**1. Professional Curiosity** is a recurring theme in Safeguarding Adult Reviews (SARs), Safeguarding Practice Reviews (SPRs – children) and Domestic Homicide Reviews (DHRs) in Havering, and indeed nationally. Professional Curiosity is about having the capacity and communication skills to explore and understand what is happening with an individual or family.

It is about asking more, and using proactive questioning and challenge. It is about understanding your own responsibility and knowing when to act, rather than making assumptions. It is about being interested in the person and the situation; not taking things at face value – asking **“why”?**

**7 Minute briefing - Professional Curiosity**

**2**. Being **Professionally Nosy**:

* Noticing when something isn’t quite right;
* Asking questions to get more detail-why?
* Asking for evidence instead of taking things at face value;
* Share your concerns- sense check, gut feelings.

[Research in Practice published this briefing on professional curiosity](https://www.researchinpractice.org.uk/adults/news-views/2020/december/the-importance-of-professional-curiosity-in-safeguarding-adults/) in safeguarding adults, written by Norfolk colleagues at UEA and Adult Social Care - you will need to be signed up to **RiPFA** to access the whole briefing but you can read the overview from this link.

**3. Remember** to keep positive relationships and consider Mental Capacity

Think Family- who uses this home- Cuckooing? Lodgers? Partners?

Look, listen, question.

Reflect (think about your own values too, how might these change the way you look at a situation)

Collaborate and confirm (who else do you need to talk to / talk through your concerns with)

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Collaborate and confirm (who else do you need to talk to / talk through your concerns with)

**4. Professional deference** can be a barrier.  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 the **Resolution procedures for children here** <https://safeguardinghavering.org.uk/childrenpartnership/wp-content/uploads/sites/2/2022/12/HSCP-Escalation-and-Dispute-Resolution-Policy-August-2022.pdf>  **and adults** <https://safeguardinghavering.org.uk/adultsboard/wp-content/uploads/sites/3/2021/12/HSAB-escalation-policy-Jan-2020.pdf>

**5. Supervision** and support are vital – talk over concerns at any time with your manager, with colleagues and with multi-agency colleagues to get other perspectives. Try joint visits or meetings. Call a Core Group Meeting, a Multi-Disciplinary Meeting or a Team Around the Family meeting. It’s good to share!

 6. **Accumulating risk** – seeing the whole picture Reviews repeatedly demonstrate that professionals tend to respond to each situation or new risk on its own, 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. Develop shared chronologies and reflect on these together.

**7.**  **Find out more here**:

[**https://safeguardinghavering.org.uk/childrenpartnership/home/proffessionals/guidance-policies-protocol-documents-2/**](https://safeguardinghavering.org.uk/childrenpartnership/home/proffessionals/guidance-policies-protocol-documents-2/)

**Films**: Waltham Forest Safeguarding Partnership; [Bitesize video guide to Professional Curiosity](https://vimeo.com/272754227)

Rochdale Safeguarding Partnership; video [Think Family Approach to Safeguarding](https://www.youtube.com/watch?v=DZKDeX7fQv0&t=6s)

Nottingham City Council, NHS Nottingham City CCG and the NCSCB have jointly commissioned a video animation to encourage practitioners to identify children as ‘Was Not Brought’ as opposed to ‘Did Not Attend’ when referring to them not being presented at medical appointments; [Re-thinking did not attend](https://www.youtube.com/watch?v=dAdNL6d4lpk)