

Northamptonshire Safeguarding Adults Board

PROFESSIONAL CURIOSITY GUIDANCE

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1. Introduction

Professional curiosity is an emerging theme in Safeguarding Adult Reviews (SARs) and other reviews completed in Northamptonshire, and this is reflected nationally. It has long been recognised as an important concept in Children's Services but is equally relevant to work with adults.

2. What is professional curiosity?

Professional curiosity is where a practitioner explores and proactively tries to understand what is happening within a family or for an individual, rather than making assumptions or taking a single source of information and accepting it at face value. It is about enquiring deeper 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.

Professional curiosity is about reflecting on what you see and hear; not simply accepting things or making assumptions but asking that next question, using your communication skills to probe a little deeper to understand what's going on for someone.

3. 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 assigned. It is widely recognised that there are many barriers to being professionally curious, and some of the barriers to practice are set out below:

- **Disguised compliance**

A family member or carer gives the appearance of co-operating with agencies to avoid raising suspicions, and dispel professional concerns, and ultimately reduce professional involvement. We need to establish the facts and gather evidence about what is actually happening rather than accepting without thinking about it very much, even though it might be untrue. 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 individually, 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 NSAB's Escalation Policy to seek resolution. [The Escalation Policy can be found on the NSAB website.](#)

- **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 do not 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. Practitioners may be anxious about asking that 'difficult question' that is required to understand what's really happening.

- **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 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 are also barriers to a professionally curious approach.

4. Why professional curiosity is important - learning from Safeguarding Adults Reviews

SAR 019 - Jonathan

Jonathan died aged 46 on 31st December 2019 from coronary artery thrombosis and coronary atherosclerosis. Jonathan was found deceased in a hotel room by a Social Worker carrying out a welfare check who contacted the Police and Ambulance Service. Jonathan was considered to have multiple vulnerabilities and risks which were further complicated by homelessness; in particular, rough sleeping. Despite regularly coming to the attention of a number of statutory services as an adult experiencing street homelessness and significant physical and mental health conditions, his housing, health and care and support needs, including risks, were not readily acknowledged. There was a lack of professional curiosity around understanding Jonathan's complex needs and homelessness. Jonathan's history was not taken into account and the professionals' understanding of this was not considered. It can be concluded that the principle of making safeguarding personal was not adopted. **This case is an example of 'accumulating risk,' 'normalisation,' and 'confirmation bias'.**

SAR 024 - Adult A

Adult A was a 51-year-old woman who was found to be in a severely malnourished state, covered in dirt, with insect bites on her body and headlice. She also had other physical health issues. Adult A was a grandmother who lived with three generations of her family until her admission to hospital. Information supplied by her family indicated that she had not left her home address for a significant period and had not even been downstairs from her own room for several months. Her living conditions were a cause for concern, being cluttered and dirty. Adult A had a long recorded history of non-engagement with services. Several agencies were involved in supporting different members of Adult A's family, but they were supporting her children and grandchild. Despite referrals being made to the Multi-agency Safeguarding Hub (MASH), and later to Adult Social Care, the information contained within did not identify that she was self-neglecting or that she may have required a different response. Professionals were not sufficiently curious about Adult A's personal situation and did not address the family's complex needs in a holistic manner. **This case is an example of 'normalisation,' 'knowing but not knowing' and 'disguised compliance'.**

[The learning from Northamptonshire Safeguarding Adult Reviews can be found on the NSAB website.](#)

5. Developing skills in professional curiosity

Professionals should consider using the following to remove the barriers to professional curiosity:

- Be flexible and open-minded, not taking 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 and believe the unbelievable. Consider how you articulate 'intuition' into an evidenced, professional view.
- Use your communication skills to review records, record accurately, check facts and feed back 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, carer, friends, and neighbours, as well as other professionals (triangulation).
- 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 or their family, think about who in the network can help you. Consider calling a multi-agency meeting for input and support from colleagues in other agencies.
- Take responsibility for the safeguarding role you play, however large or small, in the life of the person in front of you.

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 and away from their family, carer.
- 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 a critical, analytical and reflective approach.
- Develop the skills and knowledge to hold difficult conversations.

6. Holding difficult conversations and challenging

Tackling disagreements or hostility, raising concerns or challenge, and giving information that will not be well received can be hard things to do. Please see the following 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 the courage to focus on the needs of the service user.
- Be non-confrontational and non-blaming and sticking 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. making 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.
- Apply professional judgement.

Never be concerned about asking questions 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.

7. How managers can support professionally curious practice

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

- Playing ‘devil’s advocate’ – ask ‘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.

8. Key Points to take away from this guidance

- 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 and believe the unbelievable.
- Consider how you can articulate ‘intuition’ into an evidenced, professional view and discuss ‘gut feelings’ with other professionals.

NSAB give thanks to Norfolk Safeguarding Adults Board for their permission to adapt their guidance.