



## *South Gloucestershire Safeguarding Adults Board*



### *Professional Curiosity Practice Guidance*

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| 1Report concerns about an adult or a care service to **01454 868007**

## **Acknowledgements**

This guidance draws on material, with thanks, from the Norfolk Safeguarding Adults Board, Manchester Safeguarding Partnership, Brighton & Hove Local Children Safeguarding Board

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## Introduction

This document provides guidance for practitioners who are concerned about adults with care and support needs who are at risk of abuse or neglect. It should be read alongside the South Gloucestershire [Multi-agency Safeguarding Policy and Procedures](#). Concerns that an adult at risk is being abused should be referred to South Gloucestershire Council on 01454 868007 in line with the multi-agency safeguarding policy and procedures.

Professional curiosity is an emerging theme in Safeguarding Adults Reviews (SARs) and other reviews completed both [locally](#) and nationally. It has long been recognised as an important concept in Children's Services, but is equally relevant to work with adults.

### What is professional curiosity?

Professional curiosity is the capacity and communication skill to explore and understand what is happening with an individual or family. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding one's own responsibility and knowing when to act, rather than making assumptions or taking things at face value.

This has been described as the need for practitioners to practice 'respectful uncertainty' – applying critical evaluation to any information they receive and maintaining an open mind. In safeguarding the term 'safe uncertainty' is used to describe an approach which is focused on safety but that takes into account changing information, different perspectives and acknowledges that certainty may not be achievable.

Professional curiosity can require practitioners to:

- think 'outside the box', beyond their usual professional role, and consider peoples' circumstances holistically
- show a real willingness to engage with adults and their families or carers.

Much has been written about the importance of curiosity during home visits and the need for authentic, close relationships of the kind where we see, hear and touch the truth about a person's experience of 'daily life'.

Practitioners will often come into contact with an adult when they are in crisis or vulnerable to harm. These interactions present crucial opportunities for protection. Responding to these opportunities requires the ability to recognise (or see the signs of) vulnerabilities and potential or actual risks of harm, maintaining an open stance of professional curiosity (or enquiring deeper), and understanding one's own responsibility and knowing how to take action.

Not all adults will disclose abuse and neglect directly to practitioners and, if they do, it may 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.

Curious professionals will spend time engaging with a person. Do not presume you know what is happening in their life – ask questions and seek clarity if you are not certain. Do not be afraid to ask questions, and do so in an open way so they know that you are asking to keep them 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 person.

### **Why professional curiosity is important:**

A referral was received from a residential care provider for older adults indicating a person had been pushed by another resident, with no injury sustained. At face value, the incident appears to be low risk, with management by the care provider recommended, and the safeguarding threshold for a Section 42 enquiry not reached. However, a check of the records of the perpetrator, the person who was pushed, and the care provider, indicated a history of one off incidents by the perpetrator on both the current 'victim' and other residents. A record check revealed the 'victim' had been assaulted multiple times by both the perpetrator and other residents, which called into question assurances from the provider that the situation was being managed. A check on the provider's record revealed a history of quality assurance and safeguarding concerns. These things escalate the risk to the individual who is the subject of the latest safeguarding concern. Checking case history and making links between what may initially appear to be unrelated incidents, would be a demonstration of professional curiosity and identification of 'cumulative' or 'accumulating' risk.

## Developing skills in professional curiosity

- Be flexible and open-minded, do not take everything at face value. Check your own emotional state and attitudes. Leave time to prepare yourself for managing risk and uncertainty and processing the impact it has on you
- Think the unthinkable; believe the unbelievable. Consider how you can articulate 'intuition' into an evidenced, professional view
- Use your communication skills: review records, record accurately, check facts and feedback to the people you are working with and for. Never assume and be wary of assumptions already made
- Use case history and explore information from the person themselves, their family, friends and neighbours, as well as other professionals (triangulation)
- Develop skills in relationship based practice, take time to get to know the person you are working with, their likes and dislikes, what is important to them, and so on
- Pay as much attention to how people look and behave as to what they say
- Actively seek full engagement. If you need more support to engage the person, think about who in their network can help you. Consider calling a multiagency meeting to bring in support from colleagues in other agencies

## Professional curiosity is likely to flourish when practitioners:

- Attend good quality training to help them develop
- Have access to good management support and supervision
- Have empathy ('walk in the shoes') of the person to consider the situation from their lived experience
- Remain diligent in working with the person and their family/network, developing professional relationships to understand what has happened and its impact on all involved
- Always try to see the person separately
- Listen to people who speak on behalf of the person and who have important knowledge about them
- Be alert to those who prevent professionals from seeing or listening to the person
- Do not rely on the opinion of only one person, wherever possible
- Have an analytical and reflective approach
- Develop the skills and knowledge to hold difficult conversations. Holding difficult conversations and challenging/tackling disagreements or hostility, raising concerns or challenge, and giving information that will not be well received are recognised as hard things to do

## Tips on how to have difficult conversations:

- Plan in advance to ensure there will be time to cover the essential elements of the conversation
- Keep the agenda focused on the topics you need to discuss. Be clear and unambiguous
- Have courage and focus on the needs of the person
- Be non-confrontational and non-blaming, and stick to the facts
- Have evidence to back up what you say. Ensure decision-making is justifiable and transparent

- Show empathy, consideration and compassion – be real and honest
- Demonstrate congruence i.e. make sure tone, body language and content of speech are consistent
- Acknowledge ‘gut feelings’, share these with other professionals, and seek evidence
- Understand the elements and indicators of behavioural change
- Hold a healthy scepticism
- Understand the complexities of disguised compliance, which is discussed in more detail on page 8
- Apply professional judgement. Never be concerned about asking the obvious question, and share concerns with colleagues and managers. A ‘fresh pair of eyes’ looking at a case can help practitioners and organisations to maintain a clear focus on good practice and risk assessment and develop a critical mindset

**Managers can maximise opportunities for professionally curious practice to flourish by:**

- Playing ‘devil’s advocate’ – asking ‘what if?’ questions to challenge and support practitioners to think more widely around cases. Question whether outcomes have improved for the person and evidence for this
- Present alternative hypotheses about what could be happening
- Provide opportunities for group supervision which can help stimulate debate and curious questioning, and allow practitioners to learn from one another’s experiences. The issues considered in one case may be reflected in other cases for other team members
- Present cases from the perspective of other family members or professionals
- Ask practitioners what led them to arrive at their conclusion and support them to think through the evidence
- Monitor workloads and encourage practitioners to talk about and support them to address issues of stress or pressure. Support practitioners to recognise when they are tired and need a fresh pair of eyes on a case

**Key Points**

- Have empathy and hear the voice of the person
- 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

## Professional Curiosity and culturally competent safeguarding practice

Black, Asian and Minority Ethnic (BAME) is the terminology normally used in the UK to describe people of non-white descent. The issue of safeguarding within BAME communities is widely debated among policy makers and practitioners.

There is evidence that culturally competent safeguarding practice enhances adults well-being and an understanding of how variations in caring practices are understood by BAME families and practitioners could contribute to prevention and early intervention.

Interventions have the potential to be as a result of stereotyping, lack of awareness amongst practitioners of how various categories of abuse are manifested in BAME communities, coupled with a general lack of awareness of cultural practices. It is important therefore that professionals are sensitive to differing family patterns and lifestyles that vary across different racial, ethnic and cultural groups.. At the same time they must be clear that abuse cannot be condoned for religious or cultural reasons.

All practitioners working with adults and their carers or families whose faith, culture, nationality and possibly recent history differs significantly from that of the majority culture, must be professionally curious and take personal responsibility for informing their work with sufficient knowledge on the particular culture and/or faith by which the person and their family or carers lives their daily life.

Practitioners should be curious about situations or information arising in the course of their work, allowing the person to give their account as well as researching such things by discussion with other practitioners, or by researching the evidence base. Examples of this might be around attitudes towards, and acceptance of, services

In some instances reluctance to access support stems from a desire to keep family life private. In many communities there is a prevalent fear that social work practitioners will 'take your children away' or 'put you in a care home'. There may be a poor view of support services arising from initial contact through the immigration system, and, for some communities – particularly those with insecure immigration status – an instinctive distrust of the state arising from experiences in their country of origin.

Practitioners must take personal responsibility for utilising specialist services' knowledge. Knowing about and using services available locally to provide relevant cultural and faith-related input to prevention, support and rehabilitation services will support practice.

This includes:

- knowing which agencies are available to access
- having contact details to hand
- timing requests for expert support and information appropriately to ensure that assessments, care planning and review are sound and holistic.

Often for BAME communities, accessing appropriate services is a consistent barrier to them fully participating in society, increasing their exclusion and potential for victimisation.

### **Barriers to professional curiosity**

It is important to note that 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 the barriers to professionally curious practice are set out below.

#### **Disguised compliance**

A family member or carer gives the appearance of co-operating with services to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement. Practitioners need to establish the facts and gather evidence about what is actually happening. They need to focus on outcomes rather than processes to ensure they remain person centred.

The following principles will help front line practitioners deal with disguised compliance more effectively:

- focus on the needs, voice and ‘lived experience’ of the person
- avoid being encouraged to focus extensively on the needs and presentation of the 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 changes in the family dynamic and the impact this will have on the life and well-being of the person – 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
- practitioners need to build close partnership style relationships with families whilst being constantly aware of the person’s needs and the degree to which they are met
- there is no magic way of spotting disguised compliance other than the discrepancy between a carer’s account and observations of the needs and accounts of the person. The latter must always take precedent.

#### **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 separately, 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 an individual are in a good position to recognise when the risks to that person are escalating. However, there can be a tendency to defer to the opinion of a 'higher status' professional who may have limited contact with the person but who views the risk as less significant. Practitioners should be confident in their own judgement and always outline their observations and concerns to other professionals. They should be courageous and challenge others opinions of risk if it varies from their own.

Having different professional perspectives within safeguarding practice is a sign of a healthy and well-functioning partnership. These differences of opinion are usually resolved by discussion and negotiation between the practitioners concerned. It is essential that where differences of opinion arise they do not adversely affect the outcomes for people and are resolved in a constructive and timely manner.

Differences could arise in a number of areas of multi-agency working as well as within single agency working. Differences are most likely to arise in relation to:

- criteria for referrals
- outcomes of assessments
- roles and responsibilities of workers
- service provision
- timeliness of interventions
- information sharing and communication

If you have difference of opinion with another practitioner, remember:

- professional differences and disagreements can help us find better ways improve outcomes for people
- all professionals are responsible for their own cases and their actions in relation to case work
- differences and disagreements should be resolved as simply and quickly as possible, in the first instance by individual practitioners and /or their line managers

- all practitioners should respect the views of others whatever the level of experience – remember that challenging more senior or experienced practitioners can be hard
- expect to be challenged; working together effectively depends on an open approach and honest relationships between agencies
- professional differences are reduced by clarity about roles and responsibilities and the ability to discuss and share problems in networking forums

Practitioners can escalate ongoing concerns through their manager using the [Resolution of Professional Differences Policy](#)

### **Confirmation bias**

This is when practitioners look for evidence that supports or confirms their pre-held view, and ignore 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.

### **Other barriers to professional curiosity**

- poor supervision
- complexity and pressure of work
- changes of case worker leading to repeatedly 'starting again'
- closing cases too quickly
- fixed thinking/preconceived ideas and values
- lack of openness to new knowledge