

Nicola (2419341) - Police Officer- Red

Jordyn (2418305) - Social Worker – Black

Lauren (2418301) - Key Worker – Purple

Emma (2409331) - Health Visitor – Blue

Social Worker Script

Good morning, welcome to the initial child protection conference concerning the Lewis family, my name is Jordyn Ferber, I am the families social worker, I have been working closely with a three year old young boy, Theo and his one year old little sister, Rachel, alongside mother, Kelsie and father, Rob who are now separated.

The social services and wellbeing act (2014) supports that this meeting will hopefully prevent the escalation of the situation in hand and that there will be partnership and co-operation from all agencies that are involved. Throughout this meeting it is important that confidentiality is strictly followed for the family and all agencies to be supported. NCC home learning (2025) states that confidentiality within the social care sector is important for providing quality care. Data protection act (2018) states that the act is in place to protect the personal data of people and that all information is kept confidential and effectively and securely stored.

Social Care Wales (2025) state that the local authority has a duty to respond to any reports about children at risk of abuse, harm or neglect, which is why this meeting is in place in order to protect the children in question and come to a suitable decision for the sake of the children.

Both parents have chosen not to attend today so we will all be discussing our concerns, this will then be relayed to both parents when the meeting is completed.

If everyone would be able to introduce themselves now and state their professional role.

After everyone has spoken:

As the family's social worker, I have observed the development of both young children and the impact this situation is having on their health and wellbeing.

Following on and based on the evidence provided by the police due to domestic violence calls, the evidence provided by the health visitor who has made multiple

home visits and the school settings key worker who sees Theo regularly I suspect that Kelsie has been struggling with the breakdown of her relationship from the children's father Rob and may be struggling with postpartum depression since having her young baby and possibly drink abuse since meeting her new partner. Due to being professional practitioners, it is our responsibility to examine if the children are safe in their environment or whether there is a chance they may need to be removed. The Children Act (1989) Section 31 states that when a care order is put into place it must be made to respect the child and their needs and that there must be a plan put in place to prepare for the future of the child.

In this situation due to the alcohol misuse, possible post-natal depression, calls of domestic violence these are vital concerns that the children may not be safe within the environment they are currently in. In recent visits to the house from police officers and the health visitor state that the house has been neglected itself and has a strong smell of alcohol within, this shows that that the environment is not fit for the children to develop and have good health and wellbeing within. With reports from the key worker from school it is also clear that there are concerns of neglect when it comes to the clothing of Theo and the way in which his behaviour has changed, with him becoming distant and withdrawn from schoolwork, activities and peers.

NSPCC (2025) state that a sense of attachment is used to connect human beings as described by Bowlby (1997) , they also state that by children having a strong bond and attachment with their primary caregivers they are more likely to have a stronger development of emotional and psychological development as they grow into adults, this is currently not the case with these children as Kelsie is currently not able to give them the care they need to form strong attachments.

Having a healthy and clean environment where children can express themselves and thrive and build healthy attachments is so important within the early years especially with Rachel who is of such a young age she is only now learning to build attachments. Gov UK (2025) currently state that they have a healthy start programme which is in place to help women who are pregnant or have children under the age of five, the opportunity to have vouchers to buy basic foods, such as, milk. Fruit and fresh food, however this currently looks like they are not being used as Theo is regularly going into school hungry.

Incidents reported by the police on calls to the house were based on alcohol and domestic violence calls which do not suggest a stable environment is being provided. On two occasions that I have made visits to the home, the home has not been in a clean organised order and the appearance of the children was not in an acceptable manner, Rachel was wearing a nappy that was clearly full, and Theo was in dirty, holey clothes. Kelsie, the mother, looked stressed and overwhelmed and there was a clear smell of alcohol on her, I did not see the new partner but could hear him upstairs moving around, Kelsie felt nervous and on edge throughout my visit at the home. I have noted that Rachel's development is delayed, she is not yet babbling, and her movement around is limited with her barely being able to crawl at one years old.

UNCRC Article 12 states that all children have the right to be listened to and taken seriously, however in this case both children are unable to express their concerns and needs, although there are obvious concerns and these must be listened to and addressed.

As professionals we have all worked together to provide information on the family and it is shown clearly that Kelsie needs support with her alcohol abuse and possible postnatal depression. A plan will be put into place to support these children, whilst Kelsie will be improving her mental and physical health and wellbeing, both children will be staying with their father for a period of time with regular visits with their mother until it is decided that they are able to be cared for accordingly. Social services and wellbeing act (2014) state that when a child is at possible risk of harm or neglect it is the local authority's duty to intervene and safeguard the children. Kelsie has agreed she needs support with her alcohol issues and postnatal depression and will be spending time at a rehab to help, she is willing to do anything she can to be able to better herself to care for her children.

Thank you all for your support, help and guidance during this time.

Key worker script

Good morning, my name is Lauren Beynon, and I am the child's key worker. My role as the child's key worker is to get to know the child and build a trusting relationship with both the child and their family. It is important that I have built this relationship with the child as it creates a healthy attachment. Bowlby (1997) suggests that an attachment is a strong connection between people. Benefits of creating this

attachment include the child having better social skills, control over their emotions and it supports their overall holistic development (NSPCC,2021). My role as the child's key worker is also to ensure their wellbeing and safety by following the school's safeguarding policy and making sure I am aware of safeguarding policies and legislation. This is supported by the Children Act (1989) which states that the wellbeing and safety of children is most important. The child is polite, hardworking and usually happy and outgoing. However, over the last few weeks I have noticed the child seems to be withdrawn and becoming easily frustrated. They are also lacking concentration and spending more time alone which has made me concerned about the child's wellbeing. I have also discussed my concerns with the child's mother who has given no explanation for the change in the child's behaviour. I then reported these concerns to the schools designated safeguarding officer immediately. The keeping Learners safe guidance (2022) supports this as it suggests that everyone working with children has the responsibility to safeguard the children in their care and be able to identify concerns and signs of abuse or neglect. The guidance also states the importance of all staff understanding safeguarding, whistleblowing procedures and completing relevant training.

I have also noticed signs of neglect. Neglect is seen as not fulfilling a child's basic needs such as nutrition, hygiene, healthcare and clothing. Neglect can be physical, emotional, medical or relate to their education (NSPCC,2024). Maslow's hierarchy of needs emphasizes the importance of children's basic needs being met as it ensures their holistic development as once the basic needs are met it allows the child to move on the next stages (Care Learning,2024).The child will often come in stained clothing that has been worn for several days and their hygiene appears to be poor. The child will often come to school and state that they are hungry or that they have not eaten breakfast. I have discussed breakfast club and offered support to the parents. According to the Well-being of Future Generations Act (2015) prevention is key to ensure problems do not occur or escalate and collaboration between practitioners and families will help to improve wellbeing. However, since discussing this no action has been taken. Article 24 of The United Nations Convention on the right of the Child also suggests that children have a right to health, proper nutrition and safety (Save the children,2011).

In addition to this, due to my experience working with children and safeguarding training, I have also noticed signs of abuse. Child abuse is defined as someone

under the age of 18 who is physically, sexually or emotionally abused. It is vital that practitioners such as myself recognise the signs of abuse and act immediately to ensure children's wellbeing and safety (NSPCC,2023). I have noticed marks on the child and mothers' arms. This was recognised immediately and reported to the schools designated safeguarding officer. According to article 19 of the UNCRC my role as a key worker is vital as I must ensure children are safe from abuse and neglect (Unicef,2022). Due to a history of domestic abuse, the school are also working closely with the police through operation encompass. Operation encompass aims to support practitioners on how to support children witnessing domestic abuse and to inform practitioners when police attend domestic abuse calls (Operation Encompass,n.d).

Throughout this process I ensured that I kept a record of any notes and observations regarding the child and reported my concerns immediately to the designated safeguarding officer in the school. This is important as the Social Services and Wellbeing Act (2014) states that practitioners need to keep precise, current records that are confidential and kept safe. The Keeping Learners Safe guidance (2022) also supports this as it highlights the importance of record keeping and how it is essential to support safeguarding procedures.

Police officer script

I am Nicola Evans, Chief officer, and I am here today as more recently on the 25th June 2025, there was a 999-call made by a neighbour reporting that there was loud shouting and screaming and children crying coming from their next doors house. Two officers attended a domestic violence call. According to legislation.gov.uk The Domestic Abuse Act 2021 defines domestic abuse as a behaviour from one person towards another person, the behaviour is abusive if it consists of physical or sexual abuse, violent or threatening behaviour, economic abuse, controlling or coercive behaviour, psychological, emotional or other abuse. It does not matter if the behaviour is a single incident or a course of context.

On arrival the officers stated that the mother was visibly upset and had marks on her that they had described as grab marks on both her upper arms. NHS states that physical abuse consist of being hit, slapped or restrained. However, when asked about this her response was vague and she would not talk about what had

happened, the officers noted that there looked to have been a disturbance as there was broken bottles and a few items on the floor, that looked like they were knocked over in a struggle. There were two young children present at this time. Article 19 of the United Nations Convention on Rights of a child states, that governments must do all they can to ensure children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them. As they had entered the property, they also noted that the downstairs area seemed cluttered and dirty with rubbish all throughout and not in bins as they were overflowing with empty cans and bottles. Article 27 states that every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. At this time the male was removed from the home however no charges were made.

To help keep other agencies in the loop the police have a safeguarding partnership with schools called operation encompass which enables schools to offer immediate support to children experiencing domestic abuse. According to operation encompass it ensures that there is a simple telephone call or notification to a schools trained designated safeguarding lead/officer. This will be done prior to the start of the next school day. My officers informed the safeguarding officer at the child's setting in order for them to be able to support the child going forward with their experience of domestic violence call out.

I have also been in discussions with social services and shared our concerns for the children and they assured us that they would be doing visits to the home to see the family. According to Department for Education (2021) The Children Act 1989 emphasises keeping children within their families whenever possible, involving parents fully unless intervention is essential. This is shown through parental responsibility, allowing unmarried fathers to share in this role by agreement.

Hello , My name is Emma Jones and have been working alongside the family for 3 years as their health visitor. I have been asked to attend this meeting alongside other organisations involved with the family , as I have also raised my concerns about the wellbeing , physical and mental development of the child and also the environment the children are being raised in. Being in a job role that provides care and support for the child when assessing these cases I look back at Maslow's hierarchy of needs(1943) children need different various factors to help with their development , the child involved in this case is showing signs of delayed development and evidence shows that this is due to things from the hierarchy of needs not being made.

There has been numerous occasions where there has been a cause for concern for the child's wellbeing when I have visited the home . On times of visiting the home I have had worries about the child's environment particularly cleanliness of the home with strong signs of neglect . The child has now reached the age of toilet training and there has also been on occasion where there has been very strong odours of urine and faeces and when questioned have been told that they are having issues with the toilet and are awaiting a call out from the plumber . When I have previously visited to do my routine weigh in check the child has always been under target weight, which with what mother has told me about how many ounces she is feeding the child and how often they are being fed for statical figures does not match up . I would try and go into more detail of feeding and ask if the family needed more support with feeding or I would ask again how often and the amount of ounces child was having and parents mostly mother would come across uncertain and unsure about the statics she had given me .

I also remember my first home visit after the family were discharged from hospital and as one of the guidelines health visitors follow is asking parents if we are allowed to see sleeping arrangements to ensure they are safe to lessen the cases of cot deaths . On this occasion the mother's behaviour seemed to changed and she did not give permission, which if a parent declines we are not forcefully allowed to force entry into bedrooms . She had ensured me that she had the necessary sleeping arrangements and they were within the guidelines .

Every visit that has taken place the family have always been offered support and at the time of the visit always seem to appreciate and want to take steps for the support but there is evidence to show that they have not taken it . Not far from the family home there is a community centre which offer mother and baby classes or even baby massage where they could all go to and they have not been to one class .

On my last visit which would be the child's 2/2.5 years old review , I again weighed and measured the child and from the statics of the graph , the child was still showing as underweight . There was a banana in my bag which the child was consistently looking at so I offered the child the banana , the child had such a smile on their face from them eating the banana . This led to me asking some questions about if they were struggling for food or financially . In Wales families have the access to food

banks if they are struggling which i offered the family a food voucher for access to the food bank in which they both declined and ensured that they were fine and did not need the help. Obviously my role is to offer support and if the family decline then unfortunately I have to take their answer even if my gut feeling is too still provide them with the help. They ensured me that they were stocked up of the essentials and were going to the shop later to top up the little things. I also noticed on my last visit that the child had some bruises that were large and in places that would not have marks from accidents as we see at toddlers ages they normally have bruises from play or curiosity but when asked Mum and Dad would have short direct eye contact , Mum would put her head down and Dad took over the conversation and tell me they had fallen off their bike.

On some occasions whilst knocking at the door awaiting access I have heard some confrontation happening between Mum and Dad . Dad has seemed very angry and will leave the property and Mum seemed upset but did her best to hide it . I have tried to open up conversation and provide ensurance of private and confidentially but Mum refuses to comment and ensures nothing is happening and does not want to take further action . Dad on every occasion seemed to deny mum any type of conversation unless it was to answer questions relating to the child. Mum has seemed on some occasions to have marks or bruises on many occasions. There has also been occasions where an appointment has been scheduled and no one has been at the property . Unfortunately even after my concerns I have not got the right to access the property so I had documented them as missed visits which were documented and dated and passed over to my head of team.

Following the guidelines of the Wales safeguarding act (2014) I have followed all procedures correctly . My documentation is clear and all dated correctly. My concerns were raised to my head manager and all professional organisation who needed to be involved are. I have a duty of care for this family and I believe that the evidence I have documented provides evidence to hopefully provide a nurturing environment for these children . I have followed all the correct procedures for raising a safeguarding concern , recognition was first in which each visit was documented clearly with dates and times and responding correctly in which I reported the concerns over child's welfare to my head of team who then raised the issues to the appropriate multi organisations. In safeguarding we follow the 5 R's rule and which I have followed correctly.

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