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A Quick Guide to...



August 2022

Professional Curiosity

Local and national reports, research and learning from Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs) and Children's Safeguarding Practice Reviews (CSPRs) highlight that practitioners working with adults, families and children need to be more Professionally Curious.

This Quick Guide to Professional Curiosity forms part of a programme of collaborative work taking place with Cumbria Safeguarding Adults Board, Cumbria Safeguarding Children Partnership and Safer Cumbria in recognition that Professional Curiosity is a recurring theme from SARs, CSCR's and DHR's.

What is Professional Curiosity & why is it so important?



Professional Curiosity is the capacity and skills of communication to explore and understand what is happening for a person, rather than making assumptions or accepting things at face value. It requires skills of looking listening, asking direct questions and being able to hold difficult conversations. Professional Curiosity and challenge are a fundamental aspect of working together to

keep adults and children safe from harm. This approach is important in helping to identify abuse and neglect which can be less obvious and can ensure that the right information is gathered and shared to assess both needs and risks. Being professionally curious is necessary to fully understand a situation and the risks an individual may face, which are not always immediately obvious.

Being more curious as professionals and 'digging deeper' into areas where there is little or no information will help to inform assessments and empower you to influence key moments of decision making to reduce risks for children and adults. Escalating concerns that could cause drift, delay and a shift in focus from the child's or adults best interests should be embraced and seen as effective care.

Look

- Is there anything about what you see when you meet the Adult, Child or their Family that makes you feel uneasy or prompts questions?
- Do you see behaviours which indicate abuse or neglect including coercion and control?
- Does what you see contradict or support what you are being told? How do family members/ other people in the household interact with each other and with you?



Ask

- Curious professionals will spend time engaging with families on visits. They will know that talk, play and touch can all be important to observe and consider.
- Do not presume you know what is happening in the family home, ask questions and seek clarity if you are not certain.
- Do not be afraid to ask questions of families, and do so in an open way so they know that you are asking to keep their child or adult safe, not to judge or criticise.
- Be open to the unexpected, and incorporate information that does not support your initial assumptions into your assessment of what life is like for the child or adult in the family.



Listen

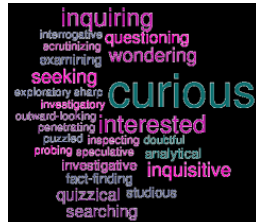
- Are you being told anything that needs further clarification?
- Is the adult or child or someone else in the family/household trying to tell you something verbally or by their non verbal cues?
- Are you concerned about how family members interact and what they say?
- Making time and finding a safe space to have a private conversation with an adult or child at risk or, who is subject to coercion and control can support open conversations. Children in particular, rarely disclose abuse and neglect directly to practitioners and, if they do, it will often

be through unusual behaviour or comments. This makes identifying abuse and neglect difficult for professionals across agencies. We know that it is better to help as early as possible, before issues get worse. That means that all agencies and practitioners need to work together – **the first step is to be professionally curious.**

Clarify

- Are there other professionals involved? What information do they have, is it useful to arrange a Multi-disciplinary discussion?
- Are other 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 could or should be done by you or someone else to support the adult or child?

What are the barriers to Professional Curiosity?



- **Disguised compliance:** A family member or carer gives the appearance of co-operating, to allay professional concerns and ultimately to reduce professional involvement. Establish the facts, gather evidence about what is actually happening. Focus on outcomes rather than processes to ensure we remain person centred
- **Professional optimism:** rationalise away new or escalating risks despite clear evidence to the contrary
- **Normalisation:** social processes seen as 'normal' they cease to be questioned and are therefore not recognised as potential risks or assessed as such
- **Accumulating risk** – seeing the whole picture 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
- **Professional deference:** deferring to the opinion of a 'higher status' professional. Always outline your observations and concerns to other professionals, be courageous and challenge their opinion of risk if it varies from your own
- **Confirmation bias:** look for evidence that supports or confirms our pre-held view, ignoring contrary information that refutes them
- **'Knowing but not knowing':** sensing that something is not right but not knowing exactly what - making it difficult to grasp the problem and take action
- **Confidence in managing tension:** Disagreement, disruption and aggression can divert away from the topic under discussion
- **Dealing with uncertainty:** Contested accounts, vague or retracted disclosures, deception and inconclusive evidence leads to temptation to discount that which cannot be proved

Other barriers to professional curiosity: 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.

What to do...

- Have empathy and hear the voice of the person
- "Think Family" – seek to understand the makeup of the household
- Know the factors that are barriers to professional curiosity and take steps to reduce them
- Be courageous and ask difficult questions
- Think the unthinkable; believe the unbelievable
- Consider how you can articulate 'intuition' into an evidenced, professional view and discuss 'gut feelings' with other professionals – seek supervision
- Enquire deeper and using proactive questioning and respectful challenge
- Understanding your own responsibility and knowing when to act, rather than making assumptions or taking things at face value
- Listen without judgement – don't come to a conclusion without all the information



Why do we need to be more curious in Safeguarding?



- To understand the full picture
- To ensure that nothing is missed
- To improve practice outcomes
- To do our best to safeguard children and adults
- To identify disguised compliance
- To support other professionals working with the family

Further information and resources

Further guidance is being developed to support practitioners to be more Professionally Curious and there will be a series of Practitioner Forums in the autumn for practitioners to

attend.

Watch out for further briefings with links to the guidance and how to book your place on a Practitioner Forum.

Manchester Children Safeguarding Partners [Difficult Conversations with Parents guide \(July 2018\)](#)

[The importance of professional curiosity in safeguarding adults, Research in Practice 2020](#)

Norfolk Safeguarding Adults Board; [Professional Curiosity webpage](#)

Waltham Forest Safeguarding Partnership; [Bitesize video guide to Professional Curiosity](#)

Rochdale Safeguarding Partnerships; [video Think Family Approach to Safeguarding](#)

Nottingham City Council, NHS Nottingham City CCG and the NCSCB have jointly commissioned a video animation to encourage practitioners to identify children as 'Was Not Brought' as opposed to 'Did Not Attend' when referring to them not being presented at medical appointments; [Re-thinking did not attend](#)

Get in touch!

For more information please contact us:

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