



# Resource pack for sharing learning and improving practice

## PROFESSIONAL CURIOSITY

inquiring  
interrogative questioning  
scrutinizing  
examining wondering  
seeking  
exploratory sharp  
investigative  
outward-looking  
penetrating interested  
puzzled inspecting doubtful  
probing speculative analytical  
investigative inquisitive  
fact-finding  
quizzical studious  
searching

# How to use this resource

This resource pack aims to raise awareness about the topics we want to embed into practice.

The expectation is that you will share this resource pack widely and use it:

- ✓ in team meetings
- ✓ as part of group/individual supervision or for own development

You can look at it as a whole or dip in or out of it at your convenience.

*Information within this resource pack has been collated from a number of safeguarding partnerships including Waltham Forest, Manchester and Norfolk Safeguarding Adults Board. With special thanks to Waltham Forest for use of some of their materials.*

*Some external resources can be accessed by either click on the logo or hyperlink.*

## Navigation bar – dip in/out



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professional  
curiosity?



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SSP  
resources



Scenarios:  
to discuss



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for you



# What is professional curiosity?

It is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.

It can require practitioners to think 'outside the box', beyond their usual professional role, and consider families' circumstances holistically.

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

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

It means:

- 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 affects how you see those you are working with
- being respectfully nosey



# Why is it important?



Professional curiosity is a golden thread through Safeguarding Partnership learning reviews and audits and is an essential part of safeguarding. Nurturing professional curiosity is a fundamental aspect of working together to keep children, young people and adults safe.

A lack of professional curiosity can lead to:

- missed opportunities to identify less obvious indicators of vulnerability or significant harm
- assumptions made in assessments of needs and risk which are incorrect and lead to wrong intervention for individuals and families
- the presenting issues are dealt with in isolation

Professionals asking questions and seeking explanation from parents/carers is something to be valued; healthy challenge is good and can provide assurance that your assessment of the situation is accurate.

A high reliance by professionals on self-report by parents/carers brings with it significant risks of proceeding on false information.

Good information sharing, supervision and open discussion at key decision-making meetings to 'check and test' information can be crucial in ensuring this does not happen.





# Is exercising professional curiosity easy and straightforward?

- Not always. Especially if working with parents who demonstrate disguised compliance or coercive control.
- Families may appear to engage with professionals but are not able or willing to change as a result of an intervention.
- Some families are unable through fear to be open and honest about family dynamics.
- In these cases professionals will need to exercise most curiosity.



# Top Tips



LOOK

LISTEN

ASK

CHECK OUT



# Top Tips



## LOOK



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



# Top Tips



## LISTEN



- Are you being told anything which needs further clarification?
- Are you concerned about what you hear family members say to each other?
- Is someone in this family trying to tell you something but is finding it difficult to express themselves? If so, how can you help them to do so?



# Top Tips



## ASK

Are there direct questions you could ask when you meet this child/adult/family which will provide more information about the vulnerability of individual family members?

Here are some examples:

- How do members of your family deal with conflict?
- How do adults in the household respond to stress?
- What arrangements are in place for the child or young person to access education?
- Who are the professionals working with individual members of your family?
- What is it like to be (name) living in this family/household?
- What is a typical day like for you?
- Who is this with you at this appointment?
- Who is living with you?
- Why are you not at school?
- What is the first thing you think of when you get up in the morning and/or the last thing you think of before you go to sleep?
- When were you last happy?
- Do you feel safe?
- What do you look forward to?
- Are there people who regularly visit your home apart from those who live there?
- Are you in fear of the consequences of doing something, or not doing something?



# Top Tips



## CHECK OUT



- Are other professionals involved?
- Have other professionals seen the same as you?
- Are professionals being told the same or different things?
- Are others concerned? If so, what action has been taken so far and is there anything else which should or could be done by you or anyone else?



# Top Tips - Remember to...



- Question your own assumptions about how individuals/families function and watch out for over optimism
- Recognise your own feelings (e.g. tiredness, feeling rushed or illness) and how this might impact on your view of a child/adult/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 individual/families 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 individuals/adult repeatedly do not do what they said they would and named this and discuss with them
- Understand the cumulative impact of multiple or combined risk factors, e.g. domestic abuse, drug/alcohol misuse, mental health)
- Ensure that your practice is reflective and that you have access to good quality supervision



# Barriers to Professional Curiosity\*



**Important to note:** When a lack of professional curiosity is cited as a factor in a tragic incident, this does not automatically mean that blame should be apportioned. It is widely recognised that there are many barriers to being professionally curious. Some of these are set out below.

➤ **Disguised compliance:** A family member or carer gives the appearance of co-operating with Social Services (*any professional*) to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement. We need to establish the facts and gather evidence about what is actually happening. We need to focus on outcomes rather than processes to ensure we remain person centred.

➤ **The ‘rule of optimism’:** Risk enablement is about a strengths-based approach, but this does not mean that new or escalating risks should not be treated seriously. The ‘rule of optimism’ is a well-known dynamic in which professionals can tend to rationalise away new or escalating risks despite clear evidence to the contrary

➤ **Accumulating risk:** seeing the whole picture Reviews repeatedly demonstrate that professionals tend to respond to each situation or new risk discretely, rather than assessing the new information within the context of the whole person, or looking at the cumulative effect of a series of incidents and information.

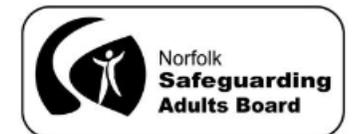
➤ **Normalisation:** This refers to social processes through which ideas and actions come to be seen as 'normal' and become taken-for-granted or 'natural' in everyday life. Because they are seen as ‘normal’ they cease to be questioned and are therefore not recognised as potential risks or assessed as such.

➤ **Professional deference:** Workers who have most contact with the individual are in a good position to recognise when the risks to the person are escalating. However, there can be a tendency to defer to the opinion of a ‘higher status’ professional who has limited contact with the person but who views the risk as less significant. Be confident in your own judgement and always outline your observations and concerns to other professionals, be courageous and challenge their opinion of risk if it varies from your own.

Escalate ongoing concerns through your manager and use the [SSP Escalation Procedure](#)



\*Taken from Norfolk Safeguarding Adults Board Professional Curiosity Guidance (2020). Click on the logo to access the document



# Barriers continued...



- **Confirmation bias:** This is when we look for evidence that supports or confirms our pre-held view, and ignores contrary information that refutes them. It occurs when we filter out potentially useful facts and opinions that don't coincide with our preconceived ideas.
- **'Knowing but not knowing'** This is about having a sense that something is not right but not knowing exactly what, so it is difficult to grasp the problem and take action.
- **Confidence:** in managing tension, disagreement, disruption and aggression from families or others, can undermine confidence and divert meetings away from topics the practitioner wants to explore and back to the family's own agenda.
- **Dealing with uncertainty:** Contested accounts, vague or retracted disclosures, deception and inconclusive medical evidence are common in safeguarding practice. Practitioners are often presented with concerns which are impossible to substantiate. In such situations, 'there is a temptation to discount concerns that cannot be proved'.

A person-centred approach requires practitioners to remain mindful of the original concern and be professionally curious.

- 'Unsubstantiated' concerns and inconclusive medical evidence should not lead to case closure without further assessment
- Retracted allegations still need to be investigated wherever possible.
- The use of risk assessment tools can reduce uncertainty, but they are not a substitute for professional judgement. Results need to be collated with observations and other sources of information
- Social care practitioners are responsible for triangulating information such as, seeking independent confirmation of information, and weighing up information from a range of practitioners, particularly when there are differing accounts and considering different theories and research to understand the situation.

**Other barriers include:** Poor supervision, complexity and pressure of work, changes of case worker leading to repeatedly 'starting again' in casework, closing cases too quickly, fixed thinking/preconceived ideas and values, and a lack of openness to new knowledge are also barriers to a professionally curious approach



# Useful clips to watch/listen



## Bitesize video guide on professional curiosity

**Professional Curiosity**

- Having an interest, not making assumptions
- Engage through visits, conversations, observations, questions
- Enquire about significant people

3 minute clip from Waltham Forest Safeguarding Partnership which provides some context when working with families.

## Re-thinking did not attend

**PATIENT RECORD** APPOINTMENTS CONTINUATION SHEET

NAME: Jade Udale  
AGE: 5y 2m  
NHS No: 19211/2377927

ADDRESS: 67 Mycroft Westley Nottingham

NOTES

| APPOINTMENT DETAILS            | NOTES                  |
|--------------------------------|------------------------|
| 15/06 12:10<br>Dr. G. Sturtart | Patient did not attend |
| 29/06 09:20<br>Dr. S. Crombie  | DID NOT ATTEND         |
| 12/07 16:55<br>Dr. J. Talbeam  | Did not attend         |

2 minute clip encouraging practitioners to identify children as 'Was Not Brought' as opposed to 'Did Not Attend' when referring to them not being presented at medical appointments.  
(Nottinghamshire Safeguarding Partners )

## Disguised Compliance

Sue Woolmore | Independent Trainer/Consultant

**VIRTUAL COLLEGE**

4 minute clip where Sue Woolmore talks about disguised compliance and the importance of professional curiosity.





# Scenarios for you consider

- On the next slides there are scenarios for you to consider
- Discuss the scenario and consider what questions you would ask?



# Discuss this scenario – what questions would you ask?



## **Alex** aged 46 and lives alone

- In Alex's mid-30s, serious health issues resulted in them becoming a wheelchair user, with limited mobility. Alex now has a range of more acute health concerns: muscular spasms, physical impairments and intermittent speech loss
- Home is a ground floor one bedroom flat which is very cluttered, not wheelchair friendly and in need of major repairs. Alex likes the flat to be 'cosy', with a preference for living in darkness
- Alex is well known to health and social care professionals. Capacity assessments concluded that they do have mental capacity
- Alex often cancels medical appointments or does not turn up and the last professional that visited the home noticed that medication was stacked up unopened in the kitchen
- On a recent admission to hospital following a urine infection, health professionals noticed that Alex was unkempt, underweight and dehydrated
- Alex has become isolated from groups of friends and family
- Alex has recently lost a lot of weight and is known to self-medicates with alcohol
- Alex has started to refuse anyone entry to the home including utility services

# Discuss this scenario – what questions would you ask?



**Bilal** aged 15 and lives with his mother, elderly grandparents and 4 younger siblings

- Home is a compact four bedroomed house in an area of social deprivation
- Bilal shares a room with two younger brothers (twins aged 7) but is often missing from home. This is not always reported by his mother
- Although he has no criminal record, Bilal is known to the Police who say that he is a nuisance
- School says he is regularly absent. When he does attend, he is late and disruptive in lessons. Bilal never has his PE kit and he goes missing at lunch times. The only time he does seem to engage is at events where lunch is provided. Teachers have noticed that Bilal often looks somewhat dishevelled
- Bilal's mum says she is fed up of the shame her oldest son has brought to the family and that he is good for nothing
- A local youth group have banned Bilal from their activities following an incident where he came into the youth club seemingly drunk, disrupted the activities and was suspected to have stolen a coat on his way out.
- Bilal appears to have a constant cold and a deep, hacking cough but his GP has not seen him since he was 11 years old.

# Discuss this scenario - what questions would you ask?



## **Cox family** Mum (Cal) aged 38, Dad (Chris) aged 36, Ella aged 6 and Oli aged 2

- Home is a spacious two bedroomed flat that is always immaculate
- Mum has physical and mental health needs. Dad is her main carer and works full time
- Health visitor reports that on the last two visits, she saw Oli and Ella with Dad who explained that Mum was in bed unwell. Healthwise, all seemed well with both children although Ella seemed a little on edge on both occasions
- Ella has mentioned to her teachers that Mum and Dad sometimes argue at home and she worries about this
- There have been multiple occasions when Ella and Oli have not been brought to health appointments
- Mum has missed many of her health appointments, some of which have been cancelled by Dad
- Mum puts herself down quite a lot. Since losing her mother whom she was very close to about 5 years ago, she says that she has lost contact with family and friends and often feels isolated
- Mum has mentioned that Dad likes things at home to be neat and orderly. She states that he earns the money for the family and creatively manages the budgets e.g. by keeping food locked away – she says she likes to snack and often gets carried away. She says that she is very lucky to have him and that he sometimes reminds her that she would probably not cope without him around

# Discuss this scenario - what questions would you ask?



**Dina** aged 4 and lives at home with Mum, Uncle and two older brothers aged 10 and 15.

- Home is a three bedroom flat. Dina sleeps in Mum's room, her brothers share and Uncle sleeps in the box room. This was previously Dina's room
- Dina's father left the family home about a year ago and was physically abusive to Mum and Dina's brothers. Dina often witnessed this
- Dina was very close to her dad and has expressed that she misses him
- Mum works long hours so as to financially support the family
- Mum has a good support network and her brother (Uncle) moved in about 6 months ago. He needed somewhere to live after his relationship broke down and he was able to help Mum with childcare while Mum is working. Dina's two brother were previously helping with this
- School recently noticed bruising around Dina's thigh when she was changing for P.E. When questioned about it she went very quiet and tried to cover it up
- During play time recently, Dina was found touching another girl's genital area and staff overheard her making sexual references

# Actions for you



We want to know about your experience of using this resource and how much your practice has changed/improved as a result of learning from reviews and audits.

Please take a few moments to complete the [feedback form](#)

If there are other topics/briefings that you would like to see then please contact us. Email [safeguardingpartnership@swindon.gov.uk](mailto:safeguardingpartnership@swindon.gov.uk)

For further information visit the [Swindon Safeguarding Partnership](#) website:

[Virtual courses/eLearning](#)

[7 minute briefs/learning resources](#)

[Local Procedures](#)

