**Writing an analysis**

**Before starting Initial Assessment (and ideally before first home visit):**

**Complete chronology:**

* Make sure the events included in the chronology are **SIGNIFICANT**, and summarised if necessary, rather than just cut and pasted over. **Best way to think of it is, if the case came to court what would they want to know?** So a simple home visit would not be significant, but if you did a home visit and Mother was intoxicated in charge of 3 children, this is significant OR if a male perpetrator is seen at the property who is not supposed to be there, this is significant.
* Make it clear where the referral came from e.g. referral from Police, or Multi-Agency Service Request received from Stratton Primary School outlining concerns that the children are being neglected and Mother has been seen under the influence.
* Make sure you put an outcome- don’t leave it blank, even if outcome is unclear- put this!!
* Police information- I don’t tend to summarise this, I do cut and paste the information, but need to cut out any irrelevant information, and include date and incident number if provided.

**Ensure ‘Reasons for Assessment’ is filled in on the Initial Assessment exemplar, and certain parts deleted, particular if the referral source wants to be anonymous and there are identifying details.**

**Using 5 Anchor Principles**

**Think of each heading as paragraphs within the analysis, each heading might contribute to several paragraphs; if the headings are followed it should create a logical order to your analysis.**

**What is the assessment for?**

* Clarify why the assessment is being undertaken e.g. *a referral was received from the Police who responded to an incident of domestic abuse between Susan and her partner Tom Smith, who is alleged to have physically assaulted Susan in front of Bill, aged 7 and Ben, aged 9 years old. Tom is also a heroin addict who is believed to misusing subutex on top of injecting heroin, and it is believed that he is living in the family home.*
* Don’t just copy and the paste the original referral- put it into your own words, in order to demonstrate your understanding of why the assessment has been undertaken, particularly as the original referral might not reflect concerns that have come to light during the course of the assessment.

**What is the story?**

* ‘Story has to draw together the unique circumstances of each child and their family in the context of the difficulties they’re facing. Those difficulties will be reflected in the reason for assessment’ (Research in Practice guidance).
* Analysis of the history surrounding the family- this is where chronologies are important, but you need to be able to summarise the history within the analysis, and reflect on it in terms of what is happening for the family now e.g. using history as a measure of whether change has been sustained for the children or if the concerns remain the same e.g. *There have been two previous Initial Assessments completed; each time the outcome of the IA has been no further action on the basis that Susan has ended the relationship with Tom Smith, with the last IA completed in November 2013. Three months on, this new information would suggest that this did not happen and Susan is unable to sustain this change, resuming the relationship and reinstating the risk to the children OR The children have previously been subject to a child protection plan under neglect, due to Susan’s substance misuse. The plan ended in April 2013, and speaking with professionals, Susan has continued to engage with substance misuse services and has appeared to remain stable on her prescription of subutex, which has been gradually reduced from ?mg to ?mg over this period of time. This would suggest that whilst Susan’s substance misuse is remains current for her, she is engaging with an appropriate level of support and has sustained this change over a period of time.*
* Decide which information is relevant- the analysis should not repeat the entire contents of the Initial Assessment, and it should be a ‘coherent narrative’.
* Summarising parent’s and children’s perspectives, and noting any contradictions, using direct quotes if necessary to demonstrate what you are trying to say. It is important to comment on what you have said, in your role as the professional e.g. This demonstrates that Susan is unable to understand the impact of witnessing domestic abuse on her children, and whilst her daughter has expressed very clearly that she feels frightened and upset, Susan has chosen to minimise the way her daughter is feeling and prioritise her relationship with Tom OR you might discuss that whilst Susan’s daughter Claire is not demonstrating any behaviour that is reflective of developing in an environment where incidents of domestic abuse are taking place, the reporting of such incidents suggest an increase and escalation in the abuse that is taking place, and as Susan and Tom are choosing to remain in a relationship, the impact on Claire’s physical and emotional well-being is inevitable.
* Summarise outcome of checks with professionals, noting any concerns that they might have and the evidence this is based on.
* Your interpretation as a professional about how the impact of the difficulties (identified within the reasons for assessment) is impacting on the children.

**What does the story mean?**

* Leads on from your interpretation as a professional about the impact on the children.
* Process the information and reflect on what the needs of the child are.
* Using a ‘mathematical analogy’- show your workings out, the process of deduction, that led to the conclusion that is being drawn.
* May have to acknowledge that the information is conflicting, and that you may be sceptical e.g. I am sceptical about Susan’s suggestion that she is stable in respect of her substance misuse, given that her partner Tom is misusing heroin and Police information points to several known heroin users frequenting Susan’s address. There has been a small decline in the children’s presentation during recent weeks at school, which coincides with the time when Tom has begun missing appointments with the substance misuse service and Susan has been difficult to contact from the school’s perspective.
* Draw on research and evidence based-practice to inform thinking and the basis of your decision-making.
* NOT DESCRIPTIVE- have to interpret and make sense of information.
* Lead to you identifying the needs of the child and the parent.

**What needs to happen?**

* Identify what the needs are for the child and the parent, what changes need to be made, or what changes need to be sustained, why you have identified this as a need.
* May refer to services or professionals who can support with this need.
* Needs should give some indication of what the story was.
* Remember SMART- Specific, Measurable, Agreed, Realistic and Timed.

**How will we know we are making progress?**

* More for the long-term team, but important to think about when it comes to outlining what would be considered ‘good enough’ for the child, e.g. **what would the story need to look like, or the parent do, so that Children’s Services were no longer worried about the children?**

**Tips for risk assessment**

* **Outline what the referral suggested the risks were- this is like an hypothesis and provides a basis on which to comment and clarify.**
* **Taking each risk, identify what the evidence is for this risk being in existence, OR**
* **Outline what mitigates against this risk- what reduces this risk to the children OR**
* **Outline that no evidence has been found to substantiate the risk- outline what was found and what led you to this conclusion.**
* **Comment on the child’s resilience.**
* **Reflect on historical risks, and how this informs the current risk e.g. Mother has a history of allowing inappropriate individuals into the home address, and whilst I have given her the information she needs to be protective, I am sceptical that she will do this and the risk to her children will not be reduced.**