

# SUNDERLAND SAFEGUARDING ADULTS BOARD

## Professional Curiosity Guidance

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## 1. Introduction

Professional curiosity was an issue picked up in Sunderland Safeguarding Adults Board's (SSAB) 'Alan' Safeguarding Adult Review (SAR), published in August 2021, and included in the report's action recommendations. This theme is also reflected in other SARs nationally. It has long been recognised as an important concept in Children's Services but is equally relevant to working with adults at risk of abuse and/or neglect.

## 2. What is professional curiosity?

Professional curiosity is the capacity and communication skill to explore and understand what is happening with an individual and/or within a family. It is about:

- enquiring deeper and using proactive questioning and appropriate challenge
- understanding one's own responsibility and knowing when to act, rather than making assumptions or taking things at 'face value'
- thinking 'outside the box', beyond a practitioners' usual professional role, considering all of the family's circumstances holistically – "Think Family".
- Being curious, engaging with individuals and families through visits, conversations, asking relevant questions – gathering historical and current information.

### Professional Curiosity: Key Points

- Have empathy and hear and value the voice of the individual/their representative
- Know the factors that are barriers to professional curiosity and take steps to reduce them
- Be courageous and ask the 'difficult' questions – challenge appropriately where required
- Think the unthinkable; believe the unbelievable
- Consider how you can articulate 'intuition' into an evidenced, professional view and discuss 'gut feelings' with other professionals
- Be prepared to appropriately challenge or query the existing processes and culture of your and other organisations

## 3. Barriers to professional curiosity

Important: when a lack of professional curiosity is highlighted as a factor in a Safeguarding Adult Review or other review where safeguarding issues and themes are identified that the Safeguarding Adults Board may consider to be relevant<sup>1</sup>, this

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<sup>1</sup> Examples include: Domestic Homicide Review, Local Safeguarding Children Review, LeDeR (Learning Disabilities Mortality) Review, or any other service or multi-agency review undertaken to examine issues and extract learning that will be shared with multi-agency professionals and practitioners.

does not automatically mean that blame should be apportioned to any professional(s) involved with a case. It is widely recognised that there are many barriers to being professionally curious. Some of the key barriers to professionally curious practice are:

### ***Disguised compliance***

A family member or carer gives the appearance of co-operating with services and professionals to avoid raising suspicions, to allay their concerns and with the ultimate aim of reducing professional involvement. To counter this:

- Establish the facts and gather evidence about what is actually happening
- Focus on outcomes rather than processes to ensure you remain person-centred and remember the principles of Making Safeguarding Personal (MSP). Resources on MSP can be found here: <https://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp>

and here: <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

### ***The 'rule of optimism'***

Risk management and enabling people to take some risks in a considered way 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. Each new or escalating risk should be looked at along with the background and current information about the individual – a risk assessment should be carried out, clearly recorded, and an action plan put in place if necessary.

### ***Accumulating risk – seeing the whole picture***

Reports following reviews in other areas 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 an individual's ideas and actions are seen as 'normal', they cease to be questioned even though there may be potential for a negative outcome and are therefore not recognised as potential risks or assessed as such.

### ***Professional deference***

Workers who have most contact with the individual (e.g. social workers, home care staff, district nurses, community psychiatric nurses) 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. Always record your observations and concerns and share with 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 [Resolving Professional Differences Procedure](#) (in SSAB's Safeguarding Adults Multi-Agency Procedures) if required.

### ***Confirmation bias***

This is when we look for evidence that supports or confirms our pre-held view and ignore contradictory information that refutes it. It occurs when we filter out potentially useful facts and opinions that don't coincide with our preconceived, already formed 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 meaningful action. This is where asking the 'difficult questions' comes in, to try and get underneath what might be happening, to determine if it is an issue that requires action to prevent/reduce risk, or not.

### ***Confidence in managing tension***

Disagreement, disruption and aggression from individuals, 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. It can be a challenge, but professionals should strive for a balance between allowing the individual and their representatives to have their voices heard and views taken on board, with ensuring that their own concerns and topics for exploration are still adequately discussed and the outcome of those discussions recorded.

### ***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 can be a temptation to discount concerns that cannot be proved easily or definitively. A Making Safeguarding Personal, person-centred approach requires

practitioners to remain mindful of the original concern and to be professionally curious. To deal with uncertainty, consider:

- 'Unsubstantiated' concerns and inconclusive medical evidence should not lead to case closure without further assessment. Consider bringing in other professionals who may be able to examine the information in a different way
- 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, such as feedback from individuals themselves/their representatives, or other professionals involved in the case
- The practitioner leading on a case (often, but not always, the social care worker or safeguarding adults practitioner) is responsible for triangulating information, such as seeking independent confirmation of information and weighing up information from a range of professionals, particularly when there are differing accounts. They should consider different theories and research as appropriate, to understand the situation.

#### ***Other barriers to a professionally curious approach***

These can 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
- Lack of openness to new knowledge
- The 'culture' at an organisation – may be one which doesn't encourage open challenge or discussion

#### **4. Why is professional curiosity important? Learning from local case examples**

***Disguised Compliance*** – Social Workers have visited a gentleman in the community, he is managing well but there are concerns regarding a possible dementia diagnosis. An anonymous Safeguarding alert is received stating that his daughter, who is not known to services, wishes to move her father from his large property to live with her in a small flat in a neighbouring authority. The alert states she needs the money from the property for her own needs. On a home visit both father and daughter are present. The gentleman is reported as being more withdrawn than normal but agrees with everything his daughter says. His daughter re-assures that she is acting in her father's best interests. *The daughter has not blocked access to her father, but he is not able*

*to be spoken to alone. She is reassuring with professionals and could be telling them what she thinks they want to hear and may have pressurised her father. This case is likely to be an example of disguised compliance by family members, and so would benefit from a professionally curious approach and more investigation.*

**The ‘rule of optimism’** – A young person is supported to live in their own home. This is going well, and they seem to be managing well in this community. A police alert is received that the young person was present when Anti-Social Behaviour of a gang of youths was reported. On contacting the young person, it is deemed as positive that the person is making friends in their new neighbourhood. *This is an example of the rule of optimism – assumptions are potentially being made by professionals to rationalise away new/escalating risks despite clear evidence to the contrary. A more professionally curious approach is needed here to get more insight into what is actually happening.*

**Accumulating risk** – A Social Work team have a number of staff reviewing residents in a care home in their locality. A number of individual concerns are raised in these reviews, but it requires the need to step back and look at the whole picture in terms of the quality of care in this establishment. *This is an example of accumulating risk – to address this, checking case histories 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.*

**Normalisation** – A gentleman is known to services and uses public transport to get into the city centre. However there have been reports of him getting on the wrong bus and ending up in other parts of the region and needing support from passers-by and the police to return. A lot of these concerns go unreported and when raised, is discussed as ‘his normal behaviour’. *This is an example of normalisation – his behaviour is seen as normal for him and not put in the context of the potential risks involved such as to the number of times and places he became lost, or potential underlying reasons for what was happening, e.g. possible dementia or mental health issues.*

**Confirmation bias** – An informal carer has always got on well with professionals. They support an individual with their finances and there has never been a need to question their role. Then, on undertaking case file audits, there is evidence there are times when bills have not been paid, there is not a lot of food in the house and day care charges have not been paid. On each occasion the carer has contradicted the presenting evidence and given reassurances everything was in hand as always. *This is an example of confirmation bias – for each occasion, the issues have been ‘explained away’ by the carer and accepted at face value, not being looked at in more*

*detail or challenged. Confirmation bias appears to have reduced professional curiosity, leading to the lack of consideration of other possibilities, such as in this case, potential financial abuse.*

## 5. Developing skills in professional curiosity

To develop skills in professional curiosity and work at removing the barriers, consider the following key points and work to make them a part of your everyday practice:

- Be flexible and open-minded, non-judgemental and anti-discriminatory. 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, e.g. mental capacity – has it been stated that someone 'has mental capacity' or 'lacks mental capacity'? Statements like these should be backed up with a capacity assessment and other associated documentary evidence. Also, consider that with some medical and physical conditions, an individual's mental capacity can fluctuate. Mental capacity may also be influenced by another person's coercion and control over the individual.
- Use case history and explore information from the person themselves, the family, friends and neighbours, as well as other professionals (this is called 'triangulation' and helps in checking out facts and issues from different viewpoints and angles)
- Pay as much attention to how people look and behave as to what they say (non-verbal cues)
- Actively seek full engagement. If you need more support to engage the person or their family, think about which other partner agencies can help you – these may or may not currently be actively involved in the case, but as long as they have the necessary skills and expertise, it is a valuable consideration Consider calling a multi-disciplinary (MDT) meeting to bring in support from colleagues in other agencies – and emphasise the importance of all agencies actively engaging in information-sharing as part of this, to better understand any safeguarding concerns or risks to the individual.
- Take responsibility for the safeguarding role you play, however large or small, in the life of the person in front of you

## 6. Professional curiosity good practice

Good practice in professional curiosity occurs 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/representatives, and also other professionals, developing professional yet empathetic relationships to understand what has happened and its impact on all involved
- Always try to see the individual 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' – examples of issues falling into this could be (not exhaustive) domestic abuse, inadequate housing, self-neglect, social isolation, mental health, drugs and alcohol, issues between a person and their carer (thinking about possible exploitation).

## 7. Professional curiosity: holding difficult conversations and appropriately challenging others

It is recognised that tackling disagreements or hostility, raising concerns or challenge, and giving information that will not be well received are hard things to do. Appropriately challenging others may mean approaching and engaging with the individual, their family / representatives, or other practitioners when they are not very receptive to your communications with them.

Tips for having difficult conversations:

- Planning in advance to ensure there will be time to cover the essential elements of the conversation
- Keeping the agenda focused on the topics you need to discuss and being clear and unambiguous
- Having courage and focusing on the needs of the individual you are supporting
- Being non-confrontation, non-judgemental/non-blaming, anti-discriminatory and sticking to the facts
- Having evidence to back up what you say. Ensuring decision-making is justifiable and transparent – share information wherever possible/legal to do so
- Showing empathy, consideration and compassion – being genuine and honest



- Make sure tone, body language and content of speech are consistent
- Acknowledging 'gut feelings', sharing these with other professionals, and seeking evidence
- Understanding the elements and indicators of behavioural change
- Holding a healthy scepticism, without dismissing information outright – check facts and evidence
- Understanding the complexities of disguised compliance
- Applying professional judgement

***Never be concerned about asking seemingly obvious questions. 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 but fair mindset.***

## **8. Professionally curious practice: how managers can support staff**

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 – the 'so what?' questions
- Present alternative hypotheses about what could be happening – draw on experience from other cases, but don't assume because it's a similar case to the last one that the same approach will apply – work with the practitioner to find an approach tailored to the individual and their circumstances
- Provide opportunities for group supervision which can help stimulate debate and curious questioning, and allow practitioners to learn from one another's experiences
- Promote reflective practice and provide regular, effective supervision (on a 1:1 basis, as well as group supervision)
- The issues considered in one case may be reflected in other cases for other team members – but be aware they may require different approaches
- 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

## 9. Further Information

The '[Resolving Professional Differences](#)' multi-agency procedure is available on the [SSAB website](#). This sets out guidance for challenging other professionals/managing a challenge from another professional, and a process for escalation and decision-making.

The [Complex Adults Risk Management \(CARM\)](#) documents are available on the SSAB website. This will cover the process for addressing highly complex cases which often don't fully meet the safeguarding adults criteria but involve a great deal of risk to the individual, and where a number of agencies need to work together to support the individual to achieve more positive outcomes.

Further material on professional curiosity:

- The Manchester Safeguarding Partnership has a useful resource '[Professional curiosity and challenge – resources for practitioners](#)'.
- This useful 3-minute 'Bitesize Guide' to professional curiosity has been produced in video format by Waltham Forest Council: <https://vimeo.com/272754227>