# SWET Resources

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# Impact statements and research summaries

This document contains short summaries of what research reviews say is the impact of different types of situations/abuse on children. You do not necessarily have to quote the research (although this is an option too) but it can be used to inform your analysis in court documents and assessments.

You can also include the research in your assessment, then reflect before or after it on what you have seen already. If you put research in your assessment, it’s really important you draw links between the research you include and what you have already seen in real life, rather than just paste in research without commenting on it.

You can also write an “impact statement” which sets out what the impact is of a situation on a child now, and also what the impact will be in the future. There is an example of an impact statement for each type of situation/abuse included here below. You can use these as a basis for your own impact statements, but it’s important to adapt them and tailor them to your child/situation.

IMPACT OF DOMESTIC ABUSE

Research (Parkinson, K. (2021) Domestic abuse: lessons from research. London: Community Care Inform) indicates that children in domestic violence situations will be really scared, frightened and stressed and can live in constant fear of the next incident. They may also be seriously hurt and even killed in the cross-fire of violence. The impact of witnessing domestic abuse on children can include not developing as they should both physically and also in how they speak, think, feel and behave; not sleeping well (including having nightmares) and bed-wetting; behaving in aggressive, angry and challenging ways; experiencing significant distress, stress-related illness (for example, asthma), eating difficulties and self-harm, problems in concentration and not achieving well in school, difficulties making friends and experiencing stigma and isolation, substance and alcohol misuse, mental health issues like anxiety and depression, post-traumatic stress disorder, low self-confidence and self-esteem, reduced emotional intelligence; and taking on caring responsibilities. The carers who are domestic abuse victims will often struggle to cope due to their experiences and may not be able to provide the care and attention their children need.

*IMPACT STATEMENT – DOMESTIC ABUSE*

*Joel, Cate and Sarah will be really distressed, frightened, stressed and scared and could be hurt or even killed in the cross-fire when they hear or see loud arguments or fighting. They may well live in constant fear of the next incident and may not get the care and attention they need as their mother may be struggling to cope herself due to her own experiences.*

*Research indicates that if this situation continues, it will have a severe impact on how they think, feel and behave both now and into the future. For example, they may not learn and develop as they should both physically and in how they think, feel and behave; struggle to sleep well (including bed-wetting or having nightmares; become aggressive and angry and have low confidence and self-esteem; develop mental health problems like anxiety, PTSD, stress, depression, eating disorders or self-harm; struggle with drugs or alcohol use; and do poorly in school (and therefore later in life). (Parkinson, K. (2021) Domestic abuse: lessons from research. London: Community Care Inform.)*

*We have already seen…[reflect briefly what’s already happened/the impact already seen].*

IMPACT OF PARENTAL DRUG AND ALCOHOL USE

Research (Taylor A & Flood S. (2020). The impact of parental substance use on child development: Frontline Briefing. Dartington: Research in Practice.) shows that problem use of drugs and/or alcohol can have a negative impact on every area of a child’s life. Life revolving around getting (and getting money for) substances can result in dirty, unclean and unsafe homes (including drug-related hazards, for example needles or unsafely stored methadone) and carers not watching over children properly and so more accidents and injuries to children and children becoming sick. This can also result in a lack of the basics for a child, including clothes, food and toys. In these situations it is highly likely that parents will struggle to provide give children the care, affection and attention they need, including playing with them and making sure they have leisure opportunities so they develop well. Substance use and disputes about substances make parents more likely to be violent and to be surrounded by violence, and a child then getting hurt. Children of parents who abuse substances are likely to do less well in school, to be bullied, and to attend school less. They are more likely to experience more unstable, scary and confusing lives, and to have difficulties in building relationships, including suffering separation, insecurity, guilt, resentment, rejection, anxiety and loss. Children are also more likely to use substances themselves, to show disruptive and antisocial behaviour, to have lower self esteem and to develop mental health issues. Children can also be scared of 'inheriting' their parents' problem, and can end up looking after their parents themselves.

*DRUGS AND ALCOHOL IMPACT STATEMENT*

*Shahida and Muhammed may be caught up in violence, not be kept safe, not given the care, stimulation and attention they need to learn and develop as they should, and they may be ill and unhealthy if they are cared for by people who are drinking alcohol or using drugs. Life revolving around adults getting substances may result in their home being dirty, unclean and unsafe and in homelessness. They also may also not be given the clothes, food and toys they need.*

*Research shows that prolonged problem use of drugs and/or alcohol can have a negative impact on every area of their life. They are more likely to do poorly in school and may be bullied. They are more likely to experience more unstable, scary and confusing lives, and to struggle to build relationships, and to experience separation, insecurity, guilt, resentment, rejection, anxiety and loss. They are more likely to use substances themselves, and to develop disruptive and antisocial behaviour, low self-esteem and mental health issues. They may also take on considerable caring roles themselves. (Taylor A & Flood S. (2020). The impact of parental substance use on child development: Frontline Briefing. Dartington: Research in Practice.)*

*We have already seen…[reflect briefly what’s already happened/the impact already seen].*

IMPACT OF NEGLECT

Neglecting to give a child the level of care and attention they need can have a really significant impact on all areas of a child’s life. Children in these situations are likely to not grow and develop as they should in terms of how they think, behave and feel. Long-lasting neglect can lead to serious health damage, for example, as a child misses health appointments, has more accidents or even dies as they aren’t watched over properly or live in an unsafe home, or as a result of being dirty and/or living in a dirty home and so they get unwell more often. It can also mean serious and long-term problems in how the child forms relationships and bonds with others and can lead to poorer school achievement (as they miss school, show behaviour problems in school, struggle to concentrate, are bullied due to being smelly or scruffy, or do less well due to their general development having been delayed) which will has a significant impact on their future career and life chances. Neglected children are also far more likely to suffer low self-esteem and feel unloved, scared, confused, powerless, that they are unable to achieve, and that they are isolated and alone. (DfE (2023) Working Together to Safeguard Children. London: HM Government; Turney and Tanner (2005) Understanding and working with neglect, Nottingham: DfES/RiP/Making Research Count.)

*NEGLECT IMPACT STATEMENT*

*John is likely to feel unloved and scared and may not learn and develop well if he is not given the care and attention he needs; may be ill, unhealthy and may get hurt if he is not washed and his home is dirty and if appointments aren't gone to; and he will struggle in school and to make friends if not taken to school on time each day and if there aren't regular times for getting up and going to bed*

*If this situation continues, it will have a really negative impact on most areas of his life. For example, he will not grow or develop as he should physically or in how he thinks, behaves and feels; he may suffer serious health damage or injury (for example, as appointments are missed or he has more accidents if he isn’t given the supervision or safe and clean home he needs and if his hygiene is poor); he may struggle to make relationships and bonds with others; and may do far less well in school (due to low attendance, behaviour problems, bullying due to being scruffy or smelly, and as his generally development may be behind) which will have a significant impact on his future career and life chances; may have low self esteem and feel unloved; and may develop behaviour problems. John is more likely to feel confused, powerless, unable to achieve, isolated and alone. (DfE (2023) Working Together to Safeguard Children. London: HM Government; Turney and Tanner (2005) Understanding and working with neglect, Nottingham: DfES/RiP/Making Research Count.)*

*We have already seen…[reflect briefly what’s already happened/the impact already seen].*

IMPACT OF SEXUAL ABUSE

Apart from the physical pain and huge and long-lasting damage in how children think and feel if they are sexually abused, research (Marshindicates, N. (2018) The impact of child sexual abuse: lessons from research. London: Community Care Inform) indicates that children can also experience mental health issues (including withdrawal, depression and self-harm); alcohol abuse and substance misuse; ‘risky’ sexual behaviour, and offending; difficulties in all future relationships (including family, friends, partners and with professionals); an increased risk of being an adult victim of further sexual abuse; physical health problems (including irritable bowel syndrome, gynaecological symptoms, headaches, backaches, heart disease and obesity); homelessness; doing poorly in school and a higher chance of unemployment. Children are likely to struggle to develop appropriately in terms of sexuality and their knowledge, feelings and attitudes to sex; to feel betrayal, powerless, shame, low self-esteem, guilt and stigma.

*SEXUAL ABUSE IMPACT STATEMENT*

*Shamila will be physically hurt and hugely damaged in how she thinks and feels and likely behaves if she is sexually abused. Research is clear that sexual abuse is hugely damaging to children, and the more severe and long-lasting it is the greater the impact.*

*For example, Shamila may suffer really painful thoughts for many years and mental health problems (including withdrawal, depression and self-harm); alcohol abuse and substance misuse; show ‘risky’ sexual behaviour and offending behaviour; have difficulties in all future relationships (including family, friendships, partners and with professionals); experience an increased risk of being an adult victim of further sexual abuse; have physical health problems (including irritable bowel syndrome, gynaecological symptoms, headaches, backaches, heart disease and obesity); be homeless; and do poorly in school and have a higher chance of unemployment. She is far more likely to struggle to develop appropriately in terms of sexuality and her knowledge, feelings and attitudes to sex; and to feel betrayal, powerless, shame, low self-esteem, guilt and stigma. (Marshindicates, N. (2018) The impact of child sexual abuse: lessons from research. London: Community Care Inform.)*

*We have already seen…[reflect briefly what’s already happened/the impact already seen].*

IMPACT OF PHYSICAL ABUSE

Physical abuse (which can include hitting, shaking, throwing, poisoning, burning, suffocating or otherwise causing physical harm to a child) can lead directly to brain damage, a child being seriously hurt, becoming disabled, or even death. Children who are physically abused will not only be in pain but will likely be frightened and angry when they are assaulted. They are more likely to be aggressive themselves and can start to experience significant problems in how they think, feel and behave, and are likely to do less well in school and become very happy indeed. (DfE (2023) Working Together to Safeguard Children. London: HM Government.)

*PHYSICAL ABUSE IMPACT STATEMENT*

*Sheila may be injured, will be hurt, and will be frightened and angry when she is assaulted.*

*If this situation continues, research indicates she could become seriously hurt, be disabled, and even experience brain damage or death; and she is more likely to become aggressive, develop behaviour problems, struggle in school, and be very unhappy indeed. (DfE (2023) Working Together to Safeguard Children. London: HM Government.)*

*We have already seen…[reflect briefly what’s already happened/the impact already seen].*

# Harm definitions (from Working Together)

**Emotional abuse** - The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Neglect** - The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

• provide adequate food, clothing, and shelter (including exclusion from home or abandonment)

• protect a child from physical and emotional harm or danger

• ensure adequate supervision (including the use of inadequate caregivers)

• ensure access to appropriate medical care or treatment

• provide suitable education

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs

**Physical abuse** - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Sexual abuse** - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

# Assessing prognosis and capacity for change tool

(From Bentovim, A. et al. (2009) Safeguarding children living with trauma and family violence, chapter 6)

The factors on the next page are all things that indicate if change for a family we are working with is likely or not. Work your way through each factor, putting a cross between each option on the scale to show your level of concern from 10 for each area. The questions given should help you to reflect on whether or not change is likely.

When you have answered all of the questions, you should have an idea of how likely change is – do your crosses tend to group towards the right (high concern, low likelihood of change) to the middle (some concern, likelihood of change is uncertain) or towards the left (low concern, changes of change are higher)? While lots of areas of high concern mean change is unlikely, it may be that one or more factors which score either very high or very low outweigh all the other factors.

In your assessment, you can sum up why you think the likelihood of change is high, uncertain or low, and set out the key things that have made you think that way. The areas of high concern or uncertainty may also help inform your plan.

You may want to repeat this after a short period of intervention once services have been put in place/more work has been done to see if parents are likely to change and if the scores have improved or not.



# Completing a Re: BS balance sheet (from Community Care Inform)

When you ask a court to make a care order, you have to show that you’ve considered each option. In practice, that means listing each option for a child/ren, and then giving the pros and cons for each. You then say which is your preferred option and why. The judge can then see your working out and see if they agree. You can also show, clearly, that you’ve considered each option.

Below is a case study, to give some context, then an example of a good “balance sheet” that weighs up the pros and cons of each option available.

**Case Study: the Smith family**

The Smith family consists of the parents, Ryan and Catherine Smith, and two children, Stephen, aged two, and William, aged 9 months. The local authority instigated care proceedings just over five months ago.

**Concerns**

The children had already been subject to child protection plans under the categories of neglect and emotional abuse. This was due to repeated incidents of domestic violence and alcohol abuse by the parents as well as concerns from professionals and the school about poor home conditions and the children appearing unkempt over the last 18 months. Matters came to a head when Ryan assaulted Catherine in the family home in the presence of both children. The police arrested Ryan whilst Catherine was hospitalised with serious facial injuries and a broken arm. Both parents gave their consent, pursuant to Section 20 of the Children Act 1989, to the children being accommodated by the local authority that evening. Care proceedings were instigated by the local authority the following day. The children have remained in foster case since then. Ryan was convicted of assault and sentenced to eight weeks in prison.

**Care proceedings**

During the care proceedings, both parents initially provided alcohol test results, which indicated chronic excessive alcohol misuse. Two weeks ago Catherine provided further test results, which were negative, but Ryan has so far not attended his solicitor’s office to provide further samples for testing. The parents reconciled four months ago and Ryan has been undertaking domestic violence work with probation. However, last week the police were called to the family home following another domestic incident where after Ryan had again assaulted Catherine. The parents remain in a relationship and seek the return of the children to their care, albeit they accept that threshold is met and that the children should be subject to care orders.

**Kinship carers**

The maternal grandmother, Charlotte Jones, has been negatively assessed as a carer. Mrs Jones was able to provide a clean home and demonstrated a good knowledge of how to meet the children’s basic needs. However, she has minimised the domestic violence within the parents’ relationship, stating “all couples argue” and failing to accept the parents pose a risk to the children. She has also minimised the risk posed by Ryan, simply stating “he has learned his lesson” following his arrest and subsequent conviction. The threshold document (the local authority’s statement of facts establishing that the children have suffered or are likely to suffer significant harm) has been agreed by the parents and a parenting assessment has been completed. Home conditions have improved and the parents show an ability to meet the children’s basic needs. However, both lack insight into the risks posed to the children by their relationship, despite having attended numerous courses and sessions on domestic violence courses throughout the care proceedings. They continue to simply maintain they “will stop arguing” when the children return to their care.

**Care plan**

The authority’s final care plan is for adoption in respect of both children, with both being placed together in an adoptive placement. Below is a model balance sheet completed by the social worker in this case.

|  |  |
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| **First realistic option: Rehabilitation to parents** | |
| **Factors in favour** | **Factors against** |
| This would allow both children to be raised by their birth parents and protect Article 8 of the European Convention on Human Rights (ECHR) which refers to the right for children and their parents to have their family life respected.  It would allow the children to maintain their attachment to their parents and continue their relationships with the extended family such as their grandmother and aunts.  Mrs Smith has provided negative alcohol test results, indicating that she has, to some extent, made positive changes in an attempt to ensure the children are returned to her care.  Mr Smith has completed the first stage of a domestic violence perpetrator program with probation and is reported to have engaged well, showing a certain level of motivation to address his underlying issues.  Both parents have engaged well with the parenting assessment process and a care order would enable the local authority to continue to share parental responsibility in the event the children were placed at home. | There has been a lengthy history of neglect and domestic violence within the parents’ relationship, with both parents also having tested positive for chronic excessive alcohol use earlier in proceedings.  The incident leading to these proceedings was a serious assault upon Mrs Smith by Mr Smith which the children witnessed.  Despite undertaking a domestic violence program with probation, Mr Smith has admitted perpetrating a further physical assault upon Mrs Smith only seven days ago. This is clear evidence that Mr Smith has not been able to put into practice what he has learned on the domestic violence perpetrator program. He still has a clear propensity to resort to violence during arguments with Mrs Smith.  Mrs Smith has maintained her relationship with Mr Smith throughout these proceedings and indeed, continues to do so despite the recent attack. She states that Mr Smith will not assault her again and that he has learned his lesson. This is evidence she is unable to prioritise the needs of her children above her relationship by leaving Mr Smith.  Mrs Smith has been provided with high levels of support from Women’s Aid and from the Freedom Program throughout these proceedings but has still failed to accept that Mr Smith poses a risk to the children. This shows that Mrs Smith has been unable to take on board professional advice and guidance in relation to domestic violence.  If the children were returned to the care of the parents, there is a high risk of them being exposed to further incidents of domestic violence, furthermore, neither parent accepts that any such risk exists, stating that they will stop arguing when the children are returned home. This demonstrates the limited insight they have into the risk their volatile relationship poses to the children.  Neither parent has been able to demonstrate an ability to protect the children from suffering further emotional harm in their care.  Mr Smith has recently failed to attend an appointment at his solicitor’s office in order to provide further alcohol test results, despite the court directing him to do so. This raises the concern that Mr Smith is still consuming excessive amounts of alcohol and failing to disclose this to the court and to professionals. Mr Smith’s failure to engage with testing and court orders is of great concern in the context of his ability to work openly and honestly with professionals in the future.  Returning the children to the care of the parents under a care order would not protect them from the risk of domestic violence, which is clearly still prevalent, despite both parents undertaking substantial amounts of work in this area.  No amount of support and unannounced daily visits by professionals could protect the children from the risk of exposure to further domestic incidents, which could occur at any time.  The children were also subjected to neglectful parenting whilst in their parents care despite intensive support being provided under a Child Protection Plan.  There is no realistic way that the risks posed to the children could be managed under a home placement agreement, especially given the parents continuing lack of insight and failure to accept the concerns of the local authority. They would remain at risk of and would be likely to suffer significant harm. |

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| **Second realistic option: Long term fostering** | |
| **Factors in favour** | **Factors against** |
| This would allow the children to remain in a safe and caring environment, supported by experienced foster carers.  They would be able to maintain some degree of direct contact with the parents and therefore preserve a continuing link to their birth family, and a sense of identity.  They would continue to receive local authority support as looked after children and would be entitled to leaving care services in the future. | They would grow up in the care system with the stigma of being looked after children attached to them.  There is increased risk of future changes of placement, or placement breakdown, which would be highly destabilising for both children.  They would be prevented from being raised as part of a “permanent” family. |

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| **Third realistic option: Placement with extended family members under a child arrangements order or Special Guardianship Order** | |
| **Factors in favour** | **Factors against** |
| Would allow the children to reside within their birth family with their maternal grandmother, Mrs Jones. This would preserve and protect the children’s right to have their family life respected and would also preserve their sense of identity as members of their birth family.  Mrs Jones has evidenced an ability to meet the children’s basic care needs and can provide an appropriate home environment for them to reside in.  They would be able to maintain some degree of direct contact with their parents and, under a Special Guardianship Order, Mrs Jones would be able to exercise parental responsibility over and above that of the children’s parents. | Mrs Jones has shown no real insight into the risks posed by both parents to the safety of the children. Despite lengthy conversations in relation to domestic violence during the assessment process, and despite the fact Mr Smith has a criminal conviction for assault, she refuses to acknowledge either parent would cause harm to the children.  Her understanding of the concept of harm appears limited to direct physical harm. She refuses to accept that exposure to the parents’ volatile relationship would also cause significant emotional harm. Mrs Jones seeks to minimise domestic violence by referring to it as normal for couples to argue in this way.She has openly stated that she does not see any reason why the parents cannot care for the children and said she would offer them unlimited amounts of unsupervised contact should the children be placed in her care.  Mrs Jones sees no issue in respect of allowing extended overnight contact between the children and the parents, demonstrating her extremely limited acceptance of the local authority’s concerns. In light of the above, it appears highly unlikely that Mrs Jones would exercise her parental responsibility over that of the parents in an appropriate manner should a Special Guardianship Order be granted.  There is no evidence she can protect the children from the risk posed by the parents. Mrs Jones’s lack of insight and refusal to accept that the children would be at risk in the care of their parents, demonstrates the children would be placed at risk of significant harm in her care, due to her inability to protect them from the risks posed by the parents.  Furthermore, no amount of support provided by the local authority can compensate for Mrs Jones’s inability to protect the children on a “24-7” basis; given her clear views that the parents should be allowed unsupervised contact at any time.  There is no way the risk to the children’s safety can be properly managed with the children residing in her care. |

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| **Fourth realistic option: Adoption** | |
| **Factors in favour** | **Factors against** |
| Would enable the children to be raised as part of a permanent family.  It would allow them to form and build long-term attachments to their new family and there would be reduced risk of any placement breakdown when compared to long-term foster care.  It would enable the children to reside in and develop in a healthy environment, free from any risk of significant emotional and physical harm.  The risk of either child witnessing further domestic violence or being subjected to further neglect would be removed.  Both children would have a secure legal status throughout their childhood and would be free from the stigma attached to being looked after children.  Adoptive parents will invest in the children emotionally and will provide them with a sense of belonging, which will in turn provide them with a greater chance of developing the positive self-esteem that will equip them to become emotionally healthy adults. | This will involve permanent severance of ties with the birth family via any direct form of contact.  There is accordingly a risk that the children could be left with a sense of loss, particularly if they are unable to find or meet their birth parents in the future.  It will prevent the children from being raised as part of their birth family. |