**What research tells us (from 10 Pitfalls and how to avoid them (Broadhurst et al (2010))**

* An initial hypothesis is formulated on the basis of incomplete information, and is assessed and accepted too quickly. Practitioners become committed to this hypothesis and do not seek out information that may disconfirm or refute it.
* Information taken at the first enquiry is not adequately recorded, facts are not checked and there is a failure to feedback the outcome to the referrer.
* Attention is focused on the most visible or pressing problems; case history and less “obvious” details are insufficiently explored.
* Insufficient weight is given to information from family, friends and neighbours.
* Insufficient attention is paid to what children say, how they look and how they behave.
* There is insufficient full engagement with parents (mothers/fathers/other family carers) to assess risk.
* Initial decisions that are overly focused on age categories of children can result in older children being left in situations of unacceptable risk.
* There is insufficient support/supervision to enable practitioners to work effectively with service users who are uncooperative**,** ambivalent, confrontational, avoidant or aggressive.
* Throughout the initial assessment process, professionals do not clearly check that others have understood their communication. There is an assumption that information shared is information understood.
* Case responsibility is diluted in the context of multi-agency working, impacting both on referrals and response. The local authority may inappropriately signpost families to other agencies, with no follow up.