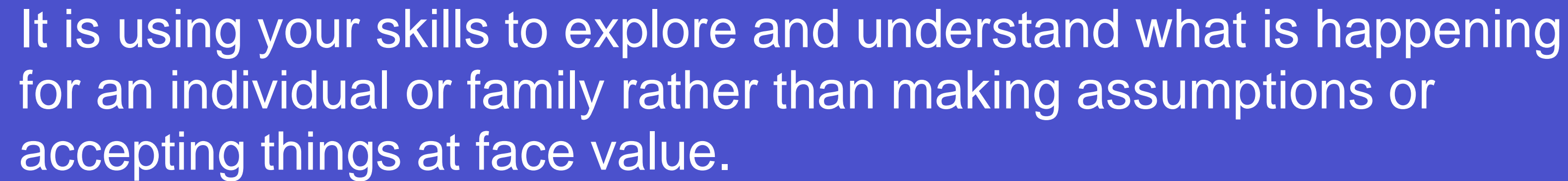
- It is important to understand the household composition, and which family members or significant others should be included as part of any assessment and planning. **For children, the engagement of and role played by fathers or male carers should always be prioritised.**

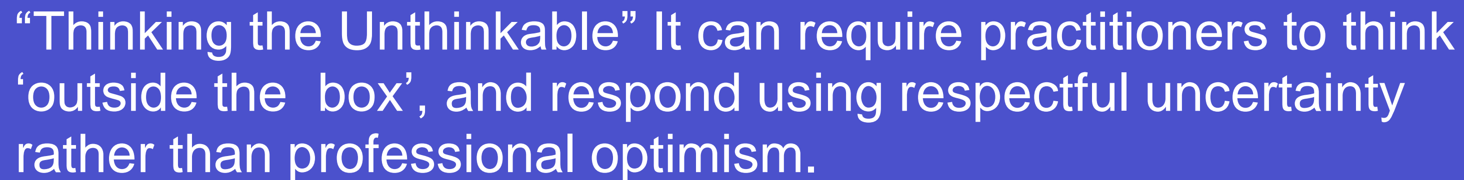
- It is important to know **all** agencies involved with the family. **Consider linking family records.**

Think Family; Practitioner questions

Have I asked who is in the family and understood family members' roles and relationships to each other?	Do I know who else lives in the household or has regular contact?	Have I considered the strengths of the family and what is working well?	Have I considered their resilience to cope with the demands they face?
Have I considered if other family members are at risk or in need of support?	Have I explored caring responsibilities?	Do I know if other practitioners are working with the family?	Have I listened to what support the family want and explored what their solutions may be?
Have I been open and honest about my concerns?	Have I made assumptions about the family?	Have the family response helped my decision making?	Have I taken my concerns to supervision?

What is Professional Curiosity





Curious professionals engage with individuals and families through visits, conversations, observations and asking relevant questions to gather historical and current information.

Why is Professional Curiosity important?

A lack of Professional Curiosity can lead to:

- **Missed opportunities to identify indicators of vulnerability or significant harm.**
- **Assumptions made in assessments of needs and risk which are incorrect and lead to incorrect or inappropriate interventions for individuals and families.**
- **The presenting issues are dealt with in isolation, rather than considering the bigger picture.**

Sometimes practitioners can feel they are being intrusive or that they may be overstepping their role by asking extra questions or seeking alternative explanations.
This is not the case. Safeguarding is everyone's responsibility and professional curiosity is a core responsibility of all practitioners.

How to be professionally curious

Professional curiosity is checking out and reflecting on information received though a combination of looking, listening, asking direct questions.

Testing out your professional hypothesis and not making assumptions.

Triangulating information from different sources to gain a better understanding of individuals and family functioning.

Getting an understanding of individuals' and families' past history which in turn, may help you think about what may happen in the future.

Obtaining multiple sources of information and not accepting a single set of details you are given at face value.

Having an awareness of your own personal bias and how that may impact upon your practice.

Being respectfully nosey.

Look, Listen, Ask, Checkout?

Look

- Is there anything about what you see that makes you feel uneasy?
- Could what you see be a sign or symptom of abuse, neglect or self-neglect?
- Consider why someone is behaving a certain way; think broadly about what this might mean?
- Does what you see match with what you are being told? Could there be an alternative explanation?
- Be aware of people's responses to questions and read body language; are they seeming reluctant to answer the question, is something being held back? If so, why might that be?
- Who else is involved? Have you spoken with the person alone?

Listen

- Does something not sound right?
- Are you being told anything which needs further explanation?
- Have you spoken to the person that you are concerned about? Are they free to give their views? Can you talk to them on their own?
- Does what you hear, match with what you have seen? Could there be an alternative explanation?

Look, Listen, Ask, Checkout?

Ask?

- Are there questions you can ask to explore what you have seen or been told?
- Maintain an open mind. Consider, are you making assumptions? Are you taking information at face value and jumping to conclusions?
- Is your use of language, clear, accessible, understandable to the person you are talking to?
- How can we try to better understand what life is like for them?
- Should we involve an independent advocate? (link to Remedy, see section on IMCAs)

Checkout?

- Treat what people say with 'respectful uncertainty'. Can you build a picture of what is happening?
- Are other professionals involved? Have other professionals seen or been told the same as you? Are there family members / friends you could speak to?
- Are others concerned? What action has been taken so far?
- Have you recorded your concerns?
- Is there anything else which should or could be done?
- Refer to your organisation's policy and procedures.
- Consider the need to raise a safeguarding referral.
- Where changes have been agreed what evidence do you have that they have been enacted?

Professional Curiosity Via Telephone

Can you speak freely? **Are there other members of the family in the room that can hear our conversation?**	Asking if the individual can talk openly (closed question) should give you an indication of whether there is the potential for guarded answers to your question. By establishing this at the very beginning you can reduce the pressure on them.
Can you move into another room? **Agree a code word**	Asking them if they can talk in another room or outside might help them to talk more openly. It may be that you might need to talk another time. Agreeing a code word between you and the person you are talking to so you can quickly establish on further meetings whether that person can talk safely and openly

It should be recognised that individuals that cannot talk openly may be at risk of coercion and controlling behaviour.

Overcoming barriers to professional curiosity

Try not to: Minimise risk because you have limited information

What you should do instead: Stay focused on risk. Limited information is common. It is not always possible to know for sure what has happened, but the concern for the person needs to remain.

Try not to: Be overly optimistic about a person's situation or the help that is being provided.

What you should do instead: Sometimes all the right things are said by paid and unpaid carers and services, but there is little or no evidence of change. Consider if progress is really being made? Are intended outcomes actually being achieved?

Try not to: Focus on the problem and not the person

What you should do instead: Always seek to understand the person behind the concern. This will help you to identify the best path forward.

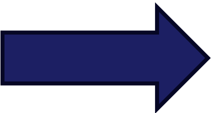
Try not to: Avoid difficult conversations

What you should do instead: Have courage, gain support, use supervision. Plan for difficult conversations wherever possible.

Make Every Contact Count

Safeguarding is Everybody's Business

Think Family



Its not OK to do nothing

- Are they always with someone else and decline to speak?
- Any unexplained marks on body or the explanation doesn't match up?
- Are they reserved and distant?
- Stopped activities that they would usually enjoy?
- Cancels appointments or meetings with you at the last minute? Or repeated rescheduling.
- DNA / Was not brought?
- Is often late to work or other appointments?
- Exhibits excessive privacy around their personal life or their relationship?
- Begins isolating themselves from friends and family members?

Authoritative Practice

Authoritative practice. Is described as the ability to negotiate the complexity and ambiguity of safeguarding with confidence and competence; this becomes particularly important where carers are exhibiting resistant behaviours.

Authoritative practice and **professional curiosity** are vital in responding to complex cases, where multiple risks and vulnerabilities may extend over considerable periods of time.

Authoritative practice *needs to be underpinned by a culture of supportive supervision. Safeguarding Leads can model authoritative practice 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.*

Resistant Behaviour - 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.

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 most situations. However at its worst superficial cooperation may be concealing deliberate abuse; and many case reviews highlight that professionals can sometimes delay or avoid interventions due to disguised compliance.

Resistant Behaviour

There are often three types of resistant behaviour that can be exhibited:

1. **Appearance of full compliance (disguised compliance)** - Involves parents/adults/carers not admitting to their lack of commitment to change but working subversively to undermine the process due to concealment, superficiality, dishonesty or incapability. Also involves giving the appearance of co-operating with agencies to avoid raising suspicions and ultimately diffuse professional intervention.

2. **Refusal to engage (passive/aggressive behaviours)** - Involves parents/adults/carers who decline to engage with plans/interventions/refuse access to child/adult/refuse contact with other agencies. Behaviours include, passive where parents/adults carers refuse any intervention, physical or verbal aggression and deflection.

3. **Planned effective resistance (non-compliance)** - Involves proactively sabotaging efforts to bring about change or alternatively passively disengaging, including: Not being in when a visit is arranged, not following agreed care plans, disposing of medication and 'pretending' its been given, covering bruising with make-up/clothing/chocolate, saying partner not living at home when they do.

Working with Disguised Compliance

- Focus on the needs, voice and **'lived experience'** of the child, young person or adult.
- **Avoid** being encouraged to **focus on the needs and presentation of the adults/ 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 practitioners 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 the professionals plan.
- 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

Rethinking DNA; WNB (Was Not Brought)

In recent Safeguarding 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**.

- **Non-compliance may be a parent or carer's choice, but it is not the vulnerable adult's or child's**. Practice administrators and practitioners should treat repeated cancellations and rescheduling of appointments with curiosity and the same degree of concern as repeated non-attendance.
- When working with vulnerable people and families, health practitioners and services should maintain '**consistent support for the family'.** This includes displaying curiosity and vigilance towards meeting the vulnerable adult's or child's needs and be persistent in pursuing non-engagement.

A shift away from the term DNA (did not attend) to WNB (link to BNSSG WNB guidance) helps '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'.

https://youtu.be/dAdNL6d4lpk?si=OdusrkoWkQtU87Ew

Top Tips for Practice

- Speak to other practitioners on a regular basis, **don't wait for meetings.**
- MDT: When assessing and managing a case, input from two, three or four sources is better than one.
- Sometimes the most important person to trust is yourself, **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**?
- **Avoid jargon;** talk to colleagues and families using language they understand and relate to.
- Include families in decisions about their own lives.
- Be mindful of your own **optimistic bias** (wishful thinking).
- Engage with **supervision and reflective practice** in managing safeguarding concerns.
- Ensure you are familiar with and know how to access your local **Escalation Policy.**

Bristol: Welcome to the Keeping Bristol Safe Partnership website.

N. Somerset: Policies and governance | Childrens Safeguarding Board

S. Glos: Integrated Working Protocol

Tips for managing difficult conversations

Don't put it off

- Raise the issue as soon possible, deal with it, don't put it off.

Prepare

- Take some time to think things through—what are the main points you need to make? How can you best say, what you need to say?
- If you know the person isn't going to agree with you, prepare some examples and factual information to support what you are saying.

During the conversation

- Keep the agenda focused on the topics you need to discuss.
- Use open questions which begin with phrases such as "Why do you think…", "Help me understand why…", or "Explain to me …"
- Stay objective, keep your calm, and listen carefully - Share what you need to and then listen and be empathetic. Always be diplomatic.

Decisions

- Almost always with difficult conversations, there is a 'now what?' that needs to be answered. Be clear on the reasons for any particular outcome and allow them to reflect on the positive aspects for all parties involved.

Reflection

- Reflect on your approach, what worked well, what might have been done differently.
- Consider how you will be able to build upon this conversation in your next meeting with the person.

Supervision, curiosity and understanding families

- The use of 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 can be even more effective in promoting curiosity and respectful uncertainty, as practitioners can use these spaces to consider their own biases and assumptions.

BNSSG ICB Primary Care Team Safeguarding Training Offer 2025.

Case Supervision
13:00-14:00

Wednesday 19th February
Tuesday 1st April
Tuesday 1st July
Wednesday 17th September
Tuesday 4th November

ICB Primary Care Safeguarding Team

Named GP Dr Marie McVeigh – Wednesdays & Alternate Fridays
Named GP Dr Vicky Donkin - Tuesdays and Alternate Wednesdays

Named Professional Kirsten Bowes - North Somerset, South Bristol and BIC (34 hours per week)
Named Nurse Louise Ledgerwood-Care - South Glos, North Bristol FABB & FOSS (Full-time)

For All Training & Safeguarding Enquiries:
bnssg.safeguardingadmin@nhs.net

GP Link Meetings
13:00-14:30

Tuesday 4th March
Wednesday 25th June
Wednesday 2nd September
Wednesday 3rd December

Bitesize Webinars
13:00-14:00
Weds 22nd Jan - **Think Family/Professional Curiosity**
Tues 25th March – **Domestic Abuse**
Tues 29th April
Tues July 15th
Weds 24th September
Tues 19th November

Level 3 Training Online Local Update Via MS Teams
Level 3 **Safeguarding Children**
Wednesday 5th February

Level 3 **Adult Safeguarding**
Wednesday 8th Oct 24

SAVE THE DATE

Wednesday 4th June 2025
(Full Day)
All- Age Safeguarding Conference
Level 3
Details TBC

Questions

Thank you

Contact: bnssg.safeguardingadmin@nhs.net