Safeguarding: practice, legislation and the multi-disciplinary team

(ECEY5011)

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AI statement:

I confirm that I have used Co-Pilot for research purposes only. I confirm I have copies of my drafts, notes and other resources I used before and after the use of any AI tool which I may be asked to provide in evidence.

Initial Child Protection Conference

Jo – Social Worker (Introduction)

Welcome to this Initial Child Protection Conference. I'm Jo McDonough, the allocated Social Worker, and I'll be chairing today's meeting.

Today's focus is on Max Jones (aged 3) and Molly Jones (aged 11 months). Their parents are Sarah and Stephen Jones.

During this conference, we will:

- Share relevant professional information
- Assess the risk of significant harm, including ill-treatment and avoidable harm to physical, emotional, or social development, as defined in Section 3, Part 1, of the Wales Safeguarding Procedures (2019)
- And will Determine whether a Child Protection Plan is required under Section 47 of the *Children Act 1989*

This meeting is taking place within the statutory timescales, within 15 working days of the strategy discussion that identified the need for Section 47 enquiries. In accordance with Section 3, Parts 1 and 2 of the Wales Safeguarding Procedures (2019), Social Care Wales (n.d.), and Munro (2011), and is aligned with Part 7 of the *Social Services and Well-being (Wales) Act 2014.*

Information will be shared lawfully, proportionately, and in confidence aligning with the *Children Act 2004* chapter 31, part 10, UK GDPR, and common law. In exceptional safeguarding circumstances, data may be shared without consent where a clear legal basis exists (Information Commissioners Office, 2025).

Both parents have been informed about the ICPC process. Despite being made aware of its importance, encouragement and support to attend, Sarah and Stephen have declined participation. Their non-attendance has been referenced and formally recorded in accordance with Working Together to Safeguard Children (2018).

Thank you for your time and professional participation, please introduce yourselves in turn and share your reports for conference.

Kirstie - Keyworker

My name is Kirstie Harding, and I am the nominated keyworker for Max, who has been attending our nursery since September 2024.

Max is a happy, content and playful child who enjoys small world and construction play. He engages well in group activities and is happy to follow the lead of other children. He particularly enjoys being the nursery helper and responds well to adult praise.

Over recent weeks, Max has become noticeably withdrawn during group activities, appeared tired, and displayed signs of anxiety—particularly at drop-off. On 23rd June, he was brought to setting by an unfamiliar man who smelled of alcohol, later identified as his father- Steven. Max was wearing soiled clothing from the previous day and disclosed he hadn't eaten breakfast. This has since become a recurring pattern, suggesting his basic needs are not being consistently met, which the NSPCC (2025a) and Cardiff and Vale Safeguarding Board (n.d.) define as neglect. These concerns suggest that Max may be at risk of significant harm, a term first defined in Section 31 of the *Children Act 1989*.

Recently I observed Max raise his hand to a peer and verbally threaten to hit them over the possession of a toy. This was unusual behaviour from Max and is particularly concerning, as it may indicate emotional abuse, defined as the continual emotional mistreatment of a child (NSPCC, 2025a; Childline, n.d.) such as feeling scared or seeing others at home being violent, abusive or aggressive, which according to Treat *et al.* (2019), can increased the risk of developmental and health issues.

In line with Bronfenbrenner (1979)'s mesosystem theory , we encourage strong home – setting relationships and in doing so Sarah has been open with us regarding family's circumstances, including Steven's imprisonment and their history of domestic abuse, which—under the *Domestic Abuse Act 2021*—recognises children who witness abuse as victims themselves.

These factors, as outlined by the NSPCC (2025a) and the *Adverse Childhood Experiences (ACE) Policy* (Welsh Government, 2021), may place Max and his

sibling at increased risk of harm which is defined as ill-treatment of health or development by Burton & Reid (2017).

As Max's keyworker, I have a professional responsibility to advocate for his needs, prioritising his best interests and well-being as supported by Article 3 of the United Nations Convention on the Rights of the Child (1989), the *Children Act 1989*, and the *Social Services and Well-being (Wales) Act 2014*. Raising these concerns now, supports early intervention and collaborative working to ensure the appropriate services are in place to support Max and his family (Children Act 2004: section 10; *Children's Commissioner for Wales (Welsh Government, 2021)*.

As a setting, our safeguarding policy aligns with Standard 20 the National Minimum Standards for Regulated Childcare (Welsh Government, 2023) and adheres to the Wales Safeguarding Procedures (Social Care Wales, 2019). These frameworks are underpinned by Article 19 of the United Nations Convention on the Rights of the Child (1989). All of which places a legal duty on all professionals to protect children from violence, abuse, neglect, and mistreatment.

In line with our policy and Section 4 of the *Childcare Act 2006,* I have completed all required child protection and safeguarding training to recognise signs of abuse, neglect, and harm. I am fully aware of my duty to record and report any concerns that a child may be at risk, in line with the Working Together to Safeguard People: Code of Safeguarding Practice (Welsh Government, 2022a).

I reported my concerns to our Designated Safeguarding Person (DSP), Vicky Evans, on 23rd June 2025, as required by the Wales Safeguarding Procedures (Social Care Wales, 2019) and Section 5.2 of the Care Inspectorate Wales (CIW) Safeguarding Policy (2021). *Vicky, could you kindly confirm this?*

In accordance with Standard 20.3 of the National Minimum Standards for Regulated Childcare (Welsh Government 2023), our safeguarding policy was shared with Max's mother during his induction. A copy of the *Ending Physical Punishment in Wales* document (Welsh Government,2022b) which highlights key aspects of the *Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020* was also provided at that time. All documentation was offered in Welsh, as recommended by the Welsh Language (Wales) Measure 2011.

Based on my observations and professional judgement, I am concerned that Max may not be receiving consistent emotional or physical care at home. I believe coordinated support across services and education is essential to safeguard his welfare (Pithouse and Crowley, 2016). I believe this family would benefit from a Parent nurturing programme, which according to Morris *et al.* (2017) and Public Health Wales (2015) can break the intergenerational cycle of ACEs by strengthening parent–child relationships and providing social support. I would also recommend a trauma-sensitive well-being programme, such as the Thrive Approach, to support Max's emotional and social development, safeguarding his future health and well-being (Well-being of Future Generations (Wales) Act 2015). This could be implemented within our setting and continued through his transition to school, if required.

Thank you

Vicky - Nursery Manager (DSP)

My name is Vicky Evans, and I am the Designated Safeguarding Person and Nursery Manager at Seren Fach Nursery in Cardiff.

As a Nursery Manager and Designated Safeguarding Person (DSP), I am responsible for delivering high-quality early years education in line with the *EYFS Statutory Framework* (Department for Education, 2024a), while ensuring children's safety and well-being. My safeguarding duties are guided by key legislation including the Children Act 1989 and 2004, Working Together to Safeguard Children (HM Government, 2023), and Keeping Children Safe in Education (Department for Education, 2024b). As a CIW-registered setting, we follow the National Minimum Standards for Regulated Childcare (Welsh Government, 2023) and the Care Inspectorate Wales Safeguarding Policy (2021), which reinforce our duty to act promptly and effectively when concerns arise. CIW wants providers to stay alert and work closely with safeguarding partners

I lead on safeguarding by training staff, liaising with external agencies, and ensuring a safe, supportive environment for every child. I make certain all staff and volunteers understand safeguarding policies and undergo enhanced DBS checks as required by safer recruitment standards (GOV.UK, 2024). These checks are vital in identifying potential risks to children. Following the Soham tragedy, the Bichard Inquiry (2004) highlighted significant gaps in police vetting, leading to the creation of the Disclosure and Barring Service, which now underpins robust background checks for those working with vulnerable groups. In line with the Department for Education's (2024b) guidance, we only share personal data when necessary and justified to safeguard children from harm.

We also adhere to the principles of the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. While we respect the privacy of families, safeguarding concerns override data protection where a child may be at risk.

Our practice is underpinned by the United Nations Convention on the Rights of the Child (UNCRC), which the Welsh Government has embedded into law. This ensures that every child has the right to be safe, heard and protected from harm. Article 19 of the UNCRC specifically states that children must be protected from all forms of

physical or mental violence, injury, abuse, neglect or exploitation (Children's Commissioner for Wales, 2025).

With all this in mind I am here today to present the concerns raised by a staff member Kirstie regarding Max, a 3-year-old child who attends our setting.

These behavioural changes raised by Kirsty raises concerns about Max's emotional wellbeing and possible exposure to trauma. In line with Working Together to Safeguard People: Volume 5 – Handling Individual Cases to Protect Children at Risk (Welsh Government, 2018a), we have documented these observations and escalated our concerns appropriately.

In addition to the behavioural signs Kirstie noted, there were other concerns raised which could be indicators of neglect, as defined under Section 197 of the Social Services and Well-being (Wales) Act 2014, which includes the failure to meet a child's basic physical and emotional needs. Can you confirm that all this is true Kirstie?

We have made several attempts to engage with Sarah, Max's mother. However, she has appeared distracted and disengaged, offering no explanation for the changes in Max's presentation or behaviour. This lack of parental engagement is concerning and may indicate an inability to meet Max's needs, as outlined in the Wales Safeguarding Procedures, (Welsh Government, 2019b) Section 3.

The referral was made on 23rd of June 2025. This incident was recorded and reported in line with our safeguarding policy and the *Safeguarding Children: Guidance for Education Settings in Wales* (Welsh Government, 2022c).

Following this, a staff meeting was arranged to gather all relevant information. We learned that Max's father has recently been released from prison following a conviction for grievous bodily harm. Neighbours have reported hearing late-night arguments and sound of smashing coming from the family home and police have been called. There is also a baby sister under 12 months old who may be at risk who we are concerned for.

These concerns meet the threshold for significant harm under Section 130 of the Social Services and Well-being (Wales) Act 2014, which defines a "child at risk" as one who is experiencing or is at risk of abuse, neglect, or other kinds of harm and

has needs for care and support. In accordance with our duty to report under Section 130(4) Working together to safeguard children 2023 we made a formal referral to the local authority.

We have followed the *Wales Safeguarding Procedures* and ensured that all documentation is clear, factual and evidence based. Our setting is committed to multi-agency collaboration, as emphasised in *The Safeguarding Wales Regulations 2015* and we hope this meeting leads to a strong plan to keep Max and his sister safe, with clear actions to manage the risks.

Finally, I would like to acknowledge the legacy of the *Victoria Climbié Inquiry* (Laming, 2003), which highlighted the devastating consequences of professional failings and poor inter-agency communication. Lord Laming's report made over 100 recommendations to improve safeguarding systems, many of which underpin the frameworks we follow today. It is our collective responsibility to ensure that no child slips through the net again.

Thank you.

Abi - Health Visitor

My name is Abigail Sullivan, the Health Visitor of Max (age 3) and Mollie (age 11 months). Under Section 47 of the Children Act 1989, concerns have emerged regarding the children's welfare, linked to Sarah Jones's the children's mother deteriorating mental health, a possible alcohol relapse, and risks of neglect and emotional harm following Stephen Jones's the children's fathers return from prison in April 2025 (HM Government, 2023; Welsh Government, 2014a; 2014b). Where necessary by law, safeguarding professionals are permitted to share special category data in line with GDPR and the Data Protection Act 2018 (Smart *et al.*, 2021).

In my NHS role, I support families with children aged 0–19, promoting health and development through advice on parenting, sleep, feeding, holistic development and wellbeing (Edwards *et al.,* 2021; Well-being of Future Generations (Wales) Act, 2015). I conduct home visits to identify early concerns and collaborate with GPs, midwives, early years professionals and social workers to coordinate support (Jenkins and Cook, 2012; Peckover and Appleton, 2019; Shimwell, White and Green, 2024; Morton, 2024).

I have a duty of care to all children I support—particularly those like Max and Molly. Indicators such as poor hygiene, developmental delay, domestic violence, or unexplained injuries may signal abuse or neglect (Akehurst, 2015; NSPCC, 2012; Welsh Government, 2022a). UNICEF (2022a) affirms every child's right to clean water, healthcare, and a safe environment, as supported by Article 27 of the United Nations Convention right of the child (UNCRC), which ensures an adequate standard of living. These align with Maslow's hierarchy of needs—basic health, safety, love, and belonging (Pichère & Cadiat, 2015). Bronfenbrenner highlights the family's role of interaction within the microsystem as crucial to a child's emotional, social, and cognitive development (Guy-Evans, 2024).

Recognising risks such as parental substance misuse, domestic abuse, or unsafe home conditions is essential (Litherland, 2012). I conduct assessments in line with GDPR and Section 47 duties, contribute to multi-agency discussions, and document

interventions to ensure effective safeguarding (Thain, 2012; Social Care Wales, n.d.; Peckover and Appleton, 2019; NICE, 2017).

I have worked with the family since Max's birth, at this period Mr.Jones was present. He was imprisoned when Max was 15 months old. Max was born underweight at 5 pounds 2 ounces, bottle-fed and below the 2nd weight percentile by three months (Royal College of Paediatrics and Child Health, 2018; NHS, 2020). I referred the family to a dietitian however; Mrs Jones missed the initial appointment. Both parents were reluctant to engage with support, raising concerns about Mrs. Jones's well-being and mental health, especially when Mr. Jones was present and they did not fully engage with services.

However, following Mr. Jones's imprisonment, Mrs. Jones sought health support, including paediatric dietitian care for Max (British Dietetic Association, 2023), vaccinations and prenatal care for her pregnancy on Molly (now 11 months). Since Mr. Jones's release, her cooperation has declined; she missed two dietitian appointments and has not allowed me to do necessary checks on both children.

A recent consultation with the GP confirmed Max missed his MMR vaccine (NHS, 2024). Concerns from the setting practitioner include Mrs. Jones's poor engagement, hygiene, malnourishment, soiling and change in behaviour of Max.

Can you both please confirm this? (Kirstie and Vicky)

Despite several attempts, I have been unable to establish contact with the family. In line with my duty of care I contacted South Wales Police to accompany me on a welfare check to the family home (Nursing and Midwifery Council, 2018; Office, 2023, Welsh Government, 2025, Gwent Safeguarding 2022).

During a welfare check due to the Section 47 being requested, conducted with South Wales Police, Mrs. Jones appeared fearful and disengaged. The children's hygiene appeared to be lacking and they exhibited signs of being timid, disengaged and lethargic, suggesting an unsettled emotional state. Molly was seated in a highchair, seemingly without any interaction from the parents. Further examination of the home revealed a chaotic environment, with empty alcohol bottles scattered throughout and poor hygiene standards. The garden was cluttered with debris and the limited food available. The mother refrained from engaging in conversation and appeared

disengaged seeming to be apprehensive, as if she were seeking approval to speak indicating control. Her demeanour suggested a sense of unease and tension, leaving Mr. Jones to communicate on behalf of the family.

To conclude, Since Mr. Jones's release from prison in April 2025, concerns have arisen including the children's poor weight gain, missed appointments, limited parental engagement, and behavioural changes in both the mother and children. Mrs. Jones has become withdrawn, missing health check-ups and disengaging from healthcare and education services. A welfare visit revealed fearful behaviour, a disordered home, poor hygiene, and inadequate food—suggesting neglect, emotional harm, and possible coercive control.

The children are at risk of significant harm due to emotional abuse and neglect. Neglect, as defined by the NSPCC (2012) and the Social Services and Well-being (Wales) Act 2014, is the failure to meet basic needs, impacting development (Welsh Government, 2014a), and breaching United Nations Convention on the rights of the child UNCRC Articles 19, 24, and 27. Long-term effects may include health issues, mental health problems, behavioural difficulties, and substance misuse (Petersen, Joseph & Feit, 2014). I believe a child protection plan is vital. In line with Section 47 of the Children Act 1989 and the Childcare Act 2006, intervention and family support are essential to safeguard the children and promote their welfare.

Thank you

Amy – Police Officer

My name is Amy Cox, and I am a police officer with South Wales Police. I am here today to summarise the police involvement with this family and support multi-agency decisions to safeguard the children, Max and Molly, as per the *Social Services and Well-being (Wales) Act* 2014, which places a duty on us to work collaboratively to prevent harm coming to the children. This approach is further supported by the findings of the Laming Report (2009), which placed an emphasis on the importance of timely information sharing and robust inter-agency cooperation to safeguard children.

Over the past three weeks, we have responded to four separate incidents at this address, including two domestic callouts and one welfare call raised by a neighbour. The fourth welfare visit was with Health Visitor Abi Sullivan, which required us to use forced entry due to the mother, Sarah Jones, not engaging with officers on the scene. Forced entry was used under Section 17 of the Police and *Criminal Evidence Act* 1984 and guidance from the UK Government (2018), as we had reason to believe the children were at risk of significant harm due to the nature of the calls and then non-engagement from Ms Jones. I believe Ms Sullivan will corroborate this?

Both domestic abuse incidents were reported by Ms Jones herself. Each time, she expressed fear of her partner, Mr Steven Jones, the children's father, who has recently been released from prison for grievous bodily harm and is under probation supervision, which, under the *Criminal Justice Act* 2003 and the *Offender Management Act* 2007, requires Mr Jones to be subject to rehabilitation programs, as well as curfews, which he has disregarded on numerous occasions. He also has a known history of violence and coercive behaviour.

On attendance, Ms Jones appeared distressed but was often unwilling to engage. On one occasion, she appeared intoxicated and withdrawn. Despite visible bruising, she denied being harmed. Still, she appeared fearful, often deferring to Mr Jones, suggesting coercive control, which under Section 47 of the *Serious Crime Act* 2015 is recognised as a criminal offence.

The children were present during all incidents. The home was described by the officers as chaotic, and the atmosphere was intimidating. The observations raise serious safeguarding concerns, not only for Ms Jones but also for the children.

The welfare call received from the neighbour reported hearing shouting at night and sightings of Max alone outside, barefoot and dirty. When officers attended, the children appeared unkempt. Max said he was hungry and that he does not like his daddy. Molly was found in a soiled nappy, in a dirty highchair, with little interaction from Ms Jones. Despite their young ages, Max's disclosure along with the children's visible distress during these visits indicates a need for Max's voice and their lived experiences to be central when making decisions; this is in line with Article 12 of the United Nations Convention on the Rights of the Child, UNCRC (1989a).

On our most recent joint visit alongside Ms Sullivan, we observed poor hygiene, a lack of food and the children in unwashed clothes. Both were withdrawn and fearful. These conditions strongly indicate neglect and emotional abuse as defined under the *Social Services and Well-being (Wales) Act* 2014 and the NSPCC (n.d.) where they describe neglect as the ongoing failure to meet a child's basic needs. Additionally, as outlined in Maslow's Hierarchy of Needs (1943) the observations that have been made also reflect a profound failure to meet the children's basic physiological and safety needs; without access to appropriate food, hygiene and emotional security, Max and Molly are unable to progress toward higher developmental needs such as love, belonging and self-esteem.

We also have serious concerns around Ms Jones' mental health and possible substance misuse, based on her appearance and her emotional disconnection from her children which, under article 24 of the UNCRC (1989b) which outlines a child's right to a safe environment, it would suggest that their emotional and psychological well-being are not currently being met. The children's withdrawn and visible distress also raised concerns about the quality of their attachment to their mother. This lack of consistent and responsive parenting could result in insecure and/or disorganised attachment styles, as mentioned in Mary Ainsworth's attachment theory and her

“strange situation” study (Ainsworth *et al.,* 1978). Given these indicators, consideration should be given to her ability to make informed decisions under the *Mental Capacity Act* 2005.

Furthermore, given these factors, we believe the threshold under Section 37 of *the Children Act* 1989 is clearly met. The cumulative harm, including domestic abuse, substance misuse and neglect, places both children at significant risk (Chambers, Cantrell and Booth, 2021; Harwin and Barlow, 2022). This concern is further echoed by Brandon *et al.'*s (2016) analysis of serious case reviews, which highlights how cumulative harm often stems from a combination of adverse experiences, as opposed to a single incident.

Under the *Children's Act* 2004, *the Social Services and Well-being Act (Wales)* 2014 *and the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act* 2015, we have a duty to respond collaboratively and in context, understanding that Ms Jones’ reluctance to engage with professionals may reflect trauma-driven responses rather than a deliberate non-compliance. If we as professionals approach Ms Jones with empathy and inquisitiveness rather than judgement, she is likely to better engage with support services, thus helping them as a family sooner rather than later (UK Government, 2022; NHS Safeguarding, 2024).

Observations align with concerns raised by Health Visitor Abi Sullivan; as a result, police recommend that Max and Molly be placed on a Child Protection Plan (Godar and Holmes, 2017; Ferguson, 2023) under neglect and emotional abuse as defined within the *Domestic Abuse Act* 2021. We recommend a comprehensive parenting capacity assessment with input from mental health and substance misuse services (Cleaver, Unell and Aldgate, 2017). This will help clarify her ability to meet the children's needs in a safe and nurturing environment.

Additionally, Mr Jones’ contact must be reviewed in light of his violent history and repeated breaches of probation conditions.

To support Ms Jones and promote family stability, she should be referred to specialist support services, including domestic abuse advocacy (Speed, 2022) and substance misuse intervention (Megranahan, Megranahan and Cooper, 2023).

In line with Wales's Safeguarding Procedures (Social Care Wales, 2019) and Article 19 of the UNCRC (1989c), this will take place under continued multi-agency monitoring and regular home visits to safeguard the children's welfare.

Furthermore, the concerns I have raised today can be better understood through the Assessment Framework for Children in Need and their Families (Department of Health *et al.,* 2000), which helps provide a holistic picture when assessing the children's risk. The framework considers three areas that are all relevant in this particular case; these include the children's developmental needs, parenting capacity and environmental factors. Using this framework, we can see it clearly supports the recommendations for a full parenting assessment and a child protection plan.

Thank you, I will now pass back to Jo.

Jo – Social Worker

A Social Worker upholds the rights, welfare, and safety of vulnerable individuals through assessment, intervention, and advocacy, grounded in multi-agency collaboration (Social Care Wales, 2025; Social Work England, 2024). Practice is underpinned by NICE guidelines to ensure consistent, high-quality support that reflects national standards and core values of dignity, inclusion, and trauma-informed care.

In line with the Wales Safeguarding Procedures (2019b), and statutory guidance outlined in part 7 of the Social Services and Well-being (Wales) Act 2014, including Working Together to Safeguard People (2018a) and The Care and Support (Assessment) (Wales) regulations 2015, I contacted the referrer to explore the concerns further, reflecting child centred principles (Munro, 2011).

Vicky – please can you confirm this?

Following this, and in line with Part 3 of the Social Services and Well-being (Wales) Act 2014, I contacted the family. In accordance with Part V, Section 47 of the Children Act 1989, which places a statutory duty on local authorities to investigate concerns of significant harm, and guided by the Wales Safeguarding Procedures (2019) and Working Together to Safeguard People: Volume 5 (Welsh Government, 2018b), a home visit was arranged to assess the children's immediate safety and risk of significant harm.

Evidence gathered highlights significant safeguarding concerns: Stephen's aggression and suspected alcohol misuse; Sarah's deterioration in mental health and disengagement from services; noticeable changes in the children's presentation; and missed healthcare checks (Cwm Taf Morgannwg Safeguarding Board, 2023; Clark, 2020). These concerns are further compounded by repeated reports of domestic disturbances, presenting risks to the children's welfare and wider family stability (Mayrhofer *et al.,* 2025).

Welsh Government (2024) highlights the increased harm to children in substance-affected households, while Welsh Government (2019b) identifies alcohol misuse as a public health issue with intergenerational impact. Wales Safeguarding Procedures (2019) and Working Together to Safeguard People – Volume 5 (2018b) state that missed health appointments may signal neglect, and multiagency collaboration with a child centred approach is essential when known vulnerabilities exist (Appleton *et al.,* 2016).

Home visits confirmed a chaotic home life, with clear signs of neglect of the children, the home and living conditions. Gibbs *et al.* (2024) emphasise, it is critical to differentiate neglect from poverty, recognising the compounded impact of unmet needs beyond financial hardship. Marsh *et al*. (2020) and Review of Adverse Childhood Experiences (2021) link chaotic households to poor long term outcomes, including emotional and behavioural difficulties. Newman and Newman (2021) draw on Erikson's Psychosocial Stages of Trust versus Mistrust and that unmet early needs can disrupt development of basic trust leading to long term emotional and relational difficulties.

In line with Article 27 of the United Nations Rights of the Child - UNCRC (1989) (UNICEF, 2022a) children have the right to an adequate standard of living that supports their development. Observed parental behaviours and strained interactions suggest possible domestic abuse. This can harm parenting capacity and child development (CAFCASS Cymru, 2019), while NSPCC (2024a) recognises exposure to domestic violence as abuse, linked to trauma. Article 19 of the UNCRC (1989), further reinforces every child's right to protection from all forms of violence, reinforcing the need for safeguarding.

During home visits, despite efforts to explain the purpose and share concerns transparently (Wales Safeguarding Procedures, 2019), Stephen responded with aggression and dismissiveness, while Sarah frequently deferred to him and withdrew when interrupted. Stephen initially denied access to the children, later stating they were unwell however not requiring medical attention. As Ferguson (2017) and

NSPCC (2025b) highlight, direct engagement with the child is vital and should not rely solely on parental accounts.

Due to the children's age, and presentation direct communication has not been possible to assess their needs. Upholding their rights under UNCRC (1989) Article 12 – respect for Children's Views and Article 6 - survival and development, and guided by Fox Harding (1997), participatory values, protection and meaningful participation is paramount. Where direct engagement is limited, careful observation of behaviour, emotional responses, and relationships are key to capturing the child's voice ensuring their lived experience informs decision making (Wales Safeguarding Procedures, 2019; NSPCC, 2024b; CIW, 2021). Max's anxiety, withdrawal, changes in appetite and behaviour, and Molly's suspected developmental delays, suggest potential harm and warrant thorough safeguarding attention.

The ICPC has upheld section 10 of the *Children's Act 2004*, multi-agency working, and has identified serious safeguarding concerns requiring a coordinated response. Applying the Signs of Safety framework offers a collaborative, strengths-based approach relevant to Stephen's alcohol misuse (Turnell and Edwards, 1999). In line with Fox Harding's (1997) child and family centred ethos and Mayrhofer *et al.* (2025) advocacy for family preservation, intervention should focus on strengthening parental capacity and evaluating Winnicott's 'good enough parenting' within a safety-oriented lens (Vincent, 2024). The holistic *Framework for Assessment of Children in Need and their Families* (Baginsky et al., 2021) complements this by evaluating risk across three domains: children's developmental needs, parenting capacity, and environmental factors.
Mayrhofer *et al*. (2025) further emphasise the effectiveness of trauma-informed, multiagency family safeguarding models. However, as Yoon *et al.* (2024) assert, when the father poses a direct risk, the potential protective value of paternal relationships is outweighed by the need to prioritise child safety.

The ICPC has convened to assess whether the children remain at risk of significant harm. Based on the multi-agency evidence, we now need to determine if a Child Protection Plan is required to safeguard their welfare.

Is everyone in agreement?

A further meeting will develop the Child Protection Plan, with a focus on sustainable, strengths-based interventions co-produced with the family, in accordance with the *Social Services and Well-being (Wales) Act 2014.*

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