

Script

Good morning everyone. My name is Abigail Jones and I am the allocated social worker for this case. I'd like to welcome you all and thank you for attending today's Initial Child Protection Conference.

This meeting has been convened under Section 17 of the Children Act 1989, which places a duty on us to assess and provide support to children in need, and Section 47 of the Children Act 1989, which requires us to investigate and consider action where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, as set out in national legislation (Children Act, 1989).

Before we begin, I'd like to introduce the professionals present today:

Abbie Mottram, George's class teacher.

Asha Clements, the family health visitor.

Tylah Davies, police constable who has attended the home.

Liliwen Evans, drug and alcohol support worker who is supporting Sarah.

Our aim today is to share information openly, assess risk, consider the child's needs, and agree on the best course of action to ensure their safety and wellbeing, reflecting the statutory duties outlined in the Children Act 1989 and 2004.

I want to highlight that parents have the right to participate in this conference, to be heard, and to have access to advocacy if needed, in line with the Children Act 1989 and family rights guidance. The parents have declined to take part in today's meeting. Research by Richardson Foster et al. (2021) shows that children's participation in such conferences is often minimal and that child-focused decision-making is rarely achieved. These findings suggest that conferences do not automatically guarantee meaningful involvement of families, and it is therefore not unusual for parents not to attend.

All information shared today is protected under UK GDPR (UK parliament, 2018).

On 7th November, I received a report concerning George from [School].

Following safeguarding procedures, I determined on 8th November that the case required further investigation under Section 47 of the Children Act 1989, as there were concerns that the child might be at risk of significant harm.

A home visit was conducted following the referral on 10 November 2025.

In the family home live Sarah, mum. George age 3, Lily aged 1 and Jonathan. Mum's partner has recently moved in.

Upon arrival, Jonathan answered the door. I introduced myself and explained the purpose of my visit. He closed the door abruptly and could be heard shouting for Sarah.

After a short delay, Sarah came to the door holding Lily (aged 1). Sarah presented with a visible black eye and appeared intoxicated, confused and afraid. Lily was dressed only in a nappy. Sarah allowed me to enter the property.

These observations are consistent with indicators of domestic abuse, as highlighted in *Working Together to Safeguard Children* (Department for Education, 2018), which identifies visible injuries, fearfulness, and controlling partner behaviour as potential signs of abuse within a household.

Jonathan appeared frustrated and stood in the living room with his arms folded, monitoring the visit. The curtains were drawn, and a strong smell of alcohol was present. Sarah appeared withdrawn, and Lily was unusually quiet and under stimulated for a one year old, consistent with concerns highlighted in *Working Together* (2018) regarding child development in neglect cases. This also aligns with evidence that parental substance misuse can compromise supervision, stimulation, and emotional responsiveness in young children (Tustin, 2025)."

In the kitchen, I observed a lack of fresh food, multiple empty alcohol bottles, and a large crack in the internal door, indicative of domestic abuse, which is recognised as a risk factor for significant harm in the Children Act 1989.

I gained permission from Sarah to inspect the upstairs of the home.

George's bedroom had a strong smell of urine, and Lily's cot situated in the mother's bedroom contained dirty bedding and soiled nappies on the floor. Drug paraphernalia was partially visible under the bed, and an ashtray was within reach of the cot.

These conditions fall below what is considered safe or acceptable for children and are inconsistent with Article 27 of the United Nations Convention on the Rights of the Child (1989), which states that every child has the right to an adequate standard of living, including a home environment that fully supports their development. The living conditions observed do not meet this standard and therefore raise concerns consistent with neglect and environmental risk.

In a follow-up visit on the 14 November where the Jonathan was not present, Sarah was noticeably more open and disclosed that her partner had been abusive towards her, although she stated that he is only aggressive when drunk. I explored the impact this situation was having on both her and the children, reminding her that children have the right to live free from fear, violence and intimidation, as outlined in article 19 of the

UNCRC (*United Nations, 1989*). I provided Sarah with information about domestic abuse services and signposted her to Women's Aid, explaining that specialist support is available to help her recognise abuse, improve safety planning, and access practical and emotional support (*Women's Aid, 2024*). I also emphasised that remaining in a home where abuse is present can cause ongoing emotional and developmental harm to the children. When asked about the bruising on George's body, Sarah stated that she did not know where they came from as Jonathon isn't physically violent towards the children.

Further exposure to Johnathan places both children at heightened risk of experiencing Adverse Childhood Experiences (ACEs). Evidence from Public Health Wales shows that children who grow up in environments characterised by violence, intimidation, and emotional instability are significantly more likely to develop long term health harming behaviours in adulthood, including substance misuse, poor mental health, and difficulties forming healthy relationships. This highlights how the current home environment is not only unsafe in the present but may also contribute to long term negative outcomes for the children if not addressed (Public

Health Wales, 2016), (Hughes et al., 2017).

This concludes my observations and I would like to hand over to HEALTH VISITOR to discuss their findings.

Good morning. My name is Asha Clements, and I am the Health Visitor for this family. I will provide an overview of my involvement with the family and outline the concerns that I observed. I will also review the timeline, as recognising changes over time is essential for safeguarding under the Social Services and Well-being (Wales) Act 2014 and the Children Acts of 1989 and 2004.

As a Health Visitor, my practice is guided by the Nursing and Midwifery Council Standards of Proficiency and the NMC Code. Both require me to safeguard children and advocate for those who may be vulnerable or unable to express their own needs (NMC, 2022; NMC, 2018). My role includes upholding George and Lily's rights, in line with the United Nations Convention on the Rights of the Child (United Nations, 1989) and the Rights of Children and Young Persons (Wales) Measure 2011.

I have supported this family since George's birth, working with both him and his younger sister, Lily. During my last developmental contact with George at 27 months, I completed a family resilience assessment and a parenting capacity review as part of the Healthy Child Wales Programme (Welsh Government, 2016). At that time, all indicators were positive: Sarah was warm and responsive, the home was safe, and both children were meeting developmental milestones. This serves as an important baseline for assessing upcoming changes, in line with the Munro Review's emphasis on professional curiosity and recognising cumulative concerns (Munro, 2011).

The first concern arose when Lily missed her 1-year immunisations. When I contacted Sarah, she stated she had forgotten. I arranged a new appointment, sent reminders, and offered transport support, following the NMC Code 2018. Sarah seemed confident about the new appointment and thanked me for the support, telling me confidently that she would add it to her calendar. However, Lily missed the appointment again, so I contacted Sarah to check in and offer any additional support if necessary. Sarah answered the phone quickly. The first thing I noticed was how muffled she sounded, and how loud the music was playing in the background. I voiced my concern about Lily's absence, and she confided in me about her anxieties surrounding vaccine safety. In line with the All Wales Health Visitor Good Practice Guidelines (NHS Wales, 2016), I arranged a home visit to explore these concerns in detail.

During that visit, I observed changes that raised safeguarding concerns. Sarah appeared emotional and under the influence of alcohol. The home was severely cluttered, with multiple beer cans visible. Lily was tired, withdrawn, and was only wearing a nappy that was clearly full. She was watching TV and didn't respond to or acknowledge any of my greetings. These observations indicated both physical and emotional neglect (NSPCC, 2024; NICE, 2017a). Although I provided reassurance, Sarah continued to decline vaccinations. I supported her to complete the Refusal of Consent for Immunisations form, and referred her to a drug and alcohol counselling service (NICE, 2010). Given my concerns of neglect, I shared this information with social services in accordance with section 130 of the Social Services and Well-being (Wales) Act 2014.

I later arranged Lily's 15-month developmental review and sent reminders, but received no response. When I visited the home, the situation had worsened. The curtains were closed, and loud music played inside. An unknown adult, later identified as Johnathan, answered the door. He was

visibly intoxicated, unsteady on his feet, and holding a beer bottle. I could hear children crying inside. Despite the scheduled appointment, he refused entry and aggressively shut the door.

The refusal of access, the presence of an intoxicated unknown adult, escalating alcohol use, and audible distress from the children are significant concerns under the Wales Safeguarding Procedures (2019). The situation also raised the possibility of domestic abuse, which must be considered under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. I immediately contacted police and social services, in line with Volume 1 of *Working Together to Safeguard People* (Welsh Government, 2022).

Although the family initially appeared stable, there is now a clear pattern of increasing concern: repeated missed appointments, declining home conditions, reduced engagement from Sarah, ongoing alcohol misuse, the presence of an unknown and possibly aggressive adult, limited access to the children, and changes in Lily's presentation, including increased withdrawal and an unkempt appearance.

In my professional judgement, these concerns indicate that both George and Lily may be at risk of significant harm, including both physical and emotional neglect and potentially physical harm. I recommend a child protection plan to ensure their safety and well-being.

Thank you.

Good morning, I am PC Tylah Davies. I respond to local emergencies and domestic violence call-outs in the area, my duty is guiding lawful responses during call-outs under PACE 1984. I am also guided by the

Information Sharing Guidance 2023 to safeguard information correctly and relevantly. As per the Children act 1989, it is important to highlight safeguarding risks as I will do today.

I am here today to speak about an incident that was reported on the 5th of November, at 6:24pm.

As I arrived to the scene, I knocked the door and an adult male answered. An immediate smell of cigarettes and alcohol hit me. I introduced myself, and explained the reason for my visit. I then asked permission to enter the property, he say "yep", before walking toward the kitchen leaving the door wide open.

As I entered the hallway, the carpet had small holes and strange stains. There were multiple half empty black bin bags, which seemed to only have beer cans inside, this immediately sparked red flags and displayed signs of environmental neglect which is highlighted in Working Together to Safeguard Children, Department of Education, 2018.

I entered the living room and was met with more neglect as per the Human Rights act 1998. Multiple mouldy plates, nappies, old beer cans and ash trays were scattered around the room. Sat on the sofa was a small child, who seemed to be around 12-13 months. She seemed quite lethargic, wearing one sock and a nappy, she babbled to herself but did not seem entertained.

The human right act 1998, article 3 underlines serious chronic neglect, and living in a degrading and unsafe environment. Jonathon sat next to me, explaining that him and Sarah, his new girlfriend and the child's mother, had an argument that was due to the food not being cooked in time for the football. He didn't seem apologetic about noise complaints, and continued to light a cigarette while completely focusing on the tv.

Sarah was leaning up against the oven, and a little boy who seemed to be around 3-4 years old sat on a small stool in the corner. On first glance, the boy looked malnourished and dirty. Signs of neglect were prominent, and under article 8 of the Human Rights Act 1998 it gives the child a right to family life which

includes adequate living conditions. Sarah seemed a bit tipsy, and shaken up. Sarah had obvious red marks on her shoulders, indicating physical contact as they looked raw.

The Domestic Abuse Act 2021 states that domestic abuse has many forms, such as physical, emotional, coercive or controlling behaviour. It was clear that Sarah and the two children were victims of emotional and physical abuse. She avoided eye contact, but her half-healed black eye was visible, reinstating the fact that physical abuse is present in the home. I introduced myself, and stated that I was here to protect her and the children from any harm under the Domestic Abuse Act 2021. She was quiet and nodded her head to what I was saying, and said that the argument was because the food was not cooked in time. But upon observation, there were no signs of food being made.

The kitchen smelled of a mixture of alcohol, cigarettes, dirty nappies and mouldy food. Again highlighting environmental neglect which is detailed in Working Together to Safeguard Children (Department of Education, 2018). Two baby formula tubs were left out on the side with no lids, along with baby bottles that were discoloured. Under the Children Act 1989, inadequate access to nutritious food is recognised as a form of neglect, as this can effect a child's health and development failing to meet their basic physical needs.

I approach the boy in the corner; he told me his name and age. He then proceeded to tell me that the arguing scared him, and he hates the noise of raised voices especially from Jonathon as he is scary. While speaking to George, it was obvious that his teeth were discoloured. His t shirt was ripped. He had no shoes or socks. His hair was dirty, with signs of matting at the back. These are all clear signs of neglect highlighted in the Children's Act 1989 and 2004.

I went upstairs to ensure no other children were at the property. I was met with more environmental and un-hygienic neglect. I did a quick scan, and came to the realisation this is a social service matter, as the children have no clean areas to sleep and rest, and the bathroom seemed inaccessible. Under the Human Rights Act 1998 and 2004, the house met the standard for severe neglect, along with the two children at the home.

I entered the living room, and explained to both Sarah and Jonathan, that due to concerns observed in today's call-out, I am required to make a safeguarding referral as there is child presence in the house as

per the APP college of Policing which enforces the duty to protect children from harm, and notify multi-agencies of neglect and abuse.

As George is enrolled at the local school, it was best to make the school aware of this call-out. We notified the school under Operation Encompass which is a partnership that notifies schools of abuse or neglect the following day at 9am. During a meeting with his teacher Abbi, we agreed that social services must be notified. My duty as a police officer is guided by the Police and Criminal Evidence Act, also known as PACE 1984, that provides me with the opportunity to report any signs of harm and violence to the correct authorities. Information Sharing Guidance 2023 states that a child has a right to protection and safety, and keeping in accordance with this and informing multi-agencies will prevent any neglect and abuse from escalating when a child is already at risk enforcing the Children Act 1989 and 2004.

Thank you for your time.

Good morning, my name is Abbie Mottram, and I am the class teacher for George, who is three years old and attends our early years setting. I am sharing the concerns that have led me to make a safeguarding referral, in line with my statutory responsibilities to protect children under the Children Act 1989, which sets out the legal framework for child welfare and protection (Children Act 1989). The Children Act 2004 further outlines the duties of all relevant agencies, including schools, to safeguard and promote the welfare of children, highlighting the importance of multi-agency collaboration when concerns appear (Children Act 2004). My professional role also requires compliance with Section 157 of the Education Act 2002, which instructs that all maintained schools and independent settings have safeguarding policies and procedures in place, and that staff are trained to recognise and respond to concerns about a child's wellbeing (Education Act 2002, s.157).

Over the past several weeks, I have observed a significant change in George's overall presentation and behaviour. When he first joined our setting, he was a happy, sociable child who actively engaged with both staff and other children

(Department for Education, 2024b). He appeared confident and settled in his daily routines, eagerly participating in activities, interacting positively with other children, and responding well to adult guidance (DfE, 2024a). More recently, however, he has become noticeably withdrawn and far less communicative, often sitting alone during activities or observing other children quietly without participating (DfE, 2018). He tends to keep to himself, avoids group play, and often appears anxious, particularly at transitions between activities or when approached by unfamiliar staff (HM Government, 2018a). On several occasions, I have noticed that he flinches or hesitates when approached, suggesting that he may be experiencing some level of distress or discomfort related to his home life.

In terms of physical presentation, George has been arriving at school in visibly dirty clothes on multiple occasions, with noticeable stains on his uniform (DfE, 2015). He often appears hungry and has begun requesting extra food at snack times, which is a change from his usual behaviour (HM Government, 2000). The combination of these indicators, poor hygiene, persistent hunger, and changes in routine, raises concerns under the Children Act 1989, which recognises neglect as a form of child maltreatment and a risk to a child's wellbeing (Children Act 1989).

I have also observed several unexplained marks and bruises on George's arms and legs, which appear in different stages of healing, suggesting they may have occurred over a period of time (DfE, 2023). When asked gently in an age-appropriate manner about the injuries, he was unable to provide a clear explanation and appeared visibly anxious and withdrawn (HM Government, 2003). On one occasion, he stated that he "does not like mummy's new boyfriend," indicating that he may be experiencing distress related to adults in the household (Domestic Abuse Act 2021).

I am aware that George's mother has recently entered a new relationship. Since this time, her partner has consistently been the adult collecting George from school. On multiple occasions, I have noticed a strong smell of alcohol

when he collects George, and he has also been late to pick up George on several occasions, disrupting routines and causing additional distress (DfE, 2024b). The new partner of George's mother has a rude attitude towards staff and has appeared dismissive and cold, which further complicates the process of ensuring George's safety and wellbeing (Children Act 2004). When questioned directly about George's home life, the mother's partner has minimised concerns, stating that George is simply clumsy and that everything at home is fine (HM Government, 2018c). These explanations do not align with the observations and patterns noted in school, raising additional concern for the child's welfare.

I have made multiple attempts to contact George's mother to discuss these concerns and to check on the family's wellbeing, including phone calls, emails, and messages through the school communication app, yet I have received no response (Education Act 2002, s.157). The lack of engagement from a parent is recognised as a risk factor for child neglect and abuse, as emphasised in the Equality Act 2010, which underlines the responsibility of schools to safeguard all children equally and take action when concerns arise (Equality Act 2010).

On November 5th, an Operation Encompass alert was received regarding an incident that had taken place at George's home, alerting the school to potential domestic concerns impacting the child (Home Office, 2015). On November 6th, the police contacted the school to provide further information about this situation, highlighting the need for heightened monitoring and intervention (Crime and Disorder Act 1998). I spoke with George at this time; however, he was not cooperative, avoided eye contact, fidgeted with his hands, and appeared visibly upset and anxious (DfE, 2023). Considering this interaction, together with my previous observations and concerns and the ongoing lack of engagement from George's mother, I determined that I had sufficient information to make a referral to social services on November 6th, in line with my statutory responsibilities to protect children from harm (Children Act 1989, s.47).

Given the changes in George's behaviour, the physical signs we have observed, concerns around his basic care needs, and the lack of parental engagement, I felt it was necessary to escalate this as a safeguarding concern (United Nations, 1989). My primary concern is George's immediate safety, emotional wellbeing, and whether his developmental and basic needs are being met at home (HM Government, 2003).

Thank you.

Good morning, everyone. Thank you for giving me the opportunity to contribute to today's Initial Child Protection Conference (ICPC). My name is Liliwen Evans, and I am a Drugs and Alcohol Support Worker previously working with Sarah. I am attending today to provide a summary of my involvement, outline the concerns related to alcohol misuse and recommendations regarding recovery and multi-agency actions. My input maintains the statutory expectation that agencies share relevant safeguarding information under the Social Services and Well-being (Wales) Act (2014), particularly Part 7, which outlines duties to protect children at risk.

My role as a Drug and Alcohol Support worker is to provide guidance and support to individuals experiencing drug or alcohol related issues, promoting engagement with appropriate local treatment and support services (Gov.uk 2024).

For this ICPC, Sarah's personal history is important context. Sarah reports early exposure to parental substance misuse from about the age of 12 following the death of her father, which is an Adverse Childhood Experience (ACEs) that is associated with increased vulnerability to later problematic alcohol use (McGovern et al., 2018). According to Kendler et al. (2023), a parental death at such a young age can lead to significant emotional challenges such as depression and anxiety, therefore Sarah and I worked together to face these challenges.

When I first became involved, Sarah engaged well with structured support such as regular key-working sessions and relapse prevention strategies promoted by the Alcohol and Drug Foundation (2021), this being avoiding certain people and places.

During this period Sarah reduced her alcohol intake, sustained routines for George and engaged with health visiting and other early years services. That prior successful engagement is a clear protective factor and indicates she is able to make meaningful change when appropriately supported (McGovern et al., 2017).

The recent change in risk factors is the rapid escalation of Sarah's drinking following the arrival of a new partner, John, who is described by referral agencies as an extremely heavy drinker. These concerns indicate a deterioration from Sarah's previous period of stability and raise immediate safeguarding questions about the children's safety and supervision (Smit et al., 2024). Where parental substance misuse is accompanied by household instability and heavy drinking, evidence provided by Public Health Wales (2024) shows risk to children increases substantially. This correlating with United Nations Convention on the Rights of the Child (1989), especially Articles 19 which is children have the right to be safe from violence, abuse and neglect. And Article 6, being to ensure that children's lives and safety are protected so they can grow and develop.

From an applied safeguarding perspective, my professional judgement is that the current information meets the threshold for statutory intervention under the Social Services and Well-being (Wales) Act 2014 and requires a coordinated multi-agency child centred assessment and a safety planning in line with the HM Government (2023) statutory guidance, Working together to safeguard children and the Wales Safeguarding Procedures (2023). The statutory guidance sets out the process for recording concerns, completing joint assessments and implementing protection plans which are actions I recommend to be activated without delay.

According to Berrick, Gilbert and Skivenes (2023), it is important to discuss what evidence-based responses should accompany safeguarding actions. And research by Velleman & Templeton (2016) show evidence of parental substance misuse increases risk across multiple domains but that children's outcomes improve when parents engage with treatment combined with family centred supports. Therefore, I would recommend re-engagement with specialist adult substance misuse treatment, for example, local services such as Adferiad Recovery Cymru (no date) and Change Grow Live (no date) for community based support. I would like to also prompt family-centred

interventions such as including parenting support such as Flying Start Organized by Ceredigion County Council (2025). These services provide relapse- prevention, psychosocial support and family-focused interventions. Public Health Wales (2024 and Welsh Government (2014) emphasise the role of early, multi-agency prevention and treatment pathways for families affected by substance use.

To support multi-agency decision-making, I recommend the following immediate actions: a joint child-centred risk and needs assessment under the Social Services and Well-being Act 2014 and an urgent re-referral to adult specialist substance misuse services with same-day or rapid access where possible.

Thank you. I am available to answer any questions and can provide hard copies of attendance records, referral forms and contact details for the specialist services mentioned in this report.

Thank you. Based on the information shared, we must consider whether the concerns meet the threshold of significant harm, as defined in the Children Act 1989.

Significant harm can arise from a single event or a cumulative pattern over time.

Here, concerns include neglect, emotional abuse, and possible physical harm. The children show multiple signs of abuse as outlined in NSPCC (2022).

My professional judgement, following Section 47 enquiries and in line with *Working Together to Safeguard Children* (DfE, 2018), is that the threshold for significant harm has been met. Evidence includes domestic abuse indicators, chronic neglect,

ongoing parental substance misuse, unsafe home conditions, and emotional harm from exposure to intimidation, instability, and unmet basic needs (NSPCC, 2022).

In line with the Children Act 1989, I recommend both children be made subject to a Child Protection Plan for neglect and emotional abuse. This plan will define required changes, support, and actions to reduce risk, fulfilling our statutory duty to protect children. This aligns with the Social Services and Well-being (Wales) Act 2014, which promotes children's well-being, protects them from abuse, and emphasises multi-agency coordination through regional Safeguarding Boards, as reflected in today's conference (Welsh Government, 2014). A Review Child Protection Conference will be held within three months per statutory guidance (Working Together, 2018).

The family will also be referred for Early Help services under the Children Act 2004 and *Working Together* (DfE, 2018) to support safe and sustainable change. This approach is supported by the Rights of Children and Young Persons (Wales) Measure 2011, which requires consideration of children's rights under the UNCRC.

Ultimately, today's decisions uphold the safeguarding principle that every child has the right to safety, stability, and a life free from harm, as embedded in the Children Act 1989, *Working Together* 2018, and the UNCRC (1989). Thank you all for your contributions.

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