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| In the family court sitting at Birmingham |
| In the matter of the Children Act 1989 |

**Local authority social work
evidence template (SWET)**

(version: Nov 2024)

This document is intended to summarise **not** duplicate other documents in the court bundle and should be short and to the point, approx. 20 pages in length (excluding appendices), with clear references to other reports or the parenting assessment etc. If you have produced a very recent assessment that you are going to file alongside this SWET, you can reference and point to your assessments the sections below and just insert a summary where applicable. Do not repeat yourself.

Guidance notes are provided here to help you and it should be deleted before sending this to legal. The guidance is all in red text, so make sure any red text is deleted before you submit. Example text has been put throughout this form (also in red, to be deleted) to help you know how to fill it in/how much to write. If there is no guidance for a section, just put the information asked for in full. Don’t worry too much if the example text slightly disagrees with itself across sections or misses important things (like the children’s father) as it’s been copied and pasted about from different documents just to give you the idea of what to put in each section/how it might look and it’s not a real example.

The below has been written making use of the excellent Community Care Inform [guide](file:///C%3A%5CUsers%5CBCCAJSBN%5CDownloads%5C%20https%5Cwww.ccinform.co.uk%5Cpractice-guidance%5Cwriting-court-reports%5C%3Fpractice_guidance%3Dwriting-court-reports#038;post_type=practice_guidance&) and [example](https://www.ccinform.co.uk/practice-guidance/social-work-evidence-template-swet-completed-example/). These are both recommended reading although this guide differs from them due to some local factors and BCT’s different interpretation of what the SWET is asking for.

You should have downloaded this guide from [Practice Guidance](https://birminghamcs.proceduresonline.com/local_resources.html) (clicking on “Pre-proceedings and Court Work and then Care Proceedings). Make sure you also download the SWET Resources file to use alongside this guide/template, and the Initial Care Plan template/guide that you will need to file too.

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| **Local Authority and Social Worker details** |
| Court case number | Leave this blank – we won’t get an application number until legal have sent the SWET to court. |
| Filed by  | Birmingham City Council by its agent Birmingham Children’s Trust |
| Social work statement number in the proceedings | 1 |
| Social work statement number of this witness  | 1 |
| This author/witness’s name, qualifications and office address | Put here your name, qualification (what qualifications you have – from which university in which year but no need to put what you achieved e.g. 2:1), and an office address where post can reach you. Example: My name is Saqib Bhatti. My office address is 1 Avenue Road, Aston, Birmingham, B6 4DU. I obtained an MA in Social Work from the University of Birmingham in 2012.  |
| This author/witness’s Social Work England registration number | If you do not know your SWE registration number you can search [here](https://www.socialworkengland.org.uk/umbraco/surface/searchregister/results):  |
| I have been the allocated social worker for these children since  | Insert date |

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth. I believe that the facts stated in this witness statement are true.

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Signed:

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Date of completion or

most recent update:

**Please ensure that you update the page numbers on the table by clicking on the table followed by the “update” tab, selecting “update page numbers only” once the report is completed.**

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## **1. Overview of which court order or order/s are being sought**

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| Complete this section last after you’ve written the rest of your SWET. This section is basically a summary and should be really brief.You need to tell the court what order you are asking for,why you are asking for it, and why you are asking for it now. All the detail comes later. This section should be one page or less. Reference other sources of information, e.g. the assessment or chronology.Make sure you set out what harm the child has suffered and what the future danger is, how likely you think it is that this danger/harm will come about, and why you are applying for a care order now (and haven’t before and can’t wait any longer to do so).Give a brief overview of work completed including pre proceedings and what support has been offered to try and make things better so far.Remember, if the plan is to remove the child from their parents/family, that the situation surrounding the physical safety or emotional welfare of the child/ren is so bad that they need to be removed. You also need to be clear what other options you have looked at for an immediate alternative place for them to live and why these options aren’t available (unless you are proposing a care order with placement with a family member etc. – make sure you are clear about this from your manager/legal if so). You also need to be clear why you need an order/why “no order” is not an option in this situation.If the children are dual nationals or are not English nationals, say if the relevant consulate has been notified.Tell the court here that you have considered the elements of the Welfare Checklist in writing your statement.Example: *Birmingham Children's Trust seeks an interim care order in relation to Jade Jones and Charlie Smith. Both children have suffered significant harm as a result of physical abuse, neglect and emotional abuse and cannot live safely at home. As set out in the parenting assessment and chronology Jade and Charlie have experienced serious and severe domestic abuse for many years; due to their mother’s heavy and regular drinking the level of care and attention they have received is falling and has fallen dangerously below that which would be seen as adequate; and their mother’s partner Darren Bryant (referred to in this document as the children’s step-father) has threatened recently to assault Jade. If this situation continues, it will have a severe impact on how Charlie and Jade think, feel and behave both now and into the future and on most areas of their lives. For example, they may not learn, grow and develop as they should; they are more likely to develop behaviour problems and become aggressive and angry; develop mental health problems like anxiety or depression; may be unwell; may have low self-esteem, feel unloved and struggle to make friends or have relationships; do badly in school and struggle to get a job; or get seriously hurt. The children are vulnerable and although there are some limited protective factors, these are not enough to protect them from ongoing harm**Repeated involvement from children's services (as outlined in the chronology and list of assessments/interventions) has not brought about change to date. The level of harm and risk in this situation is therefore very high, and the chances of future harm and this harm being very serious is also high.**Birmingham Children’s Trust is making the application at this time because the children are suffering very significant harm in this situation, the risks and harms are escalating (including Darren this week threatening to hurt Jade) and because it has become clear as situation has been going on for a long time and has not changed despite support being offered, that we are unable to bring about change for the better for these children without the order being requested. The situation is now so concerning that it is proportionate to separate the children from their parents to keep them safe.**Further assessment is not in the children’s interests and decisions now need to be made as soon as possible. There is no realistic way that the children can be kept safe if no order is granted.* *The preferred option for Jade and Charlie is that they should live with foster carers while viability assessments are completed in relation to two family members and other permanency options are explored. As set out in section 5, there are no other famliy members in a place to care for them today.**I have considered the Welfare Checklist when making this statement.* |

## **2. Family network composition**

### **2.1 The child(ren)**

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| **Name(s)**  | **Gender** | **Date of Birth** | **Child’s current placement status** | **Child’s current legal status** |
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### **2.2 Child/ren’s family network**

This section should include family members and any other people the child/ren have significant relationships with, such as close family friends. Who is important to them? Please specify the individual’s relationship to the children. Please set out these individual’s full names, their dates of birth, their nationality, ethnicity and their current addresses unless this needs to be kept confidential for safety reasons. In such situations, send this information directly to the court as well as Cafcass, **do not** record it here.

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| **Name** | **Relationship** | **Parental Responsibility** | **DOB** | **Nationality** | **Ethnicity** | **Address (where safe to disclose)** |
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### **2.3 Has anyone listed, above, been identified as an alternative carer(s) for the child/ren?**

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| Alongside the name, include a brief note about how and when they were identified e.g. put forward by a parent, via a family group conference (or similar), or identified by the social worker. Detail any potential alternative carers in section 5. *Example:**Stacey Jones (the children’s mother) sent a text message to the social worker on 1/1/2024 to put forward her partner, Darren Bryant and her siblings Wilma Jones, and Henry Jones. They are all considered in section 5.**Stacey says that she has no relationship with Jade’s father and has not since her conception. Charlie’s father is Aston Smith. He is currently on remand in HMP Birmingham for a serious assault. The Trust worked with him in 2021 due to concerns about domestic abuse in his relationship with Stacey. He has not spent time with Charlie since then. I have spoken to Aston and he is unable to identify any connected person who could care for Charlie.*  |

## **3. Child impact analysis (complete for each individual child)**

### **3.1 Description of the child’s day to day experiences during the period under consideration**

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| This is a really important section as it should give the court an idea of what things are actually like, day to day, for each child. So, in this section, set out what the child’s life and lived experience are like by describing a normal day for them. Include:• Where do they go and who do they meet?• What do they see and hear?• What do they feel?• What dangers or risks do they face?• Who or what helps protect them from these dangers or risks?Example:*Charlie has not been able to tell me a full account of his day-to-day life due to his age. From what I have seen and read, it seems likely that some mornings Charlie is woken up and washed and dressed by his mother, but other mornings he wakes himself up and plays alone and goes hungry which will be scary for him. He is taken to nursery every other day or so. Some days he is washed before nursery, but some days he attends dirty and hungry, wearing soiled pants. This will be distressing and uncomfortable for him.* *Charlie seems to really enjoy nursery and gets on well with the staff and pupils. He is picked up by his mother, although she is sometimes late for him. It seems Charlie is mainly left to watch TV at home, or Jade plays with him. His mother feeds him some nights, or if she is drinking or has left the house, Jade will care for him. Sometimes at night, his mother and step-father have very loud arguments and his step-father can hit his mother or throw things. Jade generally takes Charlie into her room to get away from the violence and make sure he isn’t hurt and puts her music on to try and distract him, and he might sleep with her on those nights. This would be terrifying for Charlie and seems to happen quite often. Charlie’s daily life is often unpredictable and lacking in routine. Charlie does not know from one day to the next whether his mother is going to provide sensitive loving care, or whether she will be too influenced by alcohol or domestic violence to be able to meet his needs.* *Jade has told me that she gets herself up and takes herself to school every day, although if her mother has had a “bad evening” the night before (I assume either through drinking or from suffering domestic abuse, although Jade is reluctant to tell me about this) she will try and feed Charlie before she goes to school, and if she is very worried about Charlie or her mother, she will not go to school. Jade says she doesn’t like school. Some of the other children have seen her mother behaving “in funny ways” and she feels embarrassed about this and has been bullied because of it, and because of wearing clothes that can be smelly or don’t fit her very well. Jade said she struggles to concentrate as she is worried about her mother and brother, and recently has been worried about her step-father hurting her as he has threatened to. Jade’s school work and behaviour have suffered, and she has been excluded for fighting with another pupil. She doesn’t much enjoy being at home as she is scared and worried, and tries to avoid her step-father, but she also feels she needs to protect her mother and Charlie. Jade seems to have few friends and interests outside school. She says she likes to read a lot as it helps distract her. Jade has told me that things have been like this for as long as she can remember, so it is normal for her. Jade will be really scared when she sees or hears her step-father hurting her mother, and she has told him to stop before and has tried to get in the middle, but that ended in him threatening her too, so now she feels confused, helpless and scared.* |

### **3.2 The child’s needs. An analysis of the harm they face. Risk and protective factors**

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| In this section, use the headings in the example below.Protective factors - Identify and summarise the protective factors for each child – including anything you have successfully tried to change things. Risk factors - Set out the things you are worried about. You will have discussed this in child protection conferences, LPMs, and supervision etc. Harm and impact of harm - Set out the harm for each child – be clear and succinct and clearly outline exactly what the **harm** the child has suffered in the past (including, as applicable/appropriate to the situation, how often it has happened, how long it has gone on for, how serious it is when it happens and how long it lasts when it happens) is and the impact this has had, and any harm or risk of harm the child may suffer moving forwards, and how vulnerable the child is – for example, if they are younger, disabled or traumatised) and the impact this will have. You will find the “Impact statements and harm definitions” document in the SWET Resource File (download from [Practice Guidance](https://birminghamcs.proceduresonline.com/local_resources.html) - clicking on “Pre-proceedings and Court Work and then Care Proceedings) useful as it sets out what reliable research (that can be used in court) says the impact of different types of harm is, and what’s included in each type of harm. It also gives examples of how you could use the research in your reports to show how a child is being harmed. You can either set out details of the harm before the impact statement, or within it (as in the example below).You may also wish to look at the [Research in Practice guide to assessing the risk of future maltreatment](https://sword.researchinpractice.org.uk/children/publications/2013/june/assessing-risk-of-further-child-maltreatment-a-research-based-approach-practice-tool-2013/%22/) to help you (you will need to log in to access this – you can set up an account free with a BCT email address).In general in this section, because you have put a chronology at the end of your assessment, refer back to it and summarise rather than repeat yourself. Example:*Protective factors**Charlie is generally taken to nursery, which he enjoys very much and where he is thriving and is stimulated. His mother is sometimes able to play with him and to wash him, feed him and dress him. Jade provides a large degree of care to Charlie as she plays with him, provides for lots of his basic care needs and tries to keep him safe when there is violence in the home.**For Jade, the two main protective factors are attending school, which she does regularly, and the emotional support she has received from a mentor in school which has helped her to a degree although she says she is still struggling. Jade also appears to feel able to speak fairly freely with some school staff and with me.**Risk factors**The main risk factors in this situation are Stacey’s alcohol misuse, domestic abuse, and threats of violence to Jade from Darren. As outlined in the chronology, Stacey has regularly drunk alcohol to excess for many years; there have been regular domestic abuse reports since Stacey and Darren began their relationship; and Darren has recently threatened to physically assault Jade.* *Harm and impact of harm**I am worried that Charlie and Jade are suffering and will suffer physical harm, emotional abuse and neglect if the order is not granted.**Charlie and Jade will be really frightened, stressed and scared and could be hurt in the cross-fire when they hear or see loud arguments or fighting. As outlined in the chronology, there is a history of domestic violence in this situation with many domestic abuse reports both over the period these parents have been in a relationship, and also with previous partners. Both children have experienced and directly observed regular and repeated incidents of really serious and severe domestic violence perpetrated by Darren and previous partners. This situation has gone on for many years.**Furthermore, Charlie and Jade may be caught up in violence, not be kept safe, not given the attention they need to learn and develop as they should, will be ill and unhealthy if they are cared for by people who are drinking alcohol or using drugs. As outlined in the chronology, the harm for Charlie includes being regularly left alone. This would have left him feeling scared and anxious, and potentially suffering accidental physical injuries due to a lack of parental supervision. Charlie’s speech development is also delayed, likely because of the lack of consistent care and stimulation he receives at home. Jade also feels hugely responsible for looking after her half-brother and protecting her mother, and this is more than a 12-year-old can reasonably manage without undue stress and anxiety. Jade is also falling short of her significant academic potential due to not being taken to school regularly as her mother is often sleeping late in bed having been drunk the night before. Jade’s maths teacher says she has a particular affinity for maths and she would like to enrol her in ‘accelerated learning’ after-school clubs, in order to help Jade excel and be able to study maths at A-level. However, Jade has said her first priority after school is to go home and check that her mother and Charlie are ok, so she has declined to take part in these clubs. Their mother has regularly drunk heavily for a long period of time.**Charlie and Jade may be injured, will be hurt, and will be frightened and angry if they are assaulted. Darren has made threats to physically assault Jade which appear to be serious.**If this situation continues, research indicates this will have a severe impact on how Charlie and Jade think, feel and behave both now and into the future and on most areas of their lives. For example, they may not learn, grow and develop as they should; develop behaviour problems and become aggressive and angry; develop mental health problems like anxiety or depression; may be unwell; may have low self-esteem, feel unloved and struggle to make friends or have relationships; do badly in school and struggle to get a job; or get seriously hurt. (Parkinson, K. (2021) Domestic abuse: lessons from research. London: Community Care Inform; Taylor A & Flood S. (2020). The impact of parental substance use on child development: Frontline Briefing. Dartington: Research in Practice; DCSF (2010, 2018) Working Together to Safeguard Children. Nottingham: DCSF and London: DfE.)**I am also conscious that these children are made more vulnerable by the fact that this situation has been ongoing, in one form or another, for many years, which will have had a serious impact on them.* |

### **3.3 The child/ren’s wishes and feelings and how these have been identified (please include the child/ren’s own statement, where age appropriate)**

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| Be clear what the child has said, to whom, how, where and when. If they are non-verbal, set out the results of your observations of them, or the observations of others of them. Include their view of the care plan/proceedings (where applicable/appropriate).*Example:**Charlie’s wishes and feelings are difficult to know, due to his age and delayed language development – he currently uses very few words. From my observations of him at home with his mother and Jade on around 10 occasions, I believe that although he loves his mother, he has never experienced a positive relationship with his stepfather, and often feels anxious, upset and scared about the things that happen at home. Charlie is noticeably happier and more outgoing at nursery, which indicates to me that he feels more confident about the reliability of the care and attention he will receive from nursery assistants than he does at home. I have never seen Charlie playing with any toys at home, whereas at nursery he is a lively and imaginative young boy.**Jade’s wishes and feelings are very clear. Jade has told me on two occasions in the last month (once at home and once at school) and her form teacher and Head of Year on many occasions that she does not like living at home, that she is scared of Darren and worried about her mother. Jade feels threatened by Darren’s violence, and has said it is only a “matter of time” before he does “something serious” to Elizabeth or Charlie or herself. Jade wants to live with Charlie.* *In discussions and direct work session with Jade, she is reluctant to say anything negative about her mother and I believe that if given the choice, Jade would like to stay in her mother’s care. From the things that Jade has said to me and her mentor at school, she feels responsible for Charlie and knows that he is not safe at home. Ideally she would like Darren removed from hers, Charlie’s and her mother’s life and for her mother to stop drinking.* *Jade has a reasonably good understanding of the court process, as far as I can tell from having explained it to her. Jade asked me to give the judge the following message:**“It’s not my mum’s fault, she tries her best. I wish things were different and that everyone could be happy. I love my brother and want him to be ok, out of ten, I worry about him at least one hundred. I don’t think my mum has been given enough help by anyone, ever*.” |

### **3.4 The child/ren’s participation in the court case.**

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| You need to consider how far and in what way the children can participate in the court proceedings and why and how this is in their best interests. They may want to write a letter to the judge or make a short video for them to see, or if they are older they may want to directly participate in some way. It goes without saying, but you can also mention there will be a Guardian and solicitor appointed for them. Where an older child has difficulty expressing their wishes and feelings they may need an advocate.Example:*Charlie is too young to directly participate in the court case.* *Jade has said she would be willing to talk to the judge and Children’s Guardian, but does not want to come to court, including just to see the room without meeting any of the people. She said she might write a letter to the judge, if that was allowed, but she might not.**The children will be allocated a Children's Guardian and Solicitor who will act for them within these proceedings.* |

## **4. Analysis of the evidence of parenting capability**

### **4.1 Summary of work previously undertaken with child/ren and the family that has led to these proceedings e.g. pre-proceedings or convening a family group conference (or similar).**

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| **Date** | **Organisation** | **Description of assessment/intervention** | **Outcome and effectiveness** |
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| **Mother**  |
| The point of this section is to show how far each parent/person with PR can meet the needs of this/these particular child/ren – what needs are they meeting and which are they not meeting. You also need to set out why you think there are gaps, and how/whether these gaps can be filled. Use the headers in the example below.Summary of needs - First of all, very briefly summarise the level of needs of these children and also cover any specific needs they may have that another child of their age would not – this may well include recovering from trauma, or delayed development/a lack of stimulation or psychological issues. If they are a child who needs a higher than normal parenting capacity because of their needs, say so. The welfare checklist sets out that you need to consider their emotional, physical and educational needs, and any specific needs arising from their age, sex or background. This may include specific cultural or religious needs.How far they are met - Then set out the parenting capacity to meet them and how far they are meeting them now. Why there is a gap - Then talk about why there is a gap between the care the parent is able to give and what the child needs. For example, if this is a neglect case, it may be the parent is struggling because they are feeling depressed, or because their own experience of trauma hasn’t been dealt with and is impacting on their ability to do what they need to.How and how far it can be bridged - Then explore if the gap you have identified can be bridged. Can the wider family and friends network step in? If so, how? If not, why not? Are there any services that can step in today to sort things out? Capacity to change - Can the parent be helped to address their issues and if so, how? Then set out any signs that show change is likely or unlikely (again, in summary form). You will find it helpful to use the “Assessing capacity for change” tool (in SWET Resources file) – it’s quick and very easy to use and will help you evidence if change is likely and why (see below in the example for how this could be written up). Conclusion – Sum up here. Re-state the level of harm and risk you’ve found, and if this is likely to keep happening and how likely change is. Set out then that the children need to be removed (if they do). If this is the case, state that the children will experience emotional harm through being removed, but this is clearly far outweighed by the level of harm they are experiencing at home, so removal is therefore proportionate and necessary (and any other impact the change would have on them, as appropriate). See the example below.*Example:**Summary of needs**Due to Charlie’s age he needs a caregiver who can give him a high level of care and attention. Because of his age he needs to be fed, washed, dressed and taken out and about. Charlie also needs to be helped to learn to communicate by being played to, sung to and talked to. He needs a higher level of stimulation than another child of his age would to help him catch up with his speech and development. Charlie needs consistent emotional warmth to feel accepted, loved and safe. Due to his experiences, Charlie now needs a caregiver who is able to provide him with a higher level of parenting capacity than another child of his age would need to help him recover, settle, and develop. Charlie has no other additional or specific health needs or needs arising from his sex and background.* *Jade needs carers who can ensure she has a stable and calm home environment, and who she can trust to take care of Charlie. This will enable her to feel less anxious, to attend school every day and to concentrate there, and to start to make friends and socialise. Jade needs to feel safe around her carers, and to feel safe at home. Jade also needs to feel loved and belonging at home. Jade has no additional or specific health needs or needs arising from her sex and background.**How far they are met**At times, Stacey seems capable of meeting her children’s needs. Charlie is taken to nursery some days, there is usually food in the home, and on some days Charlie is got up, fed and washed. Sometimes he is played with in the evenings. Some evenings in the home seem calm. Stacey encourages Jade to go to school every day and takes Charlie to nursery almost every day. Stacey has also been very clear with Jade that she should talk to her teachers and to me, as her social worker, about anything that is on her mind, and this encouragement has undoubtedly helped Jade feel more confident about saying when she is worried about things. This encouragement also shows that despite her problems, Stacey understands enough about Jade’s needs to know that when feeling anxious or upset, it is important that Jade feels able to talk.* *On the other hand, as set out above, Charlie is often left to fend for himself, the children have been left at home alone, and the children have seen and heard serious and frequent violence in the home. Jade generally has to look after herself, and often Charlie. The children do not get consistent affection and attention.**Why there may be a gap**Darren is violent and abusive in the home to Stacey, which means Charlie and Jade are not safe in the family home. Stacey is not responsible for the violence in the home, but the effects of the violence on the children are nonetheless significant. It is likely that the worry, fear, and potentially guilt Stacey feels about this violence also impacts on her own thoughts and feelings and behaviour, and stops her being able to give the children the care and attention I am sure she wishes to.**As set out in the chronology, Stacey has experienced a longstanding alcohol misuse problem. I am not sure how or why this started, but it has clearly been a problem for some time. Stacey commonly drinks enough alcohol to mean she is unable to move and make sure the children are safe or to meet any of their needs. It may be that Stacey drinks alcohol to escape her own difficult feelings around the abuse she is suffering.**How and how far this gap might be bridged**Given the situation, to make the situation safe with the children remaining at home, either wider family or friends who need to be present in the home for most of the time to make sure the children are safe and well cared for. This is not possible or realistic as neither the wider family and/or any service would be able to provide this service.**Capacity to change**Were Stacey to be protected from domestic violence and not to drink to excess, it may well be that she would be able to provide for the children’s needs as she would wish to. If this can be achieved relatively quickly, within the next 4 to 6 months, then it may even be possible for her to look after the children on a full-time basis in the future.**Given his history, Darren (as set out below) seems unlikely to stop being violent and controlling. Even though she is not responsible for his violence, and despite the fact it can be very difficult (and dangerous) indeed for victims to separate from domestic abuse perpetrators, it would seem that Stacey would need to separate from Darren to ensure he does not hurt her or the children.**Stacey has so far declined to work with any domestic abuse service or person, both in the last few months or in the previous abusive relationships she has suffered within. I am not confident therefore that she is able at the moment to end her relationship with Darren. I recognise the very real dangers that women like Stacey experience in abusive relationships and that ending the relationship is complex and can elevate risk however, I been unable to engage Stacey in any work to understand her experiences and support her to be protected and to protect the children.* *Stacey has, as set out elsewhere in this statement, engaged with alcohol services a number of times in the past and whilst this has resulted in some change, this has been very short lived. Stacey has not felt able to engage with any of the alcohol services she has been offered over the last 6 months.**Using Bentovim’s model for assessing prognosis and capacity for change (Bentovim, A. et al. (2009) Safeguarding children living with trauma and family violence) it seems Stacey has a poor/very poor prognosis for change.* *Stacey largely denies responsibility for the situation; she has consistently refused interventions or services; she appears to have fairly poor empathy for her children and their experiences; there is a long history of abuse; there is a lack of acknowledgement of the impact of alcohol use or violence; and change seems unlikely to happen in the children’s timescale given the history.**Conclusion**As I have shown, the level of harm and risk in this situation is very high indeed and the likelihood of this harm coming about and/or continuing to happen, given the history and current situation, is also very high indeed. Although Stacey is managing to meet some of the children’s basic care needs at present, I do not think that she has a high likelihood of changing or maintaining this change in the near future. I therefore do not think she has the parenting capacity to look after these children at the moment or is likely to develop this in a reasonable timescale for them. The gap between the care she can give and the care the children need cannot realistically be bridged by services or the wider family and friends network.**Therefore, it is my view that the children need to live with other carers at least in the short term to make sure their needs are met whilst the court progresses the children’s long-term plans. The children will experience emotional harm through being removed, but this is clearly far outweighed by the level of harm they are experiencing at home, so removal is therefore proportionate and necessary in this instance.* |
| **Father** |
| Repeat this section for any fathers |
| **Other members of the household and/or person(s) with parental responsibility** |
| Repeat this section for any other household members or other people who have PR |

## **5. Analysis of the evidence of wider family and friends’ capability as alternative carers for the child/ren**

|  |
| --- |
| Consider all the adults on the genogram and if they can care for these children. You are not expected to provide a full viability assessment, but do need to indicate whether you think a viability assessment would be helpful in relation to any prospective carers. If any have started, or have been done, say so. Also, you need to set out why the children have to come into care and can’t live with these people today.First off, say why some people are unsuitable. Then set out anyone else who might be able to either provide full-time care to the child, or a significant level of support. You need to be clear that that person understands in broad terms the needs of the children (and state that you’ve shared that information with them in headline form); that they understands the level and type of care the child will need throughout their childhood as a consequence of their experiences; and that the carer expresses an authentic willingness to be part of the team around the child until matters are fully resolved. Explore if they can provide care now.*Example:**Darren should not undergo a viability assessment, his past violent behaviour and misuse of cocaine, coupled with his unwillingness to consider what help and support the family might need, preclude him at the current time and for the foreseeable future from caring for either of the two children involved.**The children’s maternal aunt, Wilma Jones, and their maternal uncle, Henry Jones, have both expressed a willingness to care for the children and seem genuine in their desire to offer this. I have met with both of them and shared with them in general terms the needs of the children but have not yet completed viability assessments of them.* *In my opinion, Wilma understands in broad terms the needs of the children but is less clear about the type of care they will need growing up. She tends to downplay the effects of domestic violence and alcohol misuse on them, seeing Jade as no different to a “typical teenager”. While Jade is in many ways a typical teenager, she has also seen and heard things that most teenagers have not and this has made her a very anxious young woman. However, with support, I think Wilma may have the capability to learn more about their care needs and so I would support a viability assessment of her. She is not yet ready or able to take on care of the children and would need to make considerable life adjustments to care for them and she has said they need time to consider this. She is also not an approved foster carer as it stands.**Henry Jones seems to be a capable parent of his own four children, all of whom are aged fifteen or older and living at home with him (their mother sadly died three years ago). However, Henry Jones by his own admission does not know either child very well and has had limited contact with them, although he showed good insight into their needs and into the concerns when I met with him. I would also support a viability assessment of him. As Henry does not know the children well and has considerable caring responsibility at present and is not an approved foster carer, he is not appropriate to care for the children at this time before further assessments are completed.* |

## **6. The proposed S31A interim care plan – the ‘realistic options’ analysis**

### **6.1 Options considered for the placement**

This section is about long-term placement options for the child/ren – not about the options you have considered for placing the children in care now, in the interim whilst care proceedings progress.

If you have completed work in pre-proceedings, it may be that you are going into court having completed all your assessments. You may then be going into court with a very good idea of what options are viable and which are not. You may have thoroughly explored the parents, the wider family and other options.

If you have not, you may not really know what the realistic options are for the long-term placement. You may not even have entirely ruled out the parents. If that’s the case, you can explain that in the text box after the table (more on that below).

For example, if you’ve completed assessments of a parent and ruled them out, you will list them as an option (column one), and then say you have discounted them (column two), and then say this is following a full parenting assessment (column three). But if it’s an urgent issue and this hasn’t been done, you’d list them as an option (column one), then say they may be realistic (column two) and in column three say that assessments to show long-term ability to care and capacity to change haven’t been completed.

Either way, you are not asking the court to make a decision about the long-term for the children at this point – that will be for the final evidence and final hearing. This table just gives the court an indication of what has been and needs to be explored, and gives them more information.

So, in the table below, list every possible long-term option for the children. List the options in order of your preference – from option you’d most like to option you least like.

In the middle column, set out which are viable and realistic (to be defined as realistic, placements have to have the potential to be permanent). Then explain why in the last column.

The placement options will generally include living with parent(s), wider family members, long-term fostering and adoption.

|  |  |  |
| --- | --- | --- |
| **Permanent placement option explored** | **Is this option realistic and viable or has it been discounted?** | **Reason(s) why it is viable or why it has been discounted?** |
| Placement with Wilma Jones | At this stage, realistic and potentially viable | See above. A positive viability assessment has been completed but a full assessment has not yet started. |
| Placement with Henry Jones | At this stage, realistic and potentially viable | See above. A positive viability assessment has been completed but a full assessment has not yet started. |
| Long-term foster care | Realistic and viable | Fostering placements are available and could provide the children with good long-term care |
| Adoption | Potentially realistic and viable for Charlie. | The relevant assessments have yet to be completed, including a sibling assessment, but this may be a viable option for Charlie. This is less likely for Jade due to her age. |
| Remaining with Stacey | Discounted | The reasons are set out previously in this statement and in the parenting assessment attached. |
| Placement with Darren Bryant | Discounted  | See above – Darren has a number of serious challenges, poses serious risk and is not willing to accept help. He does not have PR for either child. |
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### **6.2 The preferred and proposed placement option for the child or each individual child if part of a sibling group**

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| As set out above, what you write here will depend on the assessments done by this point. You may be going into court with a clear final care plan. In which case, this section needs to be fairly thorough (although you’ll set out your final analysis more thoroughly in your final evidence). You need to clearly set out the factors for and against each option you mentioned above (including the ones you discounted), and then say which is your preferred option. *Following assessments having been completed, the factors for and against each placement are:*You would then go through all the options, looking at the pros and cons. See the “Balance sheet guidance” section of the SWET Resource file for a clear example of how to do this, including common pros/cons for most options.Finally, you would say which your preferred option is and why. Your preferred option must be the placement you think gives them the best chance of recovering from any trauma they have experienced: personal growth and development within a family where they are guaranteed unconditional love; strong educational prospects; good health outcomes; and – as far as can be predicted – one or more positive lifelong attachment/s which promotes their unique identity. You will need to acknowledge any outstanding paperwork or processes, e.g. ADM/IRO ratification etc. (and that this position might then change in proceedings, if appropriate).If you haven’t done all the assessments, you need to be clear about this and be clear that you can’t give a preferred option at this stage. For example, you might write:*A number of assessments have yet to be completed and evidence is not yet available so I am not able to state a preferred long-term option for these children at this time.* |

### **6.3 Summary of diversity and cultural considerations**

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| State here what the child’s religon or belief, race, disability, and how the child/ren’s cultural identity and beliefs will be met in the placement you are recommending.*Example:**Jade is of White UK ethnicity, and has no religion or disability. Every effort will be made to place her with carers who either match her ethnicity and religion, or who are able (with support) to help her develop a positive sense of identity.* |

### **6.4 Summary of any health, wellbeing and educational considerations**

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| Very briefly say how education arrangements have been considered as part of the care planning process and whether the child or one of the children has any regular medical appointments or ongoing health needs that have been factored into this decision. Consideration should also be given to ensuring the child’s interests and activities are supported.*Example:**Charlie will continue to attend nursery in his foster placement, and his foster carers will take him to all of his medical appointments. He has no ongoing specific health needs.* |

##

## **7. Family time/ the plan for contact**

The contact or family time plan should involve siblings and anyone else with whom the child/ren has a significant relationship, in line with the genogram and ecomap. Seek guidance from your team manager about how often family time should happen, with who, how long the sessions should be etc. Generally contact needs to be long enough to enable the child to maintain a relationship with that person, but not too often that it disrupts their chance to settle in placement. You need to demonstrate to the court and parties that you have considered the specific needs of these children. Research in Practice’s short guide, “[Contact: Making good decisions for children in public law](https://contact.rip.org.uk/wp-content/uploads/RIP_Frontline_Tool_ContactMakingGoodDecisions_web.pdf)” may be helpful to look at here.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | **Who contact is with and relationship to the child** | **Frequency and duration** | **Level of support/ supervision required** | **Brief rationale for the level of contact proposed** |
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## **8. The range of views of parties and significant others**

Set out what each person says about what should happen for the children. Say if they accept the things you are saying have happened and the impact of these on the children or not.

### **8.1 Mother’s views**

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| *Example:**When I spoke to her on 11/11/21 after a child protection core group held in person, Stacey told me that she feels that she has not been given enough support, and that if she had been given more help at an earlier stage, none of this would be happening and she does not agree that Darren is violent or that seeing this would be harmful to the children. Stacey said she loves both her children and wants to keep them at home with her and does not agree an Interim Care Order is needed or any Order.*  |

### **8.2 Father’s views**

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### **8.3 Views of anyone else holding parental responsibility or wider family members**

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### **8.4 Views of other parties or significant others**

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| --- |
| * Significant others may includetheCAFCASS guardian if there is already one appointed (e.g. this started as a private law matter), CP chair, a health visitor, teacher, the IRO (if the child is already in care S20) or court appointed experts.
* Where possible a short statement or email from the CP chair (or IRO if they are section 20) should be included here.
* Please be sure to include the full name and job title of anyone providing a statement for inclusion here as well as the date on which they provided it.
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##

## **9. Case management issues and proposals**

### **9.1 Record case management issues here alongside details of any further proposed assessments**

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| Use this space to list any factors that may lead to delay, including any special factors or the vulnerabilities of key people (e.g. a parent having a learning disability or not speaking English) plus any further proposed assessments including why they are necessary. Give the timescales for these assessments (seek advice from your manager or legal). If a child in care review is booked, give the date. If not, mention one will happen within four weeks of the child entering care. If you can give dates of medicals or ADM decision timescales (if appropriate), do so here – seek advice from your team manager about current timescales. |

### **9.2 Significant events happening in the near future which are relevant for the child**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Event e.g. transitioning from primary to secondary school** | **Source of evidence/document reference** | **Significance** |
|  |  |  |  |
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## **10. Statement of procedural fairness**

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| Confirm here that the local authority’s concerns and the contents of this statement have been communicated to the child/ren, mother, father, and significant others, and state how this has been communicated. Have these concerns been clearly understood? If not, please be explicit about attempts to engage parties and any help that has been provided to them to participate in the process. This may include access to legal advice and representation, translators, advocates etc.*Example:**I have shared this statement with Stacey on 12/11/21, both by giving her a copy and talking through the contents in summary with her. Stacey has been in pre-proceedings since 12/8/21 and has a solicitor who has also been given a copy of this statement. Throughout pre-proceedings and in the child protection process which has run since 1/6/21 we have tried to communicate our concerns to Stacey but she has not agreed with them.*  |

**[All red guidance text to be deleted before submitting to court.]**

**Please update the table of contents (instructions at the start)**

## **11.** **The welfare checklist in full for reference**

The full Children Act checklist, to be used in care and supervision proceedings is found at section 1(3) (a) – (g) and requires the court to have regard to the following matters:

|  |  |
| --- | --- |
| a) | The ascertainable wishes and feelings of the child/children concerned (considered in the light of their age and understanding); |
| b) | Their physical, emotional and educational needs; |
| c) | The likely effect on them of any change in his/her/their circumstances; |
| d) | Their age, sex, background and any characteristics of his/hers/theirs which the court considers relevant; |
| e) | Any harm which they have suffered or are at risk of suffering; |
| f) | How capable each of their parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his/her/their needs; |
| g) | The range of powers available to the court under this Act (Children Act 1989) in the proceedings in question. |

25. The full Adoption and Children Act welfare checklist, to be used in care proceedings where the plan is for adoption and in placement proceedings, is found in section 1 (4) (a) – (f) and requires the court and the adoption agency to have regard to the following matters (among others):

|  |  |
| --- | --- |
| a) | the child’s ascertainable wishes and feelings regarding the decision (considered in the light of the child’s age and understanding); |
| b) | the child’s particular needs; |
| c) | the likely effect on the child (throughout their life) of having ceased to be a member of the original family and become an adopted person; |
| d) | the child’s age, sex, background and any of the child’s characteristics which the court or agency considers relevant; |
| e) | any harm (within the meaning of the Children Act 1989 (c. 41)) which the child has suffered or is at risk of suffering; |
| f) | the relationship which the child has with relatives, and with any other person in relation to whom the court or agency considers the relationship to be relevant, including:1. the likelihood of any such relationship continuing and the value of the child of its doing so,
2. the ability and willingness of any of the child’s relatives, or of any such person, to provide the child with a secure environment in which the child can develop, and otherwise to meet the child’s needs,
3. the wishes and feelings of any of the child’s relatives, or of any such person, regarding the child.
 |

**Appendix**

## **12. The social work chronology (last two years)**

* List significant events which can be evidenced. Include details of assessments carried out, family engagement, interventions and their successes. Please note there is no need to include detailed supervision notes here.
* Focus on the **last two years** unless prior events are felt to be both significant and relevant, then provide a summary drawing out key incidents or events in the second box below
* In terms of the significance column, you need to provide some brief additional information about why you think the event is important and how it impacts on the child’s life or your understanding of why there are problems for this parent or child. There should be no new information in the significance column, just analysis.

Here’s an adapted example from CC Inform.

|  |  |  |
| --- | --- | --- |
| Date(s) | Event or sequence of events (including source of information) | Significance/impact |
| 01/12/2019 | Police reported to BCT that Charlie was found home alone after the police were called to the property by a neighbour who said she heard a child “crying for hours” | This incident prompted the first social work assessment of the family. |
| 22/12/2019 | Social work assessment completed. Initial child protection conference organised for January 2019. Jade and Charlie subsequently made the subject of child protection plans. | These incidents indicate the degree of concern about the children and that it has been ongoing for more than one year. |
| 06/01/2020 | CGL reported to BCT that Elizabeth Smith was referred to a local alcohol support group and attended the first three sessions. | This indicates that Elizabeth was at the time willing to accept that she needed help around her use of alcohol. |
| 02/02/2020 | Jade told a teacher at school that she was “fed up” with having to cover for her mother’s drinking problem and that she “regularly” comes home from school to find Charlie in his cot on his own. School informed the social worker. | This shows that the issue of Charlie being left ‘home alone’ forms a pattern of behaviour, not a one-off event. |
| 04/03/2020 | Jade was excluded from school for one-week after threatening to kill another pupil. Jade said the other pupil was “making fun” of her mother’s drinking problem (BCT files). | This incident indicates the increasing amount of stress and anxiety that Jade has been experiencing. |
| 05/03/2020 | Police call out to the home after a neighbour heard shouting and screaming. Darren Clarke arrested on suspicion of assaulting Elizabeth. | This incident shows that Darren is capable of being violent towards Elizabeth. |
| 10/03/2020 | Darren was offered support to attend a domestic violence programme but declined to meet with the worker (BCT files). | The incident shows Darren’s reluctance to accept that he or the family need help. |
| 11/03/2020 | Start of a parenting assessment for Elizabeth and Darren. Darren left the meeting after ten minutes and said he would have nothing more to do with social services. | This incident shows the extent to which Elizabeth is being left to care for the children, and that Darren is unwilling to play a more supportive role if this involves working with professionals. |
| 12/03/2020 | Charlie attended nursery and during toilet time, a nursery assistant saw that he had bruising to his legs and a scratch on his neck and raised concerns with the social worker. | These injuries may have been the result of Charlie being left unsupervised at home. |
| 13/03/2020 | Unannounced home visit by the social worker – the home was dark and very untidy. Charlie was alone and awake in his cot upstairs. Jade had locked herself in her bedroom. Elizabeth was tearful and said she needed help. Darren became angry and demanded the social worker leave and not come back. | This incident shows how difficult things were becoming at home, but also the extreme reluctance on Darren’s part to accept the family need help. |
| 30/03/2020 | Family Group Conference held – Jude, William and Henry Jones all expressed deep concern about Jade (and about Charlie) and offered to do anything they could to help. Jade started to spend every weekend at her father’s house, remaining at home in the week to attend school. | This made things better for Jade but potentially left Charlie more at risk. |
| 03/04/2020 | Elizabeth offered legal and financial support by BCT to help seek an injunction against Darren, but declined. | This incident is an example of the support offered to the family, but which proved to be ineffective. |
| 24/04/2020 | Parenting assessment completed. The assessment finds that with alcohol support groups for Elizabeth and domestic violence support groups for Darren, there is potential for improvement. However, Darren had not attended any of the assessment meetings and Elizabeth wanted it recorded that she did not believe she has a problem with alcohol use. | This incident shows the extent to which things have regressed, with initial optimism that Elizabeth might be willing to accept help now receding. |
| 10/05/2020 | Police call out to the home, a neighbour heard singing from the front garden at 2am. Elizabeth was found passed out in the middle of the road, Darren was inside the home under the influence of cocaine. Charlie was awake and walking around upstairs in the house on his own. His nappy was soiled and wet and he had dried blood (from a nosebleed) on his face and hands. Police called BCT EDT and Charlie was police protected. Jade went to her father’s house. | Charlie and Jade left at considerable risk and in some discomfort and distress. Both experienced significant instability. |
| 12/05/2020 | Police call out to the home, a neighbour heard screaming. Elizabeth was found under the influence of alcohol and had a large cut above her right eye. A warrant was issued for Darren’s arrest. William Jones and Jude Jones agreed to come and stay at the house with Jade and Charles. | Charlie had only just returned from foster care. This incident shows that Elizabeth’s alcohol problems and the risk of domestic abuse in the home have not reduced. |
| 13/05/2020 | Jade went into school and told her Head of Year that she was scared of Darren. She said during an argument the day before, Darren threatened her with a knife if she told anyone what was happening at home. Jade also said Darren had left the house yesterday before police arrived and had not returned. Legal planning meeting held. The decision was taken to issue proceedings and seek interim care orders for both children. | The situation crossed the threshold to be presented to the court and seek the children’s removal as the situation at home was too harmful. |

|  |  |  |
| --- | --- | --- |
| **Date** | **Incident or sequence of incidents relevant to the child/ren’s welfare** | **Significance/ Impact on the child/ren** |
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### **12.1 If there has been involvement with the family over a longer period, please summarise this involvement here.**

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| --- |
| Summarise events before the last 2 years that are relevant. This may include previous court hearings, previous CIN or CP Plan periods or CIC periods or periods of being cared for by other people. Cover each period in one paragraph from start to end.Focus on events clearly related to the child’s welfare, unless prior events are especially significant (for example, a trauma the parent experienced that has impacted on their ability to parent (which would include their own history of being parented), or a history of behaviours that are causing problems now, like drug use or being a domestic abuse perpetrator in a previous relationship, or a pattern of violence, or previous problems raising children or serious criminal involvement.  |

**[All guidance text to be deleted before submitting to the court]**

### **12.2 Genogram (mandatory)**

Include family members and their relationship to each child, identify anyone who has been identified as a potential carer by adding ‘PC’ next to their name(s)

Include all other relatives

**Key:**

Female

Male

Male

### **12.3 Ecomap (risky and protective contacts) (optional)**

This document is confidential and contains sensitive information. It should not be disclosed without permission of the court. Data protection standards must always be complied with.