

ECEY5011 - Safeguarding: practice, legislation and the multi-disciplinary team

Practical Performance Project

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AI Statement

I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources I used, which I may be asked to provide in evidence.

Group Roles

Social Worker – Ella Tanner

Key Worker – Sarah Morton

Health Worker – Jenna Meredith

Police Officer – Eileen Broder

Drug and Alcohol Worker - Jess Murphy

Scenario

The behaviour of a 3 year old child in your setting has altered significantly over the last month. **From confident to withdrawn and emotional.** You are concerned regarding the child's well-being and you have raised this matter with your leader. With the support of your leader/manager, you have also discussed your concerns with the child's mother but she has not offered any explanation or disclosed whether there are any changes to family circumstances. **Class teacher spoke to mam and she was abrupt and dismissive.**

By now, the child is wearing dirty clothes on a daily basis and the child's level of hygiene has deteriorated for some time. **Noted after one week mam said washing machine was broken, situation monitored, after 3 weeks of dirty clothes the unknown male conducted drop off.**

This morning, the child arrived at the setting with a male, who was not known to the setting. There was clear evidence of a strong smell of alcohol on the male. The child was withdrawn. As a team of staff, you are also aware that the child has a younger sister under a year old. Your leader/manager asks you to document everything and decides to make a referral.

Script

Hello, thank you all for attending our Initial Child Protection Conference which is taking place as guided by the Children Act 1989 Section 47 1,b as there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. In line with Welsh Safeguarding Procedures (N.D) Section 3 Part 2 this

conference is taking place within 15 days of the previous strategy discussion. Unfortunately, in accordance with Welsh Safeguarding Procedures (N.D) Section 3 Part 2 the child's guardian has declined to attend; therefore, this meeting will commence without a primary caregiver present. To provide an outline for this conference multiple professionals in an educational setting have observed a significant change in a 3-year-old child's behaviour, concerns were raised regarding the behaviour by the child's key worker to the schools designated safeguarding lead. However, very quickly the child's hygiene has deteriorated, and the child's clothing appears to be dirty when arriving to school appearing unwashed for extended periods of time. The child has now arrived at the school with an unknown male with who the child did not appear comfortable. It is also important to note that although we are discussing the three-year-old child, this child does have a younger sister who is under a year old, and any concerns raised must also be considered for the other children residing in the household. (Children Act 1989 Section 17, 1, a) The purpose of this meeting is to compile information, supporting professional partnership working to discuss whether a child protection plan is required.

Before we start, would everyone like to go around and introduce themselves?

Sarah Intro

Hello everyone, my name is Sarah Morton, and I am attending this Children's Protection Conference my role is the Teaching Assistant at the child's early years setting. Thank you for inviting me to attend, I am here to present the safeguarding concerns that have been observed within the setting over the last month.

Good morning. My name is Eileen Broder, and I am attending today's Initial Child Protection Conference in my role as Police officer who attended the family home following a call out for a disturbance.

Hello, my name is Jenna Meredith and I am in attendance today for the ICPC as the children's Health Visitor and to report on their health and development.

Good morning, everyone. My name is Jess Murphy, and I am attending today's Initial Child Protection Conference in my role as the Drug and Alcohol Worker involved with this family.

Thank you all for that, My name is Ella Tanner and I am attending as the chair of the meeting as well as the main social worker involved with the family. If everyone is ready we will now commence the conference. Sarah would you like to go first as you were the first to highlight potential safeguarding issues?

Thank you, Throughout this report I will refer to the child as BD.

Over the last month, we have noticed a significant change in the BD's behaviour. BD is three years old and has become increasingly withdrawn and less engaged with staff, activities and peers. We have also observed that the child has been arriving at the setting each day wearing dirty clothes and their personal hygiene has been noticeably deteriorated. The child's deteriorating hygiene and consistently dirty clothing raised concerns about possible neglect. The Care Standards Act 2000 requires childcare providers to maintain high standards of care and take appropriate measures to safeguard the welfare of children (UK Parliament, 2000).

These concerns were therefor documented and reported in line with our safeguarding policies. In accordance with the Social Services and Well-being (Wales) Act 2014, safeguarding concerns were documented objectively and reported to the Designated Safeguarding Person. As practitioners we have a responsibility to take appropriate action whenever there are concerns that a child may be at risk of abuse or neglect (Welsh Government, 2014)

Several parents approached staff to express concerns that a child had appeared consistently unclean and that their clothing and personal hygiene did not seem to be maintained. As staff acknowledged these concerns without discussing the child's personal circumstances or breaching confidentiality. The concerns were treated as observations rather than evidence of neglect, and as staff we continued to monitor the child's presentation alongside any other indicators of concern. These

observations were recorded factually and shared with the Designated Safeguarding Person, who considered whether further action was required.

Following these observations my class teacher and I met with the child's mother to discuss our concerns. The purpose of the meeting was to share the factual observations and to listen to the parent's perspective and to offer any support. As staff we also wanted to establish whether there have been any changes in the family circumstances. During the meeting mum did not disclose any changes to the family circumstances or provide explanation to the concerns we had raised.

On one occasion BD has arrived at setting with a male who was not known to us. It was reported by staff and several parents that this unknown male presented with a strong smell of alcohol. BD was unusually quiet and withdrawn during the handover. Under the *Social Services and Well-being (Wales) Act 2014*, professionals have a duty to promote the wellbeing of children and to take action where they have reasonable cause to suspect that a child is experiencing, or is at risk of, abuse or neglect. Therefore, if a parent appears to be under the influence of alcohol, this should be considered alongside any other safeguarding concerns relating to the child's welfare (Welsh Government, 2014)

As concerns had been building over time, my class teacher instructed staff to continue recording observations accurately and the decision was made to make a referral to Children's Services. This action was taken in accordance with the Children Act 1989, which states that the child's welfare must be the primary consideration. The Act also places a responsibility on practitioners to work collaboratively with other agencies to protect and promote the welfare of children (UK Parliament, 1989).

We are also aware that the child has a younger sibling around the age of 7 months old living at the home. Under the Social Services and Well-being (Wales) Act 2014, we have a duty to consider the well-being of all children who may be affected by the circumstances, not only the child attending our setting (Welsh Government, 2014).

Throughout this process, we have followed the guidance set out in *Working Together to Safeguard People: Volume 5 – Handling Individual Cases to Protect Children at Risk* by recording factual observations, sharing concerns with the Designated Safeguarding Person, and making timely referrals rather than attempting to investigate ourselves (Welsh Government, 2018)

In accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, we ensured all safeguarding documentation was stored securely and only shared with relevant professionals. Maintaining confidentiality is essential to protect the child's privacy while ensuring appropriate information is shared to safeguard their welfare (UK Government, 2018).

Finally, our actions have been guided by the principles of the *United Nations Convention on the Rights of the Child* (UNCRC). In particular Article 3 which states that the best interests of the child must be a primary consideration, while Article 19 recognises that every child has the right to protection from all forms of abuse and neglect (United Nations, 1989).

Thank you.

I was called to the property following an emergency call reporting a loud disturbance indicating a possible domestic abuse incident. My initial priority was to assess risk, and safeguard vulnerable individuals, particularly the two young children believed to be living at the address. Although the incident involved a possible offence, it also required an immediate safeguarding response.

On arrival, there were clear signs of an altercation. The property had been damaged, the children's mother and an unknown adult male appeared intoxicated, there was a strong smell of alcohol, and I observed bruising to the mother's arms and face. Although I could not assume how the injuries had occurred, they raised concerns about the children's safety. The Domestic Abuse Act 2021 recognises children who see, hear or experience domestic abuse as victims in their own right (Domestic Abuse Act 2021), reinforcing the need for an urgent safeguarding referral.

The Children Act 1989 places the child's welfare at the centre of safeguarding decisions (Children Act 1989), while Section 11 of the Children Act 2004 requires agencies to work together to safeguard and promote children's welfare (Children Act 2004). This is reinforced by *Working Together to Safeguard Children*, which explains that safeguarding partners have a legal duty to work together with other local partners to safeguard and promote the welfare of children (Department for Education, 2026). Likewise, the NSPCC (2024) explains that "each professional working with a family brings their own knowledge, insight and perspective" (NSPCC,

2024), highlighting the importance of information sharing to build a complete picture of the children's circumstances.

In accordance with the Police and Criminal Evidence Act 1984 and its Codes of Practice, evidence was gathered lawfully, fairly and objectively (Police and Criminal Evidence Act 1984). The property, injuries and the presentation of everyone present were documented to support safeguarding decisions and any criminal proceedings.

The Wales Safeguarding Procedures (2019) require immediate action where a child may be at risk of abuse or neglect (Wales Safeguarding Procedures, 2019). Together with Section 47 of the Children Act 1989, which requires enquiries where there is reasonable cause to suspect significant harm (Children Act 1989), the domestic abuse, parental alcohol misuse, the mother's injuries and the presence of two young children justified an immediate safeguarding referral. The NSPCC (2025) also explains that children are better protected when professionals work together and share information effectively, reinforcing the need to record and share concerns promptly.

The Domestic Abuse Act 2021 also required me to consider the emotional impact of witnessing domestic abuse and alcohol misuse, not only physical harm. Boullier and Blair (2018) explain that adverse childhood experiences, including domestic abuse and parental substance misuse, can have significant long-term effects on children's physical health, emotional wellbeing and development, reinforcing the need for immediate intervention.

Although protecting the children remained my priority, the mother's injuries and circumstances indicated that she also required support. In line with the Children Act 2004, information was shared with partner agencies because improving outcomes for children often involves supporting the adults who care for them (Children Act 2004). Similarly, the Social Services and Well-being (Wales) Act 2014 promotes wellbeing through early intervention and partnership working (Social Services and Well-being (Wales) Act 2014). Wilson (2025) argues that working respectfully with parents, while maintaining professional boundaries, enables practitioners to safeguard children more effectively and reduce future risks.

Following the incident, an Operation Encompass notification would be sent to the child's setting (Home Office, 2025). Sarah, could you confirm this was received? I

have been informed the setting had identified concerns and referred these to children's social services. Combined with the evidence gathered by the police, these concerns indicated that the threshold for a Section 47 Child Protection Enquiry under the Children Act 1989 had been met (Children Act 1989).

Throughout the investigation, the children's rights remained central. Article 3 of the United Nations Convention on the Rights of the Child states that "the best interests of the child shall be a primary consideration", while Article 19 recognises every child's right to protection from abuse and neglect (UNICEF, 2021). In Wales, these rights are reinforced by the Well-being of Future Generations (Wales) Act 2015, which promotes prevention, collaboration and long-term wellbeing (Well-being of Future Generations (Wales) Act 2015). Bradshaw (2016) explains that children's wellbeing includes health, relationships, safety and emotional wellbeing, reinforcing the need for a coordinated multi-agency response.

In conclusion, my role was not only to investigate a possible criminal offence but also to safeguard the children. By gathering evidence, assessing risk, accurately recording concerns, sharing information with partner agencies and contributing to this ICPC, I supported informed safeguarding decisions to protect the children's immediate safety and long-term wellbeing.

Thank you, I will now hand you over to Jenna the Health Visitor.

Thank you, as the health visitor, I will expand on the key worker's concerns and focus on both children's health, development, and well-being (Welsh Government (WG), 2016; Wales Safeguarding Procedures (WSP), n.d.).

I previously observed the three-year-old child, and from a health standpoint, they had fulfilled their developmental milestones. This included physical development, communication, social interaction, and independent abilities (WG, 2016). However, the recent change in presentation is significant, and I agree with Sarah. This is notable, as a three-year-old's conduct may be a form of communication, especially if they lack the vocabulary or confidence to express what is going on (NSPCC, 2024; United Nations (UN), 1989).

The child's recent shift is a concern, particularly when considered alongside the wider concerns already raised. NSPCC (2024) identifies behavioural changes, such

as withdrawal as possible indicators of abuse or neglect in children. Therefore, this should be explored further, while avoiding assumptions and considering whether the child's needs are being consistently met (WSP, n.d.; UN, 1989).

I would also share concerns regarding the younger sibling. Mum has missed previous health appointments to assess the baby's development and weight (WG, 2016). Since young children rely on adults to access health care, I would describe this as the child being "not brought" to appointments rather than "did not attend" (Powell and Appleton, 2012).

The Healthy Child Wales Programme supports regular contact with children and families in Wales, helping professionals identify early concerns around growth, nutrition, communication, development, safety, and family well-being (WG, 2016). On the last visit mum attended, the baby was not reaching certain developmental goals. There were concerns around feeding schedules, weight monitoring, and being unable to sit safely without assistance (WG, 2016; NHS, 2023). These concerns may not always point to neglect but alongside missed appointments and concerns about the older child, they do suggest the need for further assessment (NICE, 2025; WSP, n.d.).

I would also wish to enquire around any larger difficulties affecting the family, such as poverty, domestic violence or substance misuse. This links to Bronfenbrenner's ecological systems theory, as children's development is influenced by family, services, community and wider social circumstances (Tong *et al.*, 2024). The process must remain non-judgmental, but the children's safety, health, and well-being must remain the primary concern (WSP, n.d.; WG, 2016).

The UNCRC, Articles 3 and 12 emphasise the child's voice and best interests, especially how a young child may express themselves through behaviour and emotions (UN, 1989). Articles 24 and 27 relate to health and a quality of living that promotes development (UN, 1989). Article 19 protects children from abuse and neglect, and given the current concerns, neglect should be considered, including unmet hygiene, supervision, or health care requirements (UN, 1989; NSPCC, n.d.). This relates to Maslow's hierarchy of requirements since safety and basic care are

the cornerstones of wellbeing (Cox, 2024). Professionals have an obligation to act when these demands are not met (SSWA, 2014; WSP, n.d.).

Section 130 of the Social Services and Well-being (Wales) Act 2014 requires relevant partners to report to the local authorities if there are reasonable grounds to believe that a child is at risk. The Children Act (1989), section 17 is also relevant because it places a duty on local authorities to safeguard and promote the welfare of children in need and provide services to support children and families where required.

Finally, my responsibility is to prioritise children's health, development, rights, and well-being. The issue is not founded on a single incidence, but on a pattern of concerns and missed opportunities for support. The baby's developmental worries raise the level of concern; therefore, the response must be accurate, supportive, rights-based, and centred on the safety of both children (UN, 1989; WSP, n.d.).

Thank you, I shall now pass you over to Jess.

Good morning, everyone.

As the Drug and Alcohol Worker involved in this case, my role is to assess whether alcohol misuse is affecting a parent's ability to provide safe, consistent, and appropriate care for their children. While I support adults experiencing substance misuse, I also have a professional duty to safeguard children where parental alcohol or drug use may impact their welfare. My contribution today is to provide specialist information to support the multi-agency assessment of risk and help determine whether a Child Protection Plan is required.

Having reviewed the available information, I believe there are significant safeguarding concerns that require further assessment and coordinated multi-agency intervention.

The nursery has reported that, over the past month, the three-year-old child has changed from being confident and engaged to becoming withdrawn and emotional. Staff have also observed that the child has attended nursery in dirty clothing with poor personal hygiene. Although the mother initially explained that her washing

machine had broken, these concerns continued. When staff raised them, she was described as abrupt and dismissive, limiting professionals' ability to understand whether circumstances within the family had changed.

Today's incident further increases concern. The child arrived at nursery with an unfamiliar adult male who was not known to staff and who smelled strongly of alcohol. Although his relationship to the child and level of impairment are unknown, this raises concerns about supervision and the child's safety.

Alcohol use alone does not automatically place a child at risk of significant harm. However, research shows that when alcohol misuse occurs alongside poor hygiene, behavioural changes, concerns about supervision, and limited parental engagement, the cumulative risk to children increases significantly (Cleaver, Unell, & Aldgate, 2011; Forrester & Harwin, 2011). These concerns should therefore be considered together rather than in isolation.

As a Drug and Alcohol Worker, my assessment focuses on parenting capacity rather than alcohol use alone. I would assess whether alcohol affects the parent's ability to supervise the children, maintain routines, meet their physical and emotional needs, make safe decisions, and provide consistent care. I would also explore factors that commonly coexist with substance misuse, including parental mental health, domestic abuse, financial hardship, housing instability, and social isolation, as these can further increase safeguarding risks.

My practice is guided by the Social Services and Well-being (Wales) Act 2014, which promotes children's wellbeing through early intervention and multi-agency working. The Wales Safeguarding Procedures (2019) require agencies to share information appropriately and assess risk collaboratively, while the Children Act 1989 establishes that the child's welfare is the paramount consideration. Based on the concerns presented today, I believe Children's Services should consider whether the threshold for a Section 47 enquiry has been met.

I am also mindful that there is a younger sibling under one year of age. Babies are particularly vulnerable because they depend entirely on adults to meet their needs, so any assessment must consider the welfare of both children.

Children's rights must remain central to our decision-making. The United Nations Convention on the Rights of the Child (1989) and the Rights of Children and Young Persons (Wales) Measure 2011 state that children have the right to protection from abuse and neglect, the highest attainable standard of health, and for their best interests to be a primary consideration.

During this conference, I would share relevant information regarding the parent's engagement with alcohol services, including attendance, participation, identified risks, and any concerns about parenting capacity. Although confidentiality is important, the Data Protection Act 2018 and UK GDPR allow information sharing where it is necessary and proportionate to safeguard a child.

Based on the information available, I recommend a comprehensive alcohol assessment alongside a parenting capacity assessment. Where alcohol misuse is identified, specialist treatment and family support should be offered. I also recommend continued nursery monitoring, ongoing multi-agency information sharing, consideration of the younger sibling's welfare, and unannounced home visits where appropriate.

In conclusion, while there is insufficient evidence to conclude that alcohol misuse is the sole cause of these concerns, there is sufficient evidence to suggest it may be one of several factors affecting parenting capacity. My role is to provide specialist knowledge that supports the multi-agency assessment of risk and informed decision-making. Throughout this process, the safety, welfare, and best interests of both children must remain our primary consideration.

Thank you.

Following a referral from the child's school under The Social Services and Well-being (Wales) Act 2014 Section 130 Part 1, I reviewed the case and concluded that the threshold for statutory intervention has been met and there is reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm, (The Children Act 1989, Section 47 1 B).

I met with the key worker, headteacher and health visitor to gather further information regarding the family's circumstances, the child's development and medical

history. As the Working Together to Safeguard Children Guide 2026 highlights the importance of high quality partnership to support safeguarding children.

During the home visit, I explored the concerns regarding the child's consistently dirty clothing. The family had previously received a washing machine through the Discretionary Assistance Fund (Welsh Government, N.D.), however the mother stated she did "not have time" to use it. Persistent lack of clean clothing is recognised as a form of neglect (Childline, N.D.).

When in the home no male appeared present however clothing and other items were observed, indicating that another adult may have been residing at the address. The home was cluttered, untidy and presented hazards for the younger child, who was crawling on the floor. This clutter not only poses a danger to the children but to the entire street as cluttered homes are deemed as a fire risk (Northamptonshire Fire And Rescue Service, N.D) Although there was clutter it seems as though attempts were made to tidy the home in preparation for my arrival.

The apparent efforts to tidy some areas of the home immediately prior to the visit may indicate disguised compliance (NSPCC, 2025). Although this cannot be confirmed in isolation, it raises concerns that superficial improvements were, or are, being made without addressing underlying concerns to the welfare of the children. This potential disguised compliance must be considered, however only the facts and evidence should be used to draw conclusions (Wales Safeguarding procedures, 2021)

The mother appeared drowsy, disengaged and defensive throughout the visit, providing minimal responses and little eye contact. Although, I could not determine the reason for this behaviour. One issue that was striking was the mothers lack of emotional interaction, and any interaction at all was severely limited. The younger sister appeared to be uninterested in play and on edge at times which, as outlined by The University of Southern Denmark (2023), could be a sign that the child is suffering from a crisis reaction. However, this is only an observation of something to be cautious of rather than a diagnosis and the behaviours displayed from one single visit cannot provide high quality insight into everyday behaviours or be used to determine abuse or neglect.

The mother seemed to have an air of ignorance regarding the younger sister and did not acknowledge the child's presence unless the child made excessive noise. When the baby cried, the mother appeared frustrated and quickly provided a bottle without checking the temperature or engaging with the child. She then left the baby sitting on the floor while she returned to the sofa. This did not reflect NHS N.D 'Best start in Life' guidance on bottle feeding, which promotes safe feeding and consistent positive parent-child interaction.

The observations suggest a lack in emotional availability which can cause more distress in young children than physical separation (Bornstein *et al*, 2012) I was unable to review the relationship between the mother and the child in question as the child was attending school. This highlights positives in parental capacity as the child is still attending school. However, I considered observations found from the child's school to draw basic conclusions on the relationship.

It should be noted that within this initial visit no alcohol or drugs, or drug paraphernalia was identified and the mother agreed to tidy the home and keep it tidy for the safety of her children and also make time to ensure the children's needs were met.

I was then contacted by the police regarding a domestic incident. The effects of witnessing this incident can cause trauma now or later on in life as outlines by the UK Government (2025) therefore it is vital that children have access to the correct support to work through their experience through a variety of means.

I went to the home the day after the incident, finding that the condition of the home and deteriorated significantly. The neglect of the home was apparent and the impromptu nature of my visit did not allow time to hide the situation inside the home, supporting the idea of disguised compliance under the North Wales Safeguarding Children's Board (2020) as agreements were made to make changes to the condition of the home and meet the children's needs, however, no changes were made to foundationally support the children.

The police referral, combined with observations of numerous empty alcohol containers within the property and previous concerns regarding an adult male attending the school while smelling strongly of alcohol, highlighted the likelihood that alcohol misuse may be impacting the children's wellbeing. To support the family I

made a referral to the drug and alcohol team to not only support the individuals struggling but also to safeguard the children as parents with substance abuse problems are more likely to neglect or abuse their children (NSPCC, 2023) We have also decided that resilient families should be involved to help the family while decisions are being made.

Unfortunately due to a cumulation of the issues previously mentioned such as change in attitude, poor hygiene, the poor quality of the home, the domestic disturbance and the inclusion of alcohol, I believe that these children are facing abuse in the form of neglect and emotional abuse due to the lack of basic care and high stress household respectively. I believe these children both need individual child protection plans under the Wales Safeguarding Procedures Section 4 (N.D)

Having heard the evidence presented, can everyone confirm whether they agree that these children are at risk of, or are experiencing, significant harm, and whether Child Protection Plans should be recommended?

I agree a child protection plan should be put in place for this child as I believe they are facing abuse.

I can confirm that I agree that going forward a child protection plan should be in place.

I also agree a child protection plan should be actioned as both children in the home appear to be facing abuse.

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