Analysis step by step

Analysis can be defined as a step by step conscious, logically defensible process. There is a deliberation over the different elements in a situation in a systematic and organised way. The strength of an analysis is that it encourages openness about reasoning and so potentially holds any work open to scrutiny.

A robust analysis has the strength of focussing upon relevant factors, organising decision-making in a way which both improves their quality and makes them professionally defensible. It provides an evaluation which:

* manages the risk
* puts the decisions in a recorded form that enables people later to see how a decision was reached
* informs a continuous process
* enables the reliability of a decision reached to be assessed

The more one can move along the following scale, the higher the reliability:

* informed clinical judgement
* personal experience of the situation, the service user and the child
* sound research which relates to the risk assessment factors involved
* balance of potential losses against potential gains; choices and options available; the element of responsibility, e.g. a parent who continues risky behaviour knows this means a child cannot be left dependent on them and when professionals will move between support and intervention (to balance their care and control responsibilities).

**What are the weaknesses in the situation being analysed?** - what are the factors in the situation being analysed that make the occurrence or continuance of abuse more likely? What are the weaknesses or vulnerabilities in the arrangements for the care or protection of the child? There may be weaknesses in the services available to the family or their willingness to cooperate with agencies or services?

**Awareness of probable sources of error** – which may come from the person being assessed (e,g, poor reliability as an informant), the assessor (a difficulty in suspending personal values), or the context (such as an agency bias in favour of one or other party involved).

**Checking whether all necessary information has been gathered** – as in some cases, few sources of data may be needed to develop a strong understanding of the behaviour whereas in others we may need to qualify any predictions made due to the entirely inadequate or irrelevant material.

**Identify when specialists or other outsiders need to be involved** – predictive accuracy is often improved when we utilise the combined skills across agencies and sometimes beyond. Where this is lacking, workers should explicitly state how their recommendations have been affected by such omissions.

**What are the strengths in the situation being analysed?** - a wide view should be taken of possible strengths including extended family and community supports but they should be related to the abuse or neglect under consideration. A supportive extended family will be a strength where parents need to share some of their burden of child care they may be of little use in protecting a child from a sex abuser. Consideration should be given to factors from the carer’s past where there is evidence that these are strengthening current coping capacity. For example a parent who has coped for a number of years prior to the current concerns shows the capacity under other circumstances to provide good enough care for the children.

**What is the level of risk? What is the likelihood of the abuse occurring or recurring?** – determining the level of risk is a complex decision-making process where the worker considers the following conditions or criteria:

* Number of risk factors (how pervasive are they?)
* Severity of risk factors (how severe?)
* Duration of risk factors (how long have they been present?)
* Parent or child’s ability to control risk factors
* Family strengths and resources
* Ability of worker or agency to provide necessary services

**What are the factors which reduce/mitigate risks?** -an admission by a parent of the problem to and a willingness to cooperate with the treatment and intervention programme could be considered as reducing risk. The use of interventions known to bring benefits e.g. appropriate, regular medication or intervention for mental illness would also reduce risk.

It is difficult to always know which questions to ask although the following predictive questions might be of assistance:

* Parenting skills and the capacity to learn- can methods of teaching and imparting parenting skills, matched to the parent’s method of learning, be improved?
* Health care and safety – can education improve understanding and a timely response to needs?
* Decision-making - can education or intervention impact upon thoughtful/mindful decisions and reduce frequency of poor quality decisions?
* Parent and child interaction – emotionally is often as warm, attached and committed as for most parents Multiple deprivations can reinforce tendency to a more restricted punitive response. Research indications are that this may be due to not knowing what standards to set, what behaviours to reinforce and non-punitive ways to ignore or reprimand undesirable behaviour. The danger of filling the gaps with middle class family norms and patterns as goals also has to be avoided.
* The capacity to generalise learning to adapt it to new situations.

**What does research tell us about the presenting scenario?** - social workers and managers should always reflect the latest research on the impact of neglect and abuse when analysing the level of need and risk faced by the child.

**What are the prospects for change in the situation and for growth?** – is there evidence of growth and positive change in the circumstances that have surrounded the abuse or given rise to concern? Or is there evidence of deterioration and negative change in the situation? A risk assessment should attempt to forecast how a situation will develop in the future and clearly the capacity for improvement or deterioration in the current conditions is central to any such assessment.

**What can be offered to build on any strengths and combat weaknesses?** – at all stages in the process it is important to see help and support as running alongside the assessment, so even at an early stage it would be important to comment on availability of help and likelihood of it being used. There is much research evidence that the majority of child protection investigations are triggered by poor or inadequate parenting rather than deliberate acts of abuse or neglect. Offering support services will be an outcome of many assessments. A positive response from parents to such services is helpful but we need to be aware of their not cooperating together with the danger of superficial cooperation hiding deeper resistance.

**What is the risk associated with intervention?** – we need to consider whether the benefits of intervention outweigh the problems of separation if, for example, we are considering removal.

**What is the family’s motivation and capacity for change?** – a key indicator of the likelihood of change is the parent’s attitude to the abuse or concerns – an acknowledgement of the difficulties and a preparedness to work towards change would normally be seen as lessening the risk and the denial as increasing it. However, care needs to be taken not to discriminate against parents solely on the basis of their taking a different view of the abuse from the social worker or other professionals. Co-operation also needs to be viewed in the context of the seriousness of the abuse or neglect. Some incidents are so serious that compulsory protective action may need to be taken despite evidence of cooperation of parents.

**What is the contingency plan?** – good practice indicates that a contingency plan should be in place, akin to concurrent planning.