

# ***“Something doesn’t feel right”***

## **Guidance on Professional Curiosity and Persistence**

pushing  
bullying pinching  
withholding food & drink coercion intimidation  
hitting isolating  
restraint emotional abuse  
misusing medication shaking  
scalding teasing sexual abuse  
leaving on own blaming  
stealing money or benefits neglect  
leaving on own ignoring needs

## 1. Introduction

We know that it is better to help individuals and families requiring our support 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.

Professional curiosity is a recurring theme from Safeguarding Adults Reviews completed both locally in Solihull (John, Rachel, Graham, Peter and Stephen SARs) as well as regionally and nationally.

## 2. What is Professional Curiosity?

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

It is about enquiring deeper and using proactive questioning and challenge. Curious professionals will spend time engaging with families on visits. Do not presume you know what is happening in the family/individuals home – ask questions and seek clarity if you are not certain. Do not be afraid to ask questions of families and individuals, and do so in an open way so they know that you are asking to keep the individual 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 individual in the family.

Be mindful of:

### 2.1 Disguised compliance

A family member, carer or an individual who gives the appearance of co-operating to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement. Establish the facts and gather evidence about what is actually happening. Focus on outcomes rather than processes to ensure we remain person centred.

### 2.2 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.

### 2.3 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.

## **2.4 Not seeing the whole picture**

Reviews repeatedly demonstrate that professionals tend to respond to each situation or new risk in isolation, 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.

## **2.5 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/individuals own agenda.

## **2.6 Professional differences**

Professional differences can occur because of different organisations cultures or because of individual's employment status. Workers who have most contact with the individual are in a good position to recognise when the risks to the person are escalating. 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 SSAB Dispute Resolution [LINK] procedure if necessary.

## **2.7 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.

For example, in a SAR from another local authority, two individuals living in a care home experienced fractured femurs and were admitted to hospital. The explanation given was a moving and handling issue and as a result, no safeguarding referral was made. Even when subsequent evidence emerged, including the nature of the injuries, which suggested other explanations should be considered, there were no enquiries made by professionals involved.

## **2.8 '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.

## **2.9 Cultural Competence**

There is evidence that culturally competent safeguarding practice enhances children's and adults well-being. It is important that practitioners are sensitive to differing family patterns and lifestyles and to caring patterns that vary across different racial, ethnic and cultural groups. At the same time they must be clear that child or adult abuse cannot be condoned for religious or cultural reasons.

All practitioners must take personal responsibility for informing their work with sufficient knowledge (or seeking advice) on the particular culture and/or faith by which the child, young person, adult and their family or carers lives their daily life. For example 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 previous experiences.

### **2.10 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.

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.

## **3. Developing skill in 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; believe the unbelievable. Consider how you can articulate 'intuition' into an evidenced, professional view.
- Always try to see the person separately. Pay as much attention to how people look and behave as to what they say.
- Have empathy ('walk in the shoes') of the person to consider the situation from their lived experience.
- Be alert to those who prevent professionals from seeing or listening to the person.
- Use your communication skills: review records, record accurately, check facts and feedback to the people you are working with and for. Develop the skills and knowledge to hold difficult conversations. Never assume and be wary of assumptions already made.

- Use case history and explore information from the person themselves, the family, friends and neighbours, as well as other professionals (triangulation).
- 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 multiagency meeting to bring in 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.

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.

#### **4. 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.

The following are some tips on how to have 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. Being clear and unambiguous.
- Having courage and focusing on the needs of the service user.
- Being non-confrontational and non-blaming, and sticking to the facts.
- Having evidence to back up what you say. Ensuring decision-making is justifiable and transparent.
- Showing empathy, consideration and compassion – being real and honest.
- Demonstrating congruence i.e. making sure tone, body language and content of speech are consistent.

## 5. How managers can support professionally curious practice

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 other 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.

This guidance is heavily based on Norfolk Safeguarding Adults Board Professional Curiosity Guidance