Confirmatory Bias: Implications for Safeguarding

Rebecca Lawday, Forensic Psychologist, Nottinghamshire Healthcare NHS Foundation Trust

Mandy Smith, Nottm City Safeguarding Children's Board Officer

9th February 2017
Confirmation Bias

• The tendency for people to selectively search for and consider information that supports or confirms already held beliefs and hypotheses.

• It affects social problem solving at all process stages
  – What we perceive
  – How we encode information
  – Our interpretation
  – Our constructive recall of events
Confirmation Bias

• It is a necessary human resource
  – It helps us to predict our environment
  – Helps us to feel safe
  – Structures our social world
  – Provides us with heuristics that can help social problem solving

• It is a fundamental human failing
  – It blunts curiosity
  – It impacts on critical thinking
  – It polarises systems and individuals within them
Splitting

• A primitive defence mechanism
  – Unconsciously employed to manage anxiety
  – Professionals can be ascribed roles according to the split – good and bad services; people on the client’s side vs those considered a threat
  – Professionals can be compelled to act out the roles that are unconsciously ascribed to them
    • Another form of ‘enacted’ confirmation bias
Unconscious Bias

- [https://www.youtube.com/watch?v=PGupqNaUTnQ#t=6.79011](https://www.youtube.com/watch?v=PGupqNaUTnQ#t=6.79011)

- [https://www.youtube.com/watch?v=K36dxP93ry0](https://www.youtube.com/watch?v=K36dxP93ry0)

- It’s easy to miss something you’re not looking for, and easier to see something you expect – it’s not our fault, it’s the way our brains operate.
- It takes effort and time to reflect, but we must if we are to make accurate observations, appropriate judgements and good decisions in the safeguarding of people at risk.
What do we need to know?

• See the ‘bitesize learning’ handout
Confirmation Bias and its relevance to Serious Case Reviews

• SCJ Triennial Review: who was most at risk?
  – Older adolescents with mental health problems
    • Including substance abuse and offending
  – Disabled children and children with chronic health needs
    • Signs of abuse masked or misinterpreted as due to underlying impairments
  – Parental risk factors
    • DVA, mental ill-health, substances, own history of adversity, acrimonious separation and social isolation
  – Children who are ‘invisible’
  – Looked after children
• Combination effect:
  – Parental mental state
  – ‘The difficult child’
    • Children and young people may demonstrate ‘silent’ ways of telling about abuse
    • Emotional and behavioural changes and outbursts

• “Whilst they did not observe any interaction that caused them to assess that the children were unsafe, they nevertheless focussed on mother’s mental state rather than her reported aggression towards the children”.
SCJ Triennial Review cont.

- Professional responses:
  - The need to think beyond usual remits
  - The need to see assessment as ongoing and dynamic
  - Cases being ‘stepped down’ because of lack of progress
  - Concerns related to non-engagement not resulting in escalation
    - Change from DNA to ‘was not brought’
    - Review cooperation beyond the baseline (note ‘disguised compliance’)
  - Bystander effect / Bias of hierarchy = thinking responsibility has ended
    - Transition points are particularly sensitive to the above
  - Multiple professionals working with the family, often in isolation from one another
Cultural normalisation and professional desensitisation

• Where neglect is considered synonymous with poverty - “the carers are doing the best they can with what they have”
  – example of a 5-month old baby who died as a result of extreme neglect, many vulnerabilities were identified but were insufficient to warrant a child protection investigation

• Where there is crime and violence in the community in which a family resides there is little to distinguish at-risk families from others in the area
  – In these situations confirmation bias is likely
Case Tasters

• Have a look at the case taster on your table
• Think together:
  – What is it about this situation that makes bias likely?
  – How did the bias play out in this case?
  – What might you call it?
  – What were / are the potential implications more generally?
• Think to yourself:
  – Reflect – does this scenario make you think of anything in your own areas of practice?
  – Reflect – Have these discussions made you think about your own personal and professional biases, and their origins?
Types of bias

- Bias of Authority
- Rule of Optimism
- Lie-Bias
- Self-serving Bias / Professional Narcissism
- Projective Identification
- ‘The very difficult child’ / Attribution bias
- Control-bias
- The Halo-Effect
Take away learning

• Suggested activity:
  – Having reflected on your own personal biases and where those messages originated, in teams consider what the group / service biases may be, how they have been formed (given the institutional memory of your service), and whether they influence working practices in relation to safeguarding