



STARTING IN A FEW MINUTES AT 15:30

Strengthening Safeguarding Practice: Professional Curiosity and Confident Challenge

26 March 2026

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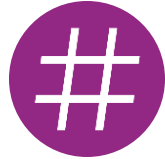
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The Institute of Health Visiting is a charity and centre of excellence for health visiting. Its core purpose is:
To improve outcomes for children and families and reduce health inequalities through strengthened health visiting services

Agenda



Welcome

- Michelle Moseley – Director of Programmes (Learning and Development), iHV

Guest Speakers

- Annette Blackstock – Deputy Director, National Safeguarding Service, Public Health Wales
- Liz Plastow – Safeguarding consultant, iHV Fellow
- Marcia Smikle – Head of Safeguarding Children, Homerton Healthcare NHS Foundation Trust and Visiting Lecturer at City University London & Queens Nurse

Q&A with Speakers

Close and Evaluation

Professional Curiosity



Professional curiosity is the **active, questioning, open-minded exploration of a child's or family's circumstances**, rather than accepting information at face value. It requires practitioners to **ask the second question**, adopt **respectful uncertainty**, and **seek to understand lived experience** in order to identify potential risk or harm.



Professional Challenge



Professional challenge refers to the **constructive questioning of decisions, actions, or professional views** when there are concerns that a child or adult may be at risk. It is a **fundamental safeguarding responsibility**, ensuring robust multi-agency working and preventing drift, poor practice, or untested assumptions.





Annette Blackstock

Deputy Director, National
Safeguarding Service, Public
Health Wales



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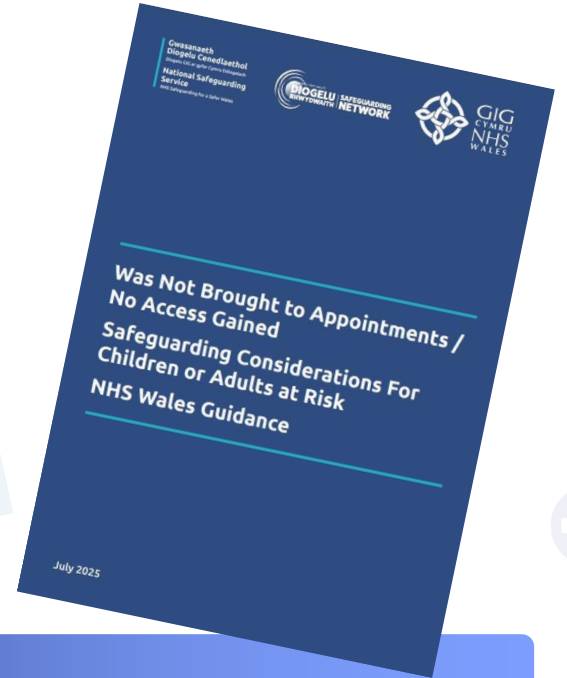
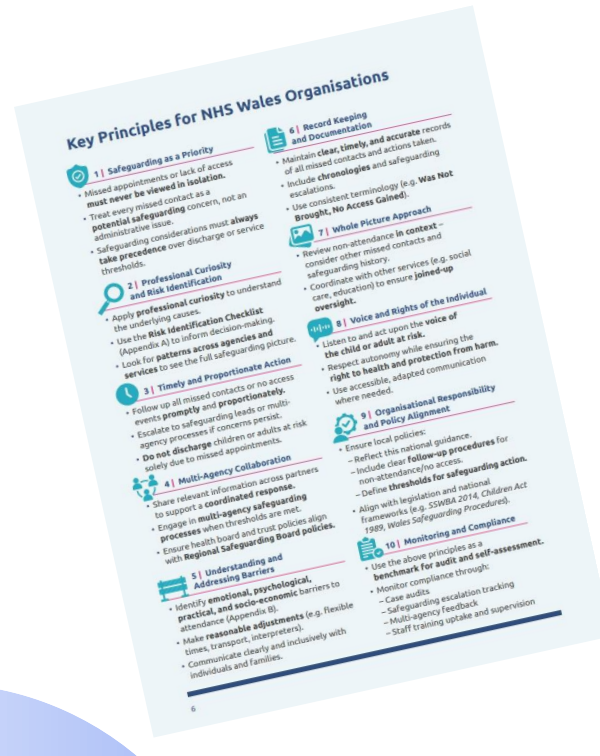
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GIG
CYMRU
NHS
WALES | Iechyd Cyhoeddus
Cymru
Public Health
Wales

DNA - Was Not Brought



Preventing Harm through Transforming Narratives, Fostering Professional Curiosity, and Integrating Safeguarding into Everyday Practices

Gwasanaeth
Diogelu Cenedlaethol
Diogelu GIG ar gyfer Cymru Ddiogelach
National Safeguarding
Service
NHS Safeguarding for a Safer Wales



National.Safeguarding@wales.nhs.uk

Presented by
Louise Mann
& Annette Blackstock



A missed appointment...

A Potential Indicator of Harm

Over 700,000 NHS appointments are missed annually in Wales — with missed contacts repeatedly cited in safeguarding reviews as missed opportunities to protect, resulting in tragic outcomes.

By reframing the term **"Did Not Attend"** to **"Was Not Brought"** and **"No Access Gained,"** we can adopt a person-centered approach that takes into account safeguarding risks and the true implications of a missed appointment.

Child Practice Review:

"There were a number of missed opportunities to arrange additional home visits, which could have allowed Lola's well-being to be ascertained... and uncovered that an adult male was living at the address."

— Mid and West Wales Safeguarding Children Board



Child Practice Review:

"The Review into Logan death identified multiple missed opportunities by professionals to intervene — highlighting the critical importance of recognising missed contacts as potential safeguarding risks."

— Cwm Taf Morgannwg Safeguarding Board



Did Not Attend

=

Passive, Administrative

Was Not Brought

=

Active, Safeguarding Focused



Developing a national approach through system leadership



- Reframes missed appointments and failed home visits as potential safeguarding concerns.
- Keeps the voice of the vulnerable person central.
- Shifts the narrative from “Did Not Attend” to “Was Not Brought” — placing responsibility on the system, not the individual.
- Encourages professional curiosity and timely safeguarding action.

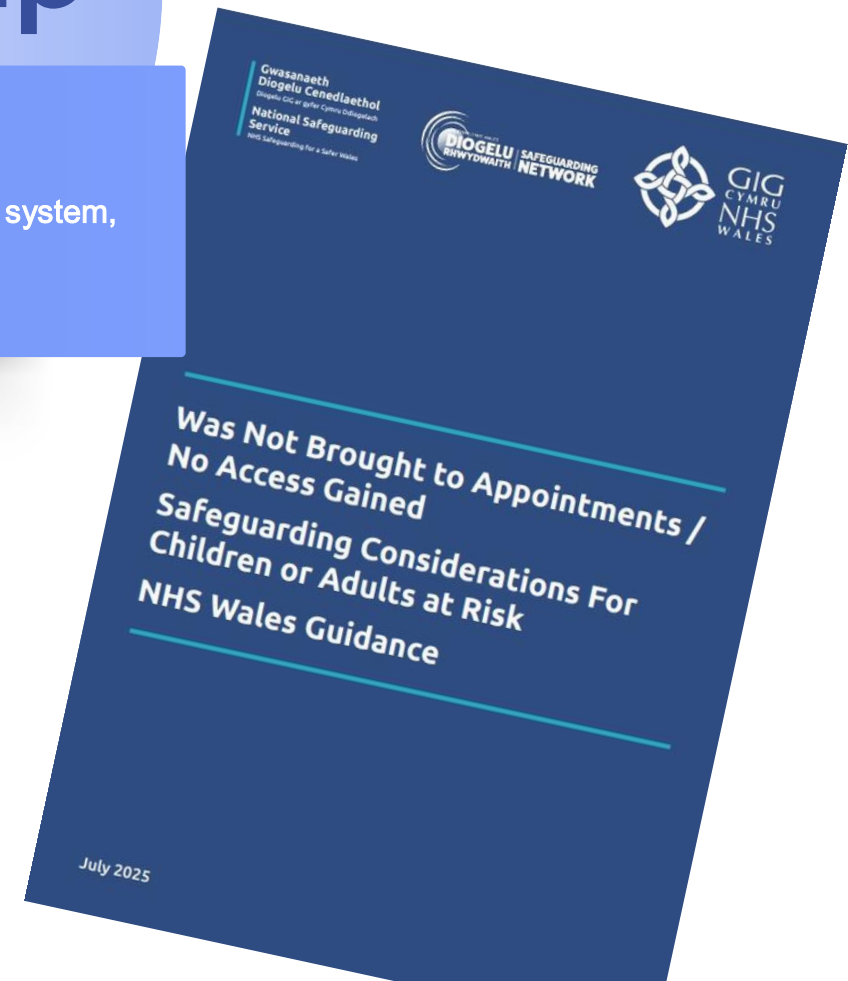
✓ Collaboration

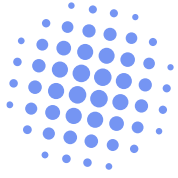
- Developed in response to repeated findings in national safeguarding reviews.
- Co-produced with service users, safeguarding colleagues, multi-disciplinary professionals and partners across NHS Wales.
- Quality driven & Improvement focused.



✓ Innovation

- Introduces 10 core principles that are:
 - Trauma-informed
 - Rights-based
 - Practical for frontline staff
- Aligns with legal frameworks and national improvement programmes.
- Designed to be easily embedded across NHS Wales.





Identifying Risk



Appendix A: Risk Identification Factors – Missed Appointments or No Access

This supports professionals in assessing risk when children, young people, or adults at risk are not brought to appointments or when access is not gained for scheduled home or virtual visits. This should be used in conjunction with professional judgement and multi-agency procedures.

1 | Context and History

- Is this the first missed contact, or part of a pattern?
- Are there multiple services involved (e.g., education, social care, mental health)?
- Is there a history of missed appointments or no access visits?
- Is there a known safeguarding history for the individual or family?
- Have there been recent changes in family, living arrangements, or carers?

2 | Individual Circumstances

- Is the individual reliant on someone else to attend appointments or provide access?
- Is the individual known to have complex health needs, a disability, or vulnerabilities?
- Is there a known issue with capacity, consent, or communication needs?
- Has the individual recently transitioned between services (e.g., child to adult services)?

3 | Carer/Family Factors

- Are there known concerns about parental/carer engagement or compliance?
- Is there any indication of neglect, or substance misuse, domestic abuse, or mental health issues in the household?
- Are there language, literacy, or cultural barriers impacting attendance?

Note: The factors above are not an exhaustive list. Use alongside clinical judgement, local safeguarding policies, regional and national escalation procedures.

4 | Attempted Engagement

- Has there been proactive follow-up after the missed appointment or failed visit?
- Were reasonable adjustments offered (e.g., time, location, interpreter, transport)?
- Has the individual/family been contacted to explore reasons for non-attendance?
- Has consent been sought for information-sharing where appropriate?

5 | Safeguarding Consideration

- Could this missed contact indicate unmet health needs or potential harm?
- Has the situation been discussed with a safeguarding lead or line manager?
- Has the information been shared with relevant multi-agency partners?
- Is there a need for escalation or referral under safeguarding procedures?

6 | Documentation and Action

- Has the missed contact and all follow-up actions been clearly documented?
- Have any safeguarding actions or referrals been recorded and followed up?
- Is a review or case discussion needed with the wider team or safeguarding lead?

Missed Appointments as a Safeguarding Indicator

- **Neglect** (self-neglect or by a caregiver)
- **Domestic abuse** (restricted access to services)
- **Mental health deterioration**
- **Substance misuse**
- **Cognitive impairment or learning disability**
- **Barriers to access** (poverty, transport, digital exclusion)

“A missed appointment might seem small — but for someone vulnerable, it could be the first sign of something going very wrong. Our safeguarding approach turns that moment into an opportunity to intervene, protect, and reconnect.”

Professional Curiosity

- Staff **notice patterns**, not just isolated events.
- Encouraged to use **professional curiosity** and escalate concerns.
- Supported by clear protocols and safeguarding champions.

Risk Identification Process

- Flag Missed appointment triggers a safeguarding alert or review - **Early recognition of potential risk**
- Review Staff check history: patterns, previous concerns, known vulnerabilities - **Builds a fuller picture**
- Engage Outreach call or home visit with trauma-informed approach - **Reconnects person with services**
- Escalate If concerns persist, multi-agency safeguarding referral - **Mobilises wider support**

Expected

Impact & Outcomes



Clinical and Safeguarding Impact

- Earlier identification of risk through reframed language and professional curiosity
- Increased safeguarding referrals due to clearer escalation pathways
- Improved documentation of missed contacts and safeguarding concerns
- Reduction in missed opportunities to protect children and adults at risk

System-Level Change

- National adoption of the guidance across NHS Wales
- Alignment with legal frameworks and safeguarding policies
- Integration into national improvement programmes
- Influence on local policy and practice in every NHS organisation

Person centred

- The voice of vulnerable people is central
- Reduces variation in safeguarding practice
- Increases equity to care and protection
- Improves quality of information sharing

Safeguarding is not a moment — it's a mindset.
When we change the language, we change the lens.
And when we change the lens, we protect lives

Cultural and Professional Impact

- **Shift in mindset:** safeguarding seen as a proactive responsibility, not a reactive task
- **Empowerment of frontline staff** with practical tools and principles
- **Nurturing future safeguarding leaders**
- **Promotion of trauma-informed, rights-based, safer care** across services
- A framework that is **scalable, adaptable, and enduring**



Next speaker



Liz Plastow

Safeguarding consultant
and iHV Fellow



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think of them during the
presentations

Use the Zoom Q&A function

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Liz Plastow

Leadership in Safeguarding Supervision



Leadership statements

- Without respect leadership is fatally impaired.
- People are most willing to obey those who know what they are doing
- A good leader gives direction, sets an example and shares danger or hardship on an equal footing
- Without courting popularity
- A good leader will take responsibility if decision leads to failure (General Wolfe)
- As the future is by definition unpredictable it is impossible to have all the information and facts before you make a decision.
- Being able to put a case clearly, succinctly and simply is what counts (Clement Attlee)
- Paralysis analysis is a common failure for leaders who have not learnt to be decisive. (John Adair)

Leadership in Safeguarding

Leadership is a shared vision for a common goal

Collaboration with others

Taking others with you not dictating to others

Accepting responsibilities for actions

Keeping true to values and beliefs



- What are the challenges to leadership in safeguarding?

Challenges to Leadership

Perception that partners are not equal

Differing cultures and risk thresholds

Regulatory restrictions

Individual agency policies

Middle management

Any others?

LSCB's How can leadership deliver these functions?

Coordinate what is done by equal partners to safeguard and promote the welfare of children and young people

Ensure the effectiveness of what is done by each partner

Monitor, evaluate and challenge – listen to feedback

Undertake reviews of cases and practice

Policy and procedures including thresholds, training, recruitment, supervision, allegations

Participate in planning of services

Types Leadership Supervisors



Authoritarian -based on the belief staff are undependable or immature, and will attempt to work as little as possible unless someone monitors them carefully.



Laissez Faire -based on the desire to allow staff the freedom to use their talents and skills in accomplishing job responsibilities- supervision is an admission of failure i.e. something to submit to when they are unable to handle a situation on their own.



Companionable -based principally on a friendship-like relationship; supervisors seek to be liked and concentrate on being buddies with the staff they supervise and avoid any confrontation.



Synergistic - is a cooperative effort between the supervisor and HV so that the joint effort is greater than the sum of their individual contributions. It has dual focus on keeping C&YP safe and protected and supports HV in the accomplishment of their personal and professional development.



This approach to supervision emphasizes the identification of potential issues early; the supervisor and member then jointly develop strategies to prevent or ameliorate problem situations and enhances knowledge and skills of both.

Safeguarding Supervision

Safeguarding arrangements and practice must:

- Champion interests and rights of C&YP
- Provide independent challenge and leadership, to ensure best outcomes amidst competing priorities
- Involve all partners (not just statutory) with a clear duty to co-operate
- Scrutinise and improve practice
- Learn from experience and evidence of what works well
- Meet the leadership challenge of harnessing multiple partners to achieve common goals.

Summarise

Sound understanding of safeguarding practice and legislation

Awareness of leadership style

Application of leadership to multi-agency partnerships

Understanding of key partners skills in leadership

Belief and confidence in self

Challenge – you are equal

Work collaboratively and ensure all HV's and wider health partners are supported and focused on protecting and safeguarding C&YP



Marcia Smikle

Head of Safeguarding Children,
Homerton Healthcare NHS
Foundation Trust and Visiting
Lecturer at City University London



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Safeguarding: Professional Curiosity: Professional Challenge




Marcia Smikle

Head of Safeguarding Children

Homerton Healthcare, NHS Foundation Trust

iHV Safeguarding Expert Adviser



See and Act –
*“safeguarding
does not come
in a nicely
wrapped gift
box.”*



**KEEP YOUR
SAFEGUARDING
ANTENNAE
FINELY TUNED**



SAFEGUARDING & Promoting the Welfare of Children & Young People

EARLY HELP

Early experiences shape how our brain develops. A strong foundation in the very early years increases the chances of positive health and learning later on, while a weak foundation increases the odds of having difficulties later on.

<https://learning.nspcc.org.uk/child-health-development/childhood-trauma-brain-development/>

COMPLEX HIGH RISK

Protecting children who are likely to suffer harm or already suffering significant harm. Requires a statutory child protection response

Why Professional Curiosity and Challenge Are Essential in Safeguarding/Child Protection

Safeguarding rarely presents in a neat gift box.

- Children don't arrive with labels- adverse experiences are often hidden, minimised, or misunderstood
- Families don't announce risk, *and*
- Harm is often subtle, normalised, cumulative, or hidden.

That's why ***professional curiosity*** and ***professional challenge*** are **core competencies** all HVs should have.

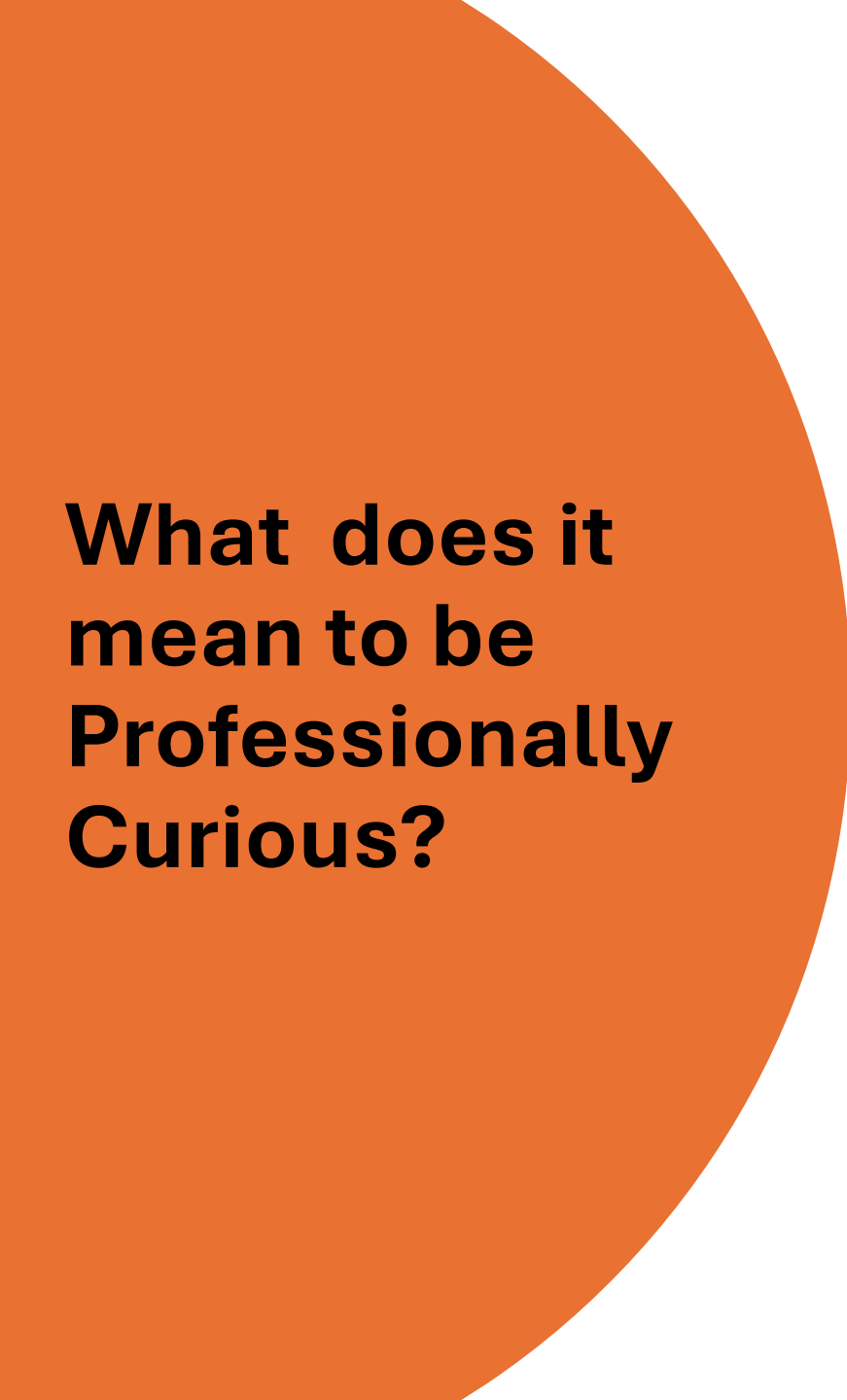


Why Professional Curiosity and Challenge Are Essential in Safeguarding/Child Protection

Professional Curiosity and Challenge


ensure that HVs:

- **See what is happening**, not what they hope or assume is happening
- **Act early**, rather than waiting for risk to escalate
- **Hold the child's lived experience at the centre**, even when adults around them are persuasive, chaotic, or avoidant



**What does it
mean to be
Professionally
Curious?**

***Professional curiosity is the
disciplined, respectful
practice of looking beyond
the surface.***



Core elements 1


- **Delving beneath the surface**
Asking the second and third question, not stopping at the first answer.
- **Taking time to explore**
Curiosity requires space — reflective practice, supervision, and intentional enquiry.
- **Not taking things at face value**
Families may minimise, mask, or misunderstand risk. HVs must gently test what they are being told and seeing.

Core elements 2

- **Context is key - understanding the lived experience**
Being trauma informed - What is it like to walk in the shoes of the child, in their home, with the adults who parent them; outside the home the extra familial risks and harm; impact of issues such as racism?
- **Recognising that relationships take time**
Building trust is an iterative process - built through consistency, being authentic, and empathetic.
- **Avoiding the “easy route”**
Labels like *hard to reach*, *non-engaging*, or *it’s just their culture* can become excuses for professional withdrawal. Curiosity pushes us to ask:
What is this behaviour or attitude telling me
What barriers are in the way? What does this child need?



Barriers to Professional Curiosity

- Time pressure
 - Over-optimism
 - Professional drift
 - Fear of offending
 - Being reassured too easily
 - Disguised compliance
- 

What Is Professional Challenge?

Professional challenge is the confident, respectful act of speaking up when something doesn't feel right — even when it's uncomfortable — may need difficult conversation



With whom?

- **With families**
Clarifying inconsistencies, addressing disguised compliance, naming concerns.
- **With colleagues**
Challenging drift, unclear decision-making, or assumptions that minimise or normalise risk.
- **With other agencies**
Ensuring thresholds are applied consistently and that no child falls between organisational boundaries.
- **Through escalation**
Using formal escalation pathways is not conflict — it is advocacy.

Why challenge matters


- **Improves outcomes**
Challenge disrupts stasis and prompts timely action.
- **Keeps children safe**
It prevents over-optimism, professional drift, and siloed thinking.
- **Strengthens advocacy**
When HVs challenge, they amplify the child's voice — especially when the child cannot speak for themselves.

A sign of good practice, not conflict





Escalation = Advocacy

- A formal safeguarding responsibility
 - A duty, not an accusation
 - Prevents drift
 - Ensures timely action
 - Keeps the child's experience central
- 

How Professional Challenge and Curiosity create the safeguarding culture

| Professional Curiosity | Professional Challenge | How They Complement Each Other |
|--|---------------------------------|---|
| “What might be happening here?” | “I need to raise this concern.” | Curiosity identifies the concern; challenge acts on it. |
| Builds understanding | Ensures accountability | Understanding without action is unsafe; action without understanding is unsafe. |
| Trauma-informed, relational | Has boundaries, procedural | Together they balance empathy with rigour. |
| Prevents assumptions | Prevents drift | Curiosity stops tunnel vision; challenge stops stasis. |

Food For Thought

1. When has your professional curiosity changed an outcome for a child?
2. When did the lack of challenge create drift in the management of safeguarding concerns for a child?
3. What would you do differently now?
4. What support do you need to feel confident to ask the difficult question and escalate concerns?

The Golden Thread: “See and Act”

REMEMBER

- Safeguarding is not a tidy process. It is dynamic, relational, often messy and often very uncomfortable.
- Curiosity helps us *see*. Challenge helps us *act*.
- Together, they form the backbone of effective safeguarding practice.



“Professional curiosity helps you see the risk; professional challenge helps you do something about it.”

References

<https://www.nursingtimes.net/roles/childrens-nurses/safeguarding-children-providing-nursing-staff-with-supervision/7026792.article>

<https://www.nursingtimes.net/education-and-training/simulation-training-on-difficult-conversations-for-health-visitors-15-05-2023/>

Keep them Safe:

<https://www.communitypractitioner.co.uk/features/2019/12/keep-them-safe-safeguarding-roles>

<https://www.nursingtimes.net/roles/childrens-nurses/developing-a-training-programme-on-safeguarding-children-with-disabilities-19-10-2021/>

[Does the race of your patient influence the care you provide? | Nursing Times](#)





We will aim to answer as many questions as possible during the live session.

Use the Zoom Q&A function

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**Safeguarding Supervision Champions
Programme 28th and 29th September 2026**

Over to you!



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- What more can we do to support you in your practice?
- Email events@ihv.org.uk with any suggestions



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**Health
Visiting**



**Little Sparks
Big Starts**



**Little Sparks, Big Starts: how health visiting can
promote baby brain development**

23 April 2026 – 15:30-16:30

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Future iHV Member Benefit Event Dates



| TOPIC | DATE |
|-------------------------------------|---------------|
| Practice Education Network | 15 April 2026 |
| iHV Corporate Service Leads Network | 16 April 2026 |
| SCPHN Student Network | 14 May 2026 |
| Retired Member Network | 21 May 2026 |

All future dates
can be found at:
bit.ly/4enHn2H

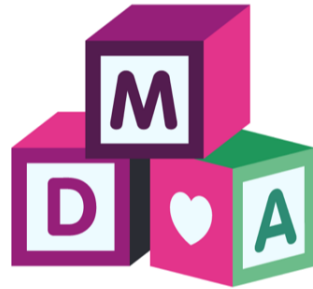


Genomics Ambassadors



14/21 Apr

Motor Development Ambassadors



11 May

PIMH Champions



22/23 Apr

This Mum Moves Ambassador



23 Jun



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Wednesday 6 May 2026 | Bournemouth International Centre



iHV Evidence-based Practice Conference

From Evidence to Action: Getting it right from the start



More information



Hybrid Conference

Thank you so much for joining us



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iHV Insights Learning Record



| | |
|---|--|
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| ACTIVITY – What did you undertake? How many hours were participatory? How many hours were individual? | |
| LEARNING – What were your key insights from the activity? | |
| INFLUENCE ON PRACTICE – How will I use this knowledge, skill or experience in my practice? What difference will it make to me/ to children, young people, families and communities? Has this knowledge, new skill or experience changed my attitude or thinking, if so, in what way? | |
| FURTHER ACTIONS – What needs to happen for me to use this learning? | |
| LINK TO NMC CODE (2018) - Which theme or statement does my learning or development support and why? | |
| LINK TO STANDARDS OF PROFICIENCY (NMC, 2022) - Please identify the part or parts of the relevant standards that you used to inform your CPD | |
| ANYTHING ELSE TO NOTE: | |

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- This slide set
- Links and background reading
- A link to download a Record of Attendance & reflection template

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