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Script

Good afternoon, everyone my name is Rachel and my student number is: 2503246. As the health visitor involved in this case, my role is to contribute to the initial child protection conference through sharing the relevant information in regard to the health development and wellbeing of child A, whilst also considering the welfare of child B who is under the age of one.

Health visitors have a key role in safeguarding children through early identification of concerns, health assessments, developmental reviews and partnership working with families and other professionals. Under the Social Services and Well-being (Wales) Act 2014, health professionals have a duty to promote the wellbeing of children and work in partnership to protect them from abuse and neglect. Health visitors are often good to help identify early signs of concern due to their ongoing contact with families, including through home visits, health assessments and developmental reviews, allowing them to recognise changes in a child's wellbeing over time

Based on the information provided, I have several safeguarding concerns regarding Child A. Over the past month, Child A has demonstrated a significant change in behaviour, becoming withdrawn and less engaged. Alongside this, there has been noticeable deterioration in personal hygiene, with Child A arriving at the setting in dirty clothes on a daily basis. This links to Abraham Maslow's Hierarchy of Needs theory (1943), which suggests that children must have their basic physical and emotional needs met before higher levels of emotional, social and cognitive development can occur. In Child A's case, the poor hygiene and withdrawn behaviour may suggest these needs are not being consistently met. According to the National Institute for Health and Care Excellence (NICE, 2017), consistent poor hygiene, behavioural changes and emotional withdrawal are recognised indicators of possible neglect and should always be explored further. However, these indicators should not be viewed in isolation but instead considered as part of a wider pattern of possible neglect requiring multi-agency assessment.

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Another safeguarding concern is that Child A was brought to the setting by an unfamiliar adult who appeared to smell strongly of alcohol. The presence of an adult who appears to be under the influence of alcohol may raise concerns regarding supervision, parental capacity and the child's safety, although further information would be required before reaching any conclusions. As while this incident alone is not sufficient to conclude that Child A is at risk of abuse or neglect, when viewed alongside the ongoing concerns regarding Child A's presentation and wellbeing, it raises questions about the stability and safety of the home environment. As a health visitor, I would consider these concerns collectively, as safeguarding assessments rely on identifying patterns of risk rather than focusing on single events. (Wales Safeguarding Procedures 2019).

I am also concerned about Child B, who is under one year of age. Although the primary concerns relate to Child A, it is important to consider the welfare of all children within the household, as safeguarding issues often indicate wider family risk. This is particularly important as risks within the home environment can affect siblings differently depending on their age and developmental stage. Infants are particularly vulnerable due to their complete dependence on caregivers for their physical and emotional needs. The Royal College of Paediatrics and Child Health (2019) defines neglect as the ongoing failure to meet a child's basic physical and emotional needs, including proper hygiene, clean clothing, supervision and emotional care. Although these concerns have primarily been identified in relation to Child A, this highlights the importance of assessing Child B to ensure that their needs are also being met and that any potential safeguarding concerns are identified early.

Based on the information available, I support the referral to Swansea Local Authority Children's Services. In my professional opinion, the combination of Child A's behavioural changes, deteriorating hygiene, and concerns regarding the unknown adult indicate that further assessment is necessary. I also recommend that Child B's welfare is assessed due to their age and vulnerability. I believe continued multi-agency involvement is essential to ensure that both children's safety, wellbeing and rights remain the primary focus of any decisions made. This reflects the guidance set out by Welsh Government (2023), which highlights the importance of effective multi-agency working, information sharing and coordinated responses when assessing and responding to concerns about children who may be at risk of abuse or neglect. This approach also reflects the principles of the United Nations Convention on the Rights of

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the Child (UNCRC, 1989), particularly Article 3, which states that the best interests of the child must be a primary consideration in all decisions affecting them. If the conference agrees that ongoing statutory intervention is required, I will continue to contribute to the Child Protection Plan by monitoring the health and developmental needs of both children, supporting the family to access appropriate services, and sharing any new concerns through effective multi-agency communication. My priority would be to ensure that both Child A and Child B receive the support they need to achieve positive health and wellbeing outcomes.

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