

AI Cover Sheet

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Cover sheet

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Initial Child Protection Conference Script

Acklima- Keyworker

Hello, my name is Acklima Begum. I am the keyworker for Daisy, aged 3. I have worked closely with her since she joined Rainbow nursery in September 2024, and I am here to share the concerns that led to this initial child protection conference section 47 of the (Children Act 1989)

I have a duty of care not just to Daisy, but to all children including Daisy's sibling, Rose, who may be at risk of harm (Children Act 2004; Department for Education (2023)). This duty is shared by all professionals and is supported by section 175 of the (Education Act 2002). My role is to recognise, record and respond to concerns, while understanding the limits of my responsibility (Department for Education (2023)). For example, not investigating concerns, but reporting them to the Designated Safeguarding Lead (DSL).

Over time, I noticed Daisy becoming more withdrawn and her hygiene began to decline, her clothes were often dirty, and there was a strong body odour. These are signs of physical neglect (NSPCC, 2023). However, effective safeguarding requires avoiding assumptions and considering each child's background (Department for Education (2023))

Recognising these signs early is vital and supported by Section 11 of the (Children Act 2004), which places a duty on practitioners to act in the child's best interest. This reflects the Laming Report, which highlighted that frontline professionals often

recognised signs but failed to take appropriate action (Laming, n.d.). However, acting early can prevent issues from escalating (Cleaver et al., 2019; NSPCC, 2023b; Appleton, 2021)

Neglect and abuse are frequently linked to impacts of poverty in children's lives (Buckler, 2023). However, research suggests that neglect can happen in affluent families, although this is harder to detect (Bellis et al. 2014 cited on Bernard and Greenwood, 2019)

I had a supportive conversation with mum Hannah to ask if anything had changed. She gave no explanation and appeared disengaged. Research shows that uncooperative responses from parents can indicate wider concerns ((Mason, Taggart and Broadhurst, 2020). This can limit us providing preventative support as outlined in section 17 of the (Children Act 1989)

All concerns were recorded securely on MyConcern (The Safeguarding Company, 2025), in line with the (Data Protection Act 2018), which states that all information must be protected from unauthorised access. I then reported the concerns to our Designated Safeguarding Lead, following our policy and the (Children Act 2004), which requires professionals to report suspected abuse.

A few days later, Daisy was brought in by an unknown man who smelled strongly of alcohol. This raised further concern, as children exposed to adult alcohol misuse are at greater risk of harm due to adverse childhood experiences (Haugland et al., 2021; Bellis et al., 2016; Scott, 2020)

I reported this immediately to our Designated Safeguarding Lead, in line with the Children Act 2004, Working Together to Safeguard Children (Department for Education 2023), and the Social Services and Well-being (Wales) Act 2014. These require prompt action and information-sharing where there is suspected harm.

Our Designated Safeguarding Lead made a referral to the safeguarding board using a Duty to Report form, in line with Section 47 of the (Children Act 1989) and Section 130 of the (Social Services and Well-being (Wales) Act 2014). Mary, can you confirm this referral was made?

The next day, our DSL received an alert from Operation Encompass, confirming that police had attended a domestic incident at Daisy's home. Both she and Rose were present. Helen, can you confirm this?

This information was shared with me on a need-to-know basis, in line with Working Together to Safeguard Children (Department for Education 2023) and the Data Protection Act 2018). This allowed me to provide appropriate emotional support for Daisy in the setting (Carney-Haworth & Carney-Haworth, 2024).

Since then, I have supported Daisy with calm, consistent routines and emotionally supportive relationships. Research shows that children who have experienced trauma benefit from safe and predictable environments to help them feel secure (Whitters, 2020).

In conclusion, I have a duty to report concerns to help prevent further harm, in line with (Section 47 of the Children Act 1989). This reflects article 19 of the UNCRC which states children have a right to be protected and article 3 which states that the best interest of the child must be considered (UNICEF, 2022). Therefore, due to the ongoing concerns and the confirmed domestic incident, I believe this meets the threshold for a child protection plan under the category of neglect and emotional harm.

Mary – Social Worker

Hello, my name is Mary Sharp, chair of today's meeting and social worker. Today's Initial Child Protection Conference (ICPC) is concerning the Jones family. I have been involved with the family for just over 12 months, working with Daisy, Rose and Mum Hannah. Hannah's boyfriend Steven has recently moved into the family home and has attended one home visit on the day he moved in. Today's ICPC has been brought together due to an Operation Encompass alert at Daisy's setting Rainbow Nursery and a previous referral by senior staff at Rainbow Nursery. It is being held within the time frame of section 3, parts 1 and 2 of the Wales Safeguarding Procedures 2019, and the Munro report 2011. Social Services Wellbeing Act 2014 states under The Children's Act 1989 and The Children's Act 2004, after the initial

police referral a Social Service team must meet to decide the action to be taken within one working day. Section 47 of the Children's Act 1989 and 2004 are used to investigate the case by gathering relevant information from a multi-agency team, hence the reason for today's ICPC. All information discussed in today's ICPC is confidential and adheres to the General Data Protection Regulations (GDPR) 2019.

Unfortunately, Hannah and Steven have declined the offer to attend today's conference. Following the Section 47 enquiries, these meeting bring together family members (and the child/children involved where appropriate) with their supporters, advocates and practitioners most involved with the child and family. (Section 3b Child Protection Conference – Social Care Wales no date). According to the United Nations Convention for the Rights of the Child (UNCRC, 1989) article 12 states that children have the right to be heard. Although Daisy and Rose are unable to verbalise their experiences, they can express their views, feelings and wishes in all matters that affect them and have them taken seriously by the behaviours they are exhibiting. (UNICEF, 2019). The change in Daisy's behaviour has prompted further observations for her views to be heard. According to PACEY Cymru, observation is paramount to understanding a child's needs, behaviours, preferences, well-being and interests (PACEY, 2025).

When it is your turn to present your evidence, please could you introduce yourself and your job role in relation to the Jones family.

Thank you Acklima

Thank you, Rachael,

Thank you, Helen.

As the family's social worker, I have been involved to ensure the children's health and wellbeing needs are being met. My role includes supporting, empowering and safeguarding children in society. I work collaboratively with other professionals,

children, and families to support their relationships with their families, groups and links to their community. (We Care Wales, 2025). Although many children live within a stable environment, there is still a significant minority who experience problems that may lead to poor outcomes during childhood and later adult hood. (Every Child Matters, 2007. Pg13. GOV.UK). I work with multi - agencies to ensure each child and their families holistic needs are met. (Supporting Families; GOV.UK 2003). After the referral by Acklima and then Helen, I have visited the home on two occasions. Hannah, Daisy and Rose have been present on both occasions, however, at the most recent visit yesterday Steven was in the house but kept himself upstairs Hanah advised he was feeling unwell. As already explained by the other agencies present here today, Hannah has a history of alcohol and substance misuse and although new to the family set up Steven has arrived at Rainbow Nursery with a strong smell of alcohol. As explained by Hughland *et al.*, 2012; Bellis *et al.*, 2016 and Scott, 2020 children who are exposed to adult alcohol misuse are at greater risk of harm due to adverse childhood experiences (ACE's).

The evidence suggests Daisy and Rose may require a Child Protection Plan (CPP) which would be based on the current safeguarding legislation and practices. As a team of multi-agency professionals our primary responsibility is to assess the immediate risks Daisy and Rose face in their home environment. All Wales Child Protection Procedures (AWCPP, 2008) and Wales Safeguarding Procedures section 134 (Social Care Wales, no date). A CPP is necessary if the children are at risk of significant harm (Working together to Safeguard children, 2023).

In this case Steven and Hannah's alcohol misuse is considered serious especially when looking after children as previously mentioned in relation to ACE's.

In the recent referral alcohol was noted to play a crucial part in the family's inability to provide adequate care to Daisy and Rose. Home visits confirmed possible neglect, according to the National Society for the Prevention of Cruelty to Children, this can be defined as an ongoing failure to meet a child's basic needs, where a child may be left hungry, dirty, without appropriate clothing, and a disorganised lifestyle at home

as well as the visible signs in Daisy's behaviour, becoming withdrawn, quiet and not wanting to join in as noted by Acklima.

The home environment enhances concerns about the children's emotional and developmental needs. According to Eilert and Buchheim, 2023, adults with affective dysregulation and insecure attachment have previously suffered from attachment representation and patterns of emotional regulation in childhood. (Eilert and Buchheim, 2023).

Hannah's significant issues and a chaotic environment may affect Daisy's ability to develop and thrive; Furthermore, Rose is very vulnerable due to the instability in the environment and care provided by Hannah. When focussing on the 'The Living Model' according to Maslow, 1943, Daisy and Rose's physiological needs are not being met due to the instability of their environment. (Maslow, 1943).

Considering all the significant evidence presented at today's ICPC, following the arrests made by the police on Saturday 28th June. An Operation Encompass alert aims to reduce the long-term impact of domestic abuse and liaise with education settings to ensure children get the immediate support they require (South Wales Police, no date).

Whilst conducting my latest home visits I observed possible signs of neglect. The home life conditions: the lack of an organised routine and the parents' unkempt conditions show some signs of distress. Racheal, would you agree with this?

The observations align with findings by the NSPCC, that explain children exposed to neglect and unstable environments often exhibit developmental and emotional distress. The NSPCC also address that a CPP should be considered if a family's situation and ability to protect children are insufficient to safeguard them from risk. (NSPCC, 2023).

The care part of the ICPC process is multi-agency collaboration. According to The National Multi-agency practice framework for children's service by Welsh Government, this provides information from many agencies including health, care and education settings in assessing the potential risks children may face including our case today for Daisy and Rose.

I would like to extend my thanks to Acklima, Helen and Racheal for their care and professionalism in this case.

The Social Services and Wellbeing Wales Act 2014, requests a coordinated approach to support in safeguarding. Sharing observations within a multi-agency team provides validation for a CPP. This reinforces the need for a structured intervention to ensure the children's welfare and offers support to Hannah and Steven. (Social Services and Well-being Act, 2014). A CPP further offers the support to involve other agencies and provide essential steps for Hannah and Steven to address their issues such as attending meetings for people with alcohol issues or provide parent classes to ensure the children's safety is paramount. (Wellbeing and Future Generations Act, 2015).

In Summary the evidence gathered by the police, Social Services' home visits and by us working collaboratively today, we should issue a CPP under the category of neglect and emotional abuse section 17 of the Children's Act 1989. This CPP offers to safeguard Daisy and Rose's wellbeing with structured monitoring and to offer Hannah and Steven the support they require to help them provide a safe and nurturing environment.

Would everyone support this?

Thank you all for your support and commitment to this Initial Child Protection Conference.

Helen- Police

Good afternoon my name is Helen Wright, and I am a police officer based at Newport station who will be representing the police service during this conference. In accordance with Working Together to Safeguard Children (2023), under the national statutory guidance which states police must assist other organisations and agencies to carry out their responsibilities where there are concerns about the child's welfare (Department for Education, 2025). The Laming report 2003 also states that a single agency working alone cannot provide effective child safety. Each service must fulfill its role. Recognising their obligations to the children and to one another, all

professionals who work with children must collaborate to reach a common goal (Maier, 2013). This reflects article 19 of the UNCRC which states children have a right to be protected from harm and neglect (UNICEF, 2022)

As a police officer my role is to safeguard the welfare of the children and to ensure they are safe and secure. In line with (Children's Act 1989) section 17 and 47 places duties on police and local authorities to assess and respond to children in need or at risk of significant harm (Coram Children's Legal Centre, 2024).

I can confirm that Hannah, who I now know to be the mother of Daisy and Rose, has a history of criminal activity in relation to alcohol and substance abuse. On the evening of Saturday the 28th of June police received reports of a disturbance at a property in Newport. I cannot, however, disclose the address of the property in line with the Data Protection Act 2018. Once at this address officers reported the initial presence of two adults, Hannah and who we now believe to be Hannah's boyfriend Steven. Both adults were under the influence of alcohol. Once inside the property, both a fellow officer and I noticed that the home environment was in a state of significant disrepair, including excessive clutter, lack of hygiene, and potential safety hazards including the noticeable use of substance abuse. At this time, we were unaware that both children were present in the house.

The mother (Hannah) became extremely irate and did not want us to look around the property, especially upstairs. This is when we noticed Daisy at the foot of the stairs holding hands with Rose, her sibling, both looking extremely distressed. Both children were taken aside by an officer in line with Article 19 of the UNCRC. Daisy stated that she wanted to get some food for her sister but did not want mum or Steven to get angry as she was told not to come downstairs. The children were wearing soiled clothing which had a strong smell of urine. It was evident that neither of them was in a safe, secure environment in which they could flourish in line with the Laming Report 2003 which states child safety must be central (GOV.UK, 2003). This is also in line with the Social Services and Well-being Act 2014, in which one aim is to put the needs of the individual at the centre of their care and by giving them a voice.

Hannah proceeded to explain to us that both adults had a disagreement which had escalated causing furniture and objects to be thrown along with Hannah herself being hurt with what appeared to be a large red mark on her face. This did appear like she had been hit but upon further examination it was in fact the cause of an object that had been thrown during the argument. Due to concerns regarding neglect and the risk of significant harm. Neglect is when there is failure to provide for a child's basic physical and psychological needs. Which can result in harm to their growth and well-being (NSPCC, 2022). A Section 47 safeguarding referral was made to Children's Social Care. This is when an enquiry is initiated to Social Services for them to assess the situation and determine the necessary actions to safeguard the welfare of the children (family lives, 2025). The children were assessed as needing immediate support this is in line with police protection powers under Section 46 of the Children Act 1989 in which police have the right to seek further investigation if they feel a child is likely to suffer significant harm, the police have a duty to inquire into the child's case. A child in these circumstances is referred to as 'having been taken into police protection' (HMICFRS, 2025).

In conclusion both Hannah and Simon were arrested for being in possession of a class B drug under the misuse of Drugs Act 1971. As the incident involved domestic abuse and children were present, I shared the information with the school through an operation encompass so that appropriate support can be provided for Daisy's well-being (Operation Encompass, n.d.)

My professional opinion is that both Daisy and Rose are at risk of emotional abuse due to domestic incidents and the use of substance/alcohol at home. The incidents they are witnessing are not a safe and secure environment (NSPCC, 2022).

I would also like to state that it is essential that communication between us as professionals is open and transparent as it is paramount that the welfare of Daisy and Rose is at the forefront of our investigations (ESSCP, 2019).

Rachael – Health visitor

Hello, I am Rachael Baugh, the families Health Visitor who is supporting Daisy (aged 3) and Rose, (aged 1).

My role focuses on promoting healthy development for Daisy and Rose (Healthy Child Wales Programme, 2022). This includes delivering interventions such as developmental screenings, immunisations and health reviews that identify emerging needs, as well as working collaboratively with families to promote children's holistic development (Local Government Association and Institute of Health Visiting, 2019).

My role is essential in safeguarding through establishing trusted relationships with the Jones family during routine checks. This enables me to identify any concerns missed by standard screening processes and advocate for children at risk. (Institute of Health Visiting *et al*, 2024). Research around safeguarding stresses the need for early recognition and support for children and families, linking poor communication and lack of information sharing as a contributing factor to previous safeguarding failures and tragic outcomes for children (Munro Review of Child Protection, 2011; MacManus *et al*. 2023). Therefore, Peckover and Appleton (2019) reinforce the role of health visitors in early identification of vulnerable children and families at risk, bridging the gap between early intervention and statutory services.

Working Together to Safeguard Children, recognises safeguarding as a shared responsibility (Department of Education, 2023). Furthermore, *The Children Act* (1989) places obligations on children's services to conduct enquiries if they believe children have suffered or is likely to suffer significant harm. Section 31 of *The Children Act* (1989) defines harm as the ill treatment of health or development including witnessing or hearing ill treatment of another person. *The Children Act* (2004) further emphasizes the importance of multiagency collaboration in sharing information and encourages early identification and intervention for children at risk. Therefore, I am here today to share information relevant to the children's health, development and safeguarding needs.

In accordance with Section 28 of the Social Services and Wellbeing (Wales) Act (2014), I have a statutory duty to gather and share relevant information to assess children and family's needs and support safeguarding decisions. As a registered Health Visitor, I also must adhere to the professional standards highlighted in The

Nursing and Midwifery Council (2018) prioritising patient safety by keeping clear and accurate records that are relevant to our practice. Aligning with the UK General Data Protection Regulations (2018) that gives responsibilities to Health Visitors to ensure they collect and share data on child health records, safeguarding concerns and family history. Furthermore, when supporting families Health visitors use the Family Resilience Assessment Instrument and Tool Wales (2019) to reduce the likelihood of harm and enhance resilience by evaluating strengths and vulnerabilities of families. This structured assessment supports early intervention, monitors progress and plays an important role in protecting and safeguarding families, (Wallace *et al.* 2019).

Historically, Hannah has struggled to provide a consistently safe and nurturing home environment. The World Health Organisation *et al.* (2018) emphasizes adverse home environments as harmful, impacting negatively on children's development. During recent home visits, I have observed a decline in the household environment and a change in Hannah's ability to respond appropriately to her children's needs and signals. Bowlby (1969) emphasizes the importance of emotionally available, responsive and nurturing caregivers for the development of secure attachments. The home was cluttered and unhygienic, with broken furniture and visible alcohol bottles. Both children were observed in dirty clothing and heavily soiled nappies, suggesting basic needs were not being met. NSPCC (2020) suggests signs of neglect include children who appear dirty or smelly and live in unsuitable home environments, however NSPCC also stipulates no single factor on its own can confirm neglect and practitioners need to use professional judgment. Maslow's Hierarchy of Needs (1943) as cited by Ubilla (n.d) identifies physiological needs in the form of hygiene and safety as the foundations to healthy development therefore suggesting that my observations of unmet basic needs as potential neglect. In line with Public Health Wales (2018) duty to report procedure I reported my concerns and observations to my line manager and the Corporate Safeguarding Team.

Additionally, Hannah did not attend Roses's fifteen-month Scheule of Growing Skills (SOGS) review an important developmental milestone. Missing information in Rose's personal child health records raises concerns around accurate communication and early recognition between health professionals. According to NHS (2023) these gaps can lead to missed safeguarding opportunities and indicate early signs of neglect.

It is of relevance that Hannah herself had a difficult bringing including parental alcohol misuse. As highlighted by Lange et al. (2018) early adverse childhood experiences (ACEs) can have long term impacts on health and development and this is significant as MacManus *et al* (2023) links ACEs to negative parenting styles and reduced emotional responses.

I was also notified by Mary the family social worker of a domestic incident at the family home in which both children present. This further reinforces concerns regarding safety and stability for Daisy and Rose in particular relation to the United Convention on the Rights of the Child (UNCRC) (1989) Article 19 that states children should be protected from violence, abuse and neglect. Thankyou.

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