

ICPC CHAIR - Kate

1. Health visitor – Lois (Student Number: 2307781)
2. Childs key worker – Ella (Student Number: 2304637)
3. Police officer – Kennadi (Student number: 2406546)
4. Manager/Head of safeguarding in the setting – Alanis (Student number: 2318398)
5. Social worker – Kate (Student Number: 2315485)

Group reference list and scripts

→ Health visitor – Lois

Introduction

Good morning my name is Lois Duffy, and I am the health visitor of Tom smith, aged 3 years old. I have been with them since the birth of Tom and have had regular visits with them for the past 3 years. I am here today to share my concerns that have been raised and show my support to the family. My role as the health visitor entails monitoring the health, development, and well-being of Tom, and more recently his younger sister Lucy, while offering support to their parents, Mum Mary and her partner Joe. As part of this responsibility, I am tasked with ensuring that both children thrive in a safe and supportive environment. This includes regularly assessing their physical, emotional, and developmental needs, and providing guidance or referrals for additional support when necessary.

In line with the **Children Act 1989** and the **Social Services and Well-being (Wales) Act 2014**, I am also required to monitor the situation for any signs of neglect, abuse, or any issues that might impact the children's well-being, offering appropriate interventions to safeguard their welfare. I also work under the **children act 2004** which requires professionals to work collaborated to safeguard children. While doing my job I have allowed myself to get an inside of the family and their daily routines. When I first started visiting the family home, I noticed that the house was a very clean environment,

and that mum Mary was very happy and content with all the relationships around her, with very strong communication skills throughout. Furthermore, the **Well-being of Future Generations (Wales) Act 2015** requires public authorities and individuals in Wales to act in ways that promote the well-being of children and ensure their right to a family life. If consistent contact is being obstructed, it may be a violation of these principles.

(Royal college of paediatrics and child health, 2018) to provide some context, Tom is a 3-year-old male, and based on my assessments Tom's health is generally good, he suffered with colic as a baby but since he has not had any frequent illnesses, before Lucy being born, he was hitting most developmental milestones and was up to date with all immunizations. Since the birth of Lucy I have noticed his health has deteriorated, suffering with many chest infections, and it has also been brought to my attention that his hygiene has also weakened. He has become very clingy and anxious. Tom is also behind on immunizations, which are due just before he starts school, these have been scheduled for nearly 2 months and mum did not attend the appointment with Tom.

I would like to outline the specific concerns that have come to my attention.

(GOV.UK,2019) During my most recent visit, I witnessed signs of emotional abuse, exposure to alcohol abuse, and neglect. Upon entering the home, I noticed that mum seemed absent-minded, with a strong smell of alcohol on her breath. As I moved through the house, I observed empty alcohol bottles, and the house appeared very unorganized and dirty. Both children appeared to be wearing unhygienic clothes, and Tom seemed unusually anxious and clingy. When I weighed Lucy, I found that she was not hitting her growth percentile and had significantly dropped in weight. When I raised this concern with mum, she seemed unaware of the cause.

During the visit, I expressed my concerns to mum about her health, well-being, and the welfare of the children. I suggested that she book an appointment with her GP to discuss potential issues such as postnatal depression and alcohol abuse. Mum acknowledged that she was struggling and appeared open to receiving help.

In relation to safeguarding, the **Social Services and Well-being (Wales) Act 2014** plays a critical role in ensuring the well-being of children and placing a strong emphasis

on early intervention when there are concerns about a child's health, development, or overall safety. The Act encourages the provision of appropriate services to prevent further harm and to support families in crisis. The **Children Act 1989**, and **Children Act 2004** also highlight the importance of prioritizing the welfare of children and ensuring that authorities intervene when necessary to protect children from harm. These laws make it clear that safeguarding involves not just identifying and reporting concerns, but also working collaboratively with families and other agencies to ensure that children receive the care and protection they need

In response to these concerns, I have conducted regular home visits to ensure the safety of Tom, Lucy and mum, and referred mum to the local GP so she can receive the support she quite clearly needs. Regarding Tom and Lucy, I was aware of my concerns and my duty of care under the act of **(children act 1989)** which places a duty on local authorities to safeguard and promote the welfare of children. Defining neglect as the failure to meet a child's basic physical, emotional, or educational needs. **(Bowlby, 1971)** theory states that the emotional and social development of a child is shaped by their relationship with their primary caregivers. Given this scenario it is impossible for Tom and Lucy to Excel in their development living in these conditions.

In conclusion to my statement in my professional opinion I think a child protection plan will be beneficial for both children. Thank you for listening to my statement.

→ **Childs key worker – Ella**

Good morning, my name is Ella Evans, and I am Tom's keyworker. I have been working with Tom and their family for the past 2 years, and I'm here today to provide an update on the concerns that have been raised as well as to outline the support and interventions that are currently in place. More recently I have observed signs that require attention.

The primary concerns are Tom and Lucys safety and well-being, particularly regarding emotional abuse, alcohol abuse and neglect. Under **the Children Act 1989**, our duty

of care as a nursery prioritizes the children's welfare. **Section 47** requires investigation if there's reasonable cause to suspect a child is at risk of significant harm, guiding our multi-agency approach to safeguard Tom. While Tom has normally been a happy, engaged child at nursery more recently he has become increasingly disengaged and anxious, and often arrives dirty and hungry as well as wearing the same clothes for several days. Additionally, Mum's new partner, Joe, who had never previously collected Tom, had previously started doing so regularly, raising safeguarding concerns. Following the **Children Act 2004**, we initially refused to allow Tom to leave with Joe to ensure his safety. In line with the **Social and Well-being (Wales) Act 2014**, we've had to ensure Tom's well-being is central to all our actions and this legislation reinforces our duty to respond quickly in cases of concern.

From a developmental perspective, I've noticed Tom is struggling with emotional regulation, particularly in his increased attachment to me and difficulty with separation from mum at drop-off which may reflect stress from home. I've shared these concerns with our nursery manager Alanis, and we're exploring multi-agency support.

The United Nations Convention on the Rights of the Child (UNICEF, 1989) outlines the right to protection and development, especially **Article 6** which emphasizes the right to life and development. In Toms case, his recent emotional struggles and attachment issues suggest that his development may be affected by the stress or challenges at home. As well as **Article 19** which mandates protection from abuse and neglect. Toms emotional distress, changes in behavior, and my concerns about neglect highlight the need for protection. Our efforts to safeguard him, including seeking multiagency support, are aligned with these rights and the **Social Services and Well-being (Wales) Act 2014**. Through a collaborative approach we aim to ensure that Tom's welfare is priority, and provide the support needed for his well-being

I have spent time with mum during drop-off and briefly met her new partner and I have concerns about substance abuse, they both display a noticeable smell of alcohol. This is concerning as Tom's one year old sister, Lucy, is at home. Tom's mother has expressed difficulty adjusting to everyday routine after Lucy's birth, and we have advised her to contact her health visitor, as this could indicate postnatal depression. Under the **Children Act 2004**, professionals are required to ensure the safety and welfare of children, and I believe that it is vital to continue assessing the situation and provide the necessary interventions to safeguard both children. While we've shared

our concerns with the family, and some changes are being made, I believe there are still ongoing risks that need to be addressed.

In our efforts to protect Tom, we are following the **Safeguarding Children and Young people: Roles and Competencies for Health Care Staff framework**. (Portsmouth Safeguarding Children Partnership, 2019). This ensures we stay vigilant and responsive to any potential risks affecting Toms safety and the **Children Act 1989**, which requires collaboration among professionals to address the risks in the household and ensure the children's well-being.

In response to these concerns, a number of interventions have been put in place. After reporting my concerns to the nursery manager Alanis, we decided to call the police as a concern of the parents where Toms mother appeared intoxicated, in accordance with the **Safeguarding Vulnerable Groups Act 2006**. This raised concerns not only for Tom's safety but also for Lucy.

Alanis can you please confirm this incident happened, and we had a meeting to decide on our next steps?

Additionally, I have provided practical support to the family such as helping with access to basic needs.

Our safeguarding actions are guided by the **Working Together to Safeguard Children 2023** guidance, which emphasizes the early identification and intervention for children at risk. (GOV.UK 2023).

As the concerns have grown, we have continued to assess and monitor the situation closely. (**Wales Safeguarding Procedures, 2020**). Despite interventions, I remain concerned about the ongoing risk to Tom as there are gaps in his mother's ability to provide consistent care. Under section 17 of the **Children Act 1989**, we are required to assess Tom's needs holistically, considering both the immediate and long-term risks. Based on the information I've gathered; I believe he is still at risk of neglect. It is essential that we continue to assess the situation and determine whether additional protective measures are needed, as outlined by the **Children and Families (Wales) Measure 2010**.

Looking ahead, I recommend a more consistent and comprehensive approach to supporting Tom and his family. The nursery should propose a clear plan of action following the conference. Given the ongoing concerns about Tom and Lucy, the

Children and Families Act 2014 underscores the need for a multi-agency approach. By collaborating with professionals, we can ensure that Tom receives the support he needs. The **Children Act 2004**, which places legal duty on all agencies to cooperate, the provisions reinforce the need for a coordinated, swift response to ensure Tom and Lucy are protected.

To conclude my report, while there have been a few positive steps taken by the family, I believe that significant concerns remain regarding Tom and his sister Lucy's safety and believe a Child protection plan would be necessary. I'm committed to working alongside the family and other professionals to ensure that the appropriate support is in place, and that we all take necessary steps to protect him from harm and neglect.

→ **Manager/Head of safeguarding in the setting – Alanis**

Safeguarding Procedures

Hi, my name is Alanis Jones, I am the Nursery Manager and the designated safeguarding officer (DSO).

My role in safeguarding is to ensure the safety, well-being and the development of all the children in the nursery is priority. The nursery and my responsibility as manager is to ensure that the environment is always supportive and safe for both children and the staff (Working together to Safeguard children,2023 and Baginsky,2022). As the lead DSO I have many responsibilities regarding the safety of all the children in the Nursery (Ward *et al.* 2012) for example I must lead the development and review of safeguarding and child protection policies for the nursery, I must ensure that all issues related to children and young people participating in the nurseries activities are addressed appropriately, also, ensure that everyone working or volunteering with or for children and young people at the nursery are aware of the safeguarding and child protection policy and procedures, as well as what to do if they have concerns about a child's welfare and liaise with other staff and receive information from statutory child protection agencies such as the local authority child protection services and the police. These are just a few main points I must take control of as a manager of a nursery to

ensure a safe place for all children in the nursery (NSPCC, 2019 and Leeds safeguarding children partnership, 2024).

When working with children and their families it is important that the nursery builds strong relationships with the parents and/or guardians to enable trust in the care of their children and be accessible to listen to any concerns from the parents/guardians regarding the children or their families. It is also important to ensure the parents are aware of the safeguarding policies and procedures (Keeping children safe in education, 2015). Through these positive relationships between staff and parents they can prevent any issues from getting worse and provide a safer and more controlled environment for the children to be cared for in (Firmin, 2022 and Buckler, 2023).

I have known Tom for the past two years since he started in the nursery. At the beginning of his nursery journey he was always happy coming to nursery and seemed to enjoy playing with his friends all day. However, recently since his younger sister Lucy was born, we have noticed some inconsistencies in his behaviour and general well-being. Ella brought it to my attention that he was coming into school wearing the same clothes multiple days in a row and that she had noticed some hygiene issues such as not being washed properly. Can you confirm this, Ella? Recently Tom was dropped off at nursery by an unknown male which raised some problems with me as I did not recognise him. Ella and I had a discussion that morning regarding all the current issues we had started to notice with Tom and decided we needed a more in-depth meeting to discuss what had been going on. After this meeting, Ella and I decided to report the issues to the police. As a key worker and a nursery manager we legally had to ensure that Tom was safe at home, and we didn't want to take any risks that he could be in harm. Together we did face some barriers such as Tom's mum becoming upset or worried and resulting in her losing her trust with the nursery, which we wanted to avoid as much as possible however Tom and Lucy's safety is number one priority (The children's Act 1989 and The Children Act 2004).

After the meeting we made a report to the police as we wanted to make a referral as early as possible because we know the importance of early intervention when keeping children safe (Wales Safer Communities, n.d.) The role of Operation Encompass came into function here as I notified the experts, in this case the police, when we noticed Tom was involved in an episode of neglect or abuse at home. The purpose of operation

Encompass is to improve safety and support for children who may be at risk or suffering because of domestic abuse (Operation Encompass, n.d.).

As the DSO my main goal is to ensure the safety of Tom and Lucy in this situation, to ensure both children are in safe hands I have made sure I have followed all legal policies correctly. For example, in this safeguarding context, a child's rights must be prioritized to ensure their safety and well-being. These rights are stated in the United Nations Convention on the Rights of the Child (UNCRC). They state that all children have the right to protection from abuse, neglect, and exploitation, as well as the right to live in a safe and nurturing environment.

Furthermore, before concluding on whether we believe a child protection plan needs to be put into place I would like to add that all children are entitled to privacy, confidentiality, and access to support services, including medical, psychological, and legal assistance (UNCRC, Article 16, Article 24 and Article 31, 2024). My recommendation would be that Tom and Lucy would benefit from a child protection plan to protect them from any continuous harm and to give them the right to have the correct services around them to ensure they will be protected and cared for efficiently.

→ **Police Officer/Child Protection Officer – Kennadi**

Introduction:

Hello, my name is Kennadi Rupp, I am the police protection officer who responded to the Smith home on two separate occasions for alcohol-related disturbances. The information I'm sharing with you today falls under the regulations set by **Section 8 of the General Data Protection Regulation (2016)** since Mum has consented for the information to be shared and used. **Section 2.73 of the Bichard Inquiry (2004)**, states that it is vital for all documentation to be easily accessible and shared between local authorities to identify developing behaviour patterns, which is what we are doing here today.

First Visit:

The first visit occurred on Wednesday, November 6th when a concerned neighbour called for a welfare check on the household. When I arrived at the Smith home, Mary answered the door, and Joe stood close behind her. They were hesitant to speak with me at first, saying nothing was wrong, and that they were only having a small argument. As a police officer, I must investigate if I have reasonable cause to suspect a child is suffering or is at significant risk of suffering (Section 47 of the Children Act 1989). I explained that I just needed to check that she and her children were safe, so Mary brought 3-year-old Tom, and 1-year-old Lucy to the door. I quickly noticed signs of heavy alcohol use from the empty alcohol bottles littering the floor, and a potent smell of alcohol coming from both Mum and her partner. I also took note of the signs of neglect such as the children dressed in dirty, worn clothing, and used nappies left around the home. Tom was withdrawn, avoided all eye contact, and was non-verbal during our interaction. These are signs of abuse and neglect (NSPCC, Briefing Police, 2015). Neglect is defined as failure to meet a child's needs and is the most common form of child abuse (NSPCC, Briefing Neglect, 2022). Lucy was crying and covered in what appeared to be dried food. When discussing the children's needs, I only spoke directly to Mary about it, as she is their only legal guardian at the residence, and she has sole responsibility for both children (Chapter 48, Subsection 1, Child Support Act 1991; and Article 18 of The UN Convention on the Rights of the Child, 1989).

I felt comfortable leaving the Smith home without further criminal investigation because the neglect was not serious enough to warrant it (multi-agency protocol for thresholds for joint social services, police, and single agency child protection section 47 inquiries, 2023). I did not have the power to decide for Mary on how to handle the argument with her partner, as I believed Mary had the mental capacity by the time I left the residence, to handle the situation on her own (Mental Capacity Act, 2005). Due to regulations laid out by Operation Encompass (no date), I reported the incident to the head of safeguarding at Tom's school before the following school day. Alanis, can you confirm this is correct?

Second Visit:

I visited the Smith home a second time on Tuesday, November 12th, after another potential domestic violence call was made by the same neighbour. The neighbour followed protocol from Wales Safeguarding Procedures (2019) and Mid and West Wales Safeguarding Adults Board Regional Adult Safeguarding Threshold

Guidance Document (2018) that states that every person should be an active partner in safeguarding and any person who has knowledge, concerns, or suspicions of child abuse or neglect must report it to police or social services. She reported finding her neighbour's 3-year-old son sitting alone on his front steps, crying. She says she could hear two adults yelling inside before he told her, "Mummy is sad, so now I'm sad". When I arrived at the home, Tom was still visibly upset, and saying he didn't want to go back inside. I first looked at Tom, checking for any physical harm, as in line with protocol from the NSPCC, Briefing Neglect 2022, which states that police must ensure a child's needs are met, before a parent. By looking at Tom first, I was also in line with the Childcare Act (2006) and Working Together to Safeguard Children (2023) which explain that all local authorities must attempt to improve the well-being of young children and that all children have the right to full protection under criminal law. While interacting with Tom, I allowed him to speak freely, because all children deserve to have their wishes and feelings heard (Section 3.8, All Wales Child Protection Procedures, 2008). I was diligent in observing Tom's behaviours and recording what he said and did (NSPCC, Voice of the Child, 2024a).

When Mary answered the door, I asked to see Lucy to ensure she was okay. Lucy's clothing was soaked in old and new urine, she had a full nappy and looked like she had been crying for quite some time. When I first spoke with Mary, the smell of alcohol was potent, and she appeared intoxicated. She had not realized Tom was outside but appeared genuinely distraught knowing that her son was out of the house without her knowledge.

Conclusion:

I believe Tom and Lucy qualify for a Child Protection Plan and would benefit greatly from the extra support. Based on my interactions with Mum and the information I've received from Lois about her mental health, Mary struggles with post-natal depression and alcoholism and would also benefit from a CPP. Lois, can you confirm this is correct?

When caregivers struggle with substance abuse, children, especially infants, are the most vulnerable to harm (NSPCC, Parents with Substance Use Problems, 2023). This unfortunate reality goes against the Human Rights Act 1998, Article 5, which states that everyone's right to life shall be protected by law, which is why I believe, after assessing the facts, Mary and her children need extra support at this time (Social Services and Well-being (Wales) Act, 2014). There are different levels of

systems set in place to assist families like the Smiths when a parent is dealing with a mental illness (Section 19 of the Multi-agency protocol for safeguarding children affected by parents who are experiencing mental ill health, 2017; and Regional Thresholds and Eligibility for support document, 2017). Thank you for listening to my report.

→ **Social worker – Kate**

Safeguarding Presentation

ICPC Chair and Social Worker's Role in Justifying a Child Protection Plan for Tom and Lucy Smith.

Introduction

Good morning and welcome to this Initial Child Protection Conference (ICPC) concerning the Smith family. My name is Kate Rowlands, Conference Chair and Social Worker, working with the children, (Tom, the three-year-old boy and Lucy his one-year-old sister), their parent Mary and her partner Joe. This ICPC is being held within the time constraints of Section 3, parts 1 and 2 of Wales Safeguarding Procedures, 2019 (Social Care Wales, n.d.: Munro, 2011 and The Social Services and Wellbeing (Wales) Act, 2014) that states under the Children Act 1989 and the Children Act 2004 that after the initial police referral the social services team must decide what action is to be taken within one working day. Section 47 of the Children Acts 1989 and 2004 would then be used to investigate the case and gather the information needed from multi agency professionals.

I would like to state that these proceedings are confidential and adhere to the General Data Protection Regulations (GDPR) (Data Protection Act, 2018).

The family have chosen not to attend the conference.

If everyone would be so kind as to introduce themselves, state their professional role and give their report to the conference.

Social Worker's Report to the Conference

As the family's social worker, I will discuss the risk factors impacting Tom and Lucy's well-being and development, based on evidence gathered from a police referral, (many thanks to Kennedy Rupp, our police protection officer) and two personal home visits. Mary, their mother, is suspected of struggling with postnatal depression and alcohol abuse, and her partner Joe, who is not the children's father, may also face issues with alcohol. The evidence suggests that Tom and Lucy may need a Child Protection Plan (CPP), which must be based on current safeguarding research, legislation, and best practice standards.

As professionals, our primary responsibility is to assess the immediate risks Tom and Lucy may face in their home environment. According to the All-Wales Child Protection Procedures and Wales Safeguarding Procedures section 130(4) (AWCPP, 2008 and Social Care Wales, no date), a CPP (Working Together to Safeguard Children, 2023) is necessary if children are at risk of "significant harm." In this case, both the parent and partners suspected alcohol misuse and Mary's potential postnatal depression are serious red flags. Parental depression and substance misuse are often linked to inconsistent caregiving and neglect (Murray, Swadener and Smith, 2020 and Cleaver, Unell and Aldgate, 2011).

In the recent police referral, incidents were noted where alcohol appeared to impact the family's stability. Visits further confirmed disorganisation and potential neglect, as well as concerning signs in Tom's behaviour, his neediness, observable mood, instability and possible anxiety (Bowlby, 1971).

The home environment we observed raises significant concerns about the children's emotional and developmental needs. For Tom, who is three years old, a secure, nurturing environment is essential for emotional development and learning. Research shows that inconsistent routines and caregivers' unavailability can affect a child's attachment and lead to difficulties in emotional regulation (Crittenden, 2017: Taylor and Meins, 2018 and Welsh Government, 2021). Mary's suspected depression and both adults' alcohol use presents a chaotic atmosphere that may affect Tom's ability to thrive. Lucy, at one year old, is even more vulnerable. Young children in such unstable environments are at risk of developmental delays due to lack of consistent

stimulation, nutrition, and responsive caregiving (Sawyer and Burton, 2012 and Maslow Cited in: Ahmad Dar and Sakthivel, 2022)

Considering the specific evidence gathered from the police referral and home visits. The police referral detailed incidents where alcohol-related disturbances compromised family stability, creating a potentially unsafe environment for Tom and Lucy. During two home visits, I observed concerning signs of possible neglect. The physical condition of the home, lack of organized routines, and the parents' appearance and behaviour indicated signs of stress and impaired caregiving capacity. Tom's clinginess and Lucy's apparent developmental delays during the visits further highlight their vulnerability. Would you agree with this assessment Lois? These observations align with findings from the NSPCC (2023), which shows that children exposed to neglectful or unstable environments often exhibit developmental and emotional distress. "A CPP should be considered if the family's circumstances and ability to protect the child are insufficient to safeguard the child from ongoing risk" (NSPCC, 2023).

Although Tom and Lucy are too young to verbalize their concerns, it's crucial to represent their experiences. According to the United Nations Convention on the Rights of the Child (UNCRC, 1989, Article 12), children have the right to be heard in matters affecting them. While they may not express their needs directly, their behaviours serve as a form of communication. Tom's insecurity and Lucy's observable delays indicate potential harm, and it's our responsibility to interpret these cues as part of their voices. Documenting these observations aligns with best practices to ensure that young children's experiences are understood and addressed (NSPCC, 2023: UNCRC, 1989).

A core part of the ICPC process is multi-agency input and collaboration. Insights from health and primary care specialists are essential in understanding the full spectrum of risk facing Tom and Lucy. (Extending, thanks to Alanis, Ella, Lois and Kennedy for their professionalism and care in this case.) The Social Services and Well-being (Wales) Act, (2014) calls for coordinated efforts to support and safeguard children. By sharing observations and input from health and all primary care professionals, provides further validation for a CPP, reinforcing the need for structured intervention to monitor the children's welfare and provide support for Mary and Joe (Social Services and Well-being (Wales) Act, 2014).

While ensuring the children's safety is our primary responsibility, a CPP would also involve providing resources to help Mary and Joe address their issues. Referrals to mental health and substance misuse services, parenting support, and follow-up visits would be essential steps to assist the family. The Well-being of Future Generations (Wales) Act, (2015) encourages sustainable interventions that address underlying issues, ultimately working towards a more stable home environment for Tom and Lucy. Supporting the family in a way that reduces risks long-term is essential to effective child protection (Barnardo's, 2020-21).

In summary, the evidence gathered from the police referral, two home visits, and collaboration with other professionals justifies a Child Protection Plan under the category of neglect and emotional abuse in line with section 17 of the Children Act (1989). Such a plan would safeguard Tom and Lucy's well-being, provide structured monitoring, and offer Mary and Joe support to help them work toward a safer, more nurturing environment. Would everyone support this? Everyone says YES!!! Thank you for your attention and commitment to these children's best interests.

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