Filed on behalf of the Applicant

First Statement of

Dated:

**CASE NUMBER: [ ]**

**IN THE [ ]COURT SITTING AT[ ]**

**IN THE MATTER OF THE CHILDREN ACT 1989**

**THE CHILD(REN)**

|  |  |  |  |
| --- | --- | --- | --- |
| Names  | Gender | D.O.B | Placement\*\* |
|  |  |  |  |
|  |  |  |  |

**FIRST STATEMENT OF [name]**

**CAUTION**

**Publication of information relating to proceedings brought under the Children Act 1989 could be contempt of Court which is punishable by imprisonment – Administration of Justice Act 1960 (as amended)**

**The information contained in this Statement is confidential to the Court, the parties to these proceedings, their legal advisers and any Children’s Guardian appointed by the Court. The contents must not be disclosed to anyone without the Court’s permission.**

1. **PERSONAL DETAILS**
2. I am …………………..and I am the Social Worker employed by the Local Authority and based at ………………………. . *(list qualifications etc.)*
3. I file this statement from Children and Young People’s Services records in my possession and from my own personal knowledge and in support of the Local Authority’s interim care plan which recommends………………………..
4. **SUMMARY OF ORDER BEING APPLIED FOR AND INITIAL CAREPLAN**
	1. Give a very brief outline of the case, explaining why the Local Authority has made the application. Keep this brief as more information is asked for in Section This is purely a few sentences to “set the scene.” For example:

The Local Authority has been involved with this family for 4 years due to risks to the children of neglect. Despite significant support to the family, no positive changes have been made and the children continue to be at risk of significant harm.

OR

XXX has suffered an injury. There is medical evidence that the injury is non-accidental. The Local Authority seek Interim Care Orders in respect of the children in order to safeguard them while further assessment and investigations take place.

Specify what Order is being applied for and what is the initial care plan for the child(ren), ie whether the child(ren) are to be placed at home; with family or friends; in foster care; in a residential placement.

The Local Authority seeks an Interim Care Order. The Interim Care Plan is for the children to be placed with foster carers while further assessments are undertaken.

OR

The Local Authority seeks an Interim Care Order. A positive Viability Assessment has been undertaken of the children’s paternal Aunt. It is proposed that the children be placed with their Aunt while further assessments are undertaken to inform the long term plan.

Cross reference to the Interim Care Plan.

* 1. I refer the Court to the Interim Care Plan filed in these proceedings for further detail.
	2. I have had regard throughout to the Welfare Checklist.
1. **FAMILY PROFILE**

**SUBJECT CHILD(REN):**

**MOTHER AND FATHER:**

Also include any other significant family members.

I attach a genogram.

1. **THRESHOLD FOR CARE PROCEEDINGS**
	1. **Precipitating events**

This is the “Why now?” question. What has led to us initiating legal proceedings now?

The Section after this one asks for Background Information, so keep this section about the “here and now” and what has led us to issue proceedings now. Avoid slipping into the background Information to avoid repetition.

In some cases we might have been involved with the family for a significant amount of time, and we are issuing because we have not been able to help the family make changes. There might not be a specific precipitating incident. In these cases, we should have had a period of PLO prior to issuing legal proceedings, as a final attempt to make positive changes.

In other cases, we have been involved with the family for a long time, but then there has been a specific incident that has led us to decide to issue. For example, an injury to a child; a serious incident of Domestic Violence which has put the child(ren) at risk

Or the child(ren) may have been previously unknown, and there has been a serious incident.

Under this heading, make it clear why we have decided to issue now. It is a risk of imminent harm or due to a pattern of behaviour over time which will cause harm if not stopped?

* 1. **Background circumstances**

Remember that you will also be filing a Chronology of Significant events, so you do not need to detail every incident for the past 10 years.

Summarise the background information. Remember to give dates if you refer to specific incidents or examples of behaviour.

Say how long we have been involved with the family, on what basis, and for what reasons, ie what have been/ are the risks?

Have we supported the family under Child in Need? Child Protection? PLO? Give dates.

Include any historical information which might show either that the risks have been long standing, or historically the situation was positive but there has been a deterioration.

If either / both of the parents have had previous children who are no longer in their care- explain this, say how long ago it was, where are the children now?

We may have been involved with parents when they were themselves children. If this is the case, you do not need to go into great detail, but include a summary if there is relevant information which has an impact on the current situation. It is likely to have some relevance in terms of potential risks from extended family members, and the impact of parents’ experiences on their parenting capacity

You might start by giving a summary of the periods of our involvement. E.g.

Children’s Social Care has been involved with this family since 2015. The children have been subject to Child Protection Plans due to the risk of neglect between April 2015 and January 2016, again between October 2016 and May 2017 and again since January 2018 to present. This demonstrates a pattern of the children being at risk, parents making positive changes while the Child Protection plan is in place, but changes not being sustained.

Due to the lack of change while the children were subject to Child Protection plan, the children were made subject to PLO in January 2019. A Parenting Assessment undertaken in PLO concluded that the children continued to be at risk of harm in their parents’ care and the prognosis for positive change is poor.

**OR:**

Children’s Social Care have had no previous periods of involvement with this family. Three contacts have been received, all raising concerns about domestic abuse. All three contacts were in 2016. There was an investigation undertaken under Section 47 of the Children Act 1989. This identified that the children were not at continued risk of significant harm, as the parents had separated, and the case was closed. There have been no further referrals until this most recent, which has led to this application.

After giving a brief overview, go into more detail about the nature of the concerns. Don’t repeat information in the same detail that is in your assessment but draw attention to:

How long there have been concerns about the children?

Give specific information and dates of any incidents that evidence the risk. For example, if the risk relates to Domestic Abuse, specific how many incidents, and talk about severity. If neglect, be specific about the nature of the neglect – for example – lack of school attendance lack of food, lack of supervision etc. Give some examples.

What has been tried, to reduce the risks to the children? What support has been provided, what work has been done?

Is there anything that has helped to reduce the risks in the past?

If risks have not been reduced why not- for example, have parents engaged with the support that has been put in place?

 4.3 **Analysis of risk and protective factors**

This is easier if you write under two separate headings, one for risk factors and one for protective factors. Evidence should be balanced, reflecting the strengths of the family as well as the risks. Plan in advance what you are going to write under each heading, otherwise you are likely to find yourself repeating the same information in this heading under the Parenting Capacity section.

**This section wants you to identify factors which increase the risks; mitigate against any risks, or make the risks more or less manageable.**

Examples of things that can increase/ decrease the risks:

 the age of the child;

any additional needs of the child;

circumstances which make the child more or less visible to services;

ability and willingness of the child to speak out if s/he has any concerns; any pressure the child feels under not to report any worries.

Protective factors – for example, other family members who are able to support parents/ the children.

Factors which make risk more or less manageable are things such as:

Parents’ and /or child’s willingness to work openly and honestly

Parents’ and or child’s willingness to access and use support

If parents’ behaviour is unpredictable, it makes risk less manageable.

Risk of imminent harm, for example due to non-accidental injury/ loss of temper is less manageable than risk of neglect which can be detected and support provided before there is a significant impact on the child.

1. **ASSESSMENT OF THE CHILD(REN)’S NEEDS**

Paint a pen picture including age, gender, cultural background, any religious beliefs, and any characteristics such as particular strengths or vulnerabilities.

Set out the assessment of the child(ren)’s particular needs including:

* Any health and physical disability needs;
* any emotional and therapeutic needs;
* any educational needs.

This information is requested in the Interim Care Plan, so you can use the same information here.

1. **ANALYSIS OF THE EVIDENCE OF PARENTING CAPABILITY/CAPACITY**

If we are filing an assessment separately, do not go into lots of detail here. Provide a summary of parenting capacity. Focus on analysis rather than a lot of description, and refer the Court to your Parenting Assessment Report./ Single Assessment.

Provide an analysis of parents’ current capacity to meet the children’s needs. Which needs have been met/ not met?

The parents’ capacity (with or without support) to make and sustain positive changes. What have been the hurdles been so far? What needs to change now, and what support is needed to enable this? Are parents motivated to change?

1. **ASSESSMENT OF OTHER SIGNIFICANT ADULTS INCLUDING WIDER FAMILY AND FRIENDS CAPABILITY**

Address in turn anyone else who has a significant relationship with the child/ other family members as a possible alternative carer, either in the short term and or long term.

State whether any Viability Assessments have already been undertaken, or are planned. Give the outcome where these are known, or say when the Viability will be undertaken.

If positive Viabilities have been undertaken, say there will be full Fostering assessments and give timescales if known.

1. **CHILD IMPACT ANALYSIS**

Describe each child in turn. What has been/could be the impact on the child of the parenting that they have received so far; and what is the impact of the Interim Care Plan on the child?

It can be helpful to divide this Section under 3 sub headings.

1. The Child’s wishes and feelings
2. What has been the impact of the parenting the child(ren) have received.
3. What is the likely impact of the children of the Interim Care Plan.

Child’s wishes and feelings.

Remember to comment on non-verbal communication, and what we might interpret from a child’s behaviour as well as the wishes the child expresses verbally.

We are often good at considering non- verbal communication for younger, non-verbal children, but remember to comment on it for older children too, especially if they are saying one thing verbally but their interaction/ behaviour suggests something different.

What has been the impact of the parenting the child(ren) have received?

Think about the immediate, short term and long term impact.

For example, if a child has lived in an environment where there has been Domestic Abuse, at the time they will have experienced fear, anxiety, and potentially physical harm if they were caught in the crossfire. However, we also know that living in that environment can have a long term impact on an individual’s emotional welfare, affecting their resilience and ability to form trusting relationships in the future. The Domestic Abuse relationship can also set a “template” for a child’s future relationships.

If the child has suffered due to neglectful parenting, be specific about the specific impact on this child, as neglect takes many different forms and the impact will be very different for different children. For example, if the neglect has taken the form of poor school attendance – has it been at a level which will impact on future development? Has it impacted on a child’s ability to make friends? Is it believed that the child will “catch up” or is the impact likely to be long term? What evidence do we have that lack of stimulation/ educational needs not being met has had an impact – refer to reports from school and health visitors who are more qualified to comment on development than yourself as Social Worker.

If medical appointments have been missed, what has been for the impact? For a healthy child, there might be minimal impact. If the child has needed an operation and this has been delayed due to non-attendance at an appointment, this could for example impact on the child’s mobility on a long term basis.

If a child has been to school smelly and dirty – have they been teased at school? If yes, highlight the emotional impact. If home conditions have been unhygienic, has this been to the degree that the child has been ill a lot? Missed more school?

Physical harm – the impact of this can be very different depending on the circumstances. For example, if a child has sustained a non –accidental injury, this may have been extremely painful at the time/ for a period of time afterwards. Has the injury healed with no lasting impact or is the impact longer term? There may be a long term physical impact due to scaring/ causing a disability.

Consider the emotional impact of physical harm as well as the physical pain – the fear, the impact of living in fear of further injury. In many cases, the long term impact of physical harm is more emotional than physical.

Think about broader issues – lack of supervision and/ or inconsistent boundaries may have impacted on a child’s behaviour; lack of supervision may have led to accidents and physical harm, or for older children being in unsafe situations; lack of stability caused by frequent house moves; numerous parental relationships; inconsistent parenting; unreliable contact.

Impact of the Plan

If the child has already been removed from parents care, how have they reacted to this? Have we seen a change in their behaviour/ presentation? How upset or otherwise are they / are they likely to be about separation from parents / siblings? Comment on that despite upset, need to remove to keep them safe. Has impact been reduced by them being with family members etc.

1. **TIMETABLE FOR THE CHILD(REN)**
	1. The key dates and events in the Timetable for the Child(ren) are:

|  |  |  |
| --- | --- | --- |
| The Child  | Event/permanent placement  | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

What factors are important to the child’s welfare when scheduling the timetable for their case? For example, add the child’s birthday as do not want difficult decisions to be made and associated with birthday every year going forward; for older children, dates of important exams.

1. **EARLY PERMANENCE AND CONTACT**
	1. Parallel planning:

What parallel plans are being pursued?

If a Family Group Conference has not taken place, why not, and are plans in progress for this?

Are there any potential family and friends placements to be assessed?

State that we will be multi track planning to consider rehabilitation to parents/ assessments of family members and adoption /long term fostering.

* 1. Contact framework:

If you have completed an Interim Care Plan, refer the Court to these for details of Contact Arrangements and outline briefly below. What contact, direct and indirect, with whom and when, best promotes the welfare of each child? Should the contact and its impact on the child be kept under review and is so when?

|  |  |  |  |
| --- | --- | --- | --- |
| **Child** | **Having contact with** | **Brief Rationale for the level of contact proposed** | **Frequency and support** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **CASE MANAGEMENT ISSUES AND PROPOSALS**

Detail what assessments have already been undertaken, with outcomes, including any analysis of parents’ capacity to make changes.

Case management proposals:

* Any capacity/cognitive assessment that need to be undertaken before parenting/ other assessments can commence
* Any DNA testing that may be required
* For Police/health/school to provide further information
* Expert assessments – eg Drug/ alcohol testing; Psychiatric or Psychological assessments? Think about whether these are needed – are they going to add any value by telling us anything that we do not already know?
* FGC – referral/ meeting/ minutes available/ follow up with viabilities
* Adoption – referral and timescales
1. **VIEWS OF OTHERS e.g. parties, family members, the IRO and Cafcass**

Include the views of the parents; any significant family members, and other professionals.

Unlikely that IRO and CAFCASS will be allocated at the time of writing, but if they are, include their views. The CP Chair may have expressed a view.

1. **CONCLUSION**

Pull everything together and state why the Order you are applying for is the most appropriate in this case and whether making an order will be better for the child(ren) than not doing so.

Explain why it is not possible to keep the children safe while in parents’ care – relevant factors will be the degree of risk/the vulnerability of the children/ the lack or abundance of protective factors; parents/ young people’s willingness to work with the plan. Do not go into great detail, refer to the risk analysis already in the Risk and Protective Factors.

It is most likely that an Interim Care Order is being applied for – why do we need Parental Responsibility?

I believe that the facts stated in this witness statement are true.

**Signed………………………**

**Dated………………………..**

Approved by………………………………….. Dated……………………………….

*(Team manager’s name and position)*