



## Building Confidence in Practice Resource

# Professional Curiosity in Safeguarding – Guidance for Supervisors

Nurturing professional curiosity and challenge are a fundamental aspect of working together to keep children, young people and adults safe from harm.

Professional curiosity is a theme emerging from case reviews and audits conducted in Leicester, Leicestershire and Rutland.

This resource aims to support supervisors to develop professional curiosity with their staff.

The expectation is that you will use this for your own development so that you can support the growth of Professional Curiosity in your team members.

We recommend that you use this in conjunction with [PowerPoint Presentation \(lcitylscb.org\)](https://lcitylscb.org)



You can look at it as a whole or dip in and out of it at your convenience. Use the icons to navigate through.

**NB: The term staff can mean anyone working for you including volunteers**

# What is reasonable for your staff.....?

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Across Leicester, Leicestershire and Rutland there are many people working with adults or children whose roles do not include investigating concerns....

**SO – In what situations would you *reasonably expect* your staff to be professionally curious?**

- Where there are any safeguarding issues
- Where staff feel that things are not quite as they should be – don't feel right
- Where 'stories' don't match up
- Where what you are being told doesn't match what you are seeing or feeling
- Where there is always someone speaking 'on behalf of' the child or adult, and it feels like they are stopping/blocking you hearing directly from them



Please use this resource to support  
you to build professional curiosity  
in your staff

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# Professional Curiosity for Supervisors

(click on each one)

Starts with you.... as a supervisor

Knowing your staff member – what they are like – what their role/responsibilities are

How you develop professional curiosity in your staff and how to respond to situations

How to refer, procedures and resources







To use this resource please begin by reflecting on your own practice.....

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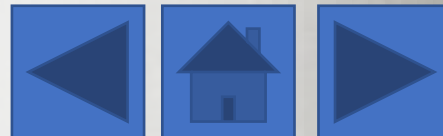
A good supervisor/manager will support their staff to grow and learn.

- Are there any barriers to you encouraging professional curiosity in your staff?
- What support do you need to enable you to do this?



# Barriers for supervisors

- You are not sure what is meant by 'professional curiosity'
- You are not sure if it's your or your staff member's role to 'find out' more information
- Capacity/workload
- It is not a situation that you have experienced before







## Some Solutions .....

- Look at this resource to learn about professional curiosity [PowerPoint Presentation \(lcitylscb.org\)](http://lcitylscb.org)
- You can find out what your responsibilities are in relation to safeguarding through:
  - Looking at your agency's Safeguarding Procedure/Policy
  - Talking to your Designated Safeguarding Lead
  - Looking at the Multi Agency Procedures
- If you are concerned about your workload, this is something you should discuss with your own manager. However where there are safeguarding concerns these should be prioritised
- Whatever the situation there are basic things that you should consider....(see next slide)





# Back to basics...

- Check that the worker is okay
  - Check that the child or adult is not at immediate risk
  - Ascertain the basic information that the worker has:
    - Listen to their concerns
    - Ask the question ‘what do we already know?’
    - What is it reasonable for your worker in their role to know and/or find out? For example: some people would reasonably know or could ask who the GP is whereas others would not; some people could reasonably contact other family members but this would not be appropriate for all
  - Always consider confidentiality and information sharing: [LSCP B | Information Sharing \(lcitylscb.org\)](https://lscpb.org/information-sharing/)
- Encourage the worker to ask questions to find out **appropriate** information **proportionate** to their role
  - Encourage the worker to be observant in their role. For example – ‘they said this to you BUT what did you see?’
  - Are there other professionals involved who could be contacted – and should this be done by the worker or you as the supervisor?







*Knowing your staff*



## *Knowing your staff....*

- Do you know your worker's skills and knowledge?
  - Are they confident to spot the signs and indicators of harm?
  - Do they work to the 'rule of optimism' (wanting progress and therefore missing/down playing signs that might be concerning)
- How do your staff learn?
- What is the best way to give them information?



# *Knowing your staff....*

- Do you know your worker's personality traits?
  - Do they like to be liked?
  - Are they a rescuer?
  - Are they skilled in formulating and asking questions?
- Are they working in a community where they live? If so address any conflict of interest

If you know your worker it is more likely that you will get the best out of them

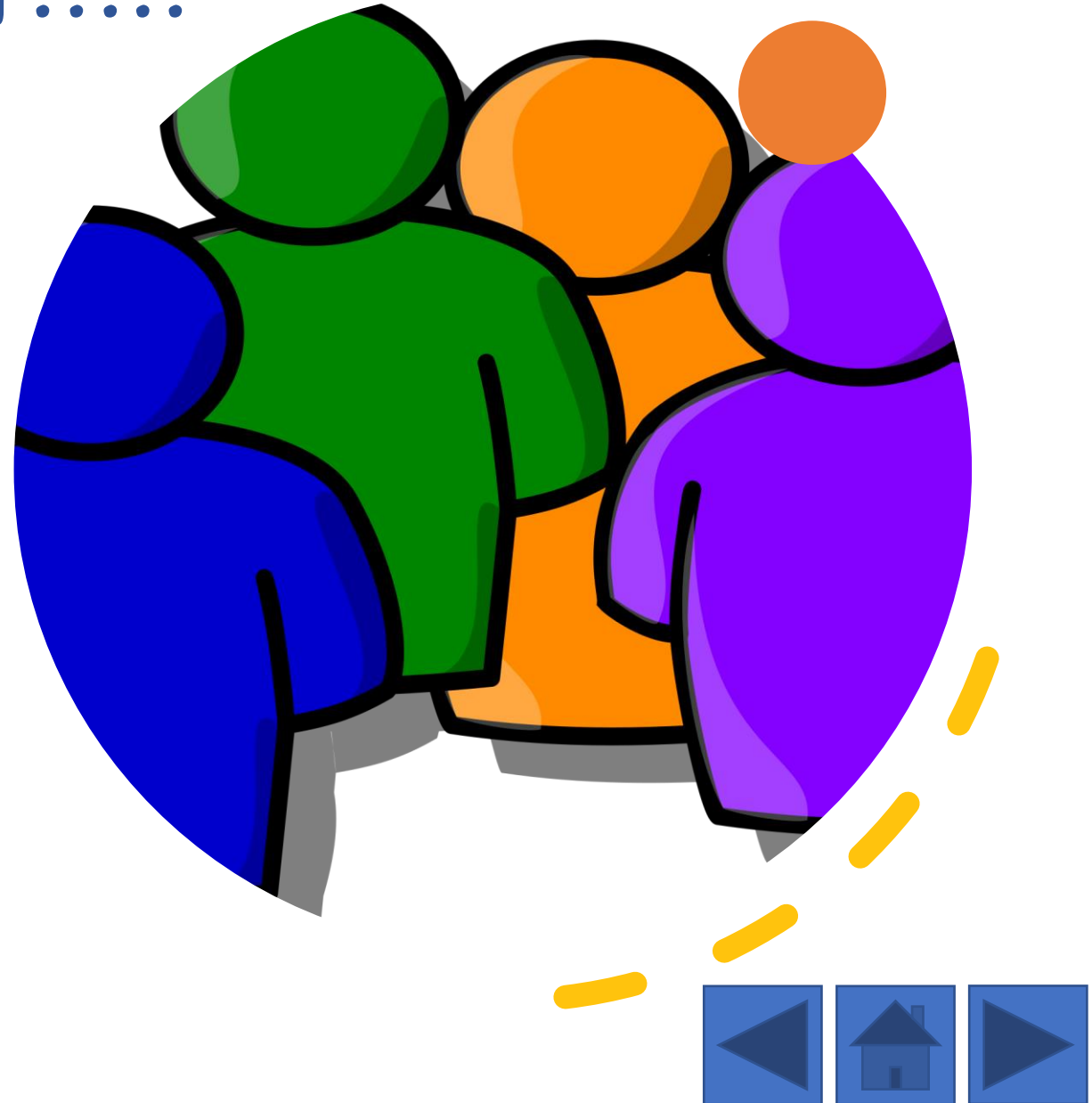




# Knowing your staff.....

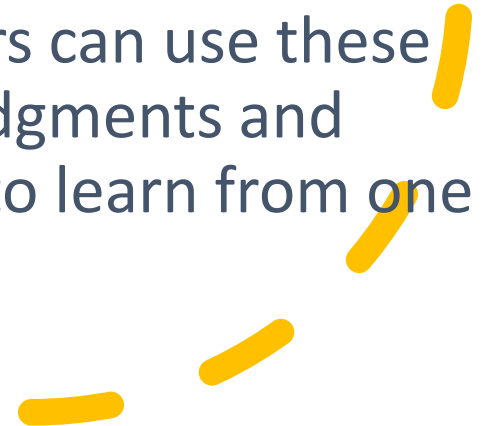
How do you get to know your staff – what are the structures available to you?

- **Interview** – a job application can offer a lot of information and you can ask questions about what is written
- **Induction** – a good way to start to know a person. How well do they respond to certain aspects of the induction learning?
- **Team/Group/Staff Meetings** – a good way to observe people together to see where there are strengths and areas of concern in a team
- **Supervision** - One to one sessions which will be called 'supervision' in this resource
- **Informal chats** - about work or about people's life outside of work – their interests etc



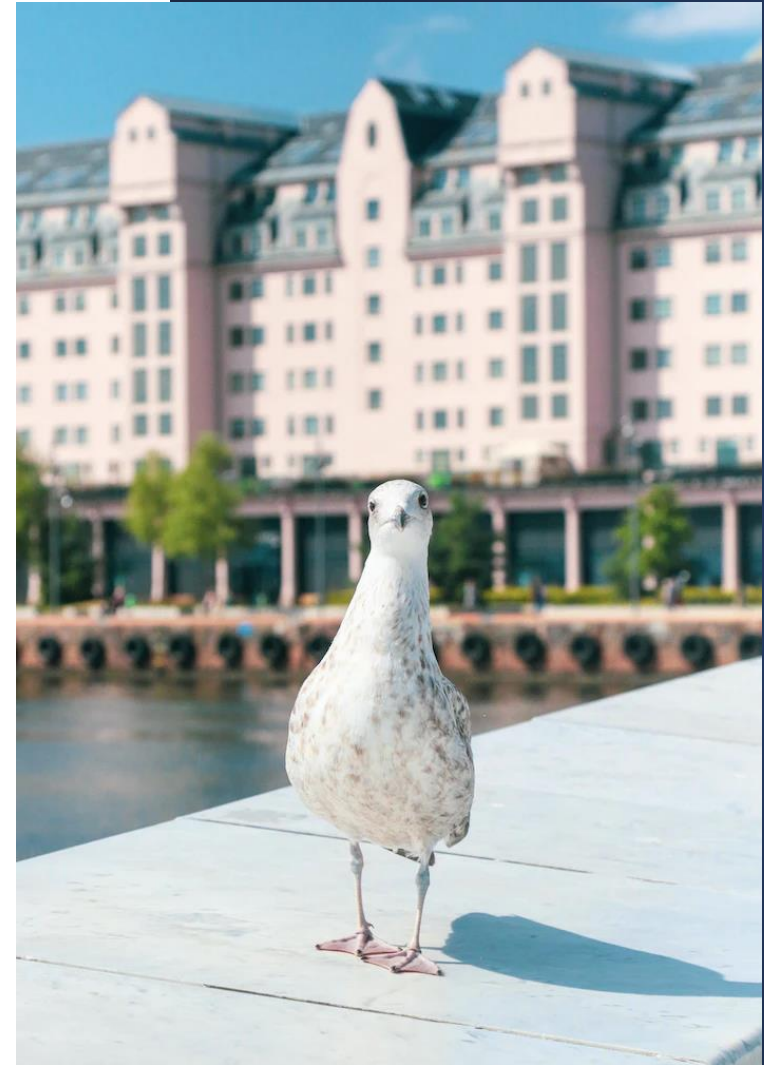
# Supervision and Leadership

- Supervision is an important space for reflection
- The use of effective supervision is a means of improving decision-making, accountability, and supporting professional development among practitioners. Supervision is also an opportunity to question and explore an understanding of a person or a family's situation.
- To work with people with compassion, but retain an open and questioning mind set, requires regular support through supervision.
- Group supervision can be even more effective in promoting curiosity, as practitioners can use these spaces to think about their own judgments and observations. It also allows teams to learn from one another's experiences.



# How to develop professional curiosity

- Have a questioning culture – encourage people – no question is a silly question
- Encouraging observation and listening in your staff
- Making people feel that they are part of a bigger picture – that their input is important and their perspective is valued
- Asking people to consider things from another's perspective
- Providing appropriate learning/training opportunities
- Role model professional curiosity
- Encourage the transfer of skills and knowledge between staff





# Resources you can use with your team/staff

1. Use Professional Curiosity Resource with your team/staff:  
[PowerPoint Presentation \(lcitylscb.org\)](https://www.lcitylscb.org)
2. Use film clips:
  - Test your awareness: Who dunnit
  - [Test Your Awareness : Whodunnit? - YouTube](#)
  - Test your observations
  - [Test Your Observation Skills - YouTube](#)
  - The monkey business illusion:  
[https://www.youtube.com/watch?v=IGQmdoK\\_ZfY](https://www.youtube.com/watch?v=IGQmdoK_ZfY)
3. Use Case Reviews



# *Tips for developing professional curiosity with your worker in supervision/practice*

As a supervisor/manager

- Offer an alternative perspective/hypothesis – playing ‘devil’s advocate’
- Encourage workers to look at a situation from the child, young person, adult or another family member’s perspective
- Recognise time pressure as a barrier – look at workload/planning
- Recognise when risks and concerns are escalating and take appropriate action



# Questions to ask when a situation occurs

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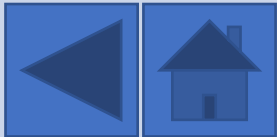
To find out what is it about the situation that feels 'wrong' you can ask:

- What do you know?
- What do you think you know?
- What can you see?
- What is unclear?
- What is missing (what do you need to find out or do)?
- What do you need from me?
- How are you feeling?
- Do you know what to do if .....?
  - Having contingences
  - Checking in with others what they have discovered/seen/hear





# Examples of Professional Curiosity in Practice



At the Airport

Nigel

Grace

Ben

Previous Professional Curiosity Resource:  
[PowerPoint Presentation \(lcitylscb.org\)](http://lcitylscb.org)

# DEPARTURES

09:15 **AB 123**

A04

09:30 **CD 234**

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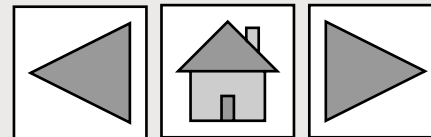
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## Airport Scenario Film

[Professional Curiosity in Action](#)



# Nigel

A Safeguarding Adult Review

What we learnt about Nigel through the Review

Listen to the recording (as many times as you like)  
then move to the next slide

<https://youtu.be/y2pGGcrwopl>





# Triangulation of Information

If a member of your staff were in contact with Nigel and his parents either at home in the day centre or health provision. What would you expect them to know and be professionally curious about.

What data and factual information should they have? What plans/protocols/procedures are in place, Mental Capacity Assessments

What might they observe - behaviour, relationships, response to advice and interventions physical appearance of people and home

Who are the people involved, family, carers, other agencies and who is communicating with who

What information would offer assurance that there is clarity in the current situation and either things are working well or concerns and gaps are identified clear

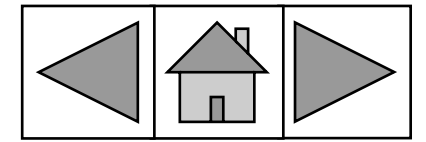
- What do you know (evidence)
- What do you think you know (assumption)?
- What is unclear?
- What is missing (what do you need to find out or do)?



# Triangulation of Information for Nigel

- **Data and Information** (known and potentially available) – 36 years old, diagnosis of Cerebral Palsy and Learning Disability, Annual Health Checks, communication methods, history of diet and eating issues, delivery of Care Package, Mental Capacity/Best Interest assessments. Thresholds for Safeguarding
- **Observing** – Nigel's non verbal behaviour, parental relationships and response to advise and offers of support, carer stress, Nigel's visible weight loss and distress. Impact of COVID restrictions
- **People** – Nigel's lived experience, likes and dislikes. Parents as carers, Are parents acting in the Best interests of Nigel. A number of agencies involved with different roles and responsibilities.

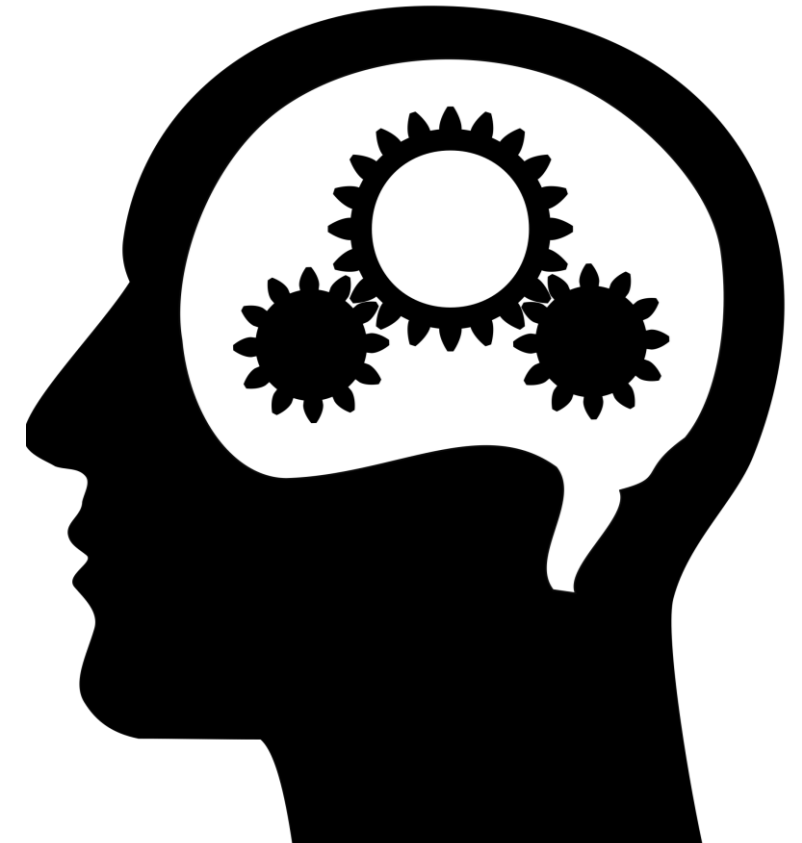




# Dependent on role: Encourage your worker to think about these...

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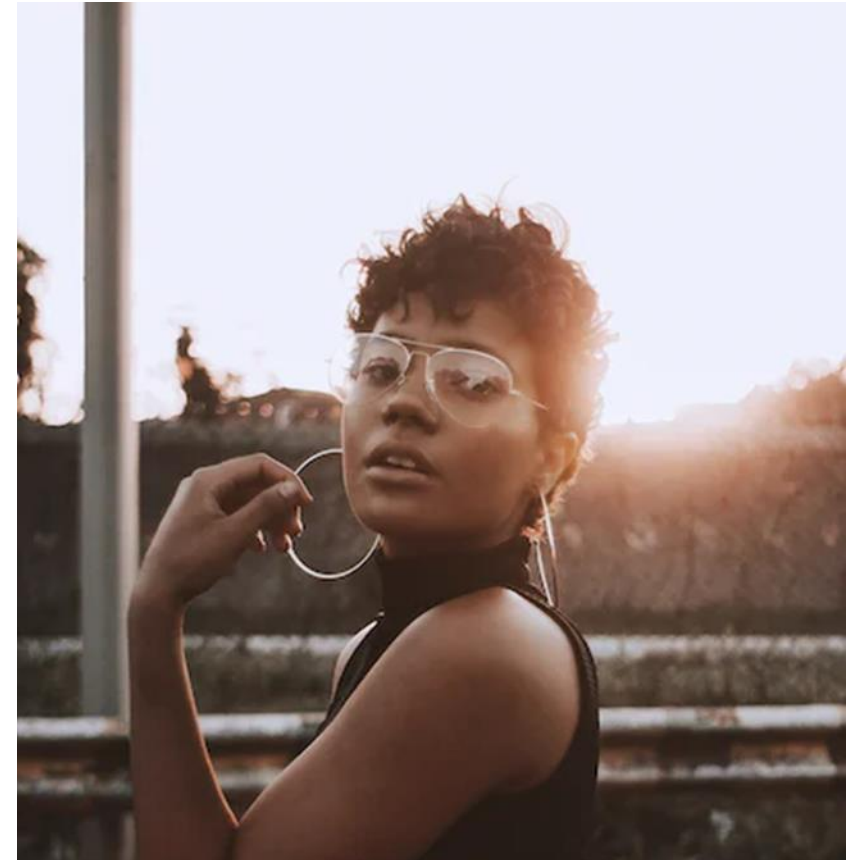
- **Rule of optimism**
  - Wanting things to be better – not ‘seeing’ that things are not changing or worsening
  - Putting greater emphasis on small changes to provide evidence of positive change
  - Is the behaviour normalised – they have always done it?
- **Disguised Compliance**
  - Involves a parent/adult/carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay welfare agency concerns and ultimately diffuse professional intervention ([Building Confidence in Practice – Resistant Behaviour](#))
- **Unconscious Bias**
  - Having a prejudice against a person/group of people or their circumstances/environment that you are not aware you have



# Grace



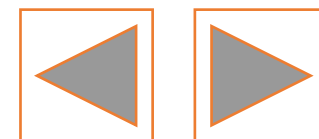
- Grace (14 years) has lived in a foster placement for 2 years. Grace is reported to be “settled” in placement and the local authority are looking for it to become long-term.
- Her Annual Review Health Assessment (RHA) was undertaken by the Looked After Nursing service. Shobhana had done the last RHA with Grace and they had got along really well.
- However, this time Grace declined to be seen alone by Shobhana during the RHA.
- During the Health Assessment it was noted that Grace has a high BMI, and the carer reported night-time wetting.
- At this particular RHA, one of the carers was very dominating, which was different from the last time.
- The only part of the RHA that Grace appeared to be ok with was doing her height and weight measurements.





# Grace: Without Professional Curiosity

- The nurse records the weight and notes the bedwetting at night. Advice is given to Grace and her carer together to avoid high volume drinks too close to bedtime and to see the GP if the issue persists. The nurse does not correlate the weight with the previous year and so is not aware of the increase in BMI. Grace is not spoken to alone.
- The Strengths and Difficulties Questionnaire (SDQ) from the carers is seen in isolation – not mapped to the previous year or correlated with others involved with Grace.
- No liaison takes place with the GP or the social worker.
- The nurse ensures all the information is recorded in the health assessment information and the social worker is sent a copy.

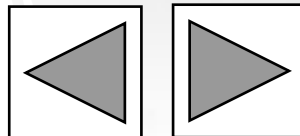


# GRACE

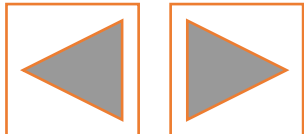
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If you were a supervisor or manager in this service – what would you be asking to promote professional curiosity?

- What do you know?
- What do you think you know?
- What is unclear?
- What is missing (what do you need to find out or do?)?



In this scenario,  
PROFESSIONAL  
CURIOSITY  
should  
stimulate  
questions like  
these...



- Why did Grace decline to be seen alone?
- Was the carer present throughout the RHA? And had Grace accepted the offer to be seen alone previously?
- What was the interaction between carer and Grace (eye contact body language tone of voice)?
- How do you think that Grace may feel in the presence of the dominating carer?
- What was the previous BMI. Have height and weights over the period in care been charted to see any pattern?
- Has the night-time wetting been investigated by the GP?
- What do you know about triggers for night-time wetting and increased BMI?
- Who does/can see the young person alone?
- What was the background of Grace entering care?
- Has anyone completed a Strengths and Difficulties Questionnaire (SDQ) with Grace?

# Grace: With Professional Curiosity



- Charting of height, weight and BMI shows a significant increase in the last 12 months. Grace's demeanour has changed significantly in 12 months, from being positive and engaging to closed and withdrawn.
- Liaison with the GP by the nurse. Grace is seen by the GP supported by the social worker. The GP rules out any urinary tract infection.
- Nurse liaises with the social worker, they arrange to see Grace in school, away from carers. She is provided with notice that the meeting will take place. This allows Grace to decide on any information she wishes to share.
- The Strengths and Difficulties Questionnaire (SDQ) is completed, including information from the school, allowing for a holistic picture of Grace. The score from carers does not match to those of the school.
- On meeting with Grace, she discloses inappropriate sexual contact from the foster carer. Action is taken to remove Grace and any other young people from the placement.
- Appropriate support for emotional well-being is commenced.







**BEN**

Please click here to view film: [Professional Curiosity - YouTube](#)



# How to Refer, Procedures & Resources

## How to Refer



### When you have concerns about an adult:

- LEICESTER CITY: [Concerned about a child or an adult? \(leicester.gov.uk\)](http://leicester.gov.uk)
- LEICESTERSHIRE or RUTLAND: [Leicestershire and Rutland Safeguarding Partnerships Business Office - Concerned about an adult? \(lrsb.org.uk\)](http://lrsb.org.uk)

### When you have concerns about a child:

- LEICESTER CITY: [LSCPB | What to do if you are concerned about a child \(lcitylscb.org\)](http://lcitylscb.org)
- LEICESTERSHIRE or RUTLAND: [Leicestershire and Rutland Safeguarding Partnerships Business Office - Concerned about a child? \(lrsb.org.uk\)](http://lrsb.org.uk)

# How to Refer, Procedures & Resources

## Safeguarding Adults Guidance and Procedures



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[Multi Agency Policy and Procedures](#)

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[Types of Abuse or Neglect](#)

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[Criminal Exploitation of Adults](#)

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[Modern Slavery](#)

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[Domestic Abuse](#)

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[Mental Capacity Act](#)

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[Thresholds](#)

# How to Refer, Procedures & Resources

## Safeguarding Children Guidance and Procedures



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[Safeguarding Children Partnerships Procedures Manual](#)

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[Definitions of Child Abuse and Neglect](#)

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[Private Fostering](#)

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[Child Exploitation](#)

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[Domestic Abuse/Violence](#)

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[Thresholds for access to services](#)



# How to Refer, Procedures & Resources

## Did Not Attend VS Was Not Brought

- Children: [Rethinking 'Did Not Attend' – YouTube](#)
- Adults: [Was Not Brought: Assisted Doctor Appointment Challenges – YouTube](#)



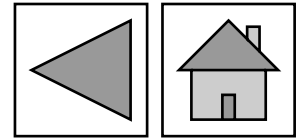
## The Voice/Lived Experience of the Child

- [Was Not Heard – YouTube](#)

## Exploitation of Adults

- [Tricky Friends - Leicester, Leicestershire and Rutland – YouTube](#)
- [Guidance for Working with Adults at Risk of Exploitation: Cuckooing – LLR SAB Multi-Agency Policies & Procedures Resource \(llradultsafeguarding.co.uk\)](#)





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**Leicester**  
**Safeguarding**  
Children Partnership Board

WORKING TOGETHER  
TO KEEP CHILDREN SAFE

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**Leicester**  
**Safeguarding**  
Adults Board

WORKING IN PARTNERSHIP  
TO KEEP ADULTS SAFE