REVIEW ARTICLE

Health and social care practitioners' experiences of exercising professional curiosity in child protection practice: An integrative review

Christine E. Muirden BA (Hons), MSc, MA, RGN, RSCN, Dip HV[1] |
Jane V. Appleton BA (Hons), RGN ('retired'), RHV ('retired'), MSc, PhD, PGCEA, FiHV[2]

[1]Hertfordshire and West Essex Integrated Care Board, Essex, UK

[2]Formerly Oxford Institute of Nursing, Midwifery and Allied Health Research (OxINMAHR), Oxford Brookes University, Oxford, UK

Correspondence
Christine E. Muirden, Hertfordshire and West Essex Integrated Care Board, Building 2, Kao Park, London Road, Harlow, Essex CM17 9NA, UK.
Email: c.muirden@nhs.net

Abstract

This integrative review aims to evaluate the experiences of health and social care practitioners with regard to how they exercise professional curiosity in child protection practice. Professional curiosity gained significant currency following the Munro Review of Child Protection (2010) in England, as a means of seeking clarity on what is happening within a family. However, a recurrent finding from child safeguarding practice reviews is that practitioners continue to struggle to exercise curiosity. This is evident within both the United Kingdom and international literature, although descriptors for the concept may differ. This study attempted to identify facilitators and barriers to applying professional curiosity to provide a greater understanding of this theoretical concept. Title and abstract review of 1428 articles identified from databases and 11 from other sources resulted in 52 papers for full-text review. The quality of each article was appraised using the Critical Appraisal Skills Programme tool for qualitative studies, the Mixed Methods Appraisal Tool (MMAT) for quantitative/mixed method studies and the Joanna Briggs framework for theoretical/opinion papers. Key findings were recorded in the Summary Table of Literature Reviewed. Data extracts were thematically analysed. Twenty-four papers predominantly from the UK, but also from Australia, Italy, Sweden and USA formed the data set. Overarching themes that emerged from the thematic analysis included: noticing dissonance, emitting curiosity, constructing meaning, facilitators, individual professional challenges, organisational and macro-level influences and conceptual development. This review demonstrated that professional curiosity is multifaceted and involves a whole system approach, from empowered, knowledgeable and competent frontline practitioners to creative, innovative and empathic organisations, that value staff contributions and place the child's best interests at the forefront of service development. Recommendations are made for practice and further research.

KEYWORDS
child protection, health and social care, professional curiosity

1 | INTRODUCTION

The aim of this integrative review is to evaluate the experiences of health and social care practitioners with regards to how they exercise professional curiosity in child protection practice. Professional curiosity has been accredited significant attention in recent years in the UK, promoted by a plethora of multi-agency guidance to inform best practice. Defined by Manchester Safeguarding Partnership (2022:1) as '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', it might be questioned whether the explanation fully acknowledges the complexity of the concepts being outlined (Kidd & Hayden, 2015). The lack of professional curiosity is frequently cited in learning from safeguarding practice reviews (Hudson et al., 2021), yet little attention is given to the experiences of practitioners themselves. Likewise, minimal attention is applied to how organisational and professional cultures influence practice (Ferguson, 2005).

The child protection statutory guidance in England, *Working Together to Safeguard Children* (HM Government, 2018), clearly bestows responsibility for safeguarding to 'everyone who comes into contact with children and families' (HM Government, 2018, p. 6). Consistent with the United Nations Convention on the Rights of the Child 1989 (UNICEF, 2018) recommendations, the guidance clarifies the functions of safeguarding and promoting the welfare of children in terms of both 'protection' from maltreatment and 'prevention' of harm (HM Government, 2018, p. 7), with a significant focus on early intervention and support. Moreover, it is apparent that safeguarding is not considered a static event, but rather a continuum of needs (Appleton & Peckover, 2015), reflecting the changeable or cumulative nature of childhood adversities, requiring anything from early help to statutory intervention.

One of the recurrent themes from Child Safeguarding Practice Reviews (CSPR), (previously known as Serious Case Reviews (SCR) in England) and undertaken in the UK when a child is seriously harmed or has died as a result of abuse and neglect, relates to professionals accepting at face value parental explanations. Between 2009 and 2022, six CSPR/SCRs including the recent national review into the deaths of Arthur Labinjo-Hughes and Starr Hobson paid specific reference to accepting face value explanations (Ball, 2022; Griffin & Wiffin, 2018; Hudson, 2022; Muir, 2009; Raynes, 2011 and Wonnacott, 2013). Equally apparent is where insufficient consideration and reflection is given to the plausibility of the circumstances outlined (Brandon et al., 2005; Sidebotham et al., 2016) or indeed to the voice and experiences of the child. Lord Laming's (2003: 322,205) public inquiry into the death of Victoria Climbié, introduced the terms 'healthy scepticism' and 'respectful uncertainty' to encourage professionals to critically examine the information presented and maintain an open mind as to all possibilities. This philosophy was further developed within the Munro Review of Child Protection (2010:18), referring to the concept of 'professional curiosity'.

What is already known about the topic?

- There is a dearth of research which examines the experiences of health and social care practitioners exercising professional curiosity.
- A lack of professional curiosity is frequently cited in child protection case reviews.
- Exercising professional curiosity should enable practitioners to seek the voice of the child, determine the plausibility of the circumstances outlined and inform an assessment of risk.

What the paper adds

- Professional curiosity is multi-faceted and should be reflected within every child and family contact and at every organisational level.
- Elucidates key attributes of professional curiosity.
- Requires a whole system approach including knowledgeable, competent and empowered practitioners and organisations which put the child's best interests at the forefront of everything they do.

The concept of curiosity has gained significant currency since its conception. In 2013, reference to a lack of professional curiosity was alluded to in a number of highly publicised CSPRs in England, including 'Daniel Pelka' (Lock, 2013:6) and 'Hamzah Khan' (Maddocks, 2013:57). A similar observation was noted in a further 182 safeguarding reports, ranging from 2009 to 2020 (NSPCC, 2021). However, despite the extensive learning from these reviews and others (Brandon et al., 2020; Hudson et al., 2021), reference to a lack of curiosity in safeguarding reports continues to prevail. Hence, it was anticipated that this review would seek to unpick the experiences of practitioners working with children and families, by exploring what has been written about professional curiosity in the wider literature.

It is for this reason that both health and social care practitioners were encompassed within the inclusion criteria. In the UK, the local authority and its social workers have specific roles and responsibilities to lead the statutory assessment in relation to child protection enquiries, when it is suspected that the child is suffering or likely to suffer significant harm (HM Government, 2018). Similarly, all healthcare practitioners, working with children, young people and/ or their parents and carers, have a duty to protect children from harm (RCN, 2019) and to contribute to the statutory assessments. Working in partnership with parents/carers, local authorities and other agencies, healthcare practitioners are proactively involved in promoting the well-being and outcomes of all children and require the relevant training and competencies to do so.

1.1 | Background

To understand some of the challenges professional curiosity presents, an insight into the theoretical underpinning of the concept is beneficial. As early as 1899, William James, a philosopher and psychologist, suggested curiosity to be 'an impulse towards better cognition' (Kidd & Hayden, 2015: 450). Berlyne (1954) later expanded on this perspective, using the Gestalt interpretation of psychology to explain why some information might be sought over another. According to Gestalt psychologists, 'humans need to make ordered sense of the world' (Kedge & Appleby, 2009: 636) and in so doing, closed gaps in perception or knowledge (Berlyne, 1954). Interestingly, whilst Loewenstein (1994) in his review of curiosity concurred with the earlier psychologists, he also tempered curiosity with fear and the exposure to potential risks this might provoke.

Some like Beswick (2004) consider curiosity to be an intrinsic quality which motivates the individual to seek to understand and make sense of novel events or circumstances. He hypothesised that highly curious individuals are more likely to be sensitive to discrepancies in an ordered backdrop and consequently have two contrasting traits: to be open to novel events and to seek orderliness. In contrast, Kashdan et al. (2013) proposed that how individuals respond is determined by personal characteristics. Whilst some might seek novelty, and manage uncertainty, others may prefer closure, for fear of the consequences (Loewenstein, 1994).

Kashdan et al. (2013) further reiterated that how people perceive the same event may be quite different, again influencing how they respond. Coping with tension, anxious thoughts and feelings of uncertainty curiosity is thought to provoke can be intrinsically satisfying for some, enhancing their confidence, growth and development (Kashdan et al., 2013). However, as Silvia (2006) advised, this is more likely to occur when practitioners believe the search to be within the confines of their capabilities.

1.2 | Aim

The intention of this integrative review was to critically appraise the literature to understand how health and social care practitioners exercised professional curiosity when working with children and families in a child protection situation. The following questions were addressed:

- What factors enable health and social care practitioners working with children and families to be curious when they encounter possible child protection concerns?
- What barriers exist that prevent these practitioners from being curious when potential child protection concerns arise?
- Can further clarity be sought with regard to professional curiosity by taking into account the theoretical underpinning of the concept?
- What recommendations can be made for practice, including areas requiring further research and development?

2 | METHODS

2.1 | Design

The integrative review methodology, originally outlined by Cooper (1989), provided a means of synthesising findings from a diverse range of literature to develop new theoretical insights. Whittemore and Knafl (2005), extending Cooper's earlier work, described five stages for undertaking an integrative review within a rigorous and systematic framework. In view of the limited number of empirical studies identified within the initial scoping compared with the number of other sources that referenced professional curiosity, the integrative review methodology appeared well-suited. A comprehensive literature search was undertaken using key words and in accordance with the inclusion criteria. The quality of the studies was appraised using the Critical Appraisal Skills Programme (CASP) tool for qualitative studies (CASP, 2019), the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) for quantitative/mixed method studies and the Joanna Briggs (2015) framework for theoretical/opinion papers.

2.2 | Literature search and critical appraisal

A systematic search was undertaken of six healthcare and two social care databases to reflect the study's scope. Databases accessed included: the *British Nursing Database, Cumulative Index of Nursing and Allied Health Literature, Medline, PsychInfo, PubMed, Allied and Complementary Medicine—Ovid, Social Care On-line and Social Care Abstracts*. The timeline was set from the year 2000, the year Victoria Climbié died due to maltreatment, resulting in the first use of the terms 'healthy scepticism' and 'respectful uncertainty', predecessors of 'professional curiosity' (Laming, 2003: 322, 205). Search terms and Boolean operators (see Tables 1 and 2) were identified, utilising the PICO mnemonic (Population, Issue, Context, and Outcome) to answer the research questions (Smith & Dixon, 2009). Having originally been developed to conduct quantitative systematic reviews (Cooke et al., 2012), and later adapted to facilitate qualitative reviews, i.e. using 'issue' instead of 'intervention' and 'context' in place of 'comparison' (Aveyard et al., 2016), the PICO tool is well suited to address the diversity of an integrative review.

The identification of relevant data became an iterative process, frequently following leads from the literature. Reference lists were scanned, and some databases suggested links to other studies which might not have been considered in the original search. Mendeley software was used to store and organise the data.

Abstracts were initially screened to confirm relevance, regardless of methodological quality or theoretical design (Robertson et al., 2011). Selected articles were then briefly reviewed to determine whether the inclusion criteria were likely to be met. As Cooke et al. (2012) predicted, the search terms or synonyms were more commonly found within the text as opposed to the key words or the abstract. The inclusion criteria included (1) the UK and international

TABLE 1 Research questions using PICO mnemonic

Research elements	Key terms	Synonyms
P = Population	Health Professionals	Nurses
		Doctors
	Social Workers	GPs
		Paediatricians
		Health Visitors
		Midwives
		Practitioners
		Clinicians
I = Issue	Professional curiosity	Inquisitive
		Wonder
		Probe
		Enquire
		Sense-making
C = Context	Child protection	Child maltreatment
		Child abuse and neglect
		Safeguarding
		At risk
		Harm
O = Outcome	Experience	Perception
		Awareness
		Insight
		Observation

TABLE 2 PICO Search strategy

1. Health Professional OR Social Worker OR Nurs* OR Doctor OR GP OR Paediatrician OR Health Visitor OR Midwife OR practitioner OR clinician
2. Curiosity OR inquisitive* OR sense-mak* OR wonder* OR probe OR enquir*
3. Child maltreatment OR child protection OR child abuse and neglect OR safeguard* OR harm OR at risk
4. Experience OR perception OR insight OR awareness OR observation

Note: * = Truncation.

papers published in English from the year 2000, (2) full-text articles freely available, (3) primary research peer-reviewed and/or, (4) theoretical/ opinion articles, and (5) papers were required to fulfil each category of the research questions, i.e. PICO, either directly or through the inclusion of a synonym. A search conducted on Google Scholar search engine found duplicates of papers already identified.

Selected papers were analysed using the CASP tool for qualitative studies and the MMAT for quantitative/mixed method reviews to determine the authenticity, rigour and methodological quality (Hopia et al., 2016; Kirkevold, 1997). As neither CASP nor MMAT offered checklists for theoretical/opinion articles, a framework described by the Johanna Briggs organisation was co-opted for this

purpose. A summary table of the literature reviewed was developed to record the key characteristics of each paper including design, methods, and findings (see Table 3). A record was also maintained of the first author's decision-making process, adding to the rigour and credibility of the outcome (Hopia et al., 2016; Whittemore & Knafl, 2005). A selection of papers was reviewed by the second author (academic supervisor) and data included within the summary table of literature was reviewed and discussed by both authors. Due to the limited number of articles that met the inclusion criteria, all papers were considered of sufficient quality or value, in terms of their contribution to the research aim and questions to be incorporated into the analysis.

2.3 | Data analysis

The process of thematic analysis, described by Braun and Clarke (2006), was used as the framework for data analysis.

In order to become familiar with the contents, the papers were read repeatedly, and the text highlighted if it referred to information pertinent to answering the research questions. The data extracts, including direct quotes, were grouped into basic commonalities or codes which appeared relevant to the review (Braun & Clarke, 2006). It was of note that data extracts from all the articles, whatever the design, were integrated during the process (Harding et al., 2019). This was believed to add to the review's richness, providing a combination of lived experiences of practitioners, theoretical debate and innovation.

Data extracts within each specific code were compared with others within the grouping to identify underpinning themes. Themes were also compared across the whole data set as some had relevance in more than one area.

The next stages involved in-depth consideration and refinement of the themes to seek overarching concepts and the identification of similarities and relationships between the coded data. Thematic maps were used to aid the process and to evidence decision pathways. It was imperative to keep the research aim and theoretical framework of curiosity at the forefront of the analysis to ensure the process remained focused (Braun & Clarke, 2006). Following substantial critical analysis and self-reflection, seven overarching themes were described, each with several subthemes.

3 | RESULTS

Title and abstract review of 1428 articles identified from databases and 11 from other sources resulted in 52 papers for full-text review, which were then retrieved and assessed for eligibility. From these, 24 articles fully met the inclusion criteria, representing the data set (Braun & Clarke, 2006). Thus, the data set included 8 primary qualitative studies, 1 mixed method and 1 quantitative study, 5 ethnographic studies, 3 literature reviews, 4 theoretical/ opinion articles and 2 citing professional commentary (see Figure 1).

TABLE 3 Summary table of literature reviewed

Author(s)	Year	Review Aims	Participants	Review Design	Methods	Findings
Cook, L. Country: UK, England	2017	To investigate how workers constructed a professional judgement in relation to an initial home visit	Child and Family Social Workers in two UK local authorities (n = 18)	Qualitative study	Narrative interviews were conducted by telephone and themes were identified using inductive analysis	The findings include: Sense-making of multiple social cues and uncertainty. Intuitive awareness that something wasn't right triggering the need to unpick the niggle/ gut feeling. Recognition of patterns sought from previous experience, and any departure from expected behaviours. 'Intuition of incoherence' (p. 438) is seen to prompt further exploration and analysis
Cowley, L., Maguire, S., Farewell, D., Quinn-Scoggins, H., Flynn, M. and Kemp, A. Country: UK, Wales	2018	To explore the factors influencing child protection professionals' decision-making and multidisciplinary collaboration in suspected abusive head trauma cases	Clinicians (paediatricians and nurses), child protection social workers, police, legal practitioners and pathologists (n = 56)	Qualitative study	Semi-structured interviews were recorded, transcribed and imported into NVivo for thematic analysis	Six key themes influencing decision-making identified. Within professional factors an acknowledgement of wonder in relation to presenting concerns; in psychological factors, gut feelings or intuitive awareness is described as triggers to prompt further diagnostic reasoning and investigations. A degree of certainty was seen as a positive contributory factor. Overall, the paper supports a more objective evidence-based approach to assessment. An important influence on decision-making was 'whether the history of mechanism of injury is consistent with the type and severity of injuries seen, or the developmental stage of the child' (p. 187)
Crisp, B. and Lister, P. Country: UK, Scotland	2004	To explore nurses' perception of their child protection responsibilities and their potential involvement in protecting children from abuse	Nurses from all levels working in an NHS trust in Scotland (n = 99)	An exploratory qualitative design	Semi-structured individual or group interviews. Thematic analysis of interview data	The themes identified were very specific and clearly defined. There was an in-direct reference to ownership with primary care practitioners passing on concerns to health visitors; and recognition of the need for other practitioners working directly with parents to 'look into it' (p. 659) when any concerns were identified regarding their children, but no in-depth consideration as to what this might mean for the staff member
Finnbogadottir, H. and Dykes, A. Country: Sweden	2012	To explore midwives' awareness of and clinical experiences about domestic abuse amongst pregnant women in southern Sweden	Midwives working in two university hospitals (n = 16)	Inductive qualitative design	Focus groups—one n = 3, two n = 4 and one n = 5 midwife participants. Content text analysis of focus group recordings was used to analyse the material	Barriers identified in relation to curiosity included difficulties asking 'the right questions' (p. 184), and 'handling the delicate situation' (p. 181). The midwife was seen as the obstacle—the uniqueness of the individual, her own development, knowledge, prejudices and attitudes. Fear of the consequences of probing, and loss of professional relationships. Gut feelings or intuitive practice were seen to trigger the desire to seek further information but can be limited when the working situation does not allow it. Courage needed to ask difficult questions; enhanced when physical injuries are apparent

(Continues)

TABLE 3 (Continued)

Author(s)	Year	Review Aims	Participants	Review Design	Methods	Findings
Helm, D. Country: UK, Scotland	2013	To determine how social workers made sense of the information they encounter and how this informs judgements.	One Social Care Children and Families Social Work Practice Team with Social workers (SW), senior SWs and SW assistants. (n = 27) and Team leaders (n = 7)	Ethnographic study	Non-participant observation was carried out over a 4-month period (June–September). Notes were coded to identify analytical categories	Framing a situation was used to provide context to sense-making and help process experiences and inform decisions. This was within the context of the professional role and organisational function. The emotional element of sense-making is noted, particularly with regards to emotional intelligence and how self-awareness is central to effective decision-making
Helm, D. Country: UK, Scotland	2017	To understand how social workers made sense of the information they encounter and how informal peer discussions affect the analysis	A Local Authority Children and Families Social work Team with Social workers (SW), senior SWs and SW assistants (n = 27) and Team leaders (n = 7)	Ethnographic study	Non-participant observation was carried out over a 12-week period. Data was analysed using descriptive codes to identify connections and tentative explanations for trends and patterns emerging	Describes how organisational cultures and practices make sense of situations. In particular, the 'level of exploration, curiosity and hypothesis generation' (p. 391) that takes place within informal exchanges between Social Work colleagues. Face-to-face contacts were found to facilitate greater reflexivity and critical thinking and enabled hypothesis testing encompassing both curiosity and methodical doubt
Jackson, A., Deye, K., Halley, T., Hinds, T., Rosenthal, E., Shalaby-Rana, E. and Goldman, E. Country: USA	2015	The study sought to understand factors that should have informed earlier recognition to safeguard the child, in child abuse retrospective cases	Retrospective review of children's clinical records at a regional trauma unit, where indicators of child abuse had been missed at initial presentation, over a 12-year period (2000–2012) (n = 18)	Qualitative study	Thematic analysis was undertaken by a team of paediatricians	Clinical-based errors predominated in the findings, e.g., 'the injury explanation documented was inadequate to account for the injury discovered' (p. 56), together with a lack of 'recognition of symptom constellations' (p. 59), such as presentations with apparent life-threatening events later followed by more significant injuries. Due regard was given to clinical pathways; however, it was emphasised how these could not replace critical reflection and analysis. In some cases, it appeared that clinicians had been reluctant to report suspicious injuries to the appropriate authority. No attempt was made to explain why this might occur
Lazenbatt, A. Country: UK, Northern Ireland	2010	To compare and contrast how midwives working in either hospital or community settings are currently responding to the co-occurrence of domestic and child abuse	Purposive sample 861 hospital and community midwives. 488 respondents. Response rate of 57%, with 46% from hospitals and 11% from community midwives	Quantitative study	Survey questionnaire Statistical analysis and content analysis of open questions	Community midwives were more likely to have identified and reported domestic abuse and child abuse in the previous 12 months, although there was a 'gap between reporting and identifying definite cases of child abuse' (p. 123). The midwives were more likely to develop a rapport with the mother, enabling her to disclose domestic abuse. Community midwives reported skills in picking up cues and signs covertly. Women were more likely to respond honestly to sensitively asked questions.

TABLE 3 (Continued)

Author(s)	Year	Review Aims	Participants	Review Design	Methods	Findings
Ling, M. and Luker, K Country: UK, England	2000	To explore how practitioners might be influenced by 'implicit' and 'tacit' knowledge, or 'intuitive awareness' when they encounter safeguarding concerns	Health visitors and managers in a health authority in north-west England (n = 18 health visitors) (n = 6—managers)	Ethnographic study	In-depth interviews and observations in practice, including home visits, clinics, case conferences and office work	The paper suggests intuitive awareness acts as a trigger to prompt health visitors to inquire further, to make sense of a situation, and to 'de-familiarise the familiar' (p. 576). Health visitors are seen to predominantly deal with normality, i.e., accepted social norms and cultures. The paper explains how intuitive awareness encompasses a complexity of factors rather than just a feeling. These include empathy, intellectual skills, expertise and knowledge, all of which seek clarification and inform professional judgements
Lynch, A., Newlands, F. and Forrester, D. Country: UK, England	2019	How social workers demonstrate empathy in practice and what this might sound like	Social Workers (n = 49) Child practitioners (n = 22) Parents support workers (n = 2) Families (n = 110)	Mixed method qualitative and quantitative	Audio recordings of contacts with parents within the child protection team over 2015/2016. Quantitative data are coded according to the type and number of questions used; qualitative analysis reflected the level of empathy demonstrated	Empathy fostered an enhanced curious practice enabling workers to seek the views and perspectives of parents/carers and their individual family situation; components included demonstrating understanding and interest, actively listening, and allowing space and time. The use of open questions and complex reflections demonstrated high levels of empathy and correlated directly with the ability to exercise professional curiosity. Likewise, the transference of skills within the supervisory framework. Empathic organisations are seen as facilitators of curiosity
Mauri, E., Nespoli, A., Persico, G. Country: Italy	2015	To investigate the knowledge and experience of midwives in relation to domestic violence during pregnancy	Purposive sample of midwives working in local health districts in northern Italy (n = 15)	Qualitative phenomenological-hermeneutical study	Semi-structured interviews, audio-recorded and transcribed. Content analysis was used to identify prominent themes without the use of software	'The majority of midwives said it was difficult to recognise violence' (p. 499) although easier to identify where physical signs were apparent i.e., some degree of certainty. Midwives sometimes experienced a gut feeling something was wrong. Some avoided asking questions about abuse if they were unsure how to manage a positive response. Inadequate time, training and societal taboos acted as barriers to asking questions. Midwives recognised that demonstrating empathy—sensitivity, listening and exploring women's stories so they felt safe, enabled women to disclose. Concerns about causing offence, fear of repercussions, need to ask 'the right questions' (p. 502)

(Continues)

TABLE 3 (Continued)

Author(s)	Year	Review Aims	Participants	Review Design	Methods	Findings
Rouf, K., Larkin, M. and Lowe, G. Country: UK, England	2011	To explore Community Mental Health Team (CMHT) workers' experiences of decisions at the interface between mental health and child welfare	99 CMHT staff were contacted; 13 staff agreed to take part in the study. Five Named Nurses were also recruited to provide a means of triangulating data (n = 13 mental health staff: including 3 psychologists, 3 community psychiatric nurses, 4 psychiatrists and 3 social workers) (n = 5 Named Nurses)	Interpretative Phenomenological Analysis (IPA) Qualitative method	Data were collected through semi-structured interviews and reflective journals (for the 5 Named Nurses)	The analysis focused predominantly on balancing the perceptions and feelings involved in sense-making in child welfare in adult mental health cases. Participants described: "weighing up' information and synthesising this into some meaningful view' (p. 180). There was recognition of gut feelings or intuition which triggered practitioners to refer to their experiential knowledge based on personal experience, to make sense of and inform decisions. Others suggested how gut feelings provided a steer to ask more questions and to take further actions. Concerns were highlighted with regard to 'risk saturation' (p. 180), becoming de-sensitised to and tolerant of discomfort.
Saltiel, D. Country: UK, England	2016	To explore how decisions are made by social workers working in child protection services	Two social work teams were involved in the North of England, one a local authority child protection team and one a voluntary organisation undertaking statutory assessments	Ethnographic study	Six periods of participant observation and semi-structured interviews. Thematic analysis of field notes and observations	The study focuses on the cognitive process of sense-making, what it means and how it is interpreted. It describes how experience and intuition enable practitioners to recognise familiar patterns, as well as the significant role played by heuristic or intuitive reasoning, providing an effective means of rationalising complex and uncertain situations encountered. The move towards agile working can compromise reflexivity and limit team discussion
Tweedlie, J. and Vincent, S. Country: UK, England	2019	To explore adult student nurses' perceptions of child abuse and neglect during community placements	Adult student nurses (n = 9)	Qualitative approach	Semi-structured interviews. Transcribed data were analysed using Interpretative Phenomenological Analysis (IPA)	Although there are several pertinent findings, for the purpose of this study, the relevant area was in relation to 'an expanded worldview' (p. 62). The participants recognised the importance of asking questions, to seek realities beyond those presented at face value; and to have a greater awareness of their own preconceived assumptions and values which influenced how they saw and experienced reality
Whittaker, A. Country: UK, England	2018	To explore how psychological processes inform how child protection practitioners make decisions in real-life situations	Two sites, children's social care 'front door' team, where referrals into the service were received, and a specialist NHS multi-disciplinary psychological team (n = 17) practitioners in a local authority children's social care team, n = 7 NHS members of a multi-disciplinary team (including social worker, psychiatrist, child psychotherapist and clinical psychologist)	Ethnographic design	An ethnographic approach uses a dual methodology to seek to understand the lived experiences of practitioners, to observe, and later triangulate through semi-structured interviews, the process of making decisions. Thematic analysis of data	Whilst intuitive awareness and analytical thinking might be considered simplistic and overt, the paper suggests that sense-making involves a 'dynamic interplay of intuitive, emotionally informed judgements and analytical evaluation' (p. 1981). A further finding is how expert practitioners use intuitive awareness to understand and identify subtle cues and patterns that might otherwise be missed by less experienced staff, enabling more sophisticated evaluations and decision-making

TABLE 3 (Continued)

Author(s)	Year	Review Aims	Participants	Review Design	Methods	Findings
Daly, J. Country: UK, England	2016	To explore the hypothesis that unconscious primitive instincts adopted by social workers can lead to defensive and reactionary practices in safeguarding children	Narrative account from an Irish traveller mother	Literature review and Narrative Review	Theoretical discussion and analysis of narrative account	Recognition is given to the unconscious prejudices and biases that professionals experience; how these can be communicated to families through dialogue. Unconscious primitive instincts can lead to defensive and reactionary practices which disables curiosity
Lines, L., Hutton, A. and Grant, J. Country: Australia, South Australia	2017	To explore the facilitators and barriers experienced by nurses in their role in keeping children safe	Literature search (n = 60 studies met inclusion criteria)	Integrative literature review	Data extraction, coding and analysis were undertaken to identify three key themes	Emerging themes included nurses' intuition or gut feelings which alerted them that something was wrong. Nurses attempted to verify their suspicions, putting the pieces together; however, concerns with regards to uncertainty pervaded, alongside anxiety about 'getting it wrong' (p. 315). Some nurses experienced a lack of ownership, with concerns passed between agencies and/or hierarchical decision-making processes
Platt, D. and Turney, D. Country: UK, England	2014	To show how a range of factors at individual, organisational and social levels can combine to produce a threshold decision in individual social work cases	Focus on social workers	Contextual analysis (n = 135 research papers)	A naturalistic decision-making approach is taken, arguing that 'threshold decisions' are mediated through various sense-making strategies at a local level	Frontline staff engage in the process of sense-making with regards to the information they receive. Through pattern recognition, the information is fitted into the most appropriate service response or category. Patterns can become entrenched in daily practice and the organisational culture. This may be subject to heuristics, such as confirmation bias, recency, or order effects, and may not best reflect the needs of the child if categorisation takes place before further information is sought
Anderson, C. Country: UK, Scotland	2019	Child protection staff need to 'own' concerns about child well-being	Practitioners working with children and families in child protection	Opinion piece	Commentary BBC Scottish News Article	Staff should be professionally curious, rather than accept accounts at face value. They should follow up on cues, be intuitively aware and analyse and challenge practice until there is enough evidence to confirm concerns have been resolved or safely addressed
Burton, V. and Revell, L. Country: UK, England	2017	To explore the notion of professional curiosity within child protection practice and consider barriers which might inhibit social workers from being curious	Reference to professionals/social workers	Conceptual/opinion paper	Conceptual/discussion paper	The authors suggest a lack of clarity exists as to what professional curiosity implies. Curiosity needs to encompass inquisitive and exploratory practice. They propose that the political agenda, bureaucratic systems and adverse media coverage place undue pressure on practitioners, restricting opportunities to exercise curiosity. The emotional impact of child protection work can result in unconscious collusive practice, presenting a significant barrier to enacting curiosity
Hall, D. and Williams, J. Country: UK, England	2008	Safeguarding, Child Protection and Mental Health	Focus on Paediatricians	Theoretical paper/professional update	Discussion paper	The paper reinforces the need for paediatricians to actively probe for further information regarding psychological or social issues which might contribute to the child's presentation. Practitioners must have the knowledge, skills and confidence to be able to address sensitive matters

(Continues)

TABLE 3 (Continued)

| Author(s)	Year	Review Aims	Participants	Review Design	Methods	Findings
Naqui, S. Country: UK, England	2013	Are social workers given the tools to effectively challenge those intent on harming children in their care?	Focus on social workers	Commentary paper Professional journal	Opinion article	The author refers to Munro's (2011) recommendations to see beyond the barriers put up by families by exercising professional curiosity. Noticing small details, non-verbal cues and wondering what this means. The need for quality safeguarding supervision is highlighted
Revell, L. and Burton, V Country: UK, England	2016	To explore whether professional curiosity occurs within the supervisory context and consider factors which might impede such actions	Reference to professionals/social workers	Conceptual/opinion paper	Conceptual/Discussion paper	The authors propose that 'the rule of optimism' (p. 1587) exists within the supervisory relationship, potentially impeding how professional curiosity might be exercised. Relationships are central to create a safe space for practitioners, mirroring that with service users. Organisational processes are seen to enhance levels of stress, encouraging staff 'to practise correctly, rather than effectively', p. 1599 exercising curiosity. The authors also note the term professional curiosity is yet undefined within the context of child protection
Williams, D. and Chisholm, T. Country: UK, England	2018	The impact of professional curiosity on looked-after children health assessments	Focus on health professionals	Discussion paper	Reflective account	The paper suggests how curiosity can become embedded in practice, using opportunities and cues to explore issues, share information and ask questions without being overly intrusive or threatening
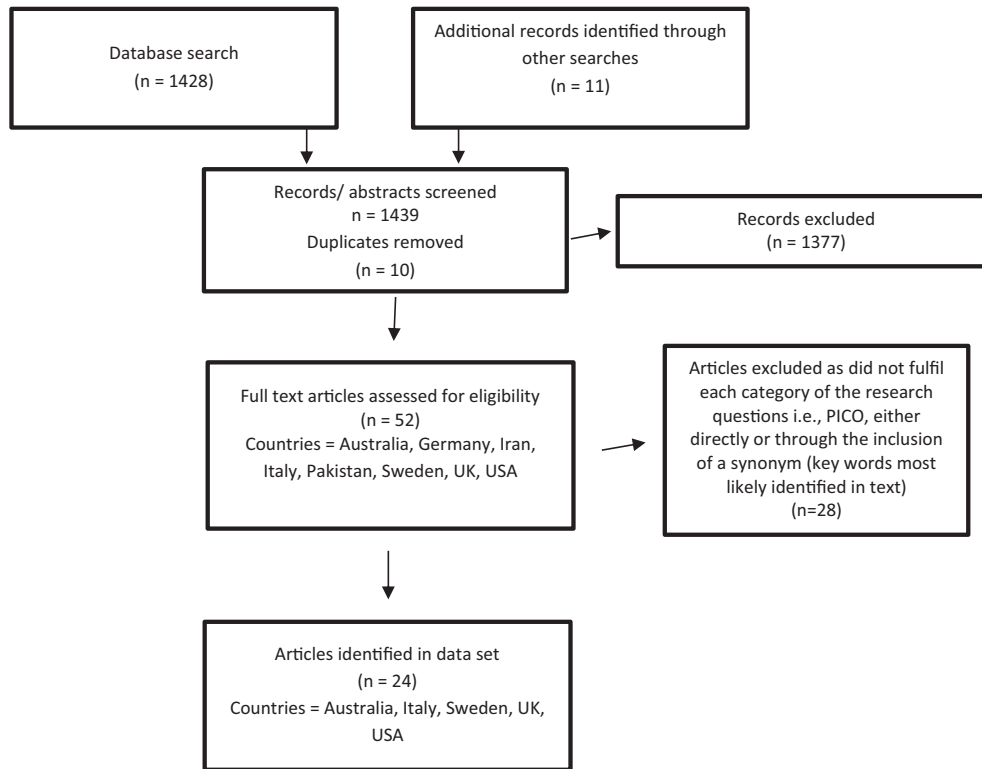
FIGURE 1 Flowchart of the screening process adapted from PRISMA (Moher et al., 2009).

Although the retrieved literature was predominantly from the UK, a range of studies from other countries including Australia, Germany, Iran, Italy, Pakistan, Sweden and the USA were identified within the cohort and assessed for eligibility. One of the challenges was the interpretation of language, acknowledging that the term 'professional curiosity' may be unfamiliar outside of the UK, whilst the concept of curiosity was described within the narrative. A further matter of note related to the role of health and social care professionals within other countries and the impact of the different legislative frameworks in which they worked, directly influencing practices.

Seven main themes were identified reflecting the study questions: noticing dissonance, emitting curiosity, constructing meaning, facilitators, individual professional challenges, organisational and macro level influences and conceptual development. Although the term 'curiosity' was not always used within the papers, the themes encompassed elements of a process for being curious, as well as influencing factors. Table 4 summarises the themes in relation to the source and category, to provide a further level of transparency and rigour.

3.1 | Noticing dissonance

Noticing dissonance was used to describe an overarching theme whereby the practitioner became aware of a novelty, stimulus or incongruency within a specific set of circumstances. The theme was characterised by an intuitive sense of knowing triggering a silent alarm, or in some circumstances, featured a situation that put a professional on edge.

Nine papers, from a predominantly health perspective, recorded how some practitioners experienced a gut feeling or intuitive awareness that something was not right, triggering the need to seek further information (Cook, 2017; Cowley et al., 2018; Finnbogadottir & Dykes, 2012; Lazenbatt, 2010; Lines et al., 2017; Ling & Luker, 2000; Mauri et al., 2015; Rouf et al., 2011; Whittaker, 2018). Ling and Luker (2000: 574) described how health visitors identified 'indicators of concern' which they attributed to intuitive awareness, prompting practitioners to probe more thoroughly. Within antenatal care services, both Lazenbatt (2010) and Mauri et al. (2015) expressed how some midwives picked up subtle cues or behaviours which raised doubts about the safety and welfare of their clients.

Similarly, Naqui (2013) outlined how social care practitioners noticed small details and non-verbal cues which sparked their interest and desire to find out more. This was further substantiated by Cook (2017: 438) who surmised that the 'intuition of incoherence piqued the worker's interest before she was initially able to articulate why', implying an unconscious sense of awareness. However, it was the subtlety of the cues on which Whittaker (2018) focused, claiming that these might be missed by less experienced practitioners as they were likely to require a more sophisticated evaluation and analysis.

3.2 | Emitting curiosity

Having identified the stimulus or trigger with regards to a set of circumstances, the second overarching theme related to emitting

TABLE 4 Summary of themes in relation to the source and category

Author	Noticing dissonance	Emitting curiosity	Constructing meaning	Facilitators	Individual professional challenges	Organisational and macro-level influences	Conceptual development
Anderson (2019)		√			√		
Burton and Revell, (2017)		√	√		√	√	√
Cook (2017)	√	√	√				
Cowley et al., (2018)	√	√		√			
Crisp and Lister (2004)		√			√		
Daly (2016)					√		
Finnbogadottir and Dykes (2012)	√	√		√	√	√	
Hall and Williams (2008)		√					
Helm (2013)			√			√	√
Helm (2017)		√	√			√	√
Jackson et al. (2015)				√	√	√	√
Lazenbatt (2010)	√	√		√			
Lines et al. (2017)	√	√			√	√	
Ling and Luker (2000)	√		√		√		
Lynch et al. (2019)				√		√	√
Mauri et al. (2015)	√	√		√	√		
Naqui (2013)	√						√
Platt and Turney (2014)			√		√	√	
Revell and Burton (2016)				√		√	√
Rouf et al. (2011)	√	√	√		√		
Saltiel (2016)		√	√	√	√	√	
Tweedlie and Vincent (2019)		√			√		√
Whittaker (2018)	√		√				
Williams and Chisholm (2018)		√					

curiosity. Two sub-themes were apparent, seeking evidence and managing tension.

Seeking evidence either by asking questions (Anderson, 2019; Cook, 2017; Crisp & Lister, 2004; Hall & Williams, 2008; Lazenbatt, 2010; Mauri et al., 2015; Rouf et al., 2011; Tweedlie & Vincent, 2019; Williams & Chisholm, 2018), or by talking about and reflecting on situations with colleagues (Finnbogadottir & Dykes, 2012; Helm, 2017) predominated. An addiction' nurse in the Crisp and Lister (2004) study reiterated that where concerns were identified it was imperative to look into them. Both Finnbogadottir and Dykes (2012: 184) and Mauri et al. (2015:502) described how difficult it was to ask 'the right questions', and then worried about the consequences of enquiring in greater depth, within the antenatal setting. In contrast, Lazenbatt (2010) and Williams and Chisholm (2018) articulated how questions asked sensitively can give and solicit information without being unduly intrusive or threatening.

Closely linked to seeking evidence was managing the tension and uncertainty this was thought to provoke (Burton & Revell, 2017; Cowley et al., 2018; Helm, 2017; Lines et al., 2017; Saltiel, 2016).

Lines et al. (2017: 315) highlighted the tension nurse practitioners experienced when faced with vague and uncertain situations, the balance between prioritising the child's wellbeing and the anxiety of 'getting it wrong'. Anderson's (2019) commentary demanded that professionals be curious, follow up instincts and actively seek evidence of the child's welfare. Yet what wasn't alluded to was the courage required in order to do so (Finnbogadottir & Dykes, 2012). As Saltiel (2016: 2107) noted in the context of decision-making, yet no less valid here, it was easier to 'pick out the familiar, the vivid, the 'obvious' and overlook the unfamiliar, the complex, the less predictable'.

3.3 | Constructing meaning

The third theme, constructing meaning, incorporated three subthemes, sense-making, pattern recognition and confirmation bias. Sense-making was evident throughout both health and social care literature. Helm (2013:34) suggested sense-making to encompass

'careful consideration of multiple perspectives and ways of knowing, often in the absence of any degree of certainty', whereas Whittaker (2018) defined it as a process whereby quick, intuitive judgements were made followed by analytical reasoning.

Helm (2013) further asserted that to achieve effective sense-making, clarity needed to be sought between the congruence of one's own concerns as opposed to where there was dissonance, prompting further consideration and curiosity. A similar observation was offered by Rouf et al. (2011) acknowledging how practitioners tried to balance or rationalise perceptions and feelings involved in sense-making. This could infer an emotive as well as a cognitive element to the concept, built on the astuteness, experience and tacit knowledge of the practitioner (Saltiel, 2016; Whittaker, 2018).

Two ethnographic studies documented how experienced practitioners were more likely to have enhanced sense-making skills (Ling & Luker, 2000; Whittaker, 2018), enabling them not only to cope with large volumes of information but also to be selective about the key sources on which to focus. More so, they were able to spot patterns and missing information, facilitating the triangulation of data in the search for truth (Whittaker, 2018). This was further validated by Cook (2017) who described how expert practitioners drew on a repertoire of patterns to make sense of complex circumstances.

From an alternative perspective, Platt and Turney (2014) proposed that pattern recognition could have a detrimental effect on assessments by busy front-line practitioners. This suggests that where patterns were recognsied in the data, an outcome response might be made to fit the pattern without further exploration. Similarly, Saltiel (2016:2106) observed how processes can be shaped by the social contexts in which they occur, resulting in the grouping into 'preconceived pigeonholes', potentially leaving children vulnerable and unprotected.

Confirmation bias exists where professionals are drawn to what they know, the vivid and familiar, the comfortable (Saltiel, 2016). Cook (2017: 433) describes it as 'the tendency to interpret information in a way that confirms our preconceptions'. Three papers recognised how easily this can permeate practice, particularly within pressurised working environments (Burton & Revell, 2017; Helm, 2017; Platt & Turney, 2014). Of note is that each paper was from a social care perspective, possibly illuminating some of the underpinning pressures within the organisational systems.

3.4 | Facilitators

It was evident that several factors appeared to contribute positively to the ability to exercise curiosity. Five studies specifically emphasised the importance of relationship-building with clients (Finnbogadottir & Dykes, 2012; Lazenbatt, 2010; Mauri et al., 2015; Revell & Burton, 2016; Saltiel, 2016) and how this appeared to influence the depth of information elicited. Saltiel (2016) described the challenges experienced by social care practitioners and the difference relationship-building made to improve outcomes for families. This was corroborated by both Lazenbatt (2010) and Mauri

et al. (2015), who found antenatal women more likely to disclose abuse if a safe and trusting environment was created. Others recognised the importance of empathic and sensitive listening within a safe and non-judgemental environment (Finnbogadottir & Dykes, 2012; Mauri et al., 2015); however, it was a mixed methods study by Lynch et al. (2019), again within social work practice, which articulated the significance of this with regards to curiosity.

Lynch et al. (2019) explained how empathy was communicated through high-level communication skills, where a greater number of open questions and complex reflections were used within the conversation. This not only demonstrated interest but sought a shared understanding of the client's perspective, facilitating more effective risk assessments and partnership working.

Interestingly, the notion of certainty, where there appeared to be concrete clinical observations, was evident in four papers (and sometimes discussed in relation to uncertainty) (Cowley et al., 2018; Finnbogadottir & Dykes, 2012; Jackson et al., 2015; Mauri et al., 2015). Whether certainty can truly be considered a facilitator of curiosity is debatable (Revell & Burton, 2016), particularly in view of the theoretical underpinning of the concept. However, the general consensus seemed to be that where some degree of physical signs or tangible evidence was available to guide suspicions, practitioners felt more confident to act on the unthinkable, to ask questions and consequently take appropriate action (Cowley et al., 2016; Finnbogadottir & Dykes, 2012; Mauri et al., 2015).

3.5 | Individual professional challenges

Three subthemes were identified within the fifth category, individual professional challenges. These included cultural perspectives, normalisation and avoidance. Six papers paid heed to cultural influences and attitudes (Daly, 2016; Finnbogadottir & Dykes, 2012; Lines et al., 2017; Mauri et al., 2015; Platt & Turney, 2014; Tweedlie & Vincent, 2019). Within the reviews, it was clear that the culture, values and experiences of each individual practitioner informed how they interpreted a set of circumstances and in turn, the decisions they made (Platt & Turney, 2014; Tweedlie & Vincent, 2019). Lines et al. (2017) argued that whether the abuse was suspected and reported was linked to the practitioners' own subjective beliefs about child abuse. This was found to be more apparent within some countries and communities where either the cultural norms and child-rearing practices were seen as a private family business (Daly, 2016; Lines et al., 2017), or indeed when societal taboos and the position of women within that society prevented such disclosures (Mauri et al., 2015). Finnbogadottir and Dykes (2012:184) summed up the situation quite concisely when they claimed that the practitioner presented 'the greatest obstacle towards initiating a dialogue', reflecting the level of knowledge, skills, attitudes and prejudices of the individual.

Normalisation was cited in four reviews from both health and social care (Lines et al., 2017; Ling & Luker, 2000; Platt &

Turney, 2014; Rouf et al., 2011). Examples included practitioners becoming desensitised to high incidences of health and social problems, and so no longer saw the vulnerabilities of the child and family (Lines et al., 2017); or alternatively, where workers tolerated the discomfort experienced from high levels of vulnerability due to risk saturation (Rouf et al., 2011). Platt and Turney (2014) described how social care practitioners could become habituated to the high levels of need, and as such, minimalised presenting problems.

Avoidance presented a further challenge. Almost predictably, the most prominent contributory factor for avoidance was fear. Two healthcare studies inferred that fear of the consequences of suspecting and reporting abuse negated actions (Finnbogadottir & Dykes, 2012; Mauri et al., 2015). From a social care viewpoint, two papers associated the attribute with the deployment of emotional disconnect as a means of managing adversity (Burton & Revell, 2017; Platt & Turney, 2014). In these scenarios, the workers either froze (Platt & Turney, 2014) or as Burton and Revell (2017:1515) phrased, 'turning a blind eye' so as not to think the unthinkable or confront the matter.

Both Platt and Turney (2014) and Saltiel (2016) illustrated how social workers deflected referrals to avoid taking on cases, whilst in health, a similar response was observed by GPs, reporting concerns to the health visitor (Crisp & Lister, 2004). Indeed, passing off concerns to other professionals was a recurrent theme (Anderson, 2019; Crisp & Lister, 2004; Jackson et al., 2015; Lines et al., 2017) with the engagement of a number of creative strategies to do so.

3.6 | Organisational and macro level influences

Organisational culture, referenced in 10 articles, was seen to have a significant impact on practitioners' ability to exercise professional curiosity (Burton & Revell, 2017; Finnbogadottir & Dykes, 2012; Helm, 2013, 2017; Jackson et al., 2015; Lines et al., 2017; Lynch et al., 2019; Platt & Turney, 2014; Revell & Burton, 2016; Saltiel, 2016). Jackson et al., (2015) highlighted the system-based limitations in terms of accessing medical records, whilst in social work, Burton and Revell (2017) argued that curiosity was suppressed by bureaucratic systems and prescriptive approaches. Likewise, Helm (2013: 2017) concurred that how workers constructed responsibility and made sense of information reflected the culture within the team and organisation.

Lynch et al. (2019) articulated another stance in relation to organisational bureaucracy, suggesting that such systems lacked empathy towards the workforce and undermined the value and contribution of individuals. Consequently, practitioners were vulnerable to high levels of stress which could inhibit cognitive and emotional processes and hence their ability to demonstrate empathy and curiosity.

Themes in relation to power and authority were evident within the macro system and organisational culture, influencing practitioners' responses to concerns. This was particularly pertinent within countries where it was mandated in law to report suspicions of abuse, causing greater uncertainty and debate (Jackson

et al., 2015). Hierarchical structures and power differentials between professionals were seen to undermine the voice of frontline practitioners when senior colleagues were required to validate their concerns (Lines et al., 2017). Revell and Burton (2016:1594) coined the term 'organisational relativism' to express how organisational culture impacted the workforce. They suggested that whilst the workforce adapted to the organisational demands, this is 'how it is', i.e. 'professional competence', in contrast, an assumption was made by the organisation that practitioners would cope, whatever the demands, i.e. 'assumed professional competence'. Hence, in this instance, it might be argued that the organisation is itself 'turning a blind eye' (Burton & Revell, 2017: 1515) to the vulnerability of its workforce. It is therefore unsurprising that workers' ability to exercise professional curiosity was significantly curtailed.

3.7 | Conceptual development

Burton and Revell (2017) described curiosity as encompassing both exploratory and inquisitive behaviours enabling professionals to think beyond their previous experiences. Burton and Revell (2017), Naqui (2013) and Tweedlie and Vincent (2019) all foresaw that extending the limits of knowledge could provoke anxiety, however, appreciated that it could also be transformative, facilitating a window into the child's lived experience. Five papers, predominantly from a social care background, referenced the necessity of reflexivity and critical thinking to make sense of the 'curiosity' and facilitate hypothesis testing (Helm, 2017; Jackson et al., 2015; Naqui, 2013; Revell & Burton, 2016; Tweedlie & Vincent, 2019). Two of these articles further asserted that reflection and analysis unpicked conscious and unconscious experiences, identifying inconsistencies, and provided a level of excitement, exploration and interest (Helm, 2017; Revell & Burton, 2016).

Definitively, one of the most valid assets for understanding and unravelling curious encounters is within the supervisory framework. Five papers paid heed to supervision; Lynch et al. (2019) recognised its role to enhance higher levels of empathy, which they found to be congruent with curiosity. Burton and Revell (2017: 1513) aligned supervision and reflection to Lowenstein's (1994) 'uncertainty reduction', whilst Helm (2013, 2017), Naqui (2013) and Revell and Burton (2016) reported on the need for quality supervision, not just to promote reflection and critical analysis, but also to acknowledge and contain emotional influences.

4 | DISCUSSION

Having identified seven overarching themes it is evident that the factors influencing how curiosity is enacted are found at all levels within organisations and systems. Furthermore, it is also apparent that no contributory factor can be seen in isolation.

The first three overarching themes, *noticing dissonance*, *emitting curiosity* and *constructing meaning* might be considered the steps of

the process of being curious. N*oticing dissonance* was strongly represented in the literature, has provided numerous examples of how practitioners became aware of discrepancies (Cook, 2017; Cowley et al., 2018; Finnbogadottir & Dykes, 2012; Lazenbatt, 2010; Lines et al., 2017; Ling & Luker, 2000; Mauri et al., 2015; Naqui, 2013; Platt & Turney, 2014; Rouf et al., 2011; Whittaker, 2018). Consistent with Berlyne's (1954) early theories, the curiosity was triggered by a new stimulus or novelty; however, both Berlyne (1954) and Harlow et al. (1950) expressed caution as to whether the cue should be explored, possibly concurring with the tensions and uncertainty curiosity is thought to provoke (Burton & Revell, 2017; Cowley et al., 2018; Helm, 2017; Lines et al., 2017; Saltiel, 2016).

In contrast, it might be surmised that an underpinning assumption exists, whereby the prompt will instil enough motivation for the practitioner to search for further information, to make sense of the situation and hence, resolve the discrepancy (Berlyne, 1954). Kashdan et al.'s (2013) account, that the response will more likely depend on individual circumstances and be informed by past experiences and experiential knowledge, might perhaps present a more realistic outcome, as has been apparent in the health and social care literature (Cook, 2017; Ling & Luker, 2000; Saltiel, 2016; Whittaker, 2018).

Piaget (1969), in his theories of assimilation and accommodation, might also provide some enlightenment as to how practitioners respond to the complexity and subtlety of cues encountered. Piaget (1969) hypothesised that where high levels of stimuli were experienced, overloading cognitive processes, a less experienced individual was likely to ignore some of the information and map to existing structures. Platt and Turney (2014) and Whittaker (2018) both described situations in social work practice which correlated with Piaget's theories and indeed were highlighted as a pitfall of practice by Broadhurst et al. (2010).

The ability to *emit curiosity* was noted to be beleaguered by a multitude of factors from cultural values to avoidance, fear and tension (Anderson, 2019; Burton & Revell, 2017; Crisp & Lister, 2004; Daly, 2016; Finnbogadottir & Dykes, 2012; Helm, 2013; Jackson et al., 2015; Lines et al., 2017; Mauri et al., 2015; Platt & Turney, 2014; Rouf et al., 2011; Saltiel, 2016). Both Beswick (2004) and White (1959) proffered that not seeking further information was a purposeful choice. Yet as Ferguson (2017) attempted to describe, when practitioners become overwhelmed by the intensity and distress experienced within the child protection arena, they may detach themselves emotionally, and dissociate from the children and families they are supposed to be supporting. Similarly, Reeves et al. (2015) equated such withdrawal tactics to 'burn out', a concept evident within both health and social care literature (McFadden et al., 2015; Wallbank & Hatton, 2011).

Tension might be considered a defining characteristic of curiosity. Some papers have provided evidence where tension and discomfort have been at the precipice of decisions to emit curiosity (Burton & Revell, 2017; Helm, 2017; Lines et al., 2017; Saltiel, 2016). Unsurprisingly, Kashdan et al. (2013) related tension to experiences inconsistent with the individual's usual frames of reference, thus generating discomfort and uncertainty. Whilst Kedge and Appleby (2009) saw

uncertainty as the catalyst for curiosity, in child protection practice it has, conversely, continued to present as an impediment (Munro, 2019).

What has appeared to underpin much of the findings from this review is professional knowledge, confidence and competence (Hall & Williams, 2008; Helm, 2013, 2017; Platt & Turney, 2014; Whittaker, 2018). Kedge and Appleby (2009) argued in the context of nurse education, that unless an individual has the cognitive ability to assimilate the information which triggers curiosity, the novelty or stimulus will not be recognised and thus the opportunity is missed. Likewise, both Silvia (2006) and White (1959) proposed that competence was a key driver of curiosity, but also contested that individual responses were more productive where the capacity to effect change was within their grasp.

Lynch et al. (2019) identified a direct relationship between the ability of the practitioner to facilitate complex conversations and of exercising curiosity. Similarly, both Helm (2013) and Ling and Luker (2000) maintained that experienced professionals were more likely to seek an understanding of intricate circumstances, by having the level of communication skills, knowledge and expertise required to do so. Intuitive reasoning was a predominant theme in noticing dissonance; it was also the precursor to exploration and sense-making (Cook, 2017; Ling & Luker, 2000; Saltiel, 2016; Whittaker, 2018) again building on experiential knowledge and learning.

Constructing meaning one might argue is the sole purpose and outcome of being curious (Loewenstein, 1994). From a child protection perspective, it is anticipated that sense-making (Helm, 2013; Whittaker, 2018), through the process of critical thinking and analysis (Helm, 2017; Jackson et al., 2015; Naqui, 2013; Revell & Burton, 2016; Tweedlie & Vincent, 2019; Whittaker, 2018), will provide the understanding and insight into the child's lived experience to inform their future needs and well-being.

In summary, a multitude of factors influence how practitioners exercise professional curiosity ranging from individual, organisational and system cultures, and the interactions and interfaces that exist between them (Bronfenbrenner, 1994). However, noticing when things begin to go wrong is vital if we are to protect children and intervene at the earliest opportunity to improve outcomes (Child Safeguarding Practice Review Panel, 2020a, 2020b). In social work practice, a strong link has been acknowledged between being curious and theorising about families, and how in particular, this can strengthen families to 'feel invested in' and valued (Caffrey & Brown, 2022:518). Yet the responsibility to do so rests with the whole system, at every level and with every individual. If outcomes for children are to be enhanced, then there needs to be a whole-system response, with knowledgeable, competent and empowered practitioners and organisations which put the child's best interests at the forefront of everything they do.

4.1 | Limitations

To date research on professional curiosity remains limited and therefore the inclusion criteria and search strategy, whilst seeking to identify the most pertinent papers, may have inadvertently excluded some

relevant articles. Whilst professional curiosity is becoming a familiar concept in the UK, the interpretation of the terminology in other countries, languages and cultures may be very different. A range of synonyms for curiosity was incorporated into the search strategy; however, the list was not exhaustive and included the terms professional curiosity/ curiosity rather than 'curious', which may have limited results. With the selection of papers completed by one researcher, as part of a Master of Science dissertation, there is further potential for error.

Whilst the integrative review methodology facilitates the synthesis of a range of published articles and study methods, it can be subject to a lack of rigour, inaccuracy and bias (Whittemore & Knafl, 2005). By utilising the structure outlined, within Braun and Clarke's (2006) theoretical thematic analysis, it is anticipated that sufficient mitigation is evident to eliminate the first two. Although it cannot be categorically stated that researcher bias did not occur, the experiential knowledge of the authors facilitated a greater depth to the synthesis, teasing out more subtle themes hidden within the data.

5 | CONCLUSION AND RECOMMENDATIONS FOR FURTHER RESEARCH

The intention of this integrative review has been to seek to understand the experiences of health and social care practitioners to determine how they exercised professional curiosity in child protection practice. The systematic approach undertaken has facilitated a range of articles to be sought, quality-assured, and the relevant data synthesised thematically, to answer the research questions. Most stark has been the explicit relationship evidenced between the emergent themes and the theories and hypotheses relating to the concept of curiosity, and the clarification this has provided, which must add to the credibility of the review (see Figure 2 for a diagrammatic representation).

What has emerged suggests a much more complex, dynamic and interdependent relationship between the practitioners and the environment in which they function, directly influencing how curiosity may be exercised. From an individual perspective, it could be surmised that attributes begin with the practitioners themselves, their individual characteristics and whether they are intrinsically curious and notice dissonance (Beswick, 2004). This is further compounded by their level of experiential knowledge and expertise, to inform how they would identify cues when things seem wrong.

Facilitators have included motivational theories whereby the practitioners gain satisfaction by solving dissonance and achieving cognitive harmony (Kagan, 1972). Others have centred on relationships and the practitioner having well-developed communication skills to negotiate complex and empathic dialogue. Interestingly, some degree of certainty was seen to act as a catalyst for curiosity, perhaps providing the impetus or courage to take the next steps.

The challenges to exercising curiosity initially appeared to exude from the individuals themselves, influencing how they interpreted the world around them, and their perceptions of dissonance. What this perspective failed to note were the systems in which the practitioners operated, particularly where bureaucratic or prescriptive approaches pervaded. Whereas the normalising and avoidance
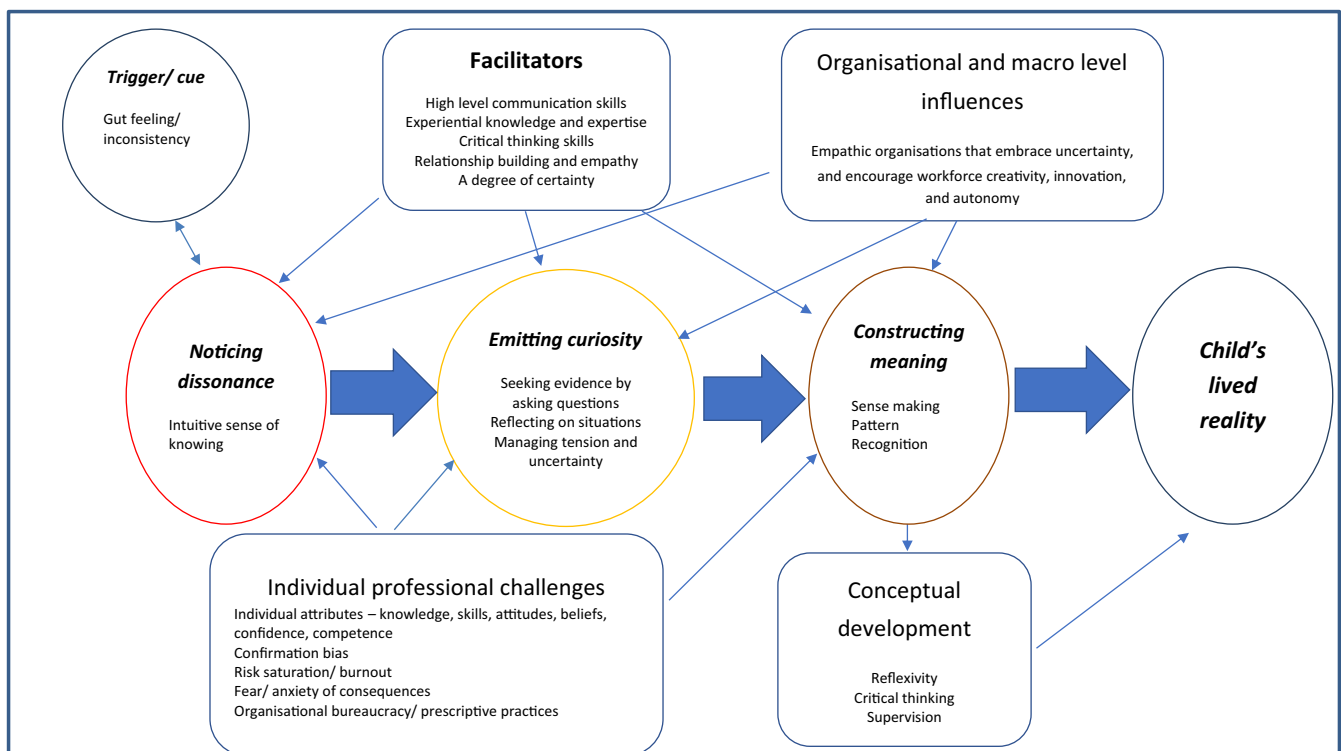

FIGURE 2 The process of being curious and influencing factors.

strategies outlined might seem practitioner-driven, conversely, overwhelming organisational demands, high workloads and insufficient support and supervision could all perpetuate the employment of such tactics.

Hence, the structures surrounding the practitioner should not only empower, value and reciprocate curiosity but be reflected at every level within an organisation and conceivably, with every family and child in contact with workers. Bodies need to embrace uncertainty, openly acknowledge emerging risks and challenges, encourage creativity and innovation, and enable workers to utilise their expertise to continue to place the child's best interests at the centre of all they do.

To summarise, this study has demonstrated that professional curiosity is much more than the definition provided by Manchester Safeguarding Partnership (2022) and others. Professional curiosity is multifaceted and involves a whole system approach. Kashdan et al. (2013: 143) sought to define curiosity as 'growth over safety, complexity over simplicity, autonomy over obedience and rules, and openness over closure'. Maybe such terminology should also be encompassed within the definition, to acknowledge the dynamic and complex nature of what appears to be on the surface, just curiosity!

This review has started the debate with regards to professional curiosity and how it is enacted within the health and social care arena. The theoretical underpinning of curiosity has provided a greater insight into how this might impact on practitioners and the actions they take. The introduction to this paper outlined the number of CSPRs that referenced a lack of professional curiosity; by June 2022 this number had risen to 246 (NSPCC, 2022).

If outcomes for children are to be enhanced, and vulnerabilities identified at the earliest opportunity, then practitioners need to have the expertise to facilitate those complex conversations, to seek the voice of the child, and to respectfully probe and challenge to fully appreciate their lived experience. In turn, organisations should be held accountable, to ensure practitioners have the relevant competencies and skills and feel adequately supported to apply them; similarly, to have the autonomy to make the time, to follow up on those inconsistencies or subtle cues, when required. Multi-agency partnerships and professional bodies should consider whether their mandatory training and competency frameworks fully encompass the high-level communication skills required, including the building of empathic relationships, to promote an effective workforce. Likewise, communication skills training needs to be woven throughout health and social care professional practice courses, to continually build and strengthen the confidence and competence of practitioners working within a very challenging yet also very rewarding area of practice.

As this paper has identified, despite a plethora of guidelines outlining the value of professional curiosity in safeguarding practice, there is a dearth of primary research which seeks the voice of practitioners and managers to really understand their lived reality and how they have been able to apply the concept. Enabling the views of these respected professionals to be heard through further research could provide the impetus to embrace curiosity and make a real and sustained difference to the outcomes for children and young people.

CONFLICT OF INTEREST

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

REFERENCES

Anderson, C. (2019). Child protection staff need to 'own' concerns about child well-being. BBC News Scotland 18 Jan 2019. Retrieved 1 February 2019, from https://www.bbc.co.uk/news/av/uk-scotland-glasgow-west-46911937/child-protection-staff-need-to-own-concerns-about-child-well-being

Appleton, J. V., & Peckover, S. (2015). *Child protection, public health and nursing*. Dunedin Academic Press.

Aveyard, H., Payne, S., & Preston, N. (2016). *A post-graduate's guide to doing a literature review in health and social care*. Open University Press.

Ball, K. (2022). Serious case review: Family M. Available at: NSPCC (2022) National Case Review Repository. Retrieved 26 June 2022, from https://learning.nspcc.org.uk/case-reviews/national-case-review-repository

Berlyne, D. (1954). A theory of human curiosity. *British Journal of Psychology, 45*(3), 18–191.

Beswick, D. (2004). From curiosity to identity. Wonder, curiosity, purpose and identity. Centre for Applied Educational Research, University of Melbourne. Retrieved 21 March 2019, from https://www.beswick.info/psychres/CuriosityIdentity.htm

Brandon, M., Dodsworth, J., & Rumball, D. (2005). Serious case review: Learning to use expertise. *Child Abuse Review, 14*, 160–176.

Brandon, M., Sidebotham, P., Belderson, P., Cleaver, H., Dickens, J., Garstang, J., Harris, J., Sorenson, P. and Wate, R. (2020). Complexity and challenge: A triennial analysis of SCRs 2014-2017 final report. Department of Education. Retrieved 26 May 2020, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869586/TRIENNIAL_SCR_REPORT_2014_to_2017.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.

Briggs, J. (2015). Reviewers' manual 2015 methodology for JBI scoping reviews. Retrieved 1 February 2018, from https://jbi.global/critical-appraisal-tools

Broadhurst, K., White, S., Fish, S., Munro, E., Fletcher, K. and Lincoln, H. (2010). Ten pitfalls and how to avoid them. What research tells us. 11 November 2021, from http://www.moray.gov.uk/downloads/file90854.pdf

Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopaedia of Education, 3*, 37–43.

Burton, V., & Revell, L. (2017). Professional curiosity in child protection: Thinking the unthinkable in a neo-liberal world. *The British Journal of Social Work.*, 48(6), 1508–1523.

Caffrey, L., & Browne, L. (2022). Understanding the social worker – family relationship through self-determination theory: A realist synthesis of the Signs of Safety. *Child and Family Social Work*, 27(3), 513–525.

CASP. (2019). Appraisal checklists. Retrieved 12 January 2019, from https://casp-uk.net/casp-tools-checklists/

Child Safeguarding Practice Review Panel. (2020a). It was hard to escape—Safeguarding children at risk of criminal exploitation. March 2020. Retrieved August 5, 2021, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf

Child Safeguarding Practice Review Panel. (2020b). Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm. July 2020. Retrieved August 5, 2021, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf

Cook, L. (2017). Making sense of the initial home visit: The role of intuition in child and family social workers' assessment of risk. *Journal of Social Work Practice*, 31(4), 431–444.

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER Tool for qualitative evidence synthesis. *Qualitative Health Research*, 22(10), 1435–1443.

Cooper, H. (1989). *Integrating research: A guide for literature reviews.* Second Edition. California Sage Publications.

Cowley, L., Maguire, S., Farewell, D., Quinn-Scoggins, H., Flynn, M., & Kemp, A. (2018). Factors influencing child protection professionals' decision-making and multidisciplinary collaboration in suspected abusive head trauma cases: A qualitative study. *Child Abuse and Neglect*, 82, 178–191.

Crisp, B., & Lister, P. (2004). Child protection and public health: Nurses' responsibilities. *Journal of Advanced Nursing*, 47(6), 656–663.

Daly, J. (2016). Thinking about internal prejudice and anti-oppressive practice in child safeguarding social work with Irish travellers in the UK. *Journal of Social Work Practice*, 30(4), 335–347.

Ferguson, H. (2005). Working with violence, the emotions and the psycho-social dynamics of child protection: Reflections on the Victoria Climbié case. *Social Work Education*, 24(7), 781–795.

Ferguson, H. (2017). How children become invisible in child protection work: Findings from research into day-to-day social work practice. *British Journal of Social Work*, 47, 1007–1023.

Finnbogadottir, H., & Dykes, A. (2012). Midwives' awareness and experiences regarding domestic violence among pregnant women in southern Sweden. *Midwifery*, 28, 181–189.

Griffin, B., & Wiffin, W. (2018). Serious Care Review 'Becky' Bristol Safeguarding Children Board. Retrieved 26 June, 2022, from https://learning.nspcc.org.uk/case-reviews/national-case-review-repository

Hall, D., & Williams, J. (2008). Safeguarding, child protection and mental health. *Archives of Diseases in Childhood.*, 93(1), 11–13.

Harding, L., Davison-Fischer, J., Bekaert, S., & Appleton, J. (2019). The role of the school nurse in protecting children and young people from maltreatment: An integrative review of the literature. *International Journal of Nursing Studies*, 92, 60–72.

Harlow, H., Harlow, M., & Meyer, D. (1950). Learning motivated by a manipulated drive. *Journal of Experimental Psychology*, 40(2), 228–234.

Helm, D. (2013). Sense-making in a social work office: An ethnographic study of safeguarding judgements. *Child and Family Social Work*, 21(1), 26–35.

Helm, D. (2017). Can I have a word? Social worker interaction and sense-making. *Child Abuse Review, 26*, 388–398.

HM Government. (2018). Working together to safeguard children. A guide to interagency working to safeguard and promote the welfare

of children. July 2018. Retrieved 25 November 2018, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

Hong, Q., Pluye, P., Fabregues S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M. and Vedel, I. (2018). Mixed Methods Appraisal Tool (MMAT). Version 2018. Retrieved 11 July 2019, from http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf

Hopia, H., Latvala, E., & Liimatainen, L. (2016). Reviewing the methodology of an integrative review. *Scandinavian Journal of Caring Sciences*, 30, 662–669.

Hudson, A. (2022) Child protection in England. National review into the murders of Arthur Labinjo-Hughes and Star Hobson. The Child Safeguarding Practice Review Panel. Crown Copyright 2022. Retrieved 31 July 2022, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf

Hudson, A., Manners, K., Elliott, S., Gurrey, M., Sidebotham, P., Dale, S., Tranter, S., & Trowler, I. (2021). *Annual Report 2020*. The Child Safeguarding Practice Review Panel.Crown Copyright 2021.

Jackson, A., Deye, K., Halley, T., Hinds, T., Rosenthal, E., Shalaby-Rana, E., & Goldman, E. (2015). Curiosity and critical thinking: Identifying child abuse before it is too late. *Clinical Paediatrics*, 54(1), 54–61.

Kagan, J. (1972). Motives and development. *Journal of Personality and Social Psychology.*, 22, 51–66.

Kashdan, T., Sherman, R., Yarbro, J., & Funder, D. (2013). How are curious people viewed and how do they behave in social situations? From the perspectives of self, friends, parents, and unacquainted observers. *Journal of Personality*, 81(2), 467–494.

Kedge, S., & Appleby, B. (2009). Promoting a culture of curiosity within nursing practice. *British Journal of Nursing.*, 18(10), 635–637.

Kidd, C., & Hayden, B. (2015). The psychology and neuroscience of curiosity. *Neuron*, 88(4), 449–460.

Kirkevold, M. (1997). Integrative nursing research—An important strategy to further the development of nursing science and nursing practice. *Journal of Advanced Nursing.*, 25, 977–984.

Laming, Lord (2003) *The Victoria Climbié Inquiry Report. Crown Copyright.* The Stationery Office. Retrieved 12 November 2018, from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf

Lazenbatt, A. (2010). Safeguarding children and public health: Midwives' responsibilities. *Perspectives in Public Health*, 130(3), 118–126.

Lines, L., Hutton, A., & Grant, J. (2017). Integrative review: Nurses' roles and experiences in keeping children safe. *Journal of Advanced Nursing*, 73(2), 302–322.

Ling, M., & Luker, K. (2000). Protecting children: Intuitive and awareness in the work of health visitors. *Journal of Advanced Nursing*, 32(3), 572–579.

Lock, R. (2013) Serious case review into the death of Daniel Pelka. Coventry Safeguarding Children Board. Retrieved 18 November 2018, from https://library.nspcc.org.uk

Loewenstein, G. (1994). The psychology of curiosity: A review and reinterpretation. *Psychology Bulletin*, 116(1), 75–98.

Lynch, A., Newlands, F., & Forrester, D. (2019). What does empathy sound like in social work communication? A mixed-methods study of empathy in child protection social work practice. *Child and Family Social Work*, 24(1), 139–147.

Maddocks, P. (2013). A Serious Case Review: Hamzah Khan. Bradford Safeguarding Children Board. Retrieved 18 November 2018, from https://www.saferbradford.co.uk/media/mx4nkor4/2013-bradford-hamzah-khan-overview.pdf

Manchester Safeguarding Partnership. (2022). Professional curiosity and challenge—Resources for practitioners. Accessed 18 November

2018, from https://www.manchestersafeguardingpartnership.co.uk/resource/professional-curiosity-resources-practitioners/

Mauri, E., Nespoli, A., Persico, G., & Zobbi, V. (2015). Domestic violence during pregnancy: Midwives experiences. *Midwifery*, *31*, 498–504.

McFadden, P., Campbell, A., & Taylor, B. (2015). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *The British Journal of Social Work.*, *45*(5), 1546–1563.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Journal of Clinical Epidemiology.*, *62*, 1006–1012.

Muir, M. (2009). Serious Case Review Child H Rochdale Borough Safeguarding Children Board. Retrieved 26 February 2022, from https://learning.nspcc.org.uk/case-reviews/national-case-review-repository

Munro, E. (2010). The Munro review of child protection part one: A systems analysis. Crown Copyright. Retrieved from 1 November 2018, from http://dera.ioe.ac.uk/11434/1/TheMunroReviewofChildProtection-Part%20one.pdf

Munro, E. (2019). Decision-making under uncertainty in child protection: Creating a just and learning culture. *Child and Family Social Work*, *24*(1), 123–130.

Naqui, S. (2013). Thinking the unthinkable professional social work. November 2013, 14–15.

NSPCC. (2021). National case review repository. Retrieved 21 April 2021, from https://learning.nspcc.org.uk/case-reviews/national-case-review-repository

NSPCC. (2022). National case review repository. Retrieved 26 June 2022, from https://learning.nspcc.org.uk/case-reviews/national-case-review-repository#

Piaget, J. (1969). *Psychology of intelligence.* Littlefield, Adams.

Platt, D., & Turney, D. (2014). Making threshold decisions in child protection: A conceptual analysis. *British Journal of Social Work.*, *44*(6), 1472–1490.

Raynes, B. (2011). Reconsideration of serious care review: child HD. Bradford Safeguarding Children Board. Retrieved 26 June 2022, from https://learning.nspcc.org.uk/case-reviews/national-case-review-repository

Reeves, J., Drew, I., Shemmings, D., & Ferguson, H. (2015). Rosie 2' A Child Protection Simulation: Perspectives on Neglect and the 'Unconscious at Work. *Child Abuse Review*, *24*, 346–364.

Revell, L., & Burton, V. (2016). Supervision and the dynamics of collusion: A rule of optimism. *British Journal of Social Work*, *46*, 1587–1601.

Robertson, J., Hatton, C., Wells, E., Collins, M., Langer, S., Welch, V., & Emerson, E. (2011). The impacts of short break provision on families with a disabled child: an international literature review. *Health and Social Care in the Community*, *19*(4), 337–371.

Rouf, K., Larkin, M., & Lowe, G. (2011). Making decisions about parental mental health: An exploratory study of community mental health team staff. *Child Abuse Review*, *21*, 173–189.

Royal College of Nursing. (2019). Safeguarding children and young people: Roles and competencies for healthcare staff. Fourth edition: January 2019. Retrieved from 30 August 2021, from https://www.rcn.org.uk/professional-development/publications/pub-007366

Saltiel, D. (2016). Observing front line decision making in child protection. *British Journal of Social Work*, *46*, 2104–2119.

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., Harrison, E., Retzer, A., and Sorensen, P. (2016). Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014. Final report, Department of Education.

Silvia, P. (2006). *Exploring the psychology of interest*. Oxford University Press.

Smith, L., & Dixon, L. (2009). Systematic reviews. In J. Neale (Ed.), *Research Methods for Health and Social Care*. Palgrave Macmillan.

Tweedlie, J., & Vincent, S. (2019). Adult student nurses' experiences of encountering perceived child abuse or neglect during their community placements: Implications for nurse education. *Nurse Education Today*, *73*, 60–64.

UNICEF. (2018). United Nation Convention on the Rights of the Child. Retrieved 25 November 2018, from https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

Wallbank, S., & Hatton, S. (2011). Reducing burnout and stress: the effectiveness of clinical supervision. *Community Practitioner*, *84*(7), 31–35.

White, R. (1959). Motivation reconsidered: The concept of competence. *Psychological Review*, *66*, 297–333.

Whittaker, A. (2018). How do child-protection practitioners make decisions in real-life situations? Lessons from the psychology of decision making. *British Journal of Social Work*, *48*, 1967–1984.

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, *52*(5), 546–553.

Williams, D., & Chisholm, T. (2018). The impact of professional curiosity on looked-after children health assessments. *Adoption and Fostering*, *42*(2), 201–205.

Wonnacott, J. (2013). Serious case review: Overview report executive summary in respect to Child J and Child K. Surrey Safeguarding Children Board. Retrieved 26 June 2022, from https://learning.nspcc.org.uk/case-reviews/national-case-review-repository