

	PITFALL	HOW TO AVOID Ask Yourself:
1.	Not enough weight is given to information from family, friends and neighbours.	 Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?
2.	Not enough attention is paid to what children say, how they look and how they behave.	 Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason, and have I made arrangements to see him/her as soon as possible, or made sure that another relevant professional see him/her? How should I follow up any uneasiness about the child/ren's health or well-being? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non verbal communication, have I made every effort to enlist help in understand him/her? What is the evidence to support or refute the young person's account?
3.	Attention is focused on the most visible or pressing problems and other warning signs are not appreciated.	 What is the most striking thing about this situation? If this feature were to be removed or changed would I still have concerns?
4.	Pressures from high status referrers or the press, with fears that a child may die, lead to over-precipitate action.	Would I see this referral as a child protection matter if it came from another source?
5.	Professionals think that when they have explained something as clearly as they can, the other person will have understood it.	Have I double-checked with the family and the child/ren that they understand what will happen next?
6.	Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.	 What were my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence which refutes them?



7.	Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted.	 What were the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said rather than to do with the child?
8.	When the initial enquiry shows that the child has not suffered, or is not likely to suffer, Significant Harm , families are seldom referred to other services which they need to prevent longer term problems	 Is this family's situation satisfactory for meeting the child/ren's needs? Whether or not there is a child protection concern, do the family need support or practical help? How can I make sure they know about services they are entitled to, and can access them if they wish?
9.	When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.	 Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the child/ren's safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.
10.	Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted.	 Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take? Do my notes record what action all other relevant people have taken/will take?