Initial Assessment From Social Services By Paul Coleman Social Worker

Assessment Commenced 24th April 2015

Initial Assessment



Details of subject(s), family and involved professional(s)

An Initial Assessment is defined as a brief assessment of each child referred to children's social care with a request for services to be provided. This should be undertaken within a maximum of **7 working days** from the date of referral but could be very brief depending on the child's circumstances. In completing this Initial Assessment, if it is known that a Core Assessment will be required, social work staff should make a professional judgment about whether it is necessary to complete all sections before beginning a Core Assessment.

Details of all subject child(ren) / young person(s)

| Name | DOB / EDD | Gender | Disability | Address | Ethnicity | Religion |
|---------------|------------|--------|------------|---------------------------|-----------------------|----------|
| Pippa McGeown | 01/08/2011 | Female | | 1 Newton Cottages Weobley | | |
| | | | | Hereford HR4 8QX | | |
| Freya McGeown | | Female | | 1 Newton Cottages Weobley | and the second second | |
| | | | | Hereford HR4 8QX | | |

Communication needs (including language)

None identified.

Any information regarding legal status / immigration status

None identified.

Family / household composition and significant others

| Name | DOB / EDD | Gender | Parental responsibility | Address | Ethnicity | Religion |
|---------------|------------|--------|-------------------------|---|-----------|------------|
| Meg McGeown | 29/11/1971 | Female | Yes - Mother | 1 Newton Cottages Weobley Hereford HR4 8QX | White | Not stated |
| James McGeown | | Male | Yes - Father | 1 Newton Cottages Weobley Hereford HR4 8QX | White | Not stated |

Communication needs (including language) None identified. Any information regarding legal status / immigration status None identified. Professional relationships Name Designation Telephone number(s) Person working with Agency Louise Lewis Dilwyn Playgroup Meg (Mother) Yes If any of the above have not contributed to the assessment please state reason Date worker commenced assessment Assessment start date 23/04/2015 24/04/2015

| ave the family given consent to contacting and sharing information with other ager O No O Not applicable | | | | | | |
|--|---|--|--|--|--|--|
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| | | | | | | |
| Yes O No O Not applicable | ies' | | | | | |
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| 'no' or 'not applicable' please state reason | | | | | | |
| | | | | | | |
| id a Common Assessment Framework (CAF) lead to this assessment? | COOK AND A COOK AND | | | | | |
|) Yes | \$881,68800193g-15, | | | | | |
| yes, what date was the CAF completed | Military annual | | | | | |
| | | | | | | |
| eason for Initial Assessment, including views of child(ren) / young person(s) and parent(s | / ca | | | | | |
| eason for miliar / lasessment, including views of child(for) / young percon(s) and paronic | , oa | | | | | |
| Communicate your specific concerns as to how the child's health and development are being adversely affected to | the | | | | | |
| issues that are causing you concern. Include your professional judgement, backed up by an explanation of the evidence which that is based upon including: | | | | | | |
| | | | | | | |
| What is the foundation/evidence for your concerns and how and why has the concerns arisen? | What appear to be the needs of the children? And what appear to be the needs of the family? | | | | | |
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Information given in confidence

☑ Tick if the child(ren) / young person(s) have been seen as part of this Initial Assessment

This section was blanked out on the copy of this document received from my Data Protection Act, Subject Access Request. The original referrals are withheld under section 30 DPA.

As this information was provided in the copy of the Multi-Agency Referral Form obtained from Dilwyn Playgroup using a Subject Access Request. I have inserted it again.

Page 2

Date(s) child(ren) / young person(s) and family member(s) seen / consulted

| Date of visit | Child seen | Child seen alone | Family member(s) consulted |
|---------------|---------------|------------------|----------------------------|
| 06/05/2015 | Freya McGeown | Yes | Mother and Father |
| 06/05/2015 | Pippa McGeown | Yes | Mother and Father |

Summary of background information / past history

Family not previously known to Herefordshire Children's services

Child(ren) / young person(s) developmental needs

1. Health

No concerns identified.

2. Education

No concerns identified.

3. Emotional and behavioural development: Self care skills

Freya is a bright and active child. It is clear that there is a good level of engagement with both children and the children are spoken to age approperiately.

Both children can demonstrate some autonomy in terms of self care skills, but are ultimately dependent on their care givers.

4. Identity and social presentation

Pippa was quiet and reserved during my home visit but this was made more evident by Freya's vibrant personality. It is clear based on the children's shared bedroom and toys in the living room and the way that parents encouraged the children to speak and interact that the children are integral to the family unit.

Father has a self employed business as home so can see the children more than people who have away from home work commitmments.

Both children were well kempt - no concerns identified.

5. Family and social relationships

The couple moved from Birmingham a few years ago and enjoy life in rural Herefordshire.

The children have friends at school whom they socialise with. Due to the rural location of the home, their friends are not within close proximity.

Parent(s) / carer(s) capacity to respond appropriately to child(ren) / young person(s) needs

1. Basic care

There are concerns expressed by the playgroups that Mother Meg has a temper and reverts to physical chastisement too readily.

I would agree with the playgroups concerns. During the interview Mother stated that she does have a temper and has struggled with the transition from her former career working as an assistant on the trains to child care.

I note that Mother was nervous during my interview with her, but I did find that she struggled to listen and will often interject and this may be construed as not heeding advice by others. I pointed this out to Mother.

Meg has been to see the GP re her anger which she believes is due to hormonal imbalances due to the menopause. The doctor has suggested anger management books for her to look at which she has and possibly anger management counselling which Meg will give due consideration to.

A Local Authority Designated Officer is curently in place for Meg due to the conerns expressed by the Dilwyn Playgroup.

No concerns noted in respect of James' ability to respond.

2. Ensuring safety

as above

3. Emotional warmth

No concerns identified. Both parents displayed emotional warmth towards the children and reciprocity noted.

However, Meg must consider alternative modes of disclipline instead of physical chastisement.

4. Stimulation

The children share a bedroom.

The bedroom is age appropriately adorned with toys, books and clean bedding.

Pippa used to attend the playgroup at which Meg was on placement as a student child care worker.

Guidance and boundaries

Please see 'Parent(s) / carer(s) capacity to respond appropriately to child(ren) / young person(s) needs.

6. Stability

No concerns identifed.

Issues affecting parent(s) / carer(s) capacity to respond appropriately to the child(ren) / young person(s) needs

Please see above.

Family and environmental factors which impact on the child(ren) / young person(s)

1. Family history and functioning

Mother is currently under investigation from the LADO after the playgroup has reported her. She may not be deemed suitable to work in child care, although this has not yet been decided upon.

There are no previous CSC records prior to the current contact.

2. Social resources: wider family, community resources and social integration

The family can drive and have access to local amenties and social networks.

Given their rural location this is important for the children's use of local resources.

3. Housing

No concerns identified.

Home conditions were very good. The children share a bed room with an upper and lower bunk bed.

Clean bedding was noted.

4. Employment and income

Father works self employed at home in his workshop, which is an outbuilding of the property.

Mother is studying child care at Ludlow college and is awating a LADO hearing before determining whether she should continue (if allowed) with her study.

Analysis, recommendations and decisions

Analysis

In light of further information from Pippa's school who rang the MASH to express concerns that Pippa has brusing to her arm and leg when she went swimming with the school on 14/05/15, the case destination for this Initial assessment has changed from closure to a child in need plan. I undertook a home visit to the address and initally only Jim (Father) was present. I informed him of the concerns. He was agitated and when Meg and Pippa subsequently arrived home he would not intially look at Pippa marks to her arm and leg. As there was no disclosure by Pippa that she was grabbed by her mother or father, this was not a section 47 enquiry. Pippa told me when alone that her friend in school grabbed her for the small bruises on her arms, or she may have caught her arm on the way into her Father's car and she was unsure as to how she occured her bruises to the leg. It was agreed that the parents would take Pippa for a non child protection medical to their local practice and Heather Manning from the MASH prioritised this appointment. However, following my departure a strategy meeting took place by the EDT team and a child protection took place on saturday at Hereford Hospital, after the cp medical was requested on the Friday. The findings are below: Summary: - Pippa has been seen by a Social worker today (myself) - In addition, she has been seen by a GP (local) who has expressed that he is 'not suspicious' about the concerns to the Paediatrician. - Father reports that they were keen for Pippa to see a GP to resolve the concerns around bruising. - Confusion over what bruises have been observed and on which arm, this will need clarification during the medical. - Pippa is now in bed and settled. No concerns raised about Pippa's presentation when she was seen by GP. - There have been now two concerns around mother's chastisement of Pippa from the nursery, and another concern which was not reported until afterwards. Paeditrican Dr S Meyrick concluded in his cp medical report (see documents) that he "cannot find a pattern of bruising that would concern me". and that the bruises to the arm are consistent with Pippa's disclosure that she was grabbed by a friend in school. On this basis therefore, I do not view any concerns to be of a child protection nature, but there are concerns about mother's views on chastisement and a family worker would be beneficial in this respect. The children's voice are to be heard as part of the home environment. Recommendations Practitioner's recommendations

Core assessment and CIN plan Family worker to work with Mother on appropriate levels of chatisement. Voices of the children to be heard about the home environment. If no further action, should a CAF delivery plan and review be considered? O Yes O No Comments, complaints and compliments leaflet Provided to family Date Date

| Feedback on original referral | |
|---|---|
| ☐ Given to referrer | Date |
| | |
| Social worker | |
| Name | Date 08/05/2015 |
| Paul Coleman | |
| Parent(s) / carer(s) and significant other(s)' views / res The parents would like a copy of my initial assessment was of the view that my involvement was at the level of involvement is currently only on a voluntary basis and enquiries. | nt following it's completion. Initially, Father Jim of a Section 47 enquiry. I clarified that my |
| Child(ren) / young person(s)' views / response to issue | |
| Freya states that she is very happy at home and talke | ed about how much she likes school. |
| Pippa was less communicative but showed me her be to where she sleeps. | edroom and pointed to the bottom bunk bed as |
| Manager's decision | |
| Decision | |
| Case previously put through for closure then a further the MASH to express concerns that Pippa has brusin with the school on 14/05/15. Pippa made no alegation undertaken that raised no concerns. Mother is subject to inappropriate chastisement and mother's views on parassessment is needed to further explore the family fur out with both parents. | g to her arm and leg when she went swimming a gainst any adult and her GP had a medical to a LADO investigation and concerns are around renting and discipline generally therefore a core |
| Wishes and feelings work to be carried out with both | children. |
| | te this Initial Assessment was completed /06/2015 |
| If any of the children have not been seen during the cou Assessment reopened and updated following new info | |
| Has this Assessment been completed in the corre | ct timescales? |
| | |
| If the assessment has not been completed within the t | timpecales places salect a reason why |
| in the assessment has not been completed within the t | umescales, please select a reason why |
| | |
| The child(ren) / young person(s) is a child in need | as defined in the Children Act 1999 |
| Name Is a child / young person in ne | |
| | |
| | |
| | |
| | |

| Parental/Child f | actors at assess | sment | | | | |
|---|-------------------------------------|-----------------------------------|---------------------------|--|--|--|
| | | | nould be indicated be | elow - multiple factors | | |
| ☐ Emotional abuse ☐ Child sexual exploitation | ☐ Neglect ☐ Domestic Violence | ☑ Physical Abuse ☐ Drug misuse | □ Sexual Abuse □ Gangs | ☐ Alcohol misuse ☐ Learning Disability | | |
| □ Mental Health | ☐ Missing | ☐ Physical disability or illness | y □ Privately fostere | • | | |
| ☐ Socially unacceptable behaviour | ☐ Trafficking | □UASC | ☐ Young Carer | | | |
| Parent/Carer | | | | | | |
| ☐ Alcohol misuse | ☐ Domestic Violence | ☐ Drug misuse | ☐ Learning Disability | ☐ Mental Health | | |
| ☐ Physical Disabilit | y or illness | | , | | | |
| Other family / hous | sehold member | | | | | |
| ☐ Alcohol misuse | ☐ Domestic Violence | □ Drug Misuse | ☐ Learning Disability | ☐ Mental Health | | |
| ☐ Physical disability | | | Diodomity | | | |
| General | | | | | | |
| ☐ No factors identified | ☐ Other | | | | | |
| | | | | | | |