**THIS STATEMENT IS CONFIDENTIAL AND SHOULD NOT BE DISCLOSED**

**TO ANY PERSON WHO IS NOT A PARTY TO THE PROCEEDINGS WITHOUT THE PERMISSION OF THE COURT**

**CASE NO:**

**RE: [CHILD/REN’S FULL NAME]**

**DOB: [X]**

**STATEMENT OF WITNESS**

**(Children Act 1989) (Family Proceedings Court Rules 1991)**

Statement of: [SOCIAL WORKER NAME]

Age of Witness: Over 21

Occupation of Witness: Social Worker

This statement consisting of [X] pages signed by me is true to the best of my knowledge and belief and I make it knowing that it may be placed in evidence before the Court.

Signed....................................................... Dated……………………….…

1. **Introduction** 
   1. My name is [SOCIAL WORKER NAME]. I am a Social Worker employed by Buckinghamshire County Council in [X Team] and I am based in [High Wycombe/Aylesbury].
   2. I am a qualified Social Worker attaining a [Bachelor of Honours in Social Work] from [X University] in [YEAR]. I am a registered member of the HCPC.
   3. I have practiced as a qualified Social Worker since [YEAR] in [Country] in the [X] Team.
   4. I have been employed by Buckinghamshire County Council as a Social Worker since [MONTH YEAR].
   5. I have been working with the [SURNAME of CHILDREN] family since [DATE].
   6. I am able to make this statement from facts within my own knowledge and from the Social Work files and information made available to me during the course of my involvement.
   7. The Local Authority is seeking to discharge the Care Order made by [NAME OF COURT] in respect of [CHILD/REN NAME(S)] on [DATE ORDER WAS MADE].
   8. The Local Authority is recommending that…[is any other order being recommended in place of the care order or is it just the discharge of the care order?]
2. **Family Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship to child** | **Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Concerns which led to the care proceedings** 
   1. (Brief summary of the main concerns only with reference to the threshold criteria document in the care proceedings).
2. **Care Plan**
   1. The final Care Plan approved at the conclusion of the care proceedings in respect of [CHILD/REN]… (Briefly summarise the final care plan approved at the conclusion of the care proceedings.
   2. Identify the arrangements for placement, contact, contingency plan and if relevant any additional support provided.
   3. Detail any changes to this since the care proceedings concluded and what the current arrangements for this child are in terms of placement and contact).
3. **Reasons for the Application**
   1. (Briefly summarise what has prompted this application including the progress/resolution of any issues that were present at the time the care proceedings concluded).
4. **Relevant information arising from safeguarding checks**
   1. (Safeguarding checks should always be undertaken once the decision has been made to make this application. Give date these were last done including the names of the individuals checked (only summarise any relevant information obtained). Have you carried out updating police checks?)
5. **Up to date information from other relevant services involved with the child and family** 
   1. (including school, nursery, health, education, CAMHS, YOT, drug services, mental health services etc. Give period and purpose of involvement, engagement with the service and any treatment plan etc.
   2. With regard to education confirm the date and outcome of the last PEP meeting. Provide basic information on attendance, lateness, presentation and academic progress. Confirm whether the child has a statement of special educational needs.
   3. Provide details of any additional support being provided to the child and whether this will continue to be provided if the care order is discharged.)
6. **Consideration of the welfare checklist factors**
   1. Section 1(3)(a) – The ascertainable wishes and feelings of the child concerned (considered in light of his/her age and understanding):
      1. …
   2. Section 1(3)(b) – His/her physical, emotional and educational needs:

8.2.1 Physical needs:

* …

8.2.2 Emotional needs:

* …

8.2.3 Educational needs:

* …
  1. Section 1(3)(c) – The likely effect on him/her of any change of his/her circumstances:
     1. …
  2. Section 1(3)(d)- her age, sex, background and any characteristics of her which the Court considers relevant:
     1. …
  3. Section 1(3)(e) – Any harm that he/she has suffered or is at risk of suffering:
     1. …*this relates to ongoing harm*

* 1. Section 1(3)(f) – How capable each of his/her parents, and any other person in relation to whom the Court considers the question to be relevant, is of meeting his/her needs:
     1. …
  2. Section 1(3)(g) – The range of powers available to the Court under this Act in the proceedings in question
     1. Discharge of the Care Order

It is the view of the Local Authority that it would be appropriate to discharge the [Care Order]. (Summarise why).

* + 1. Supervision Order

(Is this a suitable option? If not, why?)

* + 1. Family Assistance Order

(Is this a suitable option? If not, why?)

* + 1. Child Arrangements Order

(Is this a suitable option? If not, why?)

* + 1. Special Guardianship Order

(Is this a suitable option? If not, why?)

1. **Any outstanding issues/concerns**
   1. (These may include issues with contact, health, education, request for change of name, locating a parent, etc).
2. **Details of arrangements for any continuing post discharge support including finances and contact**
   1. (Include support from any other agency or refer to Special Guardianship support plan or care plan prepared for a Supervision Order).
3. **Any other orders sought or recommended**
   1. (Consider whether any other order is necessary such as a Supervision Order, Special Guardianship Order, Child Arrangements Order and give reasons why).
   2. As outlined in this statement, a [X] Order is being sought…
4. **Views of the IRO, parents and significant others**
   1. (Give date these were last ascertained. Indicate whether or not they are in agreement with this application including the making of any other proposed order(s) in place of the care order and the proposed arrangements for placement and contact. If they are not in agreement say why.)

Signed……………..

Dated……………….