

**A parenting/pre-birth assessment of Parent Name(s)**

This is a guide for writing up full parenting assessments (generally done for court or complex case discussions etc.).

Assessments need to be as long (or as short) as they need to be to tell the reader the information, to analyse it and to come to a conclusion. Writing loads doesn’t make an assessment a good assessment. At the same time, if it’s too brief, there will be gaps. More history, more issues and more children/fathers will lead to a longer assessment. But in general, avoid repeating yourself and summarise wherever possible.

The guidance in this form is always in red. This usually tells you what to put in each section or may be text that you need to replace or edit. If text is black, leave it in. Before you send your assessment to your manager to check, make sure you have no red text left.

There is an example at the end of the assessment which is linked to throughout the template. You can click the link to go to the relevant part of the example, and then click the link to come back to where you were. As it’s an example assessment, it’s been written and made up just for this guide so may be a little inconsistent at times. It’s just there to help you and give you some ideas.

If you are doing a pre-birth assessment, you will need to reflect on what the evidence says their parenting capacity is *likely* to be from that else you know. For example, how likely are they to be able to give decent basic care? For the child’s needs section, you will likely only be able to comment on health (with knowledge from health colleagues/scans etc.) and potentially the impact on the baby of the mother’s stress, drug use etc. You also need to comment on how well they have prepared for the baby’s birth, but sections around identity or self-care skills will likely need to be deleted.

If you need help doing the assessment in general, see the “Guide to doing a family assessment” in [Practice Guidance](https://birminghamcs.proceduresonline.com/local_resources.html) (go to Assessments and Planning then Evidence Based Assessment Tools/Reflection Aids). There are many ways to write up an assessment and the important thing is clearly presenting the evidence and giving a clear analysis and you will need to use your skills and experience to adapt this guide and template as necessary. Several other guides to writing an assessment are available, and *Safeguarding Children Living with Trauma and Family Violence* (Bentovim et. Al., 200, London: Jessica Kingsley Publishing) is a comprehensive guide if you want to think through doing and writing up assessments, step-by-step.

**Author**

1. I, YOURNAME, of Birmingham Children’s Trust, OFFICE ADDRESS am currently employed by Birmingham Children’s Trust as a JOB TITLE. I hold a INSERT QUALIFICATION from INSERT UNIVERSITY NAME, gained in INSERT YEAR. I am registered with Social Work England. My team manager is INSERT NAME.
2. Now outline, briefly, any further training, experiences or qualifications that are relevant to this statement. This is your chance to set out your experience and knowledge so the judge knows how much weight to give what you say. For example, you might write, “I also hold the full Post-Qualifying Award in Social Work from the University of Birmingham, gained in 2015. I have previously worked as a Practice Assessor and a Senior Practitioner for a number of social work agencies and local authorities. I have completed a wide variety of post-qualifying training courses including numerous courses on family assessment, child protection, domestic violence, drug and alcohol abuse, mental health, Form F and SGO assessments.”

**Composition of the family being assessed**

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| --- | --- | --- | --- | --- |
| Name | DOB | Relationship to child  | Legal Status/ Plan Type | Address |
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**Genogram**

Insert here – [RIP have a great guide](https://www.researchinpractice.org.uk/children/publications/2021/february/using-genograms-in-practice-practice-tool-2021/) to completing these (you’ll need to log in first – you can create a free account with your BCT email address).

**Why this assessment has been carried out and a summary of the conclusions and recommendations**

1. (This section has been written in clear, everyday language addressed to parents to make sure everyone can engage with the assessment process. All people who have parental responsibility will be given a full copy of the assessment, but they may also be given this section as a summary of the assessment. This will particularly be useful for parents who may struggle with understanding complex information.)
2. I will give you the longer report I have written about your family. The report says what I think the children need from the people who care for them. It also says if I think you and the people around you can do this. It then talks about what needs to happen next.

For most parents, keep the two paragraphs above then complete this section of the assessment last, when you’ve written the rest of it including your full analysis, and you know what you are concluding.Use the following headers to provide the family and reader with a brief summary (no more than 2 sides of A4, preferably less) of your main conclusions and key recommendations. This should be written in really simple language that parents can understand and be brief. If an average high school student wouldn’t be able to understand it or would have to ask what words meant, you need to re-word it. Use the headings below. [Click here to see an example.](#WhyIWroteThisReportEG) If the parents have a very good standard of literacy, you may want to delete the two paragraphs above and just write a summary below and not write it “to” the parents. In the example we have encouraged the parents to ask questions or told them where they can get advice. It may be appropriate to put this in too.

Why I wrote this report

1. Start typing here/insert bullet points

Things I think are going well

1. Start typing here/insert bullet points

Things I am worried about

1. Start typing here/insert bullet points

What I think this means for [INSERT CHILD’S NAME]

**8** Start typing here/insert bullet points

What I think needs to happen next

1. Start typing here/insert bullet points

**Sources of information and plan**

1. I was allocated to this family on INSERT DATE. I have reviewed the relevant records on the child and family’s files held by Birmingham Children’s Trust. If you have viewed other local authority files, mention this too. Say how often you have seen the children and parents and say how many assessment sessions you have done. If you had to write this assessment up without being able to complete it in a more planned way, just summarise your involvement with the family and how often you have seen the child/ren and parents.

**Professionals who were consulted and contributed to this assessment**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Contact Details** |
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**Background, current situation and profiles of the children**

If you have completed a separate chronology in most circumstances, so you only need to summarise the relevant points here – do not re-write your chronology. However, you need to outline the relevant history and include children’s services history (include when the children were placed on plans, if applicable, and details of any pre-proceedings or proceedings), significant past harm and previous interventions as well as any previous assessments. Include information from partner agencies, especially school and health.

Start by setting out details about the children, one by one. Start with when they were born. What’s their ethnicity and religion? Who has cared for them since birth? Then tell us whether or not they have any additional needs another child of their age may not have. This needs to include considering disability, health issues, mental health issues etc. [Click here to see an example.](#Bgandcurrentsitueg)

1. Start writing here

**Profile of the parent(s)**

Start with the mother and set out their age and ethnicity, set out their childhood experiences, their significant relationships and experiences (including struggles with mental or physical health, domestic abuse, criminality/violence, learning disability (including any worries you have about this or if they attended special school or had a EHCP or SEN), other trauma, alcohol/drug use) and how they have got to this point. You are just setting out their history here – later in the assessment you will analyse how this has impacted on them and on their parenting). Include changes to their partners/household over time since the first child was born. If you are assessing a couple, also include how the couple met, the history of their relationship (including times apart). Describe how they talk about each other/describe each other and your observations of them together. Set out any details of conflict/violence/abuse including police call outs. If there have been issues, set out what work has been done and how far this has been successful. If you are assessing more than one parent, repeat this for each parent. [Click here to see an example.](#ParentprofileEG)

1. Start writing here

**Parenting capacity**

This section is about how well the parents are doing/you think will do in meeting the needs of their child/children in each of these areas.

Basic care

Set out here how far/how well the parents are or have in the past provided suitable housing, food, clothing, washing, medical/mental health/physical health/dental care to their children. Briefly set out the impact of any positives or negatives on the child. [Click here to see an example.](#BasiccareEG)

1. Start typing here

Ensuring safety

Cover here how well the parents are protecting the child/ren from harm and danger. This includes protection from unsafe adults/children and from exploitation and violence. This also includes taking appropriate action if a child is struggling with self-harm, recognising hazards and danger, and online safety. Include a summary of relevant history. What’s the impact of this on the child? [Click here to see an example.](#EnsuringSafetyEG)

1. Start typing here

Emotional Warmth

How far do the parent/s recognise, meet and respond to their children’s emotional needs? Is the parent stable and affectionate and do they give praise/encouragement? Are they helping the children build a positive sense of their identity, including their culture, religion etc.? Include a summary of relevant history. What’s the impact of this on the child? [Click here to see an example.](#EmotWarmthEG)

1. Start typing here

Stimulation

Is the parent helping the child to learn and develop? How is school/nursery attendance? How do the parents relate to school/participate? What activities are done outside of school in evenings and on weekends? Does the parent play or facilitate play? What opportunities are there for the children to socialise with others? Include a summary of relevant history. What’s the impact of this on the child? [Click here to see an example.](#StimEG)

1. Start typing here

Guidance and boundaries

This section needs to include how far parents are setting boundaries, using effective discipline and generally teaching the child appropriate behaviour and helping share their behaviour. Particularly think about how far the parent role models through their own behaviour, controlling their own emotions and interacting positively with others. Include a summary of relevant history. What’s the impact of this on the child? [Click here to see an example.](#GsBsEG)

1. Start typing here

Stability

How stable has the parent made life for the child/ren? Think in terms of school/house moves, the adults/children in their lives, day-to-day routines and how the caregivers in their lives respond to them in terms of being consistent and reliable. Include a summary of relevant history. What’s the impact of this on the child? [Click here to see an example.](#StabilityEG)

1. Start typing here

Parenting capacity: views of parents including how far they understand and accept the worries in this area

Set out here what the parents see as their strengths and weaknesses in these areas. How far have they shown they understand the child’s needs and where they can/are struggling to meet them? How far do they understand the concerns and agree with them? How far have them implemented advice or worked with services to bring about change? What are their plans to bring about more change and meet the needs of the child/ren? [Click here to see an example.](#ParentingCapacityParentsEG)

1. Start typing here

**Domain of wider family and environmental factors**

This section is all about things that can impact on parenting, or directly on a child.

Family history and functioning

You have set out the history for each parent earlier in this assessment. Reference this here, and explore the meaning of it for them and for their parenting here and the impact it may then have on the child/ren. – see [Practice Guidance](https://birminghamcs.proceduresonline.com/local_resources.html) section Assessments and Planning, Evidence Based Assessment Tools/Reflection Aids, Tool 5: Assessing History of Being Parented for how to do this and different ways of writing it up. Repeat this section for each person you are assessing. [Click here to see an example.](#FamHistoryEG)

1. Start typing here

Wider family

Who is the wider family/where do they live? Include significant adult friends, parents, absent parents and siblings. How far do they support or stress the family and how? How well do they get on? What is the impact of this on caring for the children? [Click here to see an example.](#WiderFamEG)

1. Start typing here

Housing

Describe the house including who sleeps where. How clean/tidy/well maintained/equipped is the house? What is the impact of this on the child/family – e.g. overcrowding/stress, chance to play, health/safety issues caused etc.? [Click here to see an example.](#HsgEG)

1. Start typing here

Employment

Do parents work/volunteer? If so, what hours/pattern and what is the impact of this on caring for the children? Do the parents find work enjoyable/stressful and a source of positive social contact/self-confidence etc.? Do the parents do any unpaid work, e.g. caring for another relative, and what’s the impact of this? If they don’t work, what’s the meaning/significance of that for them? [Click here to see an example.](#EmpEG)

1. Start typing here

Finances

This is in important section and one that is too often neglected. Poverty is the biggest risk factor (by some distance) for child abuse and neglect and yet is often ignored in assessments. So, firstly, include/keep this paragraph:

1. Bringing up children with little money and constant financial worries is harder than doing so in a family where there is plenty of money and comfortable surroundings and finances impact on parenting and on children in many different ways. Major reviews (e.g. Bywaters, P. et al, 2022, The Relationship Between Poverty and Child Abuse and Neglect: New Evidence. Nuffield Foundation) of children’s social care in England have shown that poverty is a key driver of harm to children. The evidence is clear that the greater the financial hardship a family is suffering, the greater the likelihood and severity of child abuse and/or neglect for children living in these families. So, while living on a low income does not cause child abuse and many parents on low incomes do not abuse their children (just as many parents on high incomes do), it makes abuse and/or neglect more likely to come about.

Then include a short account about what you've found out about how much money is coming in/going out (include debts) and how far the money this family gets is meeting the needs of the children, and if there's a gap, what the impact is. Remember, less money can mean less stimulation for children; worse housing (often overcrowded in a high crime and riskier neighbourhood); more stress for parents (which makes attentive, patient and tolerant caring far more difficult); less access to help, services and advice when problems come up (which means the problems have a greater impact); poorer physical and mental health for both children and adults; strain on relationships, struggles with drugs and alcohol as a way to cope, feelings of shame and stigma). [Click here to see an example.](#FinEG)

1. Start typing here

Family’s social integration and community resources

What’s the neighbourhood/community like and what’s the impact of this on the family? Consider crime rates, presence of gangs, groups they may belong to (e.g. religious groups, community groups, youth/sports clubs), employment rate, issues around racism/ethnicity, how far family are part of the community. Include internet access/use and what facilities/services are in the community – this includes health, schools, transport, leisure, shops etc. What’s the impact of this on the family? [Click here to see an example.](#SocIntegEG)

1. Start typing here

Parent/s understanding and acceptance of worries/concerns identified within the domain of wider family and environmental factors

Summarise what issues are impacting on the parent’s ability to meet the child/ren’s needs. For example, trauma / abuse, strained finances, lack of support network/isolation, family history, oppression (think about the social graces), sibling relationships, relationships between important people in the family etc. What are the strengths and difficulties? What support has been offered and how has it helped or not or been engaged with or not? How does this all impact on parenting and on the children? [Click here to see an example.](#WiderEnvPsEG)

1. Start typing here

**Domain of child’s development needs**

Either repeat this section for each child or have a paragraph about each child under each heading. This section is about how the child is doing in each of these areas, compared to what you’d expect for their age/stage/additional need. You will also cover the impact on them of the parenting they have received and any environmental factors. NB: In the examples we’ve just given the example for one child to save space.

Health

Are they meeting their development milestones expected for this age/stage? Have they had their immunisations/health checks and have they gone to A&E/GP when they have needed to? What is their state of health/MH/any disability and are these needs being met? What is the diet/exercise situation? Are they being given advice on sex/substance use if older? [Click here to see an example.](#HealthEG)

1. Start typing here

Education

How is their cognitive development compared to what you’d expect for this age/stage? Are the children in school/nursery and how is their attendance/achievement/behaviour/exclusions etc. Are there any issues of LD/additional needs/an EHCP? What is stimulation like if pre-nursery? Do they have hobbies/clubs/play with others? What is stimulation like at home including books/games etc.? [Click here to see an example.](#EduEG)

1. Start typing here

Emotional and behavioural development

How are their behaviour/emotions towards parents, peers, and other adults compared to what you would expect for this age/stage? This section includes self-harm, bedwetting etc. How do they respond to stress? [Click here to see an example.](#EmotEG)

1. Start typing here

Identity

How does the child see/describe themselves? This should include self-esteem/image, their ethnicity/gender/sexuality etc. and their view of this. Do not just state what their ethnicity/religion is – this section is about what the child makes of this. Which groups do they identify with and how far do they feel accepted/belonging/loved? [Click here to see an example.](#IDEG)

1. Start typing here

Family and social relationships

How able are they to relate to family/friends? What is the quality of their relationships with parents/siblings/friends? Who is important to them? How far are they able to empathise/to see another’s perspective? [Click here to see an example.](#FamSocEG)

1. Start typing here

Social presentation

How far do they understand and are they aware of how they come across to other people compared to what you’d expect/hope for at their age/stage? This includes their appearance (dress, cleanliness, hygiene) and behaviour. If they have additional needs, how far do they understand how this impacts on how they come across to others and how does this impact on them? [Click here to see an example.](#SocPresEG)

1. Start typing here

Self-care skills

How able are they to care for themselves, compared to what you’d expect for a child of this age/stage? Consider practical, emotional and communication skills What tasks do they do and how far is this age appropriate? [Click here to see an example.](#SelfCareEG)

1. Start typing here

Analysis of parent’s understanding and acceptance of worries/concerns identified for the domain of child development needs

What do the parents say are their worries/concerns in terms of how the child is doing in each of these areas you’ve set out above? Do they show insight into why any problems may have come about and what they need to do? How has the state of the child’s development changed over the assessment period (if it has)? [Click here to see an example.](#ChildsNeedsPsED)

**Child’s wishes and feelings**

If completing a pre-birth assessment, do not answer this section. The law requires you consider the *ascertainable* wishes and feelings of children. So, if completing a pre-birth assessment, do not complete this section as you cannot ascertain the wishes and feelings of that child. If you need to reflect on what a child might want, this can come in the analysis section. For all other children, you should complete this section. Even if a child is too young to express their wishes and feelings or is non-verbal, you can and should reflect on what the child has indicated to you from your observations of them interacting with their parent(s) and others about their wishes and feelings.

In general, set out in this section what the child has said/indicated about their thoughts, feelings, wishes and about their experience of being parented. Be clear how the wishes and feelings were obtained. Then set out what is the child’s day like. Start with getting up until going to bed, and how this is different on the weekend. Include your analysis of the child’s wishes and feelings and their capacity to understand the situation. [Click here to see an example.](#WsFsEG)

1. Start typing here

**Analysis**

What’s going well

Read back over your assessment and identify what is going well for this parent/child/family. List the main things that stand out here. [See the example here.](#GoingWellEG)

1. Start typing here

What I am worried about

Read back over your assessment and identify what is going well for this parent/child/family. List the main things that stand out here. Be clear exactly what you’re worried about, why you are worried/the harm it causes, how long that thing has been going on for, how long it lasts for when it happens and/or how often it happens (or if it’s constant), and how serious it is when it happens.

Some of your worries also include:

* That you don’t know what the situation is/have been unable to find out in some areas
* if the child is more vulnerable than another child of their age would be (perhaps due to being younger (and/or non-mobile or non-verbal), disabled, unwell, having experienced harm up to this point or having developmental delay, or experiencing poverty or other disadvantage). The impact will then be greater on them than on another child who doesn’t experience those vulnerabilities.
* If the family aren’t accepting that there is a problem and/or if the family aren’t working with services

[See the example here.](#WorriedEG)

1. Start typing here

Impact and seriousness of harm

Firstly, think about what the impact of this situation is on the child been so far (bearing in mind the child’s vulnerabilities outlined above too). It can be helpful to think about each main serious worry, one at a time, and then outline what the impact of that issue is on the children. For example, if domestic abuse and neglect are the two concerns, you could first outline the impact of domestic abuse on the children, and then outline the impact of neglect.

Be specific and tell us how the children are impacted by the exact things that are happening. For example, are they terrified and scared and unable to concentrate in school, or are they being physically hurt and are in danger of being really seriously injured or killed? Avoid general terms like “the children’s holistic needs are not being met”. It can help to spend a minute imaging yourself as the child – what might you think and feel about what’s going on and when the difficulties are happening?

Then tell us what the impact will be in the future on the child if the harm continues or happens again.

Research studies can help us to know what the impact of different types of abuse are and what different types of abuse are. The SWET Resource File (found in [Practice Guidance](https://birminghamcs.proceduresonline.com/local_resources.html) – click on ‘Pre-proceedings and court work’ then ‘Care Proceedings’) has in it research summaries and impact statements you can edit then copy and paste into your court reports for most of the main issues that impact on children (e.g. domestic abuse, neglect, parental drug and alcohol use etc.). The Resource File also tells you how you can use these research summaries in your assessments. It also gives you definitions of different types of abuse. You can also [look at the example](#ImpactSeriousnessEG) and use/adapt that as a model.

1. Start typing here

When you’ve set out the impact, you then need to set out the level of harm. Is child is suffering no significant harm, a slight level of harm, a moderate level of harm, a high level of harm or a severe and significant level of harm in this situation? It will help to discuss this with senior colleagues and your manager. You can also look at the example and use/adapt that as a model.

1. Start typing here

If the carer(s) are struggling to provide the care this child/ren needs, why is this? What then needs to change?

Why are the parents struggling to give these children what they need? Why are they (if appropriate) harming them? Perhaps they are depressed and then struggling to give the children the care and attention they need? Perhaps they are caught up in difficult thoughts and feelings because of their own experience of abuse and trauma so they can’t function as they need to? Perhaps they drink or use drugs (maybe to block out difficult thoughts) and this stops them from being able to do what they need to? Or it could be that mental health, domestic abuse, poverty, struggling with having lots of children or children with additional needs and little social support, or housing difficulties are making thing hard for them. The better we understand what parents are struggling with, the better plans we can make that are actually likely to bring about change. So, set out why they are struggling. Then set out the areas that need to change (don’t be specific about what services etc. yet – that will be covered later). You can also look at the example and use/adapt that as a model. [See the example here.](#WhyGapEG)

1. Start typing here

Capacity of parents to change

How likely do you think the parents are to be able to change in the near future? Look at the assessing capacity to change tool in the SWET Resource File (see above) to help you. Especially discuss here the history (how long things have been going on for), how they have worked with agencies now and in the past, and how far they agree there is a problem – these are all key indicators of change being likely or not. Given all of this, tell us how likely you think it is that these parents can change within this child’s timescales. You can also look at the example and use/adapt that as a model. [See the example here.](#CapChangeEG)

1. Start typing here

How far the gaps in parenting can be plugged by wider family or other services

Who else (especially wider family/friends), or what other services, could potentially step in to do what the parents aren’t able to? What have you tried and what could you try? How likely do you think these things are to make things better in a sustainable way? How far then can the gap be plugged realistically – is it likely, possible, or unlikely? Write a paragraph setting this out. [You can also look at the example and use/adapt that as a model.](#PluggedEG)

1. Start typing here

Conclusion and recommendations

Pull it all together here. Summarise from the above:

* What is the harm and level of harm you have found?
* Why is it happening?
* How lively is it that these parents can change?
* How far can services or the wider family can step in to plug the gaps/make the situation acceptable and/or better?

Given all you’ve just written, how likely do you think harm is then to keep on happening? How serious will this harm be?

Acknowledge what you don’t know and if there are different ways of looking at the situation say what these are. Also record what else needs to happen to gather more information or to test things out. You can also look at the example and use/adapt that as a model.

1. Start typing here

Given what you’ve said in your summary above, exactly what then needs to happen? Plans are more likely to work if parents are offered different choices of addressing the problems, so outline the possibilities, or if the parent has chosen the thing they think will be most likely to help/they are most willing to accept, say what’s been chosen/agreed. Tell the reader what needs to happen to actually address the problems, given what you’ve said above. If you’ve agreed with the parents their actions, be clear who is doing what, by when, and how this will help. If you haven’t, outline when you will discuss the options with them. In terms of other actions not being done by the parents, again be totally clear who needs to do what, and how this will help. [See the example here.](#ConcEG)

If you need more information, say what you need and why and how you can get this e.g. specialist assessments. Think about addressing the underlying reasons why the parents are struggling. Think about what wider family can offer and any viability assessments you may need, or assessments of others. If the children need to live elsewhere, say so, and why you think this – and also say what the parents need to try and do to sort things out.

Then tell us what statutory framework this work can happen under, e.g.:

* a strategy meeting should be held to consider Child Protection due to the level of worry OR
* this work should continue under a Child Protection Plan due to the level of worry OR
* this work should take under pre-proceedings to give the parents a final chance to make the changes they need to, and so they can have legal advice and it can be make completely clear to then what they need to do to avoid the local authority considering asking a court if the children need to be cared for by someone else OR
* urgent legal advice should be sought because the situation is so worrying that a court need to be asked to agree to the children living elsewhere as soon as possible.

To help you think about threshold where harm becomes “significant” and the threshold you need to meet to seek removal of a child, click [here.](#Threshold) You can also look at the example and use/adapt that as a model.

Depending on the circumstances, you may need to include a contingency plan here setting out what will need to happen if things get more serious. [See the example here.](#ConcEG)

1. Start typing here

Social worker’s signature and date

Team manager’s comments

Team manager’s signature and date

Example sections – delete before submitting

Why I wrote this report

Freya, Megan, Liam and Arthur have had social workers since 2009. They have been on a child protection plan since September 2022. We have been worried about them seeing and hearing violence for a long time. We have also been worried that you have been using drugs and drinking heavily for a long time. We have also been worried about you feeling very down and scared. Because of this, I think you have found it hard to give your children the care and attention they need. Things seem to have got worse recently too. The children have seen a lot of violence and you seem to have been drunk around the children a lot. My manager was very worried about the children so asked me to write this report about what’s going on and to say what I think should happen next.

Things I think are going well

* The house is clean whenever I have visited.
* The children are healthy and clean.
* The children get the food and clothes they need.
* The children all say they love you.

Things I am worried about

* The children have seen violence between you and some of your partners for years.
* There has been violence between you and Evan (your current partner) for years too. The children have said this is scary and they don’t like it and they have been hurt.
* I think the awful things that happened to you in the past make things hard for you now. I know you feel depressed and anxious a lot. That means you have not been able to give the children the care and attention they need quite often.
* You have also been drunk and used drugs around the children for years and I think you are using drugs a lot now. I think the drink and drugs may help you feel better sometimes but you can’t safely look after the children when you use drugs or are drunk. I’m also worried the children may take the drugs left lying around by mistake and become really ill or die.

What I think this means for Freya, Megan, Liam and Arthur

* The children are being seriously harmed by what’s going on.
* I’m worried that things won’t change because the situation has gone on for so long.

What I think needs to happen next

* I need to talk to a senior manager about what should happen next. My view is that we should start a process called “pre-proceedings”. This means we will try and support you to change with one last chance.
* If you can’t change, we might ask a court to say if children should live somewhere else where they will be safe.

I know this is difficult to read. Please ask me any questions you have or you may want to talk to the Family Rights Group who are a charity who can give you advice. You can look on their website (frg.org.uk) or ring them on 0808 801 0366.

[Click here to return to the assessment](#WhyIWroteThisReport)

Example – Background, current situation and profiles of the children

This assessment is about 4 children. Freya was born to Rachel and Jonathan Armstrong. She was born in Dudley and is of White UK and Black Caribbean ethnicity. She lived with her mother and father from birth until she was 3 years old and since then with her mother and/or with her mother and her mother’s partners as outlined below. She is now 17. She is very chatty and sociable and enjoys going out with her friends and her boyfriend. She does not have any additional needs. Freya sees her father occasionally.

Megan and Liam were born to Rachel and Brian Abrahams. They were also born in Dudley and are of White UK ethnicity. Megan is now 11 years old. Megan is quite shy and can come across as very introverted. She likes to spend time on her own playing computer games, for example Roblox.

Liam is now 8 years old. Liam can be a chatty child who loves to watch and play football and is a very keen supporter of Dudley Football Club. Liam and Megan lived with their mother and father until Megan was about 6 and Liam was about 3 and have lived with their mother/their mother and others partners since, seeing their father every other weekend. They do not have any additional needs.

Arthur was born to Rachel and Evan Reynolds. He was born in Dudley and is of White UK ethnicity and he will be 2 years old in June. He has mainly lived with both parents together although at times Evan has moved out and lived elsewhere. He does not have any additional needs.

In terms of background, this family have been known to Dudley Children’s Services since 2009 due to concerns about violence in the home. It is not clear from the reports we have about this if the violence has been from her partners to Rachel and formed part of a pattern of control, or if arguments between Rachel and her partners have become violent. There have been reports of both Rachel and her partners starting fights and assaulting each other. When I have spoken to Rachel about her relationships there are a few signs of control and coercion, but these have been as much from her as directed to her. Most of the reports of violence in the home seem to have stemmed from Rachel and her partner drinking heavily and then getting into an argument which became violent.

These are outlined in the chronology, but in summary in 2009 there was reports of violence between Rachel and Jon Gough and concerns about Rachel using cocaine. There were further reports of violence in the home in 2010 with David Johnstone and worries about neglect and drug use. In 2016 concerns were raised about Rachel’s cocaine use but this was not taken any further as it seemed the children seemed to be cared for by their fathers when she used drugs (on the weekend she said). In 2017 CGL (a drug and alcohol agency) reported concerns around Jonathan’s alcohol use (Freya did not live with him so this was not taken further).

Rachel began a relationship with Evan around 2017. The police have told us about 6 police logs during this time between them. In half of these logs, Evan was noted as the victim and in half, Rachel was recorded as the victim. From their own accounts and from what they have told the police, it seems likely that this violence goes both ways at least at times although there is little concrete proof of what has happened as allegations and counter-allegations have been made and both have been seen with injuries after altercations. The relationship appears to have been on-off at times, but generally they have remained as a partnership for most of the time. In 2020 Rachel reported controlling behaviour from Evan to the police which she said had been happening for 3-4 years and had been significant. She said she had ended this relationship.

In June 2021 a family support worker was allocated as Freya said Rachel had hit her, although Rachel withdrew consent for this work so it did not take place. In January 2022 Evan alleged Rachel had assaulted him. In April 2022 there was a violent altercation between Rachel and Evan which Rachel said happened while Rachel was holding Arthur, and Freya was hurt in crossfire.

Evan has three police convictions: a reprimand for possessing cannabis in 2010, battery in 2014 and a conviction in Greece for criminal damage in 2017.

The family is now open to Dudley Children’s Services with the children on child protection plans due to the parents’ toxic relationship. In May 2022 we had an anonymous referral around Evan and Rachel drinking, using drugs, and attacking each other. Originally both parents had the ability to track where the other was at all times on their mobile phones and both appeared to be trying to exercise control over the other. Rachel has mental health issues and suffers from anxiety and depression and took an overdose in September 2022.

On 16th December 2022 Rachel said Evan had grabbed her by the neck and face while she was holding Arthur. On 17th December 2022 the police were told Rachel assaulted Evan by hitting him in the head (this seems to have been with a phone) and this seems to have been a planned assault. He then punched her in the leg. She later packed his things up and threw them out of the window. Rachel again said they had split up. Rachel had a bruise on her leg and neck, and there was bruising to Evan’s face and head. Rachel does not come across to me as scared of Evan at all. Both when I speak to her in person and when I have spoken to her on the phone when Evan has been in the background, she will use insulting words about him, seems to mock him and call him names and will say derogatory things about him at times.

Rachel again said they had split up and Evan had moved out but by February 2023 it was clear that Evan remained in the home and was always present on unannounced visits by professionals as outlined in the chronology. This assessment was started at that point due to the concern about violence between the parents, given the history and the incidents in December and because Rachel does not agree with the extent of risk to the children or the impact on them of seeing violence and conflict which seems to have been a regular feature of their lives since around 2017 and little work has been undertaken any work to address this by Rachel or Evan.

We are also worried Rachel may be using drugs and drinking heavily and about neglect. Rachel has disclosed drug use since she was 13 years old and this has been a repeated concern for many years, as outlined in the chronology. She tested positive for cocaine use in her most recent pregnancy. She said this was because she had chewed on a cigarette lighter at a party but had not used cocaine herself.

On 20th February 2023 I spoke with both Brian and Evan as they were concerned about Rachel. Brian has said that he is concerned about the children as Rachel had called him at 3am saying she couldn’t sleep and that she could hear people in her house and she was sure there were voices in her head telling her what to do. He is also worried that she is not giving the children the care she needs. Megan and Liam were with him at this time.

I also spoke to Evan that day. He told me that he had taken Arthur away from Rachel as Rachel was “comatose” due to drug use. He told me that the house was “littered” and that previously a drug dealer has turned up at the door previously saying Rachel owes them money. He also accessed her phone while she wasn’t conscious and took some screenshots of messages she had sent and received. He has shown me these messages. They stated that “I have a fag and sniff” (sniff being a street name for cocaine); another said she was stuck at traffic lights but had a bra “full of bags” (and this was sent to Freya’s friend who was looking after Arthur at that time); and another said “Day 5 in the Big Brother House” which likely indicates she had been awake for five days. Evan also told me that there was “white powder” on the table when he took Arthur. I visited that day at around 5pm but there was no answer although when I telephoned Rachel she answered and briefly spoke to me to tell me should could not speak at that time and then she ended the call.

As the younger children were not in the house at the time and given Freya’s age and the fact she often stays elsewhere when things are difficult at home (and will contact me generally if things are difficult at home and her younger siblings are present) and that we knew Rachel was conscious, no further action was taken. Rachel contacted both fathers two days later to ask for the children to be returned to her care. Both of them returned the children without informing me and I found out the next day. When I visited the house was cluttered but not unsafe, and I did not see any drugs or drug equipment. Rachel told me she had “just needed a break” and that the fathers had made up their concerns.

Given all they have experienced, as I will outline below, all of the children are now likely to need a higher level of emotional attunement and stability then other children of their ages would so they can catch up and recover from what they have experienced. It therefore seems likely that these children will require a higher level of parenting capacity compared to other children of their ages to ensure their needs are met moving forward.

[Click here to return to the assessment](#Bgandcurrentsitu)

Example – profile of the parents

Rachel was born in Dudley. She is of White British ethnicity. She lived with her mother and father until she was 2 years old when her father went to prison for two years. He was in and out of prison and she has been told that he hit her mother regularly, although she has no direct memory of this. Her father was also a lorry driver so spent long times away from home. When she was 5 he moved away to Greece, having returned from prison to live with them for about a year. She has also been told that he drank alcohol heavily when he lived with them although again has no direct memory of this.

Rachel has not wanted to speak to me much about her childhood but has said she had some positive experiences. She was not able to give me any concrete examples of these when I asked about these. She said she also spent time with her maternal grandparents who she was close to. The only bad experience she has spoken to me about was her mother “doing something” which meant that her mother lost all her friends and then moved away. She has not shared with me what her mother did. She has told me that she was always provided for materially but that her mother was not very emotionally close or supportive when she was a child. Rachel told me she was “very naughty” in school and said that she was “a nightmare” in her early teens, as she avoided school and stole and was in trouble with the police.

When she was 13 years old she had a 16 year old boyfriend who went to prison a few months into their relationship. Her mother took her to visit him there. She says that she became pregnant by him around this time and her mother took her for an abortion. She has said she first took cocaine when she was 15 years old.

When she was 15 she started a relationship with Jonathan, who was 20. He is the father of Freya. She has told me that Freya was her second pregnancy with Jonathan. I do not know how the previous pregnancy ended and Rachel has not wanted to discuss this. She became pregnant with Freya at 17. Rachel left Jonathan when she was around 20 and has said that this was because she didn’t love him anymore.

From age 20 to 24 Rachel said she was a “nightmare again”. She took drugs, left her job, drank and was in violent relationships. As I have described before, Rachel has not indicated she was controlled in these relationships, but it seems that drinking with her partners led to arguments at times, which sometimes became physical.

She met Brian Abrahams when she was 24. She stayed with him for 7 years and had Megan and Liam with him. She said she would still go out and party, but that it was a more settled time. She said there were no significant arguments between them although she said she was drinking a lot of alcohol (1-2 bottles of wine a night) at the time. She has told me that she began working in a pub and in February 2017 she met Evan there.

She saw both Brian and Evan for a period then left Brian entirely in August 2017. As set out in this assessment, she says the relationship with Evan has been violent throughout.

Rachel has not been able to tell me when her mental health issues started, why, or when these were diagnosed. She appears to have had no significant input to help her and has told me she is not interested in looking into this. She has told me that she still drinks and takes cocaine socially on weekends if she is not caring for the children. As set out above, Rachel has had very limited support around her drug use and has told me she does not think this is a problem and has said she does not want any support.

Jonathan currently has sporadic contact with Freya and will see her a few times a year for an hour or two at a time. In September 2022 he had a series of heart attacks. He is currently not in a position to offer to care for Freya.

Brian has been part of the child protection planning process and has attended meetings. He has said he feels the children are unsafe at home with Evan living there. He has been encouraged to exercise his parental responsibility or to help make the situation safe but has not done this. I am not clear why this is but it may be the case that he reconsiders his position if Dudley Children’s Services escalates this matter, although he has not confirmed this to me and has said that he cannot provide any support to Rachel or any more care to his children apart from some weekends.

I have set out elsewhere Evan’s criminal history and the history of his relationship with Rachel. Evan has generally refused to speak with social workers and my contact with him has been very limited. Rachel has told me that he currently works as an electrician and lives with his mother, although as set out above, we know that he also lives with Rachel at times. As he has not worked with me or responded to my attempts to complete an assessment, I have not been able to meaningfully assess his parenting in this assessment.

[Click here to return to the assessment.](#Parentprofile)

Examples – domain of parenting capacity

Basic care example: Generally, this is an area of strength for Rachel. The children have suitable housing, food and clothing. They are taken for medical attention when they need to be. Their needs appear met in this area. [Click here to return to the assessment.](#Basiccare)

Ensuring safety example: As set out above and in the chronology, the children have both witnessed violence and have been caught in the crossfire of violence for many years. In the last 4 years, Rachel and Evan have both said they have been victims of domestic violence. Both parents exercise a large degree of control over each other, including tracking each other by an app, and calling each other very regularly. For example, on the only occasion when I spoke to Evan in person, this was for about 30 minutes and he had 14 missed calls on his phone in this time from Rachel. When I visited Rachel, I saw similar behaviour from Evan. Rachel has said she has been seriously assaulted whilst holding Arthur and on another occasion Freya has been caught in the crossfire of parental violence. I have also seen a photo of serious bruising to Evan’s face and head which he says was caused by Rachel. It seems that Rachel and Evan also have verbal conflict including name calling, shouting and physical fights very frequently indeed.

The situation makes the children feel scared and they have all told me that they feel uncomfortable, upset and angry when Rachel and Evan are shouting at each other and name calling. They have been hurt in the crossfire and are at serious risk of severe injury when Rachel and Evan physically fight.

In terms of online safety, I am worried that Rachel does not monitor what her children are doing on the internet. There is a risk of them being groomed or harmed by others on the internet if they are not supervised appropriately.

I am also worried about the allegations and screenshots Evan has shared with me about drug use. If Rachel is continuing to use drugs heavily, this will mean she is not able to keep her children safe, that if drug dealers are coming to her door the chances of the children being around violence is much higher, and if cocaine was on her table with Arthur in the house, he could have ingested this and been seriously injured or died as he is old enough to be mobile but not old enough to know what this is or to avoid it. I am also concerned that when Rachel is mentally unwell, she would not be able to meet her children’s needs. [Click here to return to the assessment.](#EnsuringSafety)

Emotional warmth example: I have seen very little emotional warmth from Rachel towards Freya. I have seen Rachel be very critical towards Freya, which Freya has also told me about. Megan and Liam receive appropriate emotional warmth from what I have seen and from what they tell me. Rachel presents as very protective indeed of Arthur, and I have sometimes wondered if she is scared of Evan criticising her or of him being angry if Arthur is hurt or distressed. As I have set out above, the children at times do not have a secure and stable home life due to the level of arguments. Freya can feel like she is not wanted or loved and this will have a significant impact on her self-esteem and identity. I have outlined the impact of the domestic violence above for the children. [Click here to return to the assessment.](#EmotWarmth)

Stimulation example: Megan has 85% school attendance and Liam has 81%. Freya is currently not in education, employment or training. Freya has said she was worried about her mother being assaulted by Evan and felt if she stayed at home with her mother more, her mother was less likely to resume a relationship with Evan, including as Freya would be able to give her mother some practical support. Freya worked over Christmas in a shop. In general, Freya either stays at home or at her cousin’s home. Outside of school Liam attends football training on weekends. Megan and Liam spend every other weekend with their father doing activities including watching football at the pub. Arthur is taken to swimming and football activities in the week. Liam and Megan spend time at home mainly on their computers. I am worried about Freya’s stimulation and the impact on her of not being in education, training or employment but the other children appear reasonably well stimulated. [Click here to return to the assessment.](#Stim)

Guidance and boundaries example: In terms of role modelling, the children have seen regular violence and verbal abuse for the last 4-5 years, and for Freya, also historically. The adults around them have not role modelled emotional control or positive interactions with others. There are no significant issues in terms of the children’s behaviour at present, although I am aware this may well become a concern in future given what they have witnessed from those around them. [Click here to return to the assessment.](#GsBs)

Stability example: The children have experienced fairly significant instability in terms of Evan being in or leaving the home. They have lived in their current home for over 4 years. There appears little set routine in the home, which may contribute to the poor school attendance. Rachel’s drug use, the violence and her mental health will also impact on her ability to provide stability for her children, and this lack of stability will likely be distressing for them. [Click here to return to the assessment.](#Stability)

Parents’ views example: Rachel recognises there is at least some issue with her children being around violence. She has told me that the children “might” feel frightened, but she will only say this shortly after an incident. A while later, she will tell me that there is not an issue and that she is not frightened and she will fight back when Evan attacks her or that she has attacked him at times when he’s annoyed her. I have only been able to talk to Evan once about this. He did not agree that he is violent but later in the conversation agreed there is violence and told me that they are “as bad as each other” and both can “start on” each other.

Rachel said she would work with a Family Support Worker around this issues but has not attended any of her appointments apart from one so this work has not been effective. The Family Support Worker has told me that Rachel has some insight into domestic abuse and the impact on children in theory, but struggles to talk about this in her own situation.

Rachel and Evan have twice agreed to safety plans (at the Initial Child Protection Conference in September 2022 and then again after the incident in December 2022) but have both times not stuck to these. As it stands, Evan was staying in the home recently, although Rachel will say he doesn’t “live” there.

Rachel has been allocated a drugs worker for the first time. She has told me she does not agree that she needs help in this area as she says that she takes cocaine regularly when she is not caring for the children only but I am not convinced this is really the case. So far, she has attended one appointment and missed one appointment.

Rachel does not agree that she needs help with her mental health and has not agreed to work with any support services around this.

[Click here to return to the assessment.](#ParentingCapacityParents)

**Examples – domain of family and environmental factors**

Family History and Functioning example:

I have spent time exploring Sharon’s experience of being parented as research is clear that if someone is struggling to care for their own child, their struggles may well be rooted in their own experience of being parented and/or trauma that they have experienced since that time, either of which they may not have been able to deal with effectively.[[1]](#footnote-1)

For children who did not receive good parenting, it is important to note that a parent’s own history of being parented does not automatically determine the caregiving a parent will provide themselves. We know that many abused children become outstanding care-givers themselves.

Instead, it is the meaning of someone’s history to them and how that history impacts on the parenting they now give, or are likely to give, that is important. For example, if parents have been able to reflect on the caregiving they received or the trauma they experienced, have been able to resolve their experiences, have been able to develop an awareness of the impact their history had on them and have determined to do things differently themselves, and have developed a sense they can control their world and behaviour, these are all positive signs that someone may well be able to provide good parenting despite their history.

At the same time, if a parent remains caught up in difficult feelings, cannot acknowledge complex emotions when considering their past, cannot provide a clear account of their childhood with no significant gaps, cannot show a level of nuanced reflection including on the motives of others, and have been unable to form a positive schema of what good enough parenting looks like and how the parenting they received was deficient, these are signs for concern and that there may be struggles in providing good parenting.[[2]](#footnote-2)

I have set out Rachel’s history previously and much is unknown about her childhood. It is clear that until her father left home at age 5, she experienced serious domestic abuse directed to her mother and him drinking heavily. As I have discussed with Rachel, I’m concerned that whilst she said had some positive experiences in her childhood, that she has not said it was a good experience in general, and that she has not been able to give me any concrete examples of what these positive experiences were. I am also somewhat worried that she has not been willing (or perhaps able) to discuss her childhood with me in any detail. She has also spoken about her mother “doing something” but has not shared with me what this was. She has been clear her mother was not emotionally close or supportive; that she was “very naughty” in school; that she was in trouble with school and the police in her teenage years; that she became pregnant at around 14 with an older boyfriend who was in prison; and she began to use cocaine when she was 15. I am not clear of the circumstances but it seems Freya was her third pregnancy and her first child at age 15 by a 20 year old man. Her mother moved to Spain when she was 17.

Rachel was in general not able to tell me clear account of her childhood which, given what we do know, may well be a sign that she experienced serious childhood trauma. She clearly understood that the parenting she received had not been acceptable but she was not able to understand the impact her parenting had had on her own parenting or on her functioning in general. Rachel’s experiences in her teenage years would have been very traumatic and damaging indeed as they included multiple pregnancies in a very short space of time, repeated exploitation by older men, drug use (potentially to cope with what must have been very difficult feelings), trouble with the police (which would have been terrifying for a child) and her mother abandoning her at age 17.

During our conversation about her history, Rachel presented a range of emotions including frustration, anger, sadness, and defiance. She seemed quite caught up in these emotions still. Rachel also showed a degree of hopelessness, and a level of belief that she was unable to change. When we discussed counselling, she was clear that she did not see a need for this and didn’t feel she needed it. I was not able to help her think about any links between the serious trauma she has experienced and her current struggles.

Overall, it is clear that Rachel has suffered serious trauma and harm. She had very poor early experiences before her father left home, and her poor experience very likely continued after this point. She does not seem to have been protected and set healthy boundaries or helped to learn positive behaviour and emotions by her own mother, and Rachel was severely exploited by older men in her teenage years and her behaviour from that time onwards is very likely linked to her home experiences. It would not be reasonable to expect anyone to go through what Rachel has without it seriously impacting them.

I do not think Rachel has had the opportunity to develop a helpful model of what good parenting looks like either from her own experiences as a child or since this time. Furthermore, as Rachel does not seem to have been helped or supported to deal with and move on from her very abusive history, it is reasonable to expect this to have significant impact on her current behaviour and parenting (as it would for anyone who has experienced what she has). I wonder about the link between Rachel’s history, and her current drug use and alcohol use, and a potential link between her history and her experience of anxiety and depression. I am also aware there may be a link between Rachel’s mental health issues and her drug and alcohol use as she may use this to help her cope with her difficult thoughts and emotions.

The impact Rachel’s history has had on her would therefore serve to raise the risk level in this situation. I regret that I have not been able to help Rachel develop insight into this or help her to consider accepting help to overcome some of her challenges as I think this would really help her. At the same time, I can see that her experiences have been so hurtful, damaging and upsetting that this would be a very frightening thing to do for anyone. [Click here to return to the assessment.](#FamHistory)

Wider Family example: Rachel’s mother lives in Spain. She visits three or four times a year and stays for a couple of weeks. She will spend time with Rachel and the children when she is in the UK and will help financially and practically when she is here. The children are positive about her. Rachel has been reluctant to speak to me about how she feels about her mother which may suggest their relationship is not very positive. Rachel’s half-sister provides some babysitting at times and she lives locally, and a neighbour is also supportive. Rachel’s father has remained in Greece. Rachel has some support therefore, but this is limited. I have set out Rachel’s relationship with Evan previously, but this is clearly a source of stress and risk as much as it may be a source of support and he does not appear to play much of a role in caring for the children. Whilst Megan and Liam see their father Brian every other weekend, his role in their lives and support does not seem to extend beyond this and he has been clear he does not want to or does not feel able to play a bigger part in their lives or provide support to Rachel. Freya’s father Jonathan Armstrong, as set out before, does not offer any support. [Click here to return to the assessment.](#WiderFam)

Housing example: The house is suitable for the needs of the family and is not in poor repair or particularly overcrowded. It has four bedrooms. Megan, Liam and Freya all have their own rooms and Arthur shares a room with Rachel. When the situation went to Child Protection Conference initially concerns were raised about the housing being cluttered but this has not been a significant concern since this time. The house has reasonable space for the children to play and has the equipment needed for cooking, washing and cleaning etc. [Click here to return to the assessment.](#Hsg)

Employment example: Rachel is employed as a checkout assistant in a supermarket. She works around 16 hours a week and has returned to work recently. Freya mainly cares for Arthur whilst Rachel is at work, which is a concern as it further prevents Freya from attending college or training. Recently, it seems Evan has cared for Arthur whilst she has been at work. At the same time, while working means Rachel has less time to care for the children, she talked positively about the meaning of work for her, and that she enjoys being around other people and it helps her feel more confident and her mental health improve. It also brings more money into the household (the importance of this is set out below). The impact of Rachel’s work is therefore mixed as it presents childcare issues but likely helps Rachel’s parenting in other ways. [Click here to return to the assessment.](#Emp)

Finances example: Bringing up children with little money and constant financial worries is harder than doing so in a family where there is plenty of money and comfortable surroundings and finances impact on parenting and on children in Iots of different ways. Major reviews (e.g. Bywaters, P. et al, 2022, The Relationship Between Poverty and Child Abuse and Neglect: New Evidence. Nuffield Foundation) of children’s social care in England have shown that poverty is a key driver of harm to children. The evidence is clear that the greater the financial hardship a family is suffering, the greater the likelihood and severity of child abuse and/or neglect for children living in these families. So, while living on a low income does not cause child abuse and many parents on low incomes do not abuse their children (just as many parents on high incomes do), it makes abuse and/or neglect more likely to come about. Click here to return to the assessment.

Because Rachel works, this family have more money available to them in theory than many other families do in their area. Whilst the children appear to have their material needs met, Rachel is in quite a lot of debt and it is not clear how this debt has been accrued, although we are concerned that this may be to do with drug use. Financial strain will cause her a level of stress which will impact on her parenting capacity and on the care the children receive and on tensions in the home. It also means she has less money to buy services (like babysitting) which would help the family and will likely result in poorer physical and mental health for her. [Click here to return to the assessment.](#Fin)

Family’s social integration and community resources example: The family live in Pennsfield, an area of Dudley with a number of local facilities, community resources and with fairly good transport connections. The children all attend school locally. Rachel has a decent knowledge of the services in her area and makes use of health and education services but the children do not go to any clubs etc. which would likely benefit them. Rachel has not reported suffering any bullying or abuse in the area. The area has a fairly high crime rate and rate of deprivation which may impact on the family’s feelings of safety, opportunities (for example for getting a job or a higher paid job or accessing help and support for free for people living in the area which would help them). The family can access the internet on Rachel and Freya’s phones so they have a level of digital inclusion which helps them to access services and information. [Click here to return to the assessment.](#SocInteg)

Parent/s understanding and acceptance of worries/concerns identified within the domain of wider family and environmental factors example: Whilst there are positives around housing and employment, there are a number of serious issues impacting on Rachel’s parenting capacity. These appear to be that she likely has not been able to develop a helpful model of what good parenting looks like; the impact on her of significant trauma and abuse (including the potential link to her mental health and drug use); a lack of wider family support; strained finances; and her relationship with Evan which is a source of stress and conflict. Rachel has said she does not agree that she needs support to change these underlying issues which make parenting more challenging for her and she has not engaged meaningfully with any support as outlined earlier in the assessment. [Click here to return to the assessment.](#WiderEnvPs)

Examples – domain of child’s needs

Health example:

Freya seems generally healthy and her physical development is age appropriate. She is registered with a GP, optician and dentist and she is taken when she needs to go. She has been taken to A&E twice when she was younger, both due to normal childhood illnesses/accidents. Rachel has made attempts to encourage Freya to use some form of protection when she has sex. Freya states that she does but Rachel says she does not think this is the case. The children’s diet seems generally appropriate although it seems Freya cooks quite a lot for her younger siblings when her mother is not able to or does not. Freya has told me she does not like exercising so does not exercise beyond walking to get places. Freya has previously struggled with her emotional wellbeing and has said she has felt very anxious. She was referred to telephone counselling, which she felt did not help due to it being over the phone. I am worried about Freya’s mental health as she can still appear anxious at times and has told me she does not want to talk about this. I am concerned that her anxiety may well be an understandable reaction to the scary life she has experienced at home. [Click here to return to the assessment.](#Health)

Education example: Freya is not currently in education or employment. She left school a few months ago having had poor attendance for a number of years. She gained three GCSEs and her attainment was far lower than her school have reported she was capable of (they have reported that she did not have any additional educational needs). Rachel missed most appointments the school sent her and they have reported she rarely attended parent’s evening. Freya has told me that she would like to join the police on day, but she has no concrete plans for this. Freya does not take part in any formal hobbies or attends any clubs. She spends most of her time with her friends or watching TV. I am concerned both about Freya’s educational achievement to date and her future plans, and what this means for her future life chances. [Click here to return to the assessment.](#Edu)

Emotional and behavioural development example: As set out previously, Freya can be defiant and aggressive towards her mother and this appears more common when Freya sees her mother and Evan arguing and fighting. Freya appears to have lots of friendships and is very outgoing and socially skilled. Freya has been very polite with me and has related to me in an appropriate way for her age and stage of development. Freya has in the past responded to stress both by shouting or at times by self-harming, although she has not wanted to discuss this with me and I don’t know if this is a current concern. [Click here to return to the assessment.](#Emot)

Identity example: Freya is a 17-year-old white British female. Freya worries a lot about her mother and her siblings and feels as though she has to protect them. Freya is a very chatty, bubbly, and outgoing. Freya sees herself as needing to take on adult responsibility to ensure that her mother and siblings are OK. It appears that Freya does not know where she fits into her father’s life, but wants to build on the relationship with him. Freya told me that she does not have a religion and does not have any questions or worries about her sexuality. When I asked her to describe herself, she chose the words, “Loud, kind and fun”. Freya has told me that she has several friends who she feels she is close to. I asked Freya who she thinks loves her, and she told me she thinks her mother does, but that “it’s hard for her”. [Click here to return to the assessment.](#ID)

Family and social relationships example: I have set out Freya’s relationship to her father and her friends above. The relationship between Rachel and Freya can sometimes appear strained. Freya feels this is because her mother’s relationship with Evan and is not sure how much her mother really cares about her. Rachel feels that Freya does not always help around the house. Both have been observed to make comments towards each other that are not very nice. Freya feels protective over her siblings and has said that she does not want them to witness what she has previously in terms of violence and drug use. Freya has a good relationship with her maternal grandmother. Freya seems quite a thoughtful young person and has shown me an ability to reflect on the priorities and motivations of others and she seems to have a strong ability for empathy. [Click here to return to the assessment.](#FamSoc)

Social presentation example: Freya is always clean and well dressed in appropriate clothing and she seems to take pride in her appearance. She is very aware of how people can judge others based on how they look. Freya seems to show an awareness of how she comes across to others as she shows maturity in how she is able to present herself differently to me, to her friends, and in the past to teachers. [Click here to return to the assessment.](#SocPres)

Self-care skills example: Freya has age-appropriate self-care skills. She is able to take care of her own clothing and personal hygiene. She can travel independently by public transport and she can cook basic meals. In a way, Freya’s self-care skills are more developed than I would expect for her age and stage, perhaps due to feeling she had to care for her younger siblings from a young age. Freya also has quite advanced communication skills. [Click here to return to the assessment.](#SelfCare)

Analysis of parent’s understanding and acceptance of worries/concerns identified for the domain of child development needs example: Rachel has taken on board some of the concerns outlined above. She accepts that Freya can feel anxious and that their relationship can be strained. Rachel did not seem to agree with my concerns about Freya’s education. In general, Rachel shows limited insight into the emotional impact or difficulties that the children could be facing or may face later on in life due to what’s going on at home. [Click here to return to the assessment.](#ChildsNeedsPs)

Child’s wishes and feelings example: I have spoken to Freya at home with her siblings, at home alone, in a local café and on walks and drives. I have spoken to her about 15 times. Freya feels that her mother deserves to be treated better and has reflected that she does not feel it is fair for her and her siblings to witness violence or verbal abuse. Freya shared that she just wanted to ensure her siblings were safe but doesn’t know how this should happen. Freya worries that things will not change. In terms of her mother’s alcohol and drug use, Freya has previously shared that she has witnessed this. She is not currently working or in school so generally spends a lot of her time at friends or family members houses, particularly if Evan is staying in the home. Freya is more likely to spend time at home if Evan is not present as she says she doesn’t want to be around the shouting and violence. She has no set routine and can go to bed late and get up late. [Click here to return to the assessment.](#WsFs)

**Analysis section examples**

What’s going well example - There are several things going well in this situation. The children are all healthy, the younger children have not developed any significant behaviour issues, the children have the food, housing and clothing they need and the children all say they love their mother. They are developing self-care skills and they are always polite and well mannered. They have good relationships with their maternal grandmother, when they see her, and there is some positive contact with their fathers. The children seem to get on well and Rachel has made some contact with CGL (a drug and alcohol agency). [Click here to return to the assessment.](#GoingWell)

What I am worried about example – At the same time, I have a number of significant worries which are impacting on the children as I will outline later.

Firstly, Rachel struggles with her mental health. She appears to experience a fairly constant level of anxiety and depression which makes parenting hard for her. This appears to have been the case for many years and can be very serious, for example recently resulting in her taking an overdose. She is more unwell at times than others. She was recently prescribed medication but she is not taking this.

Rachel also has used drugs and drunk alcohol for many years. This appears to be more a problem at some times than others, but reports of her being drunk or using drugs while caring for the children seem quite common so I suspect her drug use is frequent and potentially a few times a week or more. Drug and alcohol testing would give us more information about this. The concerns, photos and screenshots Evan has shared with me are really worrying and indicate heavy drug use and/or drug dealing. As set out above, Rachel’s cannot tell me where much of her money goes and she regularly borrows money from her mother which again may indicate drug use.

The relationship between Rachel and Evan is violent and regularly results in shouting and fighting. The violence is frequent, with breaks from this when Evan and Rachel have short periods apart. The violence appears very serious, with arguments being very violent and lasting a significant period of time. This has been going on for five years but seems to have got more frequent and more serious in recent weeks, including two episodes that happened while Rachel was holding Arthur and one where Freya was hurt in the cross fire and Rachel recently reporting she was strangled while holding Arthur. She then assaulted Evan and said her relationship had ended, but this has now recommenced.

Rachel doesn’t agree with my worries and hasn’t made any real steps towards change. I’m also worried that drugs aren’t stored safely. I am also worried that because things have been like this for a long time for the children, so this experience of trauma and difficulty will make them more vulnerable than other children would be. I’m especially worried for Arthur. Due to his age, he is unable to move himself out of the way when things get violent and he could be seriously hurt. [Click here to return to the assessment.](#Worried)

Impact and seriousness of harm example

In terms of the impact of this situation, the children are really distressed, frightened, stressed and scared and could be hurt again 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 they do not get the care and attention they need when Rachel and Evan are focussed on their conflict rather than the children. This is having a significant emotional impact on them. The children have all spoken about feeling angry, upset and uncomfortable by the violence and conflict at home. Freya has been hurt and Arthur could have been very seriously hurt in the crossfire. Freya has stayed at home rather than go to college to try and protect her mother. I am seriously concerned about this issue due to Evan’s history of violence and because Rachel does not share my concerns and seems to have very little insight into them.

I am also worried that due to the drug and alcohol use the children may be caught up in violence when other users or dealers visit the home, are not being kept safe, and are not given being the care, stimulation and attention they need to learn and develop as they should, when Rachel is drinking alcohol or using drugs. The children have struggled in school and to make friends as they have not been taken on time each day and as there aren't regular times for getting up and going to bed. I am also worried that Rachel’s struggles mean she isn’t able to give the children the level of stimulation they need.

Research indicates that if this situation continues, it will have a severe impact on most areas of their life and 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, anti-social and angry and having low confidence and self-esteem and feeling unloved; 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 (due to low attendance, behaviour problems, worry, bullying due to being scruffy or smelly, and as their development generally may be behind) which will have a significant impact on their future career and life chances. Freya, Megan, Liam and Arthur may suffer serious health damage or injury (for example, as appointments are missed or they has more accidents if they aren’t given the supervision or safe home they need); and they may struggle to make relationships and bonds with others, experiencing separation, insecurity, guilt, resentment, rejection, anxiety and loss. Freya, Megan, Liam and Arthur are more likely to feel unloved, confused, powerless, unable to achieve, isolated and alone and to experience a more unstable, scary and confusing life and may also take on a considerable caring role. (Parkinson, K. (2021) Domestic abuse: lessons from research. London: Community Care Inform. DCSF (2010, 2018) Working Together to Safeguard Children. Nottingham: DCSF and London: DfE; Turney and Tanner (2005) Understanding and working with neglect, DfES, RiP, Making Research Count: Nottingham.; Taylor A & Flood S. (2020). The impact of parental substance use on child development: Frontline Briefing. Dartington: Research in Practice.)

Given that there are a number of worries in this situation (for example, domestic abuse, drug and alcohol use and mental health), that these worries seem to be present fairly constantly and have been so for a number of years, and due to the impact they have together on the children, the children seem to be to be suffering a severe and significant level of harm in this situation. [Click here to return to the assessment.](#ImpactSeriousness)

If the carer(s) are struggling to provide the care this child/ren needs, why is this? What then needs to change? example

I do not entirely know why Rachel is struggling. As I have set out, Rachel has experienced really serious trauma in her childhood which she does not seem to have been able to deal with or move on from. The trauma she has experience can not have had a serious impact on her, as it would have had on anyone. It is then very likely that this is impacting both on how she thinks and feels on a daily basis, but also means she may not have a positive model of what good parenting looks like.

It is not clear how much her trauma impacts on her mental health and/or how far she may be self-medicating via alcohol or drug use but this is entirely possible and potentially probable. Rachel’s experience of domestic abuse is also a trauma which will impact on them, although I am aware that the violence between Rachel and Evan seems to take place in both directions, as does the controlling behaviour. Rachel’s experience and behaviour also likely will be impacted by her own history. All of these things impact on Rachel’s ability to provide the care her children need, as does the absence of significant parenting support from the children’s fathers.

In terms of the areas that need to change, it seems that Rachel needs to be helped to address her own experience and trauma and the difficult thoughts and feelings this has left her with, to address her mental health (which will be related to the previous point), to be supported not to use drugs and alcohol (or at least to not use them problematically), and Rachel and Evan need to not argue and fight with the children being aware of this. Rachel may well benefit also from some parenting advice and support more broadly but she seems unlikely to take this on board without the other areas being addressed. Work needs to continue with Freya to help her explore her options for work or training and the children need to remain going to school every day and on time. I will explore how this may precisely happen later in this assessment. [Click here to return to the assessment.](#WhyGap)

Capacity of parents to change example

As I have outlined in this assessment, the harm to date has been severe and significant; the harm has happened frequently and for several years; Rachel has a very poor level of acceptance, insight and responsibility regarding the concerns I have identified; and her actual engagement with services that have tried to help her change has been limited. Rachel has been offered domestic violence work, parenting support, social support work, two safety plans, a family group conference, mental health medication and drug/alcohol work and has not worked with any of this support to date apart from meeting once with a drug and alcohol worker. Rachel has refused a Family Group Conference as she feels she does not want other family members involved and does not feel they can offer support. It is therefore my view that it seems very doubtful that Rachel can change within these children’s timescales. [Click here to return to the assessment.](#CapChange)

How far the gaps in parenting can be plugged by wider family or other services example

In terms of how far the gaps in parenting can be plugged by the wider family or other services, this is a difficult situation in terms of the violence as no individual or service would be able to prevent this from happening. In terms of the school attendance and boundary setting etc., Rachel has declined a family group conference. There are few family members who may be able to support, as outlined previously. Realistically, it is only Brian for Megan and Liam who would be able to regularly assist and he has not been able to help consistently outside of his family time weekends. Whilst Rachel’s mother Vanessa visits regularly, as she lives in Spain she realistically cannot step in to make the situation safe. Brian has been advised about his parental responsibility but is of the view that it is for Dudley Children’s Services to manage this situation rather than him. Evan has generally refused to speak with any social worker and has not undertaken any work. Jonathan has serious health issues and is not able to offer significant care. No service would be able to step in to make sure the children are stimulated, kept safe and provided with a good routine or got to school on time every day. [Click here to return to the assessment.](#Plugged)

Conclusion and recommendations example

In conclusion, I have shown that the children are currently suffering a severe and significant level of harm and it is doubtful that Rachel can change within a reasonable timescale for the children. It seems very unlikely that the issues can be addressed by wider family or other services.

Subsequently it seems very likely that there will be future similar harm (which would impact the children as outlined previously in this assessment).

It is therefore my recommendation that:

* Consideration is given to drug and alcohol testing so we know what support should be in place and in the meantime, Rachel should continue to see her CGL support worker weekly. This should help Rachel reduce and/or manage her drug and alcohol use. I will speak to my team manager about pursuing this within a week.
* Rachel needs to accept help around her mental health and to process her own trauma and difficult thoughts and feelings and reconsiders not taking her medication. I will discuss the options around this with Rachel within a week, but this may include her speaking to her GP around her mental health or accessing other talking therapy services.
* A family group conference takes place to address school attendance.
* Another safety plan is drawn up around Evan and Rachel being together around the children to make sure they do not see violence or conflict.
* Consideration is given to viability assessments of family members in case the children cannot live with Rachel as she has not agreed to Evan not staying and/or being in the home.
* Rachel engages with domestic violence work to help her think through her relationship patterns, the impact of this on children and to try and support her to change the situation and to stay safe in future. I will give Rachel a few options of different types of work and discuss with her what each one will involve, and Rachel will then be asked to choose which work to do and to complete that work.
* Freya is referred to a mentor to help her to explore her training and work options.

Given the seriousness of harm and the current situation it is my view that this work should take under pre-proceedings to give Rachel a final chance to make the changes she needs to, and she can have legal advice and it can be make completely clear to her what she needs to do to avoid Dudley Children’s Services considering asking a court if the children need to be cared for by someone else.

If change does not come about or the situation gets worse or there is one more violent incident, urgent legal advice should be considered to address whether or not the children can remain in Rachel’s care.

[Click here to return to the assessment.](#Conc)

**Significant harm threshold notes:**

Re: MA - The level of harm before it can be said to be “significant” must be “unusual” and, “at least something more than commonplace human failure or inadequacy.”

Re L: “Society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. It follows too that children will inevitably have both very different experiences of parenting and very unequal consequences flowing from it. It means that some children will experience disadvantage and harm, while others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity and it is not the provenance of the state to spare children all the consequences of defective parenting.”.

**Removal threshold notes:**

Y v United Kingdom (2012) 55 EHRR 33, [2012] 2 FLR 332, para 134: Family ties may only be severed in very exceptional circumstances and that everything must be done to preserve personal relations and, where appropriate, to 'rebuild' the family. It is not enough to show that a child could be placed in a more beneficial environment for his upbringing. However, where the maintenance of family ties would harm the child's health and development, a parent is not entitled under article 8 to insist that such ties be maintained.

Re B: “I deplore any form of domestic violence and I deplore parents who care for children when they are significantly under the influence of drink……. The reality is that in this country there must be tens of thousands of children who are cared for in homes where there is a degree of domestic violence (now very widely defined) and where parents on occasion drink more than they should, I am not condoning that for a moment, but the Courts are not in the business of social engineering. The courts are not in the business of providing children with perfect homes. If we took into care and placed for adoption every child whose parents had had a domestic spat and every child whose parents on occasion had drunk too much then the care system would be overwhelmed and there would not be enough adoptive parents. We are all frail human beings, with our fair share of unattractive character traits, which sometimes manifest themselves in bad behaviours which may be copied by our children but the State does not and cannot take away the children of all the people who commit crimes, who abuse alcohol or drugs, who suffer from physical or mental illnesses or disabilities, or who espouse antisocial political or religious beliefs. The test for severing the relationship between parent and child is very strict: only in exceptional circumstances and where motivated by overriding requirements pertaining to the child's welfare, in short, where nothing else will do.”

1. See, for example, Lazenbutt, A. (2010) The impact of abuse and neglect on the health and mental health of children and young people, London: NSPCC. [↑](#footnote-ref-1)
2. See also, Aldgate, J. and Jones, D. ‘The place of attachment in children’s development.’ p.94 in Aldgate, J. et al (eds) (2006) The Developing World of the Child, London: DfES [↑](#footnote-ref-2)