

Resource pack for sharing learning and improving practice

PROFESSIONAL CURIOSITY

This training resource was produced by Waltham Forest Strategic Partnership and has been adapted by Bexley S.H.I.E.L.D. – our thanks to Waltham Forest Strategic Partnership for sharing the materials.



BEXLEY S.H.I.E.L.D.



This resource pack aims to raise awareness about the topics we want to embed into practice.

The expectation is that you will share this resource pack widely and use it:

- in team meetings
- as part of group/individual supervision
- for own development

You can look at it as a whole or dip in or out of it at your convenience.

WHAT is professional curiosity?



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

- testing out your professional hypothesis and not making assumptions
- triangulating information from different sources to gain a better understanding of individuals and family functioning
- getting an understanding of individuals' and families' past history which in turn, may help you think about what may happen in the future
- obtaining multiple sources of information and not accepting a single set of details you are given at face value
- having an awareness of your own personal bias and how that affects how you see those you are working with
- being respectfully nosy

Why is it important?

A lack of professional curiosity can lead to:

- missed opportunities to identify less obvious indicators of vulnerability or significant harm,
- assumptions made in assessments of needs and risk which are incorrect and lead to wrong intervention for individuals and families

TOP TIPS



LOOK

LISTEN

ASK

CHECK OUT



TOP TIPS



LOOK



- Is there anything about what you see when you meet with this child/adult/family 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?

TOP TIPS



LISTEN

- Are you being told anything which needs further clarification?
- Are you concerned about what you hear family members say to each other?
- Is someone in this family trying to tell you something but is finding it difficult to express themselves? If so, how can you help them to do so?

TOP TIPS



ASK



- Are there direct questions you could ask when you meet this child/adult/family which will provide more information about the vulnerability of individual family members?
- Here are some examples
 - How do you spend a typical day?
 - Who do you live with?
 - When were you last happy?
 - What do you look forward to?
 - How did you get that injury?
 - Who is this with you?
 - When do you feel safe?
 - Why are you not at school?

TOP TIPS



CHECK OUT



- Are other professionals involved?
- Have other professionals seen the same as you?
- Are professionals 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?

TOP TIPS - Remember to:



- Question your own assumptions about how individuals/families function and watch out for over optimism
- Recognise your own feelings (for example tiredness, feeling rushed or illness) and how this might impact on your view of a child/adult/family on a given day
- Think about why someone may not be telling you the whole truth
- 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 ok to question what you are told
- Recognise when individuals/adult repeatedly do not do what they said they would and named this and discuss 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

WATCH/LISTEN to these films



Bitesize video guide on professional curiosity

Professional Curiosity

- Having an interest, not making assumptions
- Engage through visits, conversations, observations, questions
- Enquire about significant people

00:52

<https://vimeo.com/272754227>

Re-thinking did not attend

PATIENT RECORD APPOINTMENTS CONTINUATION SHEET

NAME Jade Udale
AGE 5y 2m
NHS No 19211/2377927

ADDRESS 67 Wycroft Westley Nottingham

APPOINTMENT DETAILS

Date	Time	Dr.
15/06	12:10	Dr. G. Sturtart
29/06	09:20	Dr. S. Crombie
12/07	16:55	Dr. J. Talbeam

NOTES

- Patient did not attend
- DID NOT ATTEND
- Did not attend

0:10 / 2:02

<https://www.youtube.com/watch?v=dAdNL6d4lpk>

USE these Bexley resources



[Bexley Effective Support document](#)



[Neglect useful resources](#)



[Bexley Neglect Strategy](#)



[Professional curiosity resources](#)



Browse the Bexley S.H.I.E.L.D. web pages



<https://bexleysafeguardingpartnership.co.uk/>



Case studies



There are 4 case studies for you to review

Imagine yourself as the professional meeting each of these people/families. Use your imagination and think about what questions you would ask to find out more about the named person (given you have limited background information about each person)



Case study 1 – Alex: what would you ask?



Alex aged 46 and lives alone

- In Alex's mid-30s, serious health issues resulted in them becoming a wheelchair user, with limited mobility. Alex now has a range of more acute health concerns: muscular spasms, physical impairments and intermittent speech loss
- Home is a ground floor one bedroom flat which is very cluttered, not wheelchair friendly and in need of major repairs. Alex likes the flat to be 'cosy', with a preference for living in darkness
- Alex is well known to health and social care professionals. Capacity assessments concluded that they do have mental capacity
- Alex often cancels medical appointments or does not turn up and the last professional that visited the home noticed that medication was stacked up unopened in the kitchen
- On a recent admission to hospital following a urine infection, health professionals noticed that Alex was unkempt, underweight and dehydrated
- Alex has become isolated from groups of friends and family
- Alex has recently lost a lot of weight and is known to self-medicates with alcohol
- Alex has started to refuse anyone entry to the home including utility services

Case study 2 – Bilal: what would you ask?



Bilal aged 15 and lives with his mother, elderly grandparents and 4 younger siblings

- Home is a compact four bedroomed house in an area of social deprivation
- Bilal shares a room with two younger brothers (twins aged 7) but is often missing from home. This is not always reported by his mother
- Although he has no criminal record, Bilal is known to the Police who say that he is a nuisance
- School says he is regularly absent. When he does attend, he is late and disruptive in lessons. Bilal never has his PE kit and he goes missing at lunch times. The only time he does seem to engage is at events where lunch is provided. Teachers have noticed that Bilal often looks somewhat dishevelled
- Bilal's mum says she is fed up of the shame her oldest son has brought to the family and that he is good for nothing
- A local youth group have banned Bilal from their activities following an incident where he came into the youth club seemingly drunk, disrupted the activities and was suspected to have stolen a coat on his way out.
- Bilal appears to have a constant cold and a deep, hacking cough but his GP has not seen him since he was 11 years old.

Case study 3 – Cox family: what would you ask?



Cox family Mum (Cal) aged 38, Dad (Chris) aged 36, Ella aged 6 and Oli aged 2

- Home is a spacious two bedroomed flat that is always immaculate
- Mum has physical and mental health needs. Dad is her main carer and works full time
- Health visitor reports that on the last two visits, she saw Oli and Ella with Dad who explained that Mum was in bed unwell. Healthwise, all seemed well with both children although Ella seemed a little on edge on both occasions
- Ella has mentioned to her teachers that Mum and Dad sometimes argue at home and she worries about this
- There have been multiple occasions when Ella and Oli have not been brought to health appointments
- Mum has missed many of her health appointments, some of which have been cancelled by Dad
- Mum puts herself down quite a lot. Since losing her mother whom she was very close to about 5 years ago, she says that she has lost contact with family and friends and often feels isolated
- Mum has mentioned that Dad likes things at home to be neat and orderly. She states that he earns the money for the family and creatively manages the budgets e.g. by keeping food locked away - she says she likes to snack and often gets carried away. She says that she is very lucky to have him and that he sometimes reminds her that she would probably not cope without him around

Case study 4 – Dina: what would you ask?



Dina aged 4 and lives at home with Mum, Uncle and two older brothers aged 10 and 15.

- Home is a three bedroom flat. Dina sleeps in Mum's room, her brothers share and Uncle sleeps in the box room. This was previously Dina's room
- Dina's father left the family home about a year ago and was physically abusive to Mum and Dina's brothers. Dina often witnessed this
- Dina was very close to her dad and has expressed that she misses him
- Mum works long hours so as to financially support the family
- Mum has a good support network and her brother (Uncle) moved in about 6 months ago. He needed somewhere to live after his relationship broke down and he was able to help Mum with childcare while Mum is working. Dina's two brother were previously helping with this
- School recently noticed bruising around Dina's thigh when she was changing for P.E. When questioned about it she went very quiet and tried to cover it up
- During play time recently, Dina was found touching another girl's genital area and staff overheard her making sexual references

ACTIONS for you to take



Have you viewed/used all the slides in this resource?



What is professional curiosity?



Top tips



Watch/listen to films



Case studies



Bexley resources

Send in your comments about using this resource and tell us what you liked about it

Email shield@bexley.gov.uk

Are you on our mailing list to receive our news and training bulletins? Let us know if you want to be added



Are you professionally curious?



We want to hear about your experiences of using your professional curiosity to support the adults, children and families that you work with. Write to us with your stories and experiences:

Email shield@bexley.gov.uk



Visit <https://bexleysafeguardingpartnership.co.uk/> and browse for more information