OLDHAM ADULTS SAFEGUARDING BOARD

Professional Curiosity Guidance

Author: Oldham Safeguarding Adults Board
With special thanks to Swindon Safeguarding Partnership, Norfolk Safeguarding Adults Board, Somerset Safeguarding Adults Board and Waltham Forest Council for use of some of their materials
Adapted by: OSAB Policy, Procedure and Workforce Development Sub Group
Adopted: June 2022
Review Date: June 2023

Contents

1. Introduction

Professional curiosity is an emerging learning theme in Safeguarding Adult Reviews and other reviews completed in Oldham. This is a finding reflected nationally. Professional curiosity is an essential part of safeguarding. Nurturing professional curiosity is a fundamental aspect of working together to keep children, young people, and adults safe.

Professional curiosity is about not taking things at face value. Practitioners asking questions and seeking explanation from individuals and carers is something to be valued; healthy challenge is good and can provide assurance that an assessment of a situation is accurate. An over reliance by practitioners on individuals and carers self-reporting involves significant risks of proceeding on false information. Good information sharing, supervision, and open discussion at key decision making meetings to 'check and test' information can be crucial in ensuring this does not happen. The following guidance is aimed at practitioners and management.

2. What is Professional Curiosity?

Professional curiosity is the capacity and communication skill to bring together information from a range of sources to explore and understand what is happening with an individual. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding our own responsibility and knowing when to act, rather than making assumptions or taking things at face value.

It can require us to think 'outside the box', beyond our usual professional role, and consider an individual's circumstances holistically. Curious practitioners engage with individuals and carers through visits, conversations, observations and by asking relevant questions to gather historical and current information.

It is a combination of looking, listening, asking questions, and checking and reflecting on information received. It means:

- testing out our professional hypothesis and not making assumptions
- triangulating information from different sources to gain a better understanding of individuals and carers functioning
- getting an understanding of individual's history, which in turn, may help us think about what may happen in the future
- obtaining multiple sources of information and not accepting a single set of details we are given at face value
- having an awareness of our own personal bias and how that affects how we see those we are working with
- being respectively nosey.

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, it does not automatically mean that blame should be apportioned. It is widely recognised that there are many barriers to being professionally curious including:

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.

An Individual's Perception

This is not about deception, but often an individual genuinely believes they are coping and tells us that they are coping, but additional factors may be missed, such as the fact that family members are taking an active role to enable independent living. This leads to assumptions that the individual is more capable than they are.

Professional Deference

Practitioners who have most contact with the individual are in a good position to recognise when the risks to the individual are escalating. However, there can be a tendency to defer to the opinion of a 'higher status' professional who has limited contact with the individual but who views the risk as less significant. We need to be confident in our own judgement and always outline our observations and concerns to others. We should be courageous and challenge opinion of risk if it varies from our own. We must escalate ongoing concerns through our managers.

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 we can tend to rationalise away new or escalating risks despite clear evidence to the contrary.

Learning from reviews has consistently highlighted a lack of timely investigation into Mental Capacity. We should always consider the Mental Capacity Act and ensure records are appropriately updated, even if this is recording the rationale for not undertaking a Mental Capacity Act assessment.

Accumulating Risk/Seeing the Whole Picture

Reviews repeatedly demonstrate that we 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 they are seen as 'normal' they cease to be questioned and are therefore not recognised as potential risks or assessed as such.

Disguised Compliance

An individual, 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. We need to establish the facts and gather evidence about what is actually happening. We need to focus on outcomes rather than processes to ensure we remain person centred.

Confidence in Managing Tension

Disagreement, disruption and aggression from individuals, their families, carers, or others, can undermine confidence and divert discussions away from the issues and topics we wanted to explore so that the focus is on the individual's, their family member's, or carer's, own agenda.

Practitioner Capacity

We may avoid asking too many questions or doing something that is appropriate to solve a problem, as this may lead to further problems. We sometimes want to avoid 'opening a can of worms', particularly when we have extensive caseloads and busy diaries.

'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.

Dealing with Uncertainty

Contested accounts, vague or retracted disclosures, deception and inconclusive medical evidence are common in safeguarding practice. We are often presented with concerns which are impossible to substantiate. In such situations there is a temptation to discount concerns that cannot be proven. A person-centred approach requires us 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.
- Practitioners are responsible for triangulating information such as, seeking independent confirmation of information; weighing up information from a range of practitioners, particularly when there are differing accounts; and considering different theories to understand the situation.

Poor supervision, complexity and pressure of work, changes of case worker leading to repeatedly 'starting again' in casework, closing cases too quickly, fixed thinking or preconceived ideas and values, and a lack of openness to new knowledge are also barriers to a professionally curious approach.

4. Top Tips for Developing Skills in Professional Curiosity

BE ALERT

- Be flexible and open-minded, not taking everything at face value.
- Think the unthinkable; believe the unbelievable.
- Consider how you can articulate 'intuition' into an evidenced, professional view.
- Pay as much attention to how people look and behave as to what they say.
- Is there anything about what you see when you meet with an individual which prompts questions or makes you feel uneasy?
- Are you observing any behaviour which is indicative of abuse or neglect?
- Does what you see support or contradict what you're being told?

- Listen to people who speak on behalf of an individual and who have important knowledge about them.
- Be alert to those who prevent practitioners from seeing or listening to an individual and do not rely on the opinion of only one person, wherever possible.
- Are you being told anything which needs further clarification?
- Are you concerned about what you hear an individual, family members or carers say to each other?
- Is someone trying to tell you something but is finding it difficult to express themselves? If so, how can you help them to do so?

LISTEN

ASK

Are there direct questions you could ask when you meet an individual, family members or carers which would provide more information about the vulnerability of the individual? For instance:

- Who are the practitioners/agencies working with the individual?
- What is it like to be (name) living in this family/household?
- What is a typical day or week like for you?
- Who is this with you at this appointment?
- Who is living with you?
- What is the first thing you think of when you get up in the morning and/or the last thing you think of before you go to sleep?
- When were you last happy?
- Do you feel safe?
- What do you look forward to?
- Are there people who regularly visit your home apart from those who live there?
- Are you in fear of the consequences of doing something, or not doing something?

CHECK

- 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.
- Are other practitioners/agencies involved?
- Have other practitioners seen the same as you?
- Are practitioners 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 should or could be done by you or anyone else?
- Use case history and explore information from the individual themselves, their family, carers, friends, and neighbours, as well as other practitioners (triangulation).

TOP TIPS

- Use prompts ("Tell me more", "That sounds really difficult") and non-verbal communications (nodding occasionally, appropriate eye contact, "Mmmm… Uh-huh") to encourage people to talk about issues of concern when they are struggling to put things into words or have worries about how what they are saying may be received or acted upon.
- Always try to see the individual separately.
- Actively seek full engagement. If you need more support to engage the individual, think about who can help you. Consider calling a multi-agency Team Around the Adult (TAA) meeting to bring in support from colleagues from other agencies.
- Question your own assumptions about how individuals, their families and carers function and watch out for over optimism.
- Recognise your own feelings (e.g. tiredness, feeling rushed or illness) and how these might impact on your view of an individual on a given day.
- Leave time to prepare yourself for managing risk and uncertainty and processing the impact it has on you.
- Think about why someone may not be telling you the whole truth.
- Have empathy and 'walk in the shoes' of the individual to consider the situation from their point of view.
- Demonstrate a willingness to have challenging conversations.
- Address any professional anxiety about how hostile or resistant individual/families might react to being asked direct or difficult questions.
- Remain open minded and expect the unexpected.
- Appreciate that respectful scepticism/nosiness and challenge are healthy. It is good practice and okay to question what you are told.

- Recognise when individuals repeatedly do not do what they said they would and discuss this with them.
- Understand the cumulative impact of multiple or combined risk factors, e.g. domestic abuse, drug/alcohol misuse, mental health),
- Ensure that your practice is reflective and that you have access to good quality supervision.

5. Challenging and Holding Difficult Conversations

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 individual.
- 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.
- Acknowledging 'gut feelings', sharing these with other practitioners, and seeking evidence.
- Understanding the elements and indicators of behavioural change.
- Holding a healthy scepticism.
- Understanding the complexities of disguised compliance.
- Applying 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 us to maintain a clear focus on good practice and risk assessment and develop a critical mindset.

6. How Managers Can Support Professionally Curious Practice

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

- Playing 'devil's advocate' and asking, 'what if?' questions to challenge and support practitioners to think more widely around cases.
- Supporting practitioners to record the rationale for when they have not taken further action.
- Questioning whether outcomes have improved for the individual and evidence for this.
- Presenting alternative hypotheses about what could be happening.
- Providing 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.
- Presenting cases from the perspective of other family members, carers, or professionals.
- Asking practitioners what led them to their conclusion and supporting them to think through the evidence.
- Monitoring workloads and encouraging practitioners to talk about and support them to address issues of stress or pressure.
- Supporting practitioners to recognise when they are tired and need a fresh pair of eyes on a case.

7. Why Professional Curiosity is Important: Learning from OSAB Safeguarding Adult Reviews

Derek

A SAR was carried out by OIdham Safeguarding Adults Board for 'Derek', aged 69 years old, who had a diagnosed Learning Disability and a number of other health conditions including a hearing impairment, Type 2 Diabetes and Glaucoma. Derek was known to a range of services relating to both his medical and wider housing and social needs. Derek believed that he was coping really well and that was the message that was put forward to practitioners.

Derek was coping well with independent living but part of the reason this was the case was because his niece checked on him every week, cooked him a meal every week, and made sure he got to his GP appointments. Derek did not perceive his niece as an informal carer and his niece did not see herself as a carer. If practitioners had asked more questions, for instance, 'what does a normal week look like?', they may have understood how much support was provided by his niece. Derek's niece was missing in agency records, there was no Carer's Assessment completed and there was no consideration of the degree to which she enabled him to live independently.

Jessica

A SAR was carried out by OIdham Safeguarding Adults Board for 'Jessica', aged 28 years old, who had been quadriplegic since sustaining a spinal cord injury in a road traffic collision at the age of 9. Jessica received pressure ulcer care from the District Nurse and Tissue Viability services during the eight months prior to her death. During this period, her wounds deteriorated, and she developed sepsis which led to hospital admission shortly before her death.

It was found that a schedule of home visits was not adhered to on several occasions. There were cancellations by Jessica's mother and reduced capacity in the District Nursing team was frequently a factor. It was felt that District Nurse visits should not have been deferred given the complexity of Jessica's needs and the risk of deterioration in her wounds. Additionally, there was an inappropriate acceptance of the cancellation of home visits and requests to schedule less frequent visits by Jessica and her mother. It was noted that Jessica's schedule, including attending lectures at College, limited visits to first thing in the morning but that it wasn't until much later in her care that evening or weekend visits were considered or offered.

Nina

A SAR was carried out by OIdham Safeguarding Adults Board for 'Nina' who had a Mental Health condition and was thought to have mild Learning Disabilities. At the time of the SAR referral, Nina was in her forties. Nina was well known to a number of services across Oldham having previously experienced abuse and harm. Concerns were raised regarding the way partner agencies had worked together to support and safeguard her. Nina was vulnerable to exploitation as a result of past experiences, issues of cognition, Mental Health, and substance misuse. Practitioners did not fully understand the relationships between Nina and informal carers. Both Nina and her carers presented a confusing picture. A male carer would call Nina 'mum' on occasion and refer to himself as Nina's son. Nina indicated she wanted this carer with her when she attended appointments.

It was found that practitioners made a number of attempts to speak to Nina on her own but lacked tenacity in exercising professional curiosity to fully understand Nina's care and support needs that her informal carers were assisting with. Speaking to Nina on her own proved problematic for a number of reasons including the carer answering Nina's phone and the practitioner only having the carer's contact number. It appeared Nina's carers, and possibly Nina, were putting up barriers and using avoidance techniques to prevent professionals gaining a greater understanding of the situation.

8. Further Information and Resources

Further material on professional curiosity is available from the following sources:

- Manchester Safeguarding Partnership: www.manchestersafeguardingpartnership.co.uk/resource/professional-curiosity-resources-practitioners/

- Brighton and Hove Safeguarding Children Partnership newsletter (aimed at practitioners working with children, but the content is equally applicable to practitioners working with adults): www.brightonandhovelscb.org.uk/wp-content/uploads/Professional-Curiosity-Bulletin-FINAL.pdf

- Waltham Forest Council 3-minute video 'Bitesize Guide': vimeo.com/272754227