Module: ECEY5011

Safeguarding: Practice, legislation and the multidisciplinary team

Practical Performance Project: ICPC Conference

Maka (Social Worker):

Good afternoon everyone and welcome to today's safeguarding meeting in relation to the Jones family. My name is Amaka Osisi, I will be chairing today's meeting, and I am the family's allocated social worker, working closely with the children, Poppy who is 3 years old and Hannah who is 6 months old. Before we make a start, I would just like to take this opportunity to remind everyone that this meeting is confidential and would like to let everyone know that by being present in today's meeting you are abiding by these confidentiality rules and agreeing that any information discussed today will not be shared outside of the meeting. This is in line with General Data Protection Regulation rules (GDPR) and the Data Protection Act 2018 (Government of UK, 2018). If we could begin with introductions please and I ask that everyone should state their name, professional role and their involvement with the family so that these details can be recorded in the minutes.

(Everyone to introduce themselves here one by one in running order)

Nicola:

Hello, I'm Nicola Carr, I work at Blossoms Daycare Nursery as a key worker for Poppy. I act as a consistent point of contact for the child and family, creating a close, trusting bond that supports emotional security and development. This role also includes observing, recording, and sharing developmental progress and safeguarding concerns (Welsh Government, 2021).

Barbara:

Good afternoon. My name is Barbara Sliwinska and I am Poppy's class teacher at St. Peter's school. My responsibility is to protect and safeguard Poppy from any danger or harm whilst she is at school (Welsh Government, 2025). I must demonstrate commitment to learners; their safety, learning and well-being in all aspects of school life (Welsh Government, 2017).

Emily:

Good afternoon. My name is Doctor Emily Downs, and I am General Practitioner based at Willowlane Medical Centre here in Cardiff. I am the designated G.P for the Jones family registered at the practice.

Natasha:

My name is Natasha Sullivan, a police officer from the South Wales Referral Conference Team. Our role is to risk assess all Public Protection Notifications (PPNs) involving children and investigate offences where we suspect a child is suffering or is likely to suffer significant harm, in line with **Section 28, Children Act 2004.**

Maka (Social Worker):

Thank you everyone for those introductions which are very helpful for everyone present. So, I will start by explaining that today's meeting is a Child Protection Conference (ICPC) and is being held for everyone to discuss their concerns and views about Poopy and Hannah. We are holding the meeting due to various concerns that have been highlighted under Section 47 of the Children's Act 1989 (Children Act, 1989), and it is all of our responsibilities to safeguard the children under part 7 of the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014). I would like to remind everyone that under the Rights of Children and Young Persons (Wales) Measure 2011 (Welsh Government, 2011), that Poppy and Hannahs rights must be at the centre of all decisions that are made today. Also, I would like to note for the minutes that the children's mother, Alyson has been invited to today's meeting, however she has made the decision not to attend. Despite this we will ensure that she is informed of today's outcome and what actions will be taken (Department for Education, 2024). I would also like to add that the Health Visitor of the family is unable to attend today's Initial Child Protection Conference due to an unforeseen emergency. However, in accordance with the Wales Safeguarding Procedures (Safeguarding Wales, 2025), and in the interest of maintaining continuity of care, her written report has been submitted in advance for the meeting. You should all have a copy of this within your conference pack. Please let me know now if that isn't the case. Her observations and professional opinion will still be considered as part of our multi-agency discussion today (Welsh Government, 2022). I will now begin by inviting each professional to share their observations and concerns. If I can now start with asking Nicola, Poppy's key worker to share your report please.

Nicola (Key Worker):

A written safeguarding report has been submitted in advance of today's conference, outlining observed concerns and daily documentation logged in our secure digital nursery diary (SNDD). This has been prepared in line with Standard 6 of the National Minimum Standards (NMS) for Regulated Childcare (Welsh Government, 2023) in collaboration with our Designated Safeguarding Lead (DSL).

In presenting these concerns today at the Initial Child Protection Conference ICPC, my aim is to provide a clear picture of Poppy's well-being and contribute to the multi-agency decision about how best to safeguard her moving forward (Welsh Government, 2022).

According to the Welsh Government (2023), my role is not just to care for Poppy and meet her basic needs, as per Maslow's Hierarchy of Needs (1943), but also to actively monitor her well-being, use professional judgement, and act on safeguarding concerns. As a practitioner, I must support Poppy whilst being aware of how the family dynamic, including her younger sibling, may be impacted.

Poppy is three and attends the nursery three days a week. Over the last few weeks, I have become increasingly concerned about her well-being. Poppy often arrives late, upset, tired, hungry and in a soiled nappy. These repeated signs are indicators of potential neglect and may suggest emotional strain within the home (NSPCC Learning, 2021; Department for Education, (dfe) 2023).

However, Sharma, Cockerill and Sanctuary (2021) and NSPCC Learning (2024) remind us that behaviours like tiredness or missed breakfast may reflect temporary discomfort, not always neglect. Yet Burke Harris (2019) stresses that repeated stress, such as inconsistent care or unmet needs, can affect brain development even when signs are subtle. This reinforces the need for professional curiosity and attention to emerging patterns over time.

The Early Years Foundation Stage guidance (cited in Department for Education (DfE), 2023) highlights that practitioners must respond to children's changing needs and wellbeing. Recently, Poppy's behaviour has shifted; she used to settle calmly, but now clings to me and becomes distressed, saying she doesn't want to go. For me, that's a red flag. Changes in attachment behaviour like this can be early signs of emotional distress, a child's way of signalling they feel unsafe or anxious (Asmussen *et al*, 2020; NSPCC Learning, 2021; DfE, 2023).

Bowlby's Attachment Theory (1982) explains that secure attachments are vital for a child's emotional development; they help children feel safe, manage their emotions, and build resilience. When that attachment is disrupted, we often see signs like clinginess, anxiety, or emotional withdrawal.

As Poppy's key worker, I am her secure base. When her behaviour changed, I recognised it could reflect a breakdown in her sense of safety, either emotional or physical. It's my role to notice these changes and respond sensitively. In line with Attachment Theory and Bronfenbrenner's ecological

systems model (1979), key workers are not just caregivers; they are protectors and emotional anchors, especially in times of uncertainty.

As part of our daily record keeping, required under Standard 6 of the NMS (Welsh Government, 2023), I have been documenting observations in our SNDD. These records are accessible to parents and form part of our transparent approach to safeguarding, providing a factual timeline that supports further assessments where necessary. This includes the time Poppy is dropped off, who brings her, and any concerning presentations.

Poppy is usually dropped off by her mother, but on one occasion, a man unknown to staff brought her in smelling of alcohol. I didn't know if he'd driven, but something felt off. I reported it immediately to our DSL.

Under the Wales Safeguarding Procedures (Safeguarding Wales, 2025) and the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2016), we have a duty to report concerns based on professional judgement, not just evidence. The Clywch Report (Children's Commissioner for Wales, 2004) reminds us what can go wrong when professionals ignore early warning signs. It taught me to speak up, even if it's just a gut feeling.

I've also noticed changes in Alyson. Since her new partner appeared, she's become withdrawn and no longer engages during handovers. She's also occasionally worn sunglasses and a scarf in mild weather, which raised concerns. Taken together, these signs suggest potential safeguarding issues. This reflects the Welsh Government's safeguarding guidance (2019), which encourages professionals to use curiosity, to observe, question gently, and act on subtle indicators that something may be wrong.

Alyson should be supported to access Clare's Law (2022), which enables individuals to request information from the police about a partner's history of abuse. Coercive control often begins subtly, through love bombing, isolation, or manipulation, before escalating (Women's Aid, 2025).

Safeguarding can be complex because each professional sees the child at different times and in different contexts. I may see Poppy tired and withdrawn in the morning, while her teacher sees her later, settled and cheerful. Without clear communication, we only hold fragments of the full picture.

As NSPCC Learning (2025) emphasises, effective multi-agency information sharing is essential to identifying concerns early and keeping children safe. As her key worker, I have a legal, moral, and ethical duty to protect Poppy's rights and wellbeing, as outlined in Article 19 of the UNCRC (UNICEF, 1989).

Thank you.

Maka to introduce Barbara (TEACHER)

Barbara (Teacher):

I would like to express my concerns regarding Poppy's behaviour and performance in school in light of the recent changes I have witnessed. I hope that my presence here will give you an insight into the difficulties that she has experienced during her time at Nursery.

Safeguarding is a fundamental aspect of the Early Years Curriculum. According to the Welsh Government **(Welsh Government, 2022),** teachers have got a legal responsibility to protect children from any danger or harm and promote their holistic wellbeing in all aspects of life. They must better understand each child's unique learning journey and to foster their enthusiasm for learning **(Welsh Government, 2015).** Moreover, the Wellbeing of Future Generations Act 2015 **(Commissioner of Wales, 2021)** gives public bodies the authority to work together to improve the social, economic or cultural wellbeing of Wales. Developing children's intellectual curiosity and exploration of their own rights in a free and democratic society **(Welsh Government, 2024).**

As a practitioner, it is important that I am up to date with new policies regarding safeguarding in Wales. The Wales Safeguarding procedures give professionals, like me, the opportunity to apply part 7 of the Social Services, and Well-being Wales Act **(2014)** and statutory guidance relating to protecting children from any external or internal harm **(NSPCC, 2019; Wales Safeguarding Procedures, 2023).** It is my firm belief that professionals must create a strong, effective pedagogy, that is deeply embedded in relationships with the child, to realise the ambitions for everyone in the curriculum **(Welsh Government, 2022).** Whilst giving pupils the basic foundations to build on their holistic development, thus empowering their own performance and academic attainment in schools **(Laura Arnott, 2021).**

In Poppy's case, the evidence is clear that she shows great signs of distress and flinches at loud noise during school activities. She exhibits a lot of difficult behaviours such as shouting, having tantrums and avoiding eye contact with staff and pupils. According to Welsh Government, **(2018)**, when dealing with a difficult situation, it is necessary that practitioners know how to calm the child down fully, and to get back to the 'baseline' before discussing the incident. They may wish to adapt an integrated approach to Social and Emotional Aspects of Learning (SEAL) in areas of school life **(Department of Education, 2010).** The implications of Poppy for not having to reach the skills are significant, causing major effects on her cognitive skills and other developmental delays in the future **(Play Wales, 2022).**

I have also seen that Poppy is increasingly undrawn and unkempt, not wearing appropriate clothes on the school site, and not showering or bathing regularly, when she is not taking part in the Blossom daycare. For example, NSPCC **(2024)** claims that these could be the potential signs of abuse. Similarly, in August 2007, 17-month-old Peter Conelly has found to be dead after months of abuse and neglect from his mother and partner **(Community Care, 2017)**. This led to another report by Lord Laming with further 58 recommendations **(The Lord Laming, 2009).** However, there are other factors which may significantly affect their behaviours such as social exclusion and quality of home environment **(GOV UK, 2016).** I think that it is poor hygiene which has negative effects on Poppy's development in learning and forming social interactions with her peers **(WHO 2020; Welsh Government, 2022).**

What I have observed in the last couple of weeks is that Poppy has been hungry during the snack time and that she is grabbing other people's food. She is smaller in stature than her other friends. I tried to resolve this enquiry by talking to her mum and see if Poppy is suffering from hunger as part of the Children's Act 1989 **(GOV.UK, 2021)** but she told me there is nothing to be worried about. I contacted with the health visitors regarding her being underweight. Whilst it is unfortunate that the health visitor is unable to visit the conference today, Sherish agrees with this perception that the child is not fulfilling the intended developmental milestones for her age **(Welsh Government, 2021).** I believe that because Poppy comes from a dysfunctional family, then she may be resistant to reveal her hunger issue due to that fear of negative attention **(NIH 2020; Magic Breakfast, 2023).** Failure for giving her access to food or drink significantly dampens her growth in the near future as seen in the Educaton Act 2002 **(Stubbington, 2024; UK Statute Law Database, 2002).**

Lastly, Poppy does not seem to display effective communication skills with her mother when she is being picked up from school. According to Bronfenbrenner and Dr. Jools Page **(Page, 2018; Marcus Crawford, 2020),** the concept of secure attachment within the microsystem is crucial for healthy development. Teachers must create a reciprocal relationship between the student and parents in the school environment. However, what is worse is that a disruption of this bond can have major implications for the child physiologically, and emotionally into adulthood; this may damage her ability to form relationships with others in the future **(NSPCC, 2021; NSPCC 2024).** I must see if pupils like Poppy are in danger, and to carry out the right procedures of sharing my concerns with the DSO following relevant policies, should this incident occur in the future **(Early Years Alliance, 2019; Welsh Government, 2020; Scie, 2023; HM Government, 2023).**

Maka to introduce Emily (G.P)

Emily (GP):

I am the designated G.P for the Jones family, consisting of Alyson, Poppy and Hannah Jones. Alyson has been registered at the practice for eleven years, and both Poppy and Hannah since birth. I can confirm that Ayson Jones is the only parent/guardian of Poppy and Hannah Jones registered at the surgery.

My role as a Registered General Practitioner is offering primary care support to the Jones family in accordance with the General Medical Council's professional standards as set out in the '*Good Medical Practice*' Guidance- specifically Domain 2, section 41 '*Safeguarding Children and Adults who are at risk of harm*' **(General Medical Council, 2024)**. I can also confirm that I am a member of the Royal College of General Practitioners Cymru, who stipulate that doctors have a *'professional responsibility'* to contribute to child protection meetings by offering relevant medical information, advice and support **(Gibson *et al.,* 2019).** I have completed all relevant training in relation to safeguarding provided by the RCGP professional membership body as part of their *'Safeguarding Standards for General Practice'* **(Royal College of General Practitioners, 2024)**.

This ICPC meeting today adheres to the Children Act 1989, where prospective concerns as highlighted in Section 47 are explored where a child and/ or children are perceived to be at potential risk of suffering harm **(UK Public General Acts, 1989)**. My report today is in line with the National Safeguarding Team, NHS Wales' guide for '*Safeguarding Children and Adults at Risk in General Practice*' **(Public Health Wales, 2016)** which I follow to ensure that I can effectively identify and support children and young people who may be at risk of suffering abuse and neglect. Following the United Nations Convention on the Rights of the Child, specifically Article 24, I am mindful in my report given to today as a health care provider that it is in fact a child's *right* to obtain the best possible health **(UNICEF, 2022).**

It is important to clarify that the information I will be sharing in my report, aligns with the statutory requirements as set out by the *General Data Protection Regulation and Data Protection Act 2018* **(UK Public General Acts, 2018)**. I can also confirm that my report has been shared with Alyson Jones prior today's meeting as per the *'Information Sharing Advice for Practitioners Providing Safeguarding Services for Children, Young people and Carers*' guidance set by the Department for Education 2024 **(Department for Education, 2024**), as well as the General Medical Councils 'Protecting Children and Young People' Guidance, Chapter 3, Section 18 *'Communicating with Parents'* **(General Medical Council, 2024a)**. This report aims to meet the expectations of multi-agency standards of working as set out in the *'Working Together to Safeguard People'* 2022

guidance **(Welsh Government, 2022)**, which aligns with the Social Services and Well-being (Wales) Act 2014 **(Welsh Government, 2014)**.

Although the purpose of today's meeting is to examine the potential risks associated with Poppy Jones' welfare, I am also well-placed in providing information pertinent to both Alyson and Hannah Jones's medical records which I feel relevant to support the overall picture of the case we are examining **(Gibson, *et al*., 2018)**. The submission of a General Practitioner report at a child protection conference is also a recommended by the Care Inspectorate Wales, Estyn and Healthcare Inspectorate Wales in *Appendix 6* of their combined '*Rapid Review of Child Protection Arrangements*' full report **(Care Inspectorate Wales, 2023).**

Poppy Jones:

My report begins with discussing the medical history of Poppy Jones (now aged three years and two months old) and subsequent interventions carried out by NHS Wales following consultation appointments at Willowlane Medical Centre.

In relation to Poppy's scheduled developmental reviews, I can confirm that a health visitor carried reviews with Poppy at their home address at 2 weeks post birth, 12 months and 24 months of age in line with National Health Service Wales recommendations **(National Health Service 2020)** and the Healthy Child Wales Programme's *universal scheduled contact itinerary* **(Welsh Government, 2024)**. I can confirm that I have witnessed the ASQ-3 questionnaire reviews completed by mother Alyson as part of the Poppy's *Personal Child Health Record* **(Royal College of Paediatrics and Child Health, 2019)**. Poppy attended her eight-week developmental review with myself at the surgery, and I can confirm that there were no concerns in relation to Poppy's developmental centiles at this time.

Records provided by her health visitor confirm that there were no concerns in relation to Poppy's developmental health checks made as part of routine visits. Poppy has also received all required vaccinations and is registered at an NHS dental clinic. Recent correspondence from the health visitor, however, details a concern from her education setting who have noticed a visible reduction in Poppy's weight within the last three months. The setting has also reported that Poppy is often seeking out additional food and drink provision, as well as complaining of hunger and is unkempt in both her appearance and general hygiene. The health visitor has attempted to organise additional home visits, but she informs me that Alyson has been uncontactable.

Poppy has attended the surgery for appointments relating to common ailments with myself on four occasions post birth, in addition to her eight- week developmental health check. These

appointments provided diagnosis and treatment for common ailments including cold, Varicella-zoster virus (Chickenpox), sore throat and Atopic Eczema. I can confirm that Poppy has not been seen at the surgery for the past six months and is overdue for a review of her Eczema medication. Both the surgery and pharmacist have informed Alison of this on numerous occasions.

Although I haven't had any concerns in relation to Poppy's development and health generally, after recent events I recommend that Poppy attends an appointment with me at the surgery to receive a comprehensive health check as a matter of urgency, so that can continue to prescribe medication for her skin condition and offer any other medical intervention if needed.

Alyson Jones:

Alyson is the thirty-six-year-old biological mother of both Poppy and Hannah. Alyson has been proactive in seeking medical appointments for both herself and her children, however records show that there has been a noted reduction in contact during the last year. Alyson has a historical difficulty with low mood which was much more evident at the post-natal eight-week check-up appointments for both daughters. I diagnosed Alyson with *Postpartum Psychosis* (post-natal depression) **(National Health Service 2020a)** at her first post-natal check-up and prescribed both antidepressant medication and made a referral for both counselling and support provided by healthcare lead mother and baby groups in her local area. I can confirm that Alyson was deemed to have mental capacity in accordance with the Mental Health Act 1983 **(UK Public General Acts, 1983)** at this time. Alyson has attended subsequent review consultations with me, but is overdue for her quarterly review. Alyson has not engaged with counselling or support group services following my recommendations and support plan. Alyson is also late in collecting her last two prescriptions for medication. This is concerning, as Alyson is also a new mother to Hannah and is likely to have had a further decline in her mental health post-partum. This was discussed with Alyson at Hannah's eight-month check. However, there was little enthusiasm to engage with support services and advice. Therefore, I requested additional health visitor appointments, but the health visitor has again found it difficult to contact Alyson. I recommend that Alyson attend an urgent appointment at the surgery where I can assess her medical needs and agree upon a support and treatment plan, reviewing current medication and updating those overdue.

Hannah Jones:

The health visitor completed all the initial developmental checks, and I saw Hannah at her eight-week review. There were no concerns at this time, but health visitor records show that daughter

Poppy was not present at the time of the home visit, and neither was Poppy present at Hannah's eight-week review with me. Alyson will shortly be receiving an ASQ-3 questionnaire to complete ahead of Hannah's nine- month health visitor review. However, with concerns with Alyson's mental health and wellbeing, as well as concerns over Poppy's physical health, I recommend this review be brought forward - and to take place with myself and the health visitor at the surgery rather than at a home visit.

That concludes my report today, thank you.

Maka to introduce Natasha (POLICE OFFICER)

Natasha (Police):

This report, submitted to the ICPC Chair and parent **three** days prior to this conference, relates to the **Section 47** under the **Children Act 1989.**

The children were first brought to our attention on 20th June, when officers responded to a domestic incident at Alyson's home address, involving male named Jeff Davies. Both adults were intoxicated at the time. A 3-year-old girl named Poppy was found hiding under a bed in a bedroom, and a 6-month-old baby girl named Hannah, who was alone in a cot. Both children showed signs of neglect, including unchanged nappies, unclean clothing and poor hygiene. Alyson identified that both girls were her children.

Inside the house, conditions were poor, it was evident that Alyson is struggling with the upkeep of the children, as well as her home. Jeff admitted they were arguing about getting more alcohol. Alyson was quiet and only answered that Jeff had moved in recently. Jeff became agitated and raised his voice at the accompanying police officer. From the bedroom Poppy could be heard crying, calling for her mum. Alyson didn't acknowledge any cries for help. Jeff was removed under the **Breach of the Peace (Common Law), Police and Criminal Evidence Act 1984 (PACE)**. Alyson's sister Janet took responsibility for the children, whilst Alyson sobered up. While the situation was concerning, it didn't meet the threshold for a **Section 46** removal of children in imminent danger , **CYSUR (2025),** so **a referral** was made with Children's services under **Section 130 (4) of the Social Services and Well-being (Wales) Act 2014**, as a requirement to notify partner agencies for children who are suspecting of at risk of abuse or unmet needs.

Maka (SW), can you confirm the duty team had a record of this call out?

Maka: YES

The police are required to adopt a multi-agency approach under the **Children Act 1989**, and ownership is placed on every local authority to safeguard and promote the welfare of children and young people who are believed to be 'in need' under **Section 17**.

A second incident occurred on 22nd June, when police were called by a member of the public to report concerns about a woman screaming and distress being heard from children. Again, under

Section 17, PACE (1984) an officer attended Alyson's home address to find the children outside unsupervised in the midday sun, both wearing only nappies. Alyson had a bruise to the left cheek, which was attributed to having caught herself on the car door when loading the children. Jeff who had scratches over his arms, and was intoxicated, who was then removed from the property for 48 hours under **Section 3** of the **Domestic Abuse Act 2021** and **Welsh Government (2022) Domestic Violence Protection Notice (DVPN)** which recognises children as direct victims when exposed to domestic abuse in the household. Alyson admitted to having inflicted the scratches on Jeff as she wanted him to leave.

Alyson was upset and presented as not being under the influence of any substances during this call. She had capacity, under the **Mental Capacity Act 2005** and understood the risks. Alyson immediately brought the children inside. From the smell as Poppy came indoors, it was evident that she had not been changed for quite some time. Alyson was signposted to Live Fear Free Helpline for support. A second call was logged with Children's Services.

Maka (SW), can you confirm the duty team had a record of this call out?

Maka: YES

23rd June. Under **Operation Encompass (2010), GDPR, t**he **Data Protection Act 2018 and the ICO exemptions,** our multi-agency approach with education establishments, places ownership on police forces to share domestic abuse incidents with schools who have undertaken the Operation Encompass training. Under this Act**,** the Chief Constable of South Wales is recognised as the data controller. Our Unit shared the two domestic incidents with the school nursery teacher.

Barbara (teacher) please can you confirm that you received notification from the Unit 23.6.25?

Barbara: YES

23rd June 25 An anonymous request for a **Clare's Law Domestic Violence Disclosure Scheme (DVDS)** application was made for Jeff Davies. In accordance with the police guidelines, initial checks were made within 24 hours and arrangements for a face-to-face meeting with Alyson on 3rd July, within the 10 days, to establish the relationship and conduct a risk assessment in accordance

with the **Home Office (2023)** statutory guidance. The guidance requires police to complete their findings within 35 days, but following a recent study by the University of Liverpool, Clare's Law, 10 years on, recommendations were reduced to 28 days.

Jeff Davies has a history of domestic abuse offences, including stalking and harassment from some prior relationships spanning the past 5 years. Jeff completed a 'Building Better Relationships' course in 2024 as part of his rehabilitation. Alyson has been made aware of the potential impact of domestic abuse on her children.

The Children's Commissioner for Wales fully supports and promotes United Nations Convention on the **Rights of the Child Article 19** and expects agencies to protect children from all forms of abuse and neglect..

Maka (Social Worker):

Thank you everyone for your reports, I will now take the opportunity to present mine to you. Firstly, as the allocated family social worker for this case, I have a duty of care to ensure the safety and well-being of the children in line with the Wales Safeguarding Procedures 2019 (Social Care Wales, 2019). I would like to begin my report by highlighting the potential risks and safeguarding concerns in relation to Poppy aged 3 and her 6 month old sister, Hannah. It is important to note that according to the Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2015) any potential signs or risk of harm now could impact both their future and development. The evidence provided has been gathered from multiple home visits both announced and unannounced, liaising with other professionals in line with Working Together to Safeguard Children 2023 (Department for Education, 2023), multi-agency reports and detailed observations from the nursery staff (NSPCC, 2025).

Poppy and Hannah's Mother, Alyson is currently on maternity leave and appears not to be engaged with any services. She has refused all keeping in touch days with her workplace and has also missed appointments with other professionals. She has previously been late dropping off and picking up Poppy to and from Nursery and more recently has completely stopped taking her. In order to support the family Nicola now takes Poppy to and from Nursery however this has unfortunately resulted in no recent direct contact with Mum resulting in no communication. From observations it seems Alyson is socially withdrawn in both professional settings and more informal settings. It is also important to note that Alyson has been diagnosed by her G.P. with postnatal depression which could be affecting the children's attachment (Hughes and Owen, 2009). She has been prescribed medication for this but has refused to take it so there has been no improvement

with her mood and presentation. This is clearly impacting her own health and well-being which in turn may be affecting the children as she may lack the ability to meet the needs of the children.

From multiple home visits I have gathered information and observed the home environment to be chaotic and lacking in hygiene with soiled nappies left on surfaces and the furniture along with used crockery and empty packets and cartons strewn on the floor which could indicate potential neglect (NSPCC, 2024). There appears to be very little structure and routine for both mum and the children. Both children on all visits have been observed to be dressed in unclean and poor fitting clothing. The home also has limited toys and activities for them to interact and play with. There are other indications that the family may be struggling financially as there were prepayment meters at the property.

During my visits Poppy often appears withdrawn and quiet and seems to be clinging on to her mum, although Mums engagement is minimal with her and this could cause attachment issues for Poppy (NSPCC, 2021). Hannah the 6 month old baby is entirely dependent on Mum, but it is evident that there is serious concern around this as Mum seems to be struggling herself and given Hannahs age she is extremely vulnerable (Ward, 2012). The Health Visitor raised concerns of developmental delay which became more apparent during my last visit. Both children on all visits appeared to be dirty and as stated the home was in poor condition. Mum comes across as anxious and struggles to interact with others sharing very little information with me.

During my most recent visit, a male matching the police's description of Jeff Davies was present at the home. He smelled strongly of alcohol, and mum did not explain who he was. She seemed uncomfortable while he was present and did not give any eye contact. I have since called her in relation to my concerns about the male and she was very vague about him. She later confirmed that he is her new partner which is an added concern given his past involvement of domestic violence. Hobart (2009) indicates that alcohol misuse is commonly associated with domestic violence, which is a serious safety risk and can cause emotional harm. Poppy appears scared when he is around and has been found hiding under the bed on one occasion.

From the collaboration with other professionals there is a wealth of information that raises serious concerns (Davies, 2012). Under the Children's Commissioner for Wales Act (2001), there is responsibility to not only safeguard children but to actively promote their rights and well-being in line with United Nations Convention on the Rights of the Child (UNCRC) (UNICEF, 2022). From the evidence gathered it seems that Poppy and Hannah may be at risk of harm and that early intervention is needed (McCarthy, 2015).

Would anyone like to add anything further at this point?

EVERYONE: NO

Concluding Points:

Maka (Social Worker):

In that case I would like to conclude that in my opinion from all information gathered it is evident that Poppy and Hannah both meet the threshold for a Child Protection Plan under Section 47 of the Children Act 1989 (UK Public General Acts, 1989), as they are both at risk of suffering further significant harm under the category of emotional abuse as defined as repeated exposure to witnessing abuse of others, and under the category of neglect as failing to have their basic needs met. This plan would ensure the safety and well-being of Poppy and Hannah but also support the family to achieve a safer and more stable environment long term. Do all professionals agree that a Child Protection Plan is the appropriate course of action for this case?

Everyone: YES

Maka: I would just like to remind everyone that the notes from this conference will be distributed within 20 working days and to thank you all for your contributions in today's meeting and for your continued efforts to safeguard children. If we can now move on to everyone's self-reflections, please?

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