

Hammersmith &  
Fulham  
Safeguarding  
Adults Board

# **PROFESSIONAL CURIOSITY**

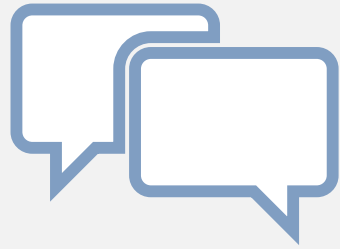
## DIRECTIONS FOR USING THIS RESOURCE

- These slides can be used in team meetings, service days or any other format that brings professionals together.
- Throughout the tool there is space for discussion in your group – this is prompted by the chat symbol.



- It should take 60 to 90 minutes to work through the slides.

# WHAT IS PROFESSIONAL CURIOSITY?



- What does professional curiosity mean?
- Why is it important?
- What skills does it entail?

# PROFESSIONAL CURIOSITY IS KEY TO SAFEGUARDING



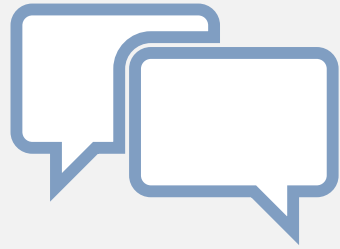
With thanks to Rochdale SAB and SCP for use of this video:  
<https://youtu.be/DZKDeX7fQv0>

## WHY IS PROFESSIONAL CURIOSITY IMPORTANT?

Curious professionals are able to:

- identify potential abuse or neglect, or potentially abusive and/or neglectful situations
- identify and take action to explore more deeply what is happening for an individual using proactive questioning
- intervene early and take preventative approaches before a situation deteriorates
- make and record defensible decisions
- make safeguarding personal by working in a person-centred way.

# PROFESSIONAL CURIOSITY IN PRACTICE



- What are the barriers to professional curiosity?

# BARRIERS TO PROFESSIONAL CURIOSITY

- Disguised compliance
- The 'rule of optimism'
- Accumulating risk
- Normalisation
- Professional deference
- Confirmation bias
- 'Knowing but not knowing'
- Confidence in managing tension
- Dealing with uncertainty

# FRANK

Frank was a 71-year-old man who lived alone in a one-bed council flat. He had a care package in place to assist with personal care and prompts with medication, in addition to weekly visits to support with housework and food shopping.

Frank had a number of physical health conditions, including Type 2 diabetes. District Nurses would visit twice daily to support compliance with insulin medication and wound management. Frank also lived with depression and had historic involvement of mental health services, as well as a history of substance misuse from his youth.



# FRANK

Between February 2022 and mid-September 2022 Frank was admitted to hospital on six separate occasions, due to low oxygen levels, delirium, hypoglycaemic episodes and one instance involving misuse of heroin. Shortly prior to his death, Frank expressed to the district nurse that he did not want to have another hospital admission 'ever again'.

Frank sadly died in September 2022 due to burns from an accidental fire in his bedroom caused by smoking material. At the time, he was likely unconscious, which the coroner determined was likely due to an episode of hypoglycaemia.

# FRANK

Frank also had a history of self-neglecting behaviour. References to this behaviour dated back to February 2020 with one record referring to 'significant self-neglect and poor nutritional status' as well as non-compliance with psychotic medication and 'only engaging in self-care when prompted'.

This is the start of a pattern in Frank's chronology, with repeated instances of Frank not attending appointments, non-compliance with medical care and self-neglect. Frank's self-neglect presented in a number of ways, with professionals reporting concern around both the home environment and personal care.

# FRANK

In February 2022, police raised concerns after finding Frank limping in the street, with substantial cuts and bruises. When discussing these concerns with Frank, Frank is noted to have 'admitted that he has been behaving in strange ways recently'. Professionals recorded that Frank was able to communicate his views and wishes, and that there were no safeguarding concerns or risks. This may have been an opportunity to look at the bigger picture and open up a discussion with Frank about the concerns for him.

# FRANK

In the period following this, there were repeated concerns raised about Frank's wellbeing and potential self-neglect. For example, in July 2022, the care agency raised concerns about Frank's mental health and reported that he had got lost whilst out in the community, and that the house was 'disorganised'. This may have been another opportunity to explore possible contributory factors in Frank's self-neglect in more depth and consider risk assessment and risk management.

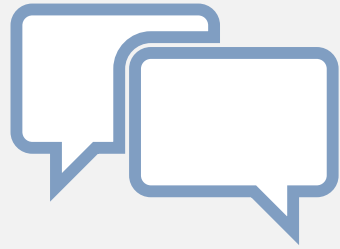
## FRANK: LEARNING

Previous analysis of SARs in London has noted examples of practitioners giving insufficient attention to, or having lack of understanding, of a person's history and possible reasons for their self-neglect, and this was reflected in the interactions with Frank.

Research around best practice in working with individuals who self-neglect also outlines the need to complete thorough assessments of care and support needs and undertake comprehensive risk assessment.

*Note: In Frank's case we can only see evidence of a PCFRA, but no assessment of risk as it related to Frank's self-neglecting behaviour.*

# HAVING DIFFICULT CONVERSATIONS



- How would you approach potentially difficult conversations?
- What support do you need to be able to do this?

# HAVING DIFFICULT CONVERSATIONS

- Plan in advance to ensure there will be time to cover essential elements of the conversation
- Holding a healthy scepticism
- Understanding complexities of disguised compliance
- Keeping the agenda focused on topics you need to discuss
- Having courage and focus on the needs of the service user
- Showing empathy consideration and compassion
- Being non-confrontational and non-blaming, and sticking to the facts
- Applying professional judgement

# PREPARATION AND SKILLS

- Use case history and explore information from the person themselves, their family, friends and neighbours, as well as other professionals (triangulation).
- Actively seek full engagement
- Be flexible and open-minded
- Use your communication skills
- Consider where to have the conversation – would it be better to meet with the person outside of the home, such as with GP or at community centre? For phone/video calls, ask if they can move to another room to ensure they can talk openly
- Look out for behaviour or body language which may be indicative of abuse or neglect



# USE OF SUPERVISION

- Reflective discussion can encourage curiosity and help staff to provide the best support possible, particularly in challenging and demanding cases
- Supervision is an opportunity to debrief difficult situations and access support that can give practitioners confidence to offer respectful challenge.

# TYPES OF SUPERVISION

## Individual supervision

1-1 to discuss safeguarding concerns (current or past) and enquiry processes and outcomes

Sessions are planned in advance and usually reflected in jointly signed document

This can also include complex case discussion and escalated issues on case management for lead/designated staff

## Group supervision

Team members coming together in an agreed format to reflect on their work by pooling their skills, experience and knowledge

Benefit of promoting team/peer support and accountability

## Ad hoc supervision

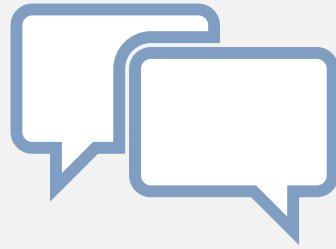
Provides advice and support outside of set supervision sessions

Staff should have access to daily ad-hoc supervision for urgent and routine work

## USE OF SUPERVISION

“When I talked to my manager in supervision, I admitted to myself that I’d knocked on the door deliberately quietly and left quickly, telling myself they weren’t in. The client’s husband can be quite aggressive and it’s hard to have a constructive conversation with them. My manager asked me what was challenging about the situation and what was really going on. Those questions really helped me to see that I was trying to avoid a difficult situation.”

## USE OF SUPERVISION



- Have you ever felt similarly to this professional?
- Did you have an opportunity to debrief with your manager or teammates?

# RECAP

- 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

## RESOURCES FOR FURTHER LEARNING

- H&F SAB [Self-neglect multi-agency guidance](#)
- [The importance of professional curiosity in safeguarding adults | Research in Practice](#)
- [Norfolk SAB: Professional Curiosity Guidance](#)