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AI Statement

We have not used AI in any way for this assignment.

Social Worker – Introduction

Good morning, everyone, and thank you for attending today's Initial Child Protection Conference (ICPC). My name is Zoe Coles, I am the chair of the meeting and the family's social worker, and we are here to discuss significant safeguarding concerns relating to Jack, a 3-year-old boy, as well as his 9-month-old sister, Leila.

In managing this case, all personal data gathered or shared is handled in accordance with the Data Protection Act 2018. These laws ensure that information is processed lawfully, fairly, and transparently, and that confidentiality is respected (HM Government, 2018).

Given the sensitive nature of this case, it is essential that all information shared between professionals is done so securely and only on a need-to-know basis. Information is used only to safeguard Jack and Leila and is accessed only by professionals directly involved in assessing or protecting them.

This ICPC is being held under Section 3, Parts 1 and 2 of the Wales Safeguarding Procedures (2025), following reports from over recent weeks that there have been a number of worrying observations, including a marked decline in Jacks' hygiene, withdrawn behaviour, and the presence of an unknown adult who was suspected to be under the influence of alcohol that was bringing him to nursery.

Reports from the nursery staff and the police also suggest there is possible domestic violence in the home, and we are particularly concerned that the children may be exposed to or directly affected by this environment. In line with Article 19 of the United Nations Convention on the Rights of the Child (UNCRC), all children have the right to be protected from all forms of physical or mental violence, abuse, neglect, maltreatment or exploitation, while in the care of parents or any other person who has the care of the child (UNCRC, 1989). This underlines our shared responsibility today to ensure Jack and Leila's safety and well-being moving forward. I appreciate each of you being here, your professional insight will be essential as we work together to assess risk, safeguard the children, and ensure appropriate support is provided to the family moving forward. If you could each introduce yourselves and give your report

Nursery Key Worker

Good morning all, my name is Rachel Jones, my student number is 2406496. My role here today is that I am one of the keyworkers in the nursery that Jack attends. As a nursery practitioner, the Regulated Services (*Service Providers and Responsible Individuals (Wales) Regulations 2017*) requires each member of staff to have in place safeguarding training, which is set out to make sure everyone gets training at induction and continues to be on-going. This training ensure that we feel comfortable in identifying and recognising concerns of abuse and neglect, and how and where to report our concerns.

On the 22nd of June, I submitted a multi-agency referral form. An unknown male handed Jack to me at the door, and I could smell, what I assumed to be a strong essence of alcohol on him. I could see and made a mental note that the male was also holding a set of car keys. He handed over Jack and his belongings to me, and I asked, "Is everything ok this morning?" as I would on every hand over. The male made no communication with me and just shook his head and quickly set off without saying a 'goodbye.' Jack did not seem his usual happy self and made a cry for his mum, who was not present on drop off. I walked him into his allocated unit and asked another member of staff to comfort him so that I could raise my concerns quickly, with our on-duty Safeguarding Officer, Cara. We were able to look back at the camera and confirm that the male, who is now known to us as Gareth, walked from our premises and there was no vehicle nearby our nursery. Cara had advised I submit the form immediately, under the Department for Education, 2023 (*Working Together to Safeguard Children*) we had reasonable concerns regarding the safety and welfare of Jack and his family, as we are also aware he has a younger sibling.

That morning, Jack did arrive noticeable late at 10 am, missing our breakfast at 8.30am. This had not been the first time he had arrived late.

Jack seemed withdrawn from himself that day, unusually quiet and in clothing that appeared to be too small for him again! The member of staff that was comforting him

offered to take him to get some breakfast as he had mentioned he had not had any, and that he was "Very hungry." He asked for a second serving of breakfast and members of staff have also communicated that this is becoming a regular occurrence where he is asking for a second serving. Our role is to ensure that each child's basic needs are met, according to (Maslow, 1943, p.370 - 396), so that the children are able to further develop in our care.

Inline with Data Protection (*Data Protection Act 2018, Part 2, Article, 6, 9 and Section 10*) we are able to store with consent, data to develop a child's individual profile. This often contains health information, developmental observation, family circumstances and any safeguarding notes that are made visible to staff members and kept securely protected. In recent weeks, there have been notes by myself and other key workers regarding a change in Jack's behaviour. These notes highlight him showing signs of frustration in his play towards others, using inappropriate language telling his friends to "Shut up," using physical actions to respond to frustrations such as hitting, pushing, and biting and regular toileting accidents. All of which have appeared extremely out of character. Often, Jack is arriving without a bag, and we are having to provide him with spare clothing.

We have however, in the 2 years of Jack attending our setting, had a very positive relationship with Sophie. We had communicated our concerns with Mum a couple of weeks prior. She did seem very upset regarding the recent changes in Jack but said that she had not noticed any behaviour changes at home and no changes she felt would have inflicted them. We reassured her, inline with *The Childcare Act 2006 (Section 17)*, that we are here to offer support and meet any needs or concerns that she may have, and that we would create an early intervention together to prioritise Jack's wellbeing moving forwards.

I would like to mention that Jack has always come into nursery on his allocated days and has a wide selection of friends. Jack has never communicated any problems or concerns to myself or any other member of staff from my knowledge.

Before this, he has always come into our setting clean, with clothes that fit, always very polite and with a big smile coming in, and always excited to see Mum and Leila at the end of the day. We have no concerns regarding his development and is developing well in all aspects.

Thank you all for your attention, I hope that you have found it insightful. Now, I introduce our next speaker.

Designated Safeguarding Officer

My name is Cara Rowcliffe student number 2405002, and I am the safeguarding officer within the setting that Jack attends. My role within the setting is to ensure the protection of the welfare and safety of the children within the setting. I will ensure that I read over the reports of safeguarding to ensure I am aware of the concerns that other staff members have. As stated on NSPCC (2022) a child within an early year's setting is more vulnerable to abuse and neglect than older children due to the age and ability to speak therefore it is important that all staff members are aware of the signs and are aware of the procedures to take appropriate action.

To ensure children's safety and ensure that they are going home with the correct responsible adult as a setting we ensure that parents let us know of the individuals that will be collecting their child and dropping off at the setting. This is to ensure the safety of the children and to ensure that all staff members are aware of who is dropping off and collecting to ensure the safety of the children. When a child begins in the setting, we ask that parents complete the registration form where the information about who will have access to drop off and pick up the child, within the registration form we request a password to ensure that the child goes home with the correct person. If we are unsure of the individual that is picking up a phone call to mum or dad will be made to confirm it is ok to release the child from the setting (NSPCC Learning, 2023).

There have been several different observations written within the setting that is showing a cause of concern to the well-being and safety of Jack. With the most recent one of being dropped off at the setting by a male that was smelling of alcohol. Rachel came to discuss her concerns, and I advised her to complete the Multi agency referral form immediately. This form is also known as a MARF form. The MARF form is a multiagency referral form that gets completed within a setting when there is a major concern for the wellbeing of a child, therefore as Jack was dropped off to the setting by a unknown male that also smelled like alcohol this was a major concern as we were unsure if it was the same male collect Jack at the end of the day. The MARF form is in place to ensure that agencies work together to ensure that children are safeguarded and as professionals we have a duty of care to the child

(DYFED-POWYS MULTI-AGENCY REFERRAL FORM -Supporting Information Guidance for Referral, n.d.).

Within the setting we have an app that all practitioners have access to, and parents have access to certain areas of the app that relate to their children. Within this app it allows practitioners to make note of any safeguarding concerns they have about the children. Each staff member has access to this on the app. This is not accessible to the parents. When I was looking through the app and the observations that had been created for Jack, I noticed there was several different observations that stated the change of behaviour Jack had been showing within the setting and how Jack is always hungry at mealtimes and is wanting extra food when he has finished. From reading these observations there has been some concern due to Jack previously not behaving like this and asking for the extra food at mealtimes. From looking at the timeframe it shows a pattern that this has been happening since the new male has been present within their lives.

In line with section 17 children's act 1989 we have a duty of care within the setting to safeguard the children and provide the support if needed. Within this section it states that all practitioners have a duty to safeguard children. By being aware of section 17 it allows practitioners to identify if a child is in need and it allows professionals to intervene. According to HM Government (1989) a child that is in need is unlikely to be having opportunities to be able to develop and learn. By following and being aware of section 17 within the setting we have been able to identify the areas where Jack was in need and where support was needed in line with the change in his behaviour and the hungriness.

Health Visitor

Hello, my name is Josie, I am the family's health visitor. I have known the family for the last few years. Jac at the time was up to date with his immunisations and development skills were good for his age. There were no concerns as Jac was well presented. When Jac was twenty-two months old, his dad was involved in a freak accident which he lost his life. Supported mum Sophie through this difficult time and maintained the welfare of Jac. At Jac's twenty-seven months checkup, Sophie had just found out she was pregnant, at the time she felt excitement but also sad, as dad was not here to share this moment. She was referred to the midwife. When baby Laila was born, mum was doing ok, I did see she was tired and emotional, but she attended the appointments, I asked if everything was ok and if she needed any support, she said all was ok and Laila is up to date with her immunisations. At Laila's eight months check, Sophie did not attend clinic and after a few attempts to contact her I finally got hold of her and arranged a home visit, where I could sense she did not want me at her home. On arrival at her home I was greeted by unknown man named Gareth, Sophie introduced me to him, as a friend. The home was not like previously; it was untidy and seemed it has not been cleaned for a while. Laila was strapped in a chair watching tv, and Sophie looked very uncomfortable and was not as talkative as before, she looked tired and agitated. Gareth kept looking at her, which made me sense that he was watching, what she was saying as I was asking questions. I asked if everything was, ok with the children and if she was ok in herself. Which she responded all good. I could sense all was not ok. At this point I could see that she is suffering from emotional abuse from Gareth. According to the NHS (2020) the signs and symptoms of abuse, this displayed that he was belittling her, I then asked where her family was and if they were supporting her by helping, she said she has not seen her family and friends in a while. I believed she has lost contact due to this man being present in her life, he appears to have control over her and intermediating her. I took Laila out of the chair to weigh her and check her development, her nappy was quite wet, it looked as if she sat in the wet nappy for a few hours, she was a little underweight, and as I sat her upright, she could not sit for long and could not roll over in a crawling position. I asked Sophie about solid intake,

she said Laila preferred the bottle, I said she needs to start introducing solids. I was concerned about my visit, that I called again two weeks later to see if any improvement. Again, as I went to the house Gareth was present which I was hoping he would not be home as I wanted to talk to Sophie alone. Laila again was strapped to the chair, nothing had changed from my previous visit, this was now my great concern for the welfare of the child and mum did not appear comfortable answering any questions as he seemed to overpower her more now than my last visit. I feel as though Laila is not getting the love and affection that she needs, her development is not where it should be for her age. As Maslow stated in the hierarchy of needs that if growth needs are not up to satisfaction, this will affect the child's social behaviour and their development of their basic needs, this can affect their sleep and not wanting to eat their food (Pichere, 2015. p.7). Sophie did not seem to engage much with Laila. I feel Sophie is suffering an affectional bond, where she is grieving the loss of her husband, it has caused her anxiety and anger that he is not around to share this time, with their new baby. Where there should be joy has turned into the lack of security for her and the children (Bowlby, 2005 p.86). Since the last visit, the decision is made to act immediately. According to the Government guidelines (2013), as a health visitor and involving other professionals, are to act and step in to make the appropriate support and to refer to the right professional to get the help and to protect the children. I sense that she wants the help and does not want to lose the children. According to the Social Services and Wellbeing (Wales) act (2014), another home visit would include a section 21 to carry out the assessment to identify the outcomes that the child wishes to achieve to the extent to consider their age and understanding. With parental responsibility for the child to achieve and consider their appropriate having regard to the need to promote their child's wellbeing. This is the end of my report, I now turn to the police officer in this case.

Police Officer

Good morning, everyone.

I am Police Constable Gemma Burton from the Safeguarding Unit.

Our unit plays a vital role in protecting vulnerable children, and we do that by working in close partnership with all of you here today (HMIC, 2015).

As a team we believe that this report may contain information, which could potentially contribute towards creating a more complete picture of the safeguarding issues involved within this case. Our duty of care is reflected in Section 47 of the Children Act 1989, as mentioned by Cara, which places a statutory duty on us as police to assist social services when there is reasonable cause to suspect that a child is likely to, or suffering, significant harm (HM Government, 1989).

This is my report -

On the 20th of June at approximately 10pm, officers were called to the address following a report from a neighbour concerned about the children's welfare. The neighbour reported shouting and arguing coming from the property, which had become progressively worse over the last few months and reported that the couple regularly argued. The neighbour was worried about violent behaviour, raising concerns about the children's safety and well-being.

The officer's role on arrival was to identify potential and actual risks, taking the necessary steps to ensure everyone's safety, by anticipating or effectively managing safety and vulnerability concerns (College of Policing, 2019).

On arrival, the officers were met by a distressed scene. A baby, who we now know as Leila, 9 months old, was screaming, and a 3-year-old child, Jack, was upset and anxiously clutching at mum's legs. In the kitchen, there were several open cans of alcohol visible on the table. Gareth, who was intoxicated, was present and claimed to be Sophie's partner. Sophie appeared frightened and subdued. While she denied any abuse or violence, her demeanour suggested she was uncomfortable. She

reassured the officers that the situation had been resolved, and that there were no concerns regarding the children's safety.

However, the officers noted some concerns regarding Sophie's behaviour, as some signs of domestic abuse were apparent. Gareth stood very close to Sophie while she answered the officers' questions, clearly violating her personal space and watching closely what she was saying. According to the NHS, emotional abuse can involve actions such as, standing over someone and controlling what they say, which is often paired with intimidation or belittling (NHS, 2022).

In addition to this, as the officers approached the house, they heard a male voice shouting demeaning and disparaging remarks. This aligns with the definition of emotional or psychological abuse under the Domestic Abuse Act 2021, which recognises persistently undermining a person's sense of self-worth as another symptom (HM Government, 2021).

Furthermore, the officers also noted the children's behaviour, who were showing signs of emotional distress such as clinginess and crying. These are considered short-term symptoms seen in young children who have or are experiencing domestic abuse (Barnardo's, 2024).

The officers present advised Gareth to leave the house, no immediate safeguarding action were taken at this time, however, the officers assessed any further risk and gathered information (College of Policing, 2015). The officers highlighted the importance of keeping children safe from the arguing between herself and Gareth. Sophie was also made aware of the officers' concerns regarding Gareth's behaviour and explained that under section 3 of the 'Domestic Abuse Act 2021' children are also recognised and considered victims of domestic abuse if they hear, see, or experience the effects of the abuse (HM Government, 2021). The Social Services and Well-being (Wales) Act 2014 was also mentioned to Sophie explaining how involving the police at an early stage can help clarify whether a criminal offence has occurred and if further investigation is required (Welsh Government, 2021).

The officers also noted that 'Refuge,' a domestic abuse charity, could provide Sophie with independent, non-judgemental support, should she choose to seek help (Refuge, n.d.).

However, the following morning, Sophie's mother, contacted the police station following the neighbour reporting the incident to her. She expressed her concerns, for her daughter and grandchildren's safety. She requested information about Gareth under Clare's Law (2014). This allows individuals to question the police about a partner's previous history of domestic abuse (South Wales Police, n.d). The police disclosed that Gareth had previous convictions for domestic abuse, confirming the risk to Sophie and her children.

Following the Wales Safeguarding Procedures (2025) we have conducted additional recent searches of records for all known adults significantly involved with the children prior to this meeting (Safeguarding Wales, n.d). There is nothing more to report.

Advocate Script

Hello, my name is Maddison Slade and I'm here today to act as an independent domestic violence advocate for Sophie, Jack and Leila – in line with part 10 of the *Social Services and Well-being (Wales) Act 2014* (Welsh Government, 2019a), which establishes an individual's right to advocacy during safeguarding proceedings to enable full participation.

This is informed by an individual's right to participate in decision-making related to their lives, established in article 12 of the United Nations Convention on the Rights of a Child (United Nations, 1989) and the Human Rights Act 1998 (HM Government, 1998).

While Sophie is regrettably unable to attend today's conference, I am here to ensure that her views – and the best interests of her children – are represented at all times (National Youth Advocacy Service, n.d).

Pursuant to this, I wish to clarify that Sophie's lack of attendance here today is not indicative of a lack of due concern or regard for this process but the result of external pressures and barriers.

Furthermore, in line with paragraph 80 of the advocacy code of practice (Welsh Government, 2019a), everything I share today is shared with her permission and under her direction.

I became involved with this case when my client reached out to a domestic violence support agency, following a police disclosure made under Clare's Law (Dyfed-Powys Police, 2024). I was then allocated this case and scheduled a meeting with Sophie to establish her wishes and to create an advocacy plan (Advocacy Project, n.d)

During this meeting, Sophie stated that the unknown male dropping Jack at nursery is her long-term friend and new partner Gareth, she further disclosed that Gareth has developed a drinking habit which has caused their home life to deteriorate, something which is commonly associated with mental health challenges and family stress (Institute of Alcohol Studies, 2020a & 2020b).

Furthermore, while Sophie has not explicitly identified her relationship with Gareth as abusive, she has shared details of behaviours present within her relationship which meet Welsh Government (n.d) and SafeLives (n.d) definitions of coercive control and psychological abuse.

This poses significant risks not only to Sophie's well-being (MacDonald *et al.* 2024, pp. 23-27) but the emotional well-being and social development of Jack and Leila (Katz, 2022, pp. 78-155).

While Sophie acknowledges the impact that this environment is having on the children, she has stated that she feels powerless to change the situation as she is financially dependent on her partner, a common element of coercive control in domestic relationships (Women's Aid, 2022).

Sophie has expressed that she would welcome referrals to domestic abuse support. However, Sophie also wishes to stress that all communication on this topic must be discreet as Gareth has expressed frustration at what he deems outside interference, this approach is aligned with guidance from the National Institute for Health and Care Excellence (NICE, 2014).

While both Leila and Jack are unable to verbally instruct my practice here today, in line with the Independent Professional Advocacy Standards (Welsh Government, 2019b), I am able to act in a non-instructed capacity to ensure that their rights are observed throughout these proceedings.

The Rights of Children and Young Persons (Wales) Measure 2011 (National Assembly for Wales, 2011) establishes a child's right to be heard on matters which concern them and to have their best interests considered as the highest priority at all times.

In order to represent the children's experience accurately, I have consulted with Jack's nursery key worker and Jack and Leila's health visitor in order to understand the timeline of events and their impact on the children.

Jack's key worker reported that Jack seemed to be a healthy, well-adjusted child who thrived in social situations until a sudden decline over the past 6 weeks. During which time Jack has become increasingly withdrawn, unsettled and began displaying

signs which indicate that he is not having his basic needs met at home, including deteriorating hygiene. Rachel, can you confirm this?

Thank you.

Jack and Leila's health visitor confirmed a similar view of Jack and further added that at Leila's six-month health check she seemed content and was meeting her expected growth and developmental markers.

However, at her latest check-up, Leila was found to be behind on her immunisations, developmental milestones and falling below her expected growth centiles. Josie, can you confirm this?

Thank you.

This suggests Jack and Leila's rights to health, safety, and a decent quality of life, established in the UNCRC (1989), are not currently being honoured (NSPCC, n.d).

Sophie recognises these concerns and has expressed a desire to make proactive changes in order to improve her children's experience of life and to engage in good faith with all child protection plans and support measures.

Finally, I wish to reiterate that Sophie is a concerned mother, facing difficult circumstances, who would welcome support, interventions, or advice. She only wishes to be treated as a partner in her children's care. This concludes my report to conference.

Social Worker – Report

Thank you for meeting with me.

I want to start by acknowledging that I was the social worker assigned to this family following the tragic passing of the children's father 18 months ago. At that time, the mother showed considerable resilience. She engaged positively with support services, and both children appeared well cared for. There was emotional stability, secure attachment, and a visible sense of routine. The case was closed after 12 months, with a multi-agency agreement, as the family was deemed to be coping well, and the children's needs were being met (Department for Education, 2023).

However, I have now been re-assigned due to new safeguarding concerns, which have triggered the reopening of an investigation under Section 47 of the Children Act 1989 (HM Government, 1989). Over the past few weeks, we have received multiple worrying reports from nursery staff, police, and the family's health visitor which raise significant concerns about the children's safety and well-being.

These include a marked decline in Jack's personal hygiene, increased withdrawn behaviour, and the repeated presence of an unknown adult now identified as mum's new partner, Gareth who has been suspected of being under the influence of alcohol when bringing Jack to nursery. Staff described Jack as quiet, hungry at times, and more anxious than usual (Barnardo's, 2024).

In addition, after hearing from Josie, the health visitor, further concerns were raised about Leila, who is now 9 months old. She missed her 8-month developmental check, and there are signs of developmental delay. The home environment no longer appears as it did during previous visits. There are signs of neglect, such as a soiled nappy left unchanged for a prolonged period, and Leila is reportedly still only on milk, with no signs of weaning onto solid foods. These concerns point to possible failures in basic care and supervision.

Altogether, these concerns suggest that the children are not receiving consistent or appropriate care, placing both Jack and Leila at risk of emotional harm, developmental delay, and ongoing neglect of their basic needs.

Bronfenbrenner's ecological systems theory helps us understand how adverse factors within the child's microsystem such as poor parental care, instability, or domestic conflict can seriously affect their emotional well-being, development, and long-term outcomes. If the primary caregiving environment becomes unpredictable or unsafe, it disrupts the child's ability to form secure attachments, trust adults, or explore the world confidently (Cherry, 2023).

This situation may also indicate exposure to domestic abuse. Research shows that children living in households with domestic violence are at a significantly higher risk of experiencing direct physical or sexual abuse, with estimates ranging from 30% to 66%. It also highlights that children's experiences of abuse often overlap and cannot always be separated into distinct categories (Wales Safeguarding Procedures, 2021). Living with domestic abuse especially when paired with alcohol misuse can create an environment of fear, confusion, and emotional trauma for children. It can lead to anxiety, behavioural issues, and difficulty regulating emotions. In infants like Leila, it can significantly impair attachment and development (NSPCC, 2022).

Professionally, I am guided by statutory frameworks, including Working Together to Safeguard Children 2023, which states that all professionals have a duty to work collaboratively to safeguard children and prioritise their welfare (HM Government, 2023). In this case, concerns were raised by multiple agencies including the nursery, health visitor, and police, demonstrating the need for a multi-agency response. This approach reflects the principles in Working Together to safeguard children, which emphasise that no single professional can have a full picture of a child's needs, and safeguarding is most effective when professionals share information and act together (HM Government 2023).

According to the United Nations Convention on the Rights of the Child (UNCRC), Article 19 protects children from all forms of violence, abuse, and neglect, while Article 12 confirms their right to be heard and to have their views considered in decisions that affect them (United Nations, 1989).

In this case, it is essential that Jack's behavioural cues such as his withdrawn behaviour and change in hygiene are recognised as expressions of his lived experience, particularly as he may not yet have the language to articulate how he

feels. Similarly, Leila's unmet developmental needs must be interpreted through observation and professional judgement.

These rights reinforce the need to keep both children's voices and perspectives at the centre of any ongoing assessment (BASW, 2021). Every intervention must seek to understand what daily life feels like for them and aim to protect them from further harm while promoting their well-being.

Here in Wales, our practice is also underpinned by the Social Services and Well-being (Wales) Act 2014, which places a strong emphasis on prevention, early intervention, and ensuring that services support the individual outcomes of children and families (Welsh Government, 2014). In this case, the concerns raised, such as Leila's missed health appointments, delayed development, and the emotional withdrawal shown by Jack highlight the importance of acting early to prevent further harm. The Act encourages us to work collaboratively with families to identify and respond to needs as soon as possible, while prioritising the child's well-being.

In conclusion, based on the evidence gathered from changes in Jack's behaviour and appearance, to Leila's unmet developmental needs and the deteriorating home environment it is clear that both children are at risk of significant harm. The concerns around neglect, possible exposure to domestic abuse, and parental alcohol misuse indicate that this situation cannot be left unaddressed (BASW 2021).

While the children may not be in immediate physical danger at this exact moment, the cumulative risk factors and signs of emotional and developmental harm suggest that urgent intervention is necessary to safeguard their well-being.

I recommend that the case progresses to a Child Protection Plan under the category of neglect and emotional abuse, ensuring multi-agency support is put in place to reduce risk, improve parenting capacity, and closely monitor the safety of both children (Child Law Advice, 2019). Their voices and lived experiences must remain central to all planning and assessment moving forward (BASW 2021). Thank you all for attending today's meeting. Your collaboration and expertise are vital as we work together to support this family. I appreciate your time and input.

Reference List

Advocacy Project (n.d.) *How we work*. Available from:
<https://www.advocacyproject.org.uk/home/advocacy/how-we-work/> [Accessed 29 June 2025].

Barnardo's (2024) *Effects of domestic abuse on children*. Available from:
<https://www.barnardos.org.uk/get-support/support-for-parents-and-carers/child-abuse-and-harm/children-affected-domestic-abuse-violence> [Accessed 17 June 2025].

Bowlby, J. and Bowlby, R. (2005) *The making and breaking of affectional bonds*. London: Routledge.

British Association of Social Workers (BASW) (2021) *Code of ethics*. Available from:
<https://new.basw.co.uk/policy-practice/standards/code-ethics> [Accessed 29 June 2025].

Childcare Act 2006. Available from: <https://www.legislation.gov.uk/ukpga/2006/21#> [Accessed 1 July 2025].

Clare's Law (2014) *The right to know if your partner has an abusive past*. Available from: <https://clares-law.com/> [Accessed 17 June 2025].

College of Policing (2015) *First response*. Available from:
<https://www.college.police.uk/app/major-investigation-and-public-protection/domestic-abuse/first-response> [Accessed 17 June 2025].

College of Policing (2019) *Constable*. Available from:
<https://www.college.police.uk/career-learning/support-for-career-development/policing-professional-profiles/core-rank-profiles/constable> [Accessed 17 June 2025].

Department of Health (no date) *Health visiting: domestic violence*. Available at: https://assets.publishing.service.gov.uk/media/5a7c2f7340f0b674ed20f617/9576-TSO-health_visiting_domestic_violence_A3_posters_web.pdf (Accessed: 29 June 2025).

Dyfed-Powys Police (2024) *Clare's Law*. Available from: [https://www.dyfed-powys-police.uk/police-forces/dyfed-powys-police/areas/campaigns/campaigns/2024/february/clares-law/](https://www.dyfed-powys.police.uk/police-forces/dyfed-powys-police/areas/campaigns/campaigns/2024/february/clares-law/) [Accessed 30 June 2025].

Dyfed-Powys Police (n.d.) *Supporting information guidance for referral* [PDF]. Available from: <https://www.carmarthenshire.gov.wales/media/1212381/guidance-on-completing-a-pova-form.pdf> [Accessed 4 July 2025].

Foster, D. (2024) *An overview of child protection legislation in England*. House of Commons Library Research Briefing (No. 6787). Available from: <https://commonslibrary.parliament.uk/research-briefings/sn06787/> [Accessed 29 June 2025].

Her Majesty's Inspectorate of Constabulary (HMIC) (2015) *In harm's way: The role of the police in keeping children safe* [PDF]. Available from: <https://assets-hmicfrs.justiceinspectorates.gov.uk/uploads/in-harms-way.pdf> [Accessed 17 June 2025].

HM Government (1989) *Children Act 1989*. Available from: <https://www.legislation.gov.uk/ukpga/1989/41> [Accessed 6 July 2025].

HM Government (1998) *Human Rights Act 1998*, c 42. Available from: <https://www.legislation.gov.uk/ukpga/1998/42/2024-04-25> [Accessed 29 June 2025].

HM Government (2018) *Data Protection Act 2018*. Available from: <https://www.legislation.gov.uk/ukpga/2018/12/contents> [Accessed 7 July 2025].

HM Government (2021) *Domestic Abuse Act 2021*. Available from: <https://www.legislation.gov.uk/ukpga/2021/17/part/1> [Accessed 17 June 2025].

HM Government (2023) *Working together to safeguard children 2023* [PDF]. UK Government. Available from: https://assets.publishing.service.gov.uk/media/6849a7b67cba25f610c7db3f/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf [Accessed 1 July 2025].

Institute of Alcohol Studies (2020a) *Alcohol and the family*. Available from: <https://www.ias.org.uk/report/alcohol-and-the-family/> [Accessed 29 June 2025].

Institute of Alcohol Studies (2020b) *The physical and mental health effects of alcohol*. Available from: <https://www.ias.org.uk/report/the-physical-and-mental-health-effects-of-alcohol/> [Accessed 29 June 2025].

Katz, E. (2022) *Coercive control in children's and mothers' lives*. New York: Oxford Academic Publishing.

MacDonald, J. B., Willoughby, M., Gartoulla, P. & Cotton, E. (2024) *What the research evidence tells us about coercive control victimisation*. Available from: https://www.researchgate.net/publication/378336884_What_the_research_evidence_tells_us_about_coercive_control_victimisation [Accessed 29 June 2025].

Maslow, A. H. (1943) 'A theory of human motivation', *Psychological Review*, 50(4), pp. 370–396.

National Assembly for Wales (2011) *Rights of children and young persons (Wales) Measure 2011*. Available from: <https://www.legislation.gov.uk/mwa/2011/2/contents> [Accessed 29 June 2025].

National Institute for Health and Care Excellence (NICE) (2014) *Domestic violence and abuse: multi-agency working*. Available from:

<https://www.nice.org.uk/guidance/ph50/chapter/Recommendations> [Accessed 29 June 2025].

National Youth Advocacy Service (NYAS) (n.d.) *Advocacy*. Available from: <https://www.nyas.net/get-support/young-people/advocacy/> [Accessed 29 June 2025].

NHS (2020) *Domestic abuse: recognise the signs*. Available at: <https://www.gov.uk/government/publications/domestic-abuse-recognise-the-signs/domestic-abuse-recognise-the-signs> [Accessed: 29 June 2025].

NHS (2022) *Getting help for domestic violence and abuse*. Available from: <https://www.nhs.uk/live-well/getting-help-for-domestic-violence/> [Accessed 17 June 2025].

NSPCC (2022a) *Parental substance misuse*. Available from: <https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse#skip-to-content> [Accessed 6 July 2025].

NSPCC (2022b) *Protecting children from physical abuse*. Available from: <https://learning.nspcc.org.uk/child-abuse-and-neglect/physical-abuse> [Accessed 6 July 2025].

NSPCC (2022c) *What is safeguarding in early years*. Available from: <https://learning.nspcc.org.uk/early-years/what-is-safeguarding-early-years> [Accessed 29 June 2025].

NSPCC (2023) *Dropping off and picking up before and after school*. Available from: <https://learning.nspcc.org.uk/research-resources/schools/dropping-off-and-picking-up-before-and-after-school> [Accessed 29 June 2025].

NSPCC (2024) *Spotting the signs of child abuse*. Available from: <https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/> [Accessed 5 July 2025].

NSPCC (n.d.) *Neglect*. Available from: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/> [Accessed 29 June 2025].

Pichere, P., Cadiat, A. and Probert, C. (2015) *Maslow's hierarchy of needs*. Brussels: Lemaitre Publishing.

Refuge (n.d.) *National domestic abuse helpline*. Available from: <https://refuge.org.uk/i-need-help-now/how-we-can-help-you/national-domestic-abuse-helpline/> [Accessed 17 June 2025].

SafeLives (n.d.) *Psychological abuse*. Available from: <https://safelives.org.uk/about-domestic-abuse/what-is-domestic-abuse/psychological-abuse/> [Accessed 29 June 2025].

Social Care Wales (2025) *Wales safeguarding procedures*. Available from: <https://safeguarding.wales/en/chi-i/chi-i-c3pt2/c3pt2-p7/> [Accessed 17 June 2025].

South Wales Police (n.d.) *Request information under Clare's Law*. Available from: <https://www.south-wales.police.uk/rqo/request/ri/request-information/cl/triage/v2/request-information-under-clares-law/> [Accessed 1 July 2025].

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, Part 8, ss 26–27. Available from: <https://www.legislation.gov.uk/wsi/2017/1264/made> [Accessed 1 July 2025].

United Nations (1989) *Convention on the Rights of the Child*. Available from: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> [Accessed 29 June 2025].

Wales Safeguarding Procedures (2021) *Safeguarding Wales*. Available from: <https://safeguarding.wales/en/chi-i/chi-i-c6/c6-p4/> [Accessed 6 July 2025].

Wales Safeguarding Procedures (2025) *Safeguarding Wales*. Available from: <https://www.safeguarding.wales/en/chi-i/chi-i-c3pt1/> [Accessed 5 July 2025].

Welsh Government (2014) *Social Services and Well-being (Wales) Act 2014*. Available from: <https://www.legislation.gov.uk/anaw/2014/4/contents> [Accessed 6 July 2025].

Welsh Government (2019a) *Part 10 code of practice (advocacy)* [PDF]. Available from: <https://www.gov.wales/sites/default/files/publications/2019-05/part-10-code-of-practice-advocacy.pdf> [Accessed 29 June 2025].

Welsh Government (2019b) *Independent professional advocacy: National standards and outcomes framework for children and young people in Wales*. Available from: <https://www.gov.wales/sites/default/files/publications/2019-08/national-standards-and-outcomes-framework-for-children-and-young-people-in-wales.pdf> [Accessed 29 June 2025].

Welsh Government (2021) *Safeguarding*. Available from: <https://law.gov.wales/safeguarding> [Accessed 2 July 2025].

Welsh Government (n.d.) *Coercive control – can you see the signs?* Available from: <https://www.gov.wales/this-is-control> [Accessed 29 June 2025].

Women's Aid (2022) *Economic abuse and coercive control*. Available from: <https://www.womensaid.org.uk/wp-content/uploads/2022/10/3.-Economic-abuse-and-Covid-19.pdf> [Accessed 29 June 2025].