

Professional curiosity about professional dangerousness (lesson in a box)

1. **Children and carers unheard:** Child abuse inquiries highlight the central importance of listening to the child. Although children may find it hard to speak of abuse, it has been shown that prior to a child's tragic death they have often forewarned someone in authority about the risk. Similarly, prior to fatally harming a child, carers often raise the alarm by telling a professional that they are afraid of hurting the child or that they cannot cope and they also remain unheard.
2. **Rule of optimism:** Professionals tend to want to believe that all is well for the child, even when the indicators of abuse are visible. There is a tendency by (individual professionals or as part of a professional system) to be falsely convinced that the child is safe. This is a form of denial and is the most common type of dangerous practice.
3. **Concrete solutions:** This response to abuse is to provide practical solutions such as housing, washing machines or money, rather than investigating harm.
4. **Assessment paralysis:** Professionals feel helpless, overwhelmed and incapacitated and change is perceived as hard to achieve because the family have always behaved in that way. Chronic neglect is often ignored because of this approach.
5. **Stereotyping:** Assumptions are made about how families bring up children including cultural stereotypes.
6. **Closure:** Families may shut out professionals, phone calls go unanswered, appointments are missed, curtains closed and doors locked. This dynamic may also be mirrored by professionals avoiding contact with the family.
7. **Priority given to recent information:** Information which is recent, emotional and vivid may take precedence over the old. Inquiries demonstrate that agencies held a great deal of knowledge and understanding about actual or potential harm to the child but did not give this due weight in their analysis. New information must be examined in the context of prior facts. The importance of chronologies to allow analysis cannot be over-emphasised.
8. **Non-compliance with statutory procedures:** Inquiries commonly report that legislation, policy and practice are sound but that professionals did not comply with their implementation. When formal child protection procedures are in place, enabling collation and analysis of available information, children are generally well protected.
9. **Role confusion:** Professionals may be unclear about tasks and assume that someone else is responsible for protecting the child. In child protection everyone has *prime responsibility* for the safety of the child, and clarity of roles and tasks in decision-making is essential.

10. **Exaggeration of hierarchy:** Adults considered of low status who report abuse may not be taken seriously even though they may be close to the world of the child, for example neighbours, friends or nursery staff. A psychiatrist, lawyer or paediatrician will often be heard more readily by professional peers.
11. **The Stockholm syndrome:** Hostages begin to identify with their captors as a survival mechanism. This is a common dynamic in child abuse cases. Abusers may be intimidating and critical of professionals leading workers to see the adult's point of view rather than the child's.
12. **Omnipotence:** Professionals believe that only they know the child's best interests and will not revisit their perceptions in the light of new evidence.
13. **False or disguised compliance:** Professionals may become enmeshed and collusive with the family so they do not see the needs of the child. Parents may convince professionals that they are co-operating where in fact they may be harming a child.
14. **Professional accommodation syndrome:** The worker may mirror the child's retraction of abuse, deny the reality and be keen to be persuaded that any allegation by the child must be suppressed. Other possible reasons for the abuse tend to be accepted in preference to considering the possibility that the abuse is real.

Equally important is the need to consider what organisational and managerial systems need to be in place to support the professional in safe practice. Organisations can operate in ways that lead to dangerous practice.

Adapted from Davies, L. and Duckett, N. (2016) *Proactive Child Protection and Social Work* London Learning Matters/Sage pp7-9