

One Minute Guide - Child Impact Analysis

The Child Impact Analysis is a crucial element of the Child & Family Assessment. The analysis should focus on the child's lived experience and tell the reader about how their care has impacted on their safety, well-being, health and development.

It is the social workers responsibility to evidence that the child has suffered, or is likely to suffer harm, therefore, must provide proof that the care the child has received has impacted on them, or is likely to impact on them. A child's experience of their parenting or significant event will vary from child to child and will depend on many factors such as their resilience, other parenting factors, frequency of events, other significant people in the child's life, and other mitigating factors or vulnerabilities. For this reason, each child should be considered individually.

Describe the child's daily life and experience at the time the harm was identified

Lessons from serious case reviews provide further confirmation of the importance of seeing, hearing and listening to the experiences of the child from the child directly to enable a child to share the risks and safety issues within their lives.

This section is an opportunity to bring the child into the centre of the assessment, provide a picture of family life from the child's perspective, and add context to the evidence set out in the chronology. This is essentially a risk analysis from the child's perspective.

Following are some key questions that should be considered when preparing your analysis (dependent on age and understanding):

- ❖ What is life like for the child? Describe a day in the life of the child.
- ❖ What impact has the child's care experience had on the child's safety, health, development, or wellbeing?
- ❖ Who does the child see as a safe adult? Who does the child go to for comfort and to have their needs met? Are their needs met when they seek this person out?

- ❖ What does your direct work tell you about the child's world?
- ❖ Is the child resilient? Is there a risk that the child's resilience will obscure the harm they have suffered?

- ❖ Where there are issues of **mental health**:
 - What is the impact of mood changes or other changes in presentation?
 - What is the child's understanding of their parent(s) mental health issues?
 - How variable is their care experience? Does one day look different to the next?
 - What does the child do when their parent is unwell?
 - Does the parents presentation, ideations, beliefs, etc influence the child's view of the world and other people, particularly safe adults? If so, how?

- ❖ Where there are issues of **domestic violence**:
 - Where was the child during the identified incidents? How does the child stay safe? Where do the parents think they are during these incidents?
 - Who checks on the child's welfare following an incident? How does the parent follow up these incidents with the child?
 - Has the child ever intervened or become entangled?
 - What were the parent's observations of the child's behaviour during, immediately after, and in the days or weeks following the incident? How does this compare to the professionals observations? How long does it take the child to settle after an incident?
 - At what stage of development has the child experienced domestic violence? What does the research tell us about the potential impact?
 - How does the child feel during/immediately after/days or weeks after the incident?
 - What does your direct work tell you about the child's understanding of the incidents and view of adults?
 - How will this or other incidents effect the child's emotional, social or behavioural development in the future?

- ❖ Where there are issues of **basic neglect**:

- Age and self-care: who does the child depend onto meet their basic needs, and are they able to do this?, does the child have any self-care skills? Would you expect the child to have self-care skills at their age?,
- Availability of food (is there food in the cupboards? When is the next shop/ pay day? Is the food healthy/ packaged/ processed/ age appropriate?, is there enough formula?), does the child go hungry or thirsty?, when is the child fed/ is there a routine in place?, is the child fed when their parents are hungry or when the child is hungry?, is the child under/over fed?,
- Health: what does the child's health and weight chart tell us about their care?, does the child have good dental health? has the child been taken to relevant medical appointments?, does the child have any minor or major medical issues that have gone untreated, if so how does this impact on the child?, is the child regularly unwell, why is this?, what do the GP records tell us about the child's day to day care?,
- What impact has neglect had on the child's behaviour? Are they showing any of the following concerning behaviours - withdrawn, suddenly behaving differently, anxious, clingy, depressed, aggressive, problems sleeping, eating disorders, wets the bed, soils clothes, takes risks, misses school, changes in eating habits, obsessive behaviour, nightmares, drugs, alcohol, self-harm, thoughts about suicide?;
- Where there noticeably poor presentation or personal hygiene, what effect has this had on the child's self-esteem and peer relationships?
- At what stages of development has the child experienced neglect? What does attachment theory indicate about the impact?
- Stimulation: is the environment overly under/over stimulating?, availability of toys (where are the toys kept? Are they accessible to the child? Are they age appropriate and interesting to the child?, what have you observed the child do when they are at home?, how does the child entertain them self?, what games have you observed the parent and child play?, how does the parent entertain the child?, would you describe play as age appropriate/ typical or distinctive/ boisterous/ absent/ fun/ aimless/ chaotic/ parent led/ child led /violent/ sexual?

❖ Where there are issues of **environmental neglect**:

- What is the home environment like? Where there is environmental neglect it is best practice to write a summary of what you see in each room. You may wish to comment on:
 - Ambience: smell, temperature (is it excessively hot/ cold/ humid?), lighting (Are the curtains drawn during day light hours? Is there power?), air quality (is it stuffy/ humid/ smelly/ mouldy?);
 - Cleanliness and hygiene (are the floor and surfaces sticky/ unhygienic/ cluttered/ covered in rubbish/ evidence of pet waste?), items on the floor or surfaces (what are these items?, how long would it take to accumulate the clutter you are seeing?);
 - Does the state of the home pose a risk to the child's safety, health, or development?
 - What is the child learning about self-care and lifestyle?
 - What factors are contributing to the state of the home environment?

❖ Where there are issues of **emotional neglect**:

- What does the child think of themselves?
- Does the child expect to be listened to, or comforted? How does the child respond to comfort? What does the child expect from others?
- How does the child respond when their needs go unmet or unnoticed?
- What has the child learned about the value of their feelings and self-worth?
- What value does the child place on others' feelings and worth?
- Has there any impact on how the child tolerates, recognizes, copes with, interprets, manages and expresses their emotions?

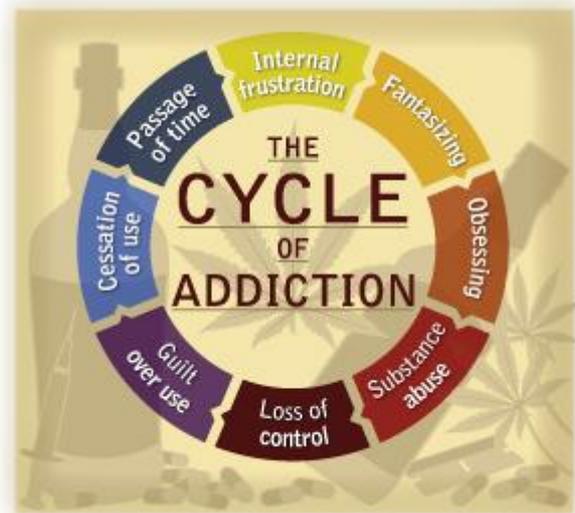
❖ Where there are issues of **alcohol or substance misuse**:

- How does the cycle of addiction impact on the consistency and predictability of the child's care?
- Consider factors such as:
 - How do they fund their use? How much does it cost, and what proportion of their weekly income is this? Does the child go without as a consequence?
 - From whom and where do they acquire substances? Is there a risk involved to the child?

- What are the effects of alcohol or substances on the parents functioning and presentation? How is this experienced by the child?
- What are the effects of withdrawal on the parents functioning and presentation? How is this experienced by the child?

The Cycle of Addiction is characterized by the following factors. Consider them and how the child may experience these behaviours:

- ❖ Frustration and internal pain that leads to anxiety and a demand for relief of these symptoms,
- ❖ Fantasizing about using alcohol and drugs or behaviours to relieve the uncomfortable symptoms,
- ❖ Obsessing about using drugs and alcohol and how his or her life will be after the use of substances,
- ❖ Engaging in the addictive activity, such as using substances to gain relief (acting out),
- ❖ Losing control over the behaviour,
- ❖ Developing feelings of remorse, guilt and shame, which lead to feelings of dissatisfaction,
- ❖ Making a promise or resolve to oneself to stop the behaviour or substance use.



After a period of time, the pain returns, and the addict begins to experience the fantasies of using substances again. **This cycle can rotate on a variable basis. For example, binge users rotate through this cycle more slowly. Daily users may rotate through the cycle of addiction daily or several times throughout the day.**

Cycle of Addiction - <http://www.recoveryconnection.org/cycle-of-addiction/>

The Child's Journey

When considering the child's journey it is helpful to consider the duration that the child has been assessed as being at risk of significant harm.

- ❖ Consider the child's journey. How long has the child been assessed as being at risk of significant harm?
 - Do you consider that the parents have adequate time to make changes?
 - Have the parents made full use of the opportunities and resources afforded to them?
 - Based on previous behaviour, what is the prognosis for change? Are the parents likely to make good use of the assessments or interventions?
 - If further assessment is recommended, how will this affect the overall timescale of the child's journey?
 - Has the child experienced previous care proceedings, periods of care, or child protection plans? What will be the impact of further delay?
- ❖ Consider whether the delay is reasonable or unnecessary:
 - Reasonable delay can occur where there is a positive prognosis and it is in the child's best interests to delay the outcome of care proceedings to preserve the family unit.
 - Unnecessary delay relates to avoidable issues, such as repetitive and sequential assessment of parenting capacity where evidence is already available to the court, poor pre-proceedings assessment and intervention,

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