

**NEL SCP Professional Curiosity Tool**

**Guidance**

This guidance is for all practitioners working with children and families and is aligned to the expectations within Working Together 2018 multi agency safeguarding children statutory guidance. The tool is consistent with the local signs of safety practice model.

**What is professional Curiosity?**

Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. To be self-aware in practice, professional curiosity requires practitioners to think ‘outside the box’, beyond their usual professional role, and consider families’ circumstances holistically. Curious professionals engage with individuals and families through visits, conversations, observations and asking relevant questions to gather historical and current information. Professional curiosity is important in helping to identify abuse and neglect which is less obvious and can ensure that the right information is gathered to assess needs and risks.

**How to use tool**

The use of the tool as a working document will support critical thinking and should be used to support practitioners when undertaking assessments, (using best questions) mapping, making referrals, when escalating, challenging decisions and within supervision. Being professionally curious is necessary to fully understand a situation and the risks a child may face which are not always immediately obvious. The tool should be used alongside and at every level of the child concern model and will support preventative practice and will improve the quality of information and referrals.

**Professional Curiosity**

Professional curiosity is a golden thread through all Safeguarding Partnership learning reviews and audits and 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 where a person explores and understands what is happening within a family rather than making assumptions or taking a single source of information and accepting it at face value. It means:

* testing out your professional assumptions about different types of families.
* triangulating information from different sources to gain a better understanding of family functioning which, in turn, helps to make predictions about what is likely to happen in the future.
* seeing past the obvious.

It is a combination of looking, listening, asking direct questions, checking out and reflecting on ALL the information you receive.

**How to be professionally curious**

Don't be afraid to ask questions of families and do so in an open way so they know that you are asking to keep the children safe, not to judge or criticise. Be open to the unexpected and incorporate information that does not support your initial assumptions into your assessment of what life is like for the child in the family. Seek clarity either from the family or other professionals. Intuition and gut feelings can be important and should be explored.

Be open to challenging, or having challenge to your own assumptions, views and interpretations as to what is happening, triangulate the information you hold by cross referencing the information. Triangulate means comparing the different information, explanations, reports you have and comparing them. Where they don’t match up further assessment and evidence is required. Don’t take explanations at face value and check out self-reporting with the information you already hold. Consider what you see as well as what you’re told. Are there any visual clues as to what life is like, or which don’t triangulate.

**A Think Family approach**

to our safeguarding work with children and adults and their families is essential. When completing assessments. we need to take opportunities to see, feel and recognise risk and enquire deeper. Being open minded and curious will help to make an informed decision about the child’s, adult’s or families’ lived experiences.

**Having difficult conversations**

Professionals need to enquire about the significant people in families’ lives that influence them. This may be someone who provides care, or supports the family or individua, for example, another family member, a friend, parent carer someone from the community or of any children and so on. Professionals need to be brave and have what are often difficult or awkward conversations about the issues affecting families. These could be domestic abuse, inadequate housing, self-neglect, social isolation, mental health, drugs and alcohol, or issues between a person and carer.

**Be self-aware in practice**

Professionals need to have a degree of caution in their judgements and triangulate information. This means using triangulation in seeking independent confirmation of individuals’ accounts and weighing up details from a range of sources or practitioners, particularly when there appear to be discrepancies. Professionals need to be aware of their own values without letting them influence their decision making and practice in a way that is non-judgemental and anti-discriminatory. Be mindful what words and language you use.

**Supervision and professional curiosity**

Supervision is an opportunity to explore cases, where you are unclear seek advice, support from your designated safeguarding lead within your organisation. Practitioners and supervisors should be open to exploring professional curiosity within supervision sessions:

* Play ‘devil’s advocate’
* Present alternative hypotheses
* Present cases from the child, young person, adult or another family member’s perspective.

**Things to remember**

Professional curiosity is key to safeguarding children and adults – be interested in the individuals you are working with and fully explore rather than making assumptions. Be aware of your own values affecting judgements. Triangulate information you receive. Seek independent confirmation of individuals’ accounts and weigh up details from a range of sources and/or practitioners. Focus on the need, voice and “lived experience” of the person or family. Ask relevant questions and be ‘brave’. Be prepared to have difficult conversations. Help families to understand that you want the very best for them and their children as you know that they do.

How and when to use to add

* Use one tool per child, may help to really focus on each of the children’s experiences and impact for each
* The tool should be completed by a person who is building or who has an existing relationship with the child. The ability to challenge should be based on good working relationship. The tool can support in challenging practitioners own unconscious bias
* Use the tool alongside the NEL child concern model when undertaking an assessment and as part of use of the Signs of Safety approach to assessment and planning
* Remember PEA, P is point trying make/ E is what is the evidence/ A is for analysis needed
* Barriers to curiosity
* Losing focus on the child through over-identifying with carers
* Over-optimism
* Making assumptions
* Lack confidence in asking questions
* Fear of conflict
* Assumptions based on history i.e., assumed inability to make required changes
* Having a particular set view of a family based on assumptions
* Being afraid to raise concerns / question families
* Time constraints (e.g., due to workload)
* Lacking the confidence or assertiveness to ask sensitive questions
* Unconscious bias

**Professional Curiosity Tool**

Please note it is alright to not have all of the answers, or all of the evidence, put what you know as this is still part of your assessment.

| **Questions to ask yourself before and when engaging with the family** | **Your Assessment****(evidence)** | **Impact on the child** |
| --- | --- | --- |
| **What we know** |  |  |
| What has happened? What do we know? What do other agencies actually know? History, evidence |  |  |
| What are the parental factors? I.e., substance misuse (illegal as well as prescription), mental health issues, ill health? What is the impact on the child? Assessment, evidence |  |  |
| What is happening now? What we know? Current, evidence |  |  |
| In the future what might Happen based on the history? – Future |  |  |
| How likely is it to be repeated? What would the risk be to the child. Risk,  |  |  |
| How serious and impactful would it be? Impact on the child. |  |  |
| **On a scale of 0 being the information evidence we know so far makes us significantly worried about the safety of the child and 10 being the information or evidence we know so far does not worry us at all and does not impact the child, where would you scale the information, evidence you have that supports this?**  |
| **Child voice/ lived experience** |  |  |
| What is the child showing and telling you? Direct Voice**.** Forchildren who are nonverbal using appropriate communication aides and using what are your observations telling you about health and development including any developmental delay or additional needs. |  |  |
| What do your observations of the child and their behaviour tell you? Assessment |  |  |
| Ask yourself how much weight is given to parents self-reporting? Professional judgement |  |  |
| Where is the evidence to support what parents or their carers are telling you? Check |  |  |
| What questions do you need to ask and of who? Triangulation |  |  |
| **On a scale of 0 being what the child has told me and what I have seen makes me significantly worried about the safety of the child and 10 being the child’s voice does not raise any worries and I am not concerned at all, where would you scale the information you have gained about the child’s lived experience?**  |
| **Injuries to children** |  |  |
| Where there are injuries to children does the parental/ carers explanation match the injury? Curiosity |  |  |
| Is this a single event or is this something that regularly happens? Where is your evidence? Have you recorded everything you know? History. Child Impact |  |  |
| What questions do you need to ask to understand the mechanics of injuries? Think the unthinkable? |  |  |
| Does the Childs voice differ to the adults account of the injury? Why is this? |  |  |
| Are there any absences around the time of injuries? the child becoming less visible? is there a change to the family’s usual routine? Curiosity |  |  |
| **On a scale where 0 is I am extremely concerned about injuries the child has or had and behaviours and information surrounding around the injuries worry me and 10 being there are no worries about injuries to the child, where would you scale the information, you know about injuries to the child?**  |
| **Resistant parenting** |  |  |
| What does parents’ engagement look like? What are you seeing and experiencing as a professional? True Engagement. Curiosity |  |  |
| What does your reflection on how you feel tell you about the Childs experience? child’s lived experience |  |  |
| How to you react to resistant parenting? Time to pause |  |  |
| What do I do next? Supervision |  |  |
| What questions do you need to ask? What are the reasons for the resistant parenting? What is the impact on the child and plan? Impact. Assessment |  |  |
| Do we check out with other sources what the family tell us is happening? Evidence |  |  |
| **On a scale of 0 being the behaviours seen and information known about working with parents is impacting significantly on the child meaning they are unsafe and 10 being I am not worried about the parents’ relationship with me or other practitioners and this does not impact on the child, where would you scale the parents’ interaction and engagement?**  |
| **Parental conflict** |  |  |
| What are the indicators of parental conflict? Assessment. Use the distinguishing domestic abuse and harmful conflict tool. Situational couple violence. |  |  |
| Who or what is driving the conflict? Trigger. Cause. Evidence |  |  |
| What are parents/ carers contributions to continuing hostility, disputes? |  |  |
| Can either parent/ carer change their behaviour? Assessment |  |  |
| Has either parent / carer disengaged with the other? Evidence |  |  |
| What is the impact of the child? Child lived Experience. Assessment |  |  |
| What is the history? Evidence |  |  |
| **On a scale of 0 being the parents’ relationship and behaviours are significantly impacting on the safety and wellbeing of the child and 10 being parents are working together well in the best interest of the child, where would you scale parents’ relationship and behaviours?**  |
| **Domestic Abuse** |  |  |
| What are the indicators of domestic abuse? Assessment. Evidence. Domestic abuse what we know tool (covers history), child impact. Safe lives DASH. Tool for assessing coercive and controlling behaviour |  |  |
| Is the domestic abuse current or historic? |  |  |
| What is the impact for the child? Has the child witnessed domestic abuse? Child lived Experience. Assessment. Safe contact indicator tool |  |  |
| What do I do next? Mapping the concerns. Supervision  |  |  |
| **On a scale of 0 being the child is exposed to significant domestic abuse in the home that is placing them at risk of emotional and/or physical harm and 10 being there is no evidence or worry around domestic abuse being a factor in the home, where would scale the worries around domestic abuse impacting on the child?**  |
| **Neglect** |  |  |
| What are the indicators of neglect? Assessment. Graded care profile 2. Cafcass home conditions tool.  |  |  |
| What are the child’s presenting needs. Have you considered key indicators (Delayed speech, not meeting educational milestones, lack of focus, child presenting as hungry, dental decay associated with potential neglect, child’s weight and height, pattern of not being brought to appointments, history of A&E attendances due to a number of childhood injuries where lack of supervision may be a factor. |  |  |
| What is the impact on the Childs health development and emotional wellbeing? Childs lived experience. Physical, emotional impact |  |  |
| What is the history? Has parental capacity to change been assessed? Evidence based assessment |  |  |
| **On a scale of 0 being the child is exposed to neglect that is impacting significantly on their safety, wellbeing and development and 10 being the child is having their holistic needs met with no concern identified surrounding neglect, where would you scale the lived experience of the child?**  |
| **Extra Familial Harm** |  |  |
| What are the indicators of child exploitation? (Sexual exploitation, criminal exploitation, trafficking, modern day slavery) (i.e., new trainers, monies, gifts, phones, relationships of concern) |  |  |
| What are the child young person’s behaviours telling you? Missing episodes, change in behaviour, sudden decline in educational achievements. (Exploitation risk assessment) |  |  |
| What are the protective factors? |  |  |
| **On a scale of 0 being the child is at risk due to exploitation indicators and behaviours being a significant worry and 10 being there are no worries in this area, where would you scale the information, you know about the child in relation to extra familial harm?**  |
| **Familial Sexual Harm** |  |  |
| What are the indicators of familial sexual abuse? What is the history? Is there a history of sexual abuse within the family? |  |  |
| What is the child young person’s behaviours telling you? Missing episodes, change in behaviour, inappropriate sexualised behaviour, sudden decline in educational achievements, repeat urinary tract infections. |  |  |
| What does the way the family functions tell you? Have you considered whether appropriate boundaries are in place? Are the peoples in the relationship related to each other through genetics or step parenting. Be mindful of the age of consent |  |  |
| What are family dynamics and the child’s voice and lived experience telling you? |  |  |
| Has there been any disclosures of sexual abuse by the child? Has there been any disclosures of historical sexual abuse by adults within the family? Any disclosures by wider children within the family? |  |  |
| **On a scale of 0 being the child has suffered or is at risk of significant sexual harm within the family and 10 being sexual harm within the family is not a worry, where would you scale the worry of familial sexual harm?**  |
|  |
| **Overall scaling** **Based on the information you have gathered through exploring the history, using professional curiosity, and gaining the voice of the child. On a scale where 0 is the information I now know about the child makes me extremely worried the child is at significant risk of harm and 10 being the information I have gathered and now know has alleviated any worries I may have had and the child is not at risk of harm, where would you scale the current situation for this child?**  |
|  |

**Next steps**

Use your assessment and analysis within the professional curiosity tool to inform your critical thinking when undertaking assessments, making referrals etc.

**Useful contact numbers/ local pathways**

Professionals who have concerns or worries around a child or family, that are not of a safeguarding nature, need to complete an early help assessment ([SaferNEL | Prevention and early help - SaferNEL](https://www.safernel.co.uk/family-parent-and-carer-support/prevention-and-early-help/))

If you have concerns around a child or family, where you feel they need a Multi-Agency response and/or more that a single piece of intervention, you must completed the https://www.safernel.co.uk/wp-content/uploads/2024/04/Early-Health-Assessment-Plan-24-3.docx with the family (<https://www.safernel.co.uk/wp-content/uploads/2024/03/TAF-A-Family-Guide.pdf>) Once you have completed the Early Help Assessment and have consent from the family to submit the information, you need to send this to **NELCChildrensFrontDoor@nelincs.gov.uk**

All Early Help Assessments will initially be screened by a Senior Social Worker so that they have a safeguarding oversight.  If there are no safeguarding concerns the Assessment will go to the Locality Family Hubs Team based within the Integrated Front Door for information gathering and decision making.

To report a child welfare or child protection concern, the referring agency should follow the report a coincern about a child process  [SaferNEL | Report a concern - SaferNEL](https://www.safernel.co.uk/report-a-concern/) and contact the **NELCChildrensFrontDoor@nelincs.gov.uk**  you can also let us know by phone on 01472 326292 (option 2).   Please use the [**Threshold of Need 2020**](https://www.safernel.co.uk/wp-content/uploads/2020/12/Threshold-of-Need-2020-Inc-Extra-Fam-Sexual-Neglect-A11y.pdf) to inform your referral.

**Remember if a child is in immediate danger call 999.**