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SCRIPT

Katelynn: Today we will be conducting an Initial Child Protection Conference. This case involves the concern of a 3 year old child named John. It has been brought to my attention that John's behaviour has altered significantly over the last month. John's teacher raised these concerns to the manager and to John's mother but she has not offered any explanation to these changes and the father is not in the picture. More recently, the child has come in wearing dirty clothes and the level of hygiene has deteriorated. John arrived in school this morning with a male who is unfamiliar within the setting. There was evidence of smell of alcohol on the male. We are now meeting today to come up with a plan and possible outcomes. Whatever plan we come up with today will be communicated to the family, the children and adults involved, who will have a clear understanding of the plan and will have an opportunity to share their thoughts, any complaints, etc.

Today we are met with various professionals involved in this case who will all be introduced shortly. John's mother has asked not to be present in today's meeting. I am Katelynn lemsisanith, and I am John's appointed social worker. As the social worker, it is my job to work with families and identify any needs or support that may be useful, develop plans to address those needs, offer emotional support services, keep record of the care plans and assessments, and work with other professionals involved in the case like we are doing today. It is also important to consider that similar to any profession working with children, social workers should work to build strong and trusting relationships with the children and their families, use clear communication especially with young children to help them better understand the situation, our roles, and why we are meeting, as well as identifying the impact of issues such as adult mental health, substance abuse, and domestic abuse on the family and the effect on the children. Within all of our roles, I believe it is crucial to prioritise the children's wellbeing and their need for emotional warmth and stability and health and education which should be considered in any decisions we make and in our conversation today. I would like to start with John's keyworker, if you would like to introduce yourself and your role.

Lydia: Hello, I am Lydia, and I am John's keyworker. I work closely with him daily and have been working with John since he joined the nursery, getting to know him well so I can get to understand and get to know his needs. He's been with us for 7 months now. My role involves creating and building positive relationships with the family of the children in our setting. In John's instance I am the main point of contact with his mother as his father is not in the picture. I worked with mum to help John transition into nursery to ensure we were providing continuity in and out of the home to support his emotional- wellbeing. I also give John's mother regular updates on his progress and development.

Caitlyn: Hello, I am Caitlyn Preece, and I am John's teacher. My role as an early year's teacher is to work with children and help them learn and develop, as well as prepare them for full-time school. This involves planning and encouraging the children's learning and development through stories and games. Additionally, I take a lead in supporting other team members in their implementation of effective education and care. My responsibility towards safeguarding is to follow the school's safeguarding policy, which is in line with both children's act's.

Charlie: Hello, I'm Charlie, and I work with this family as a health visitor. My job as a health visitor is to support children's health, safety, and wellness from birth to age five, with particular focus on early detection and prevention. I work intimately with families in their homes and communities, developing strong, trustworthy relationships that enable me to see shifts in a child's behaviour, growth, or general family situation. I've been working with John, Lucy and their mother for 3 years now. I'd like to provide a summary of my involvement and current concerns.

Kat: I am Katrina Hawkins; I am a police officer and a first responder to any emergency calls going on within the Swansea area. When arriving to any emergency calls, I must be aware of immediate safety of individuals, administering first aid if necessary, carrying out the initial investigation, such as evidence, significant comments etc, most importantly to this case, to assess if any children are at risk using the safety checklist known as the Domestic abuse, Stalking and Harassment (DASH) assessment.

As a first responder one of our largest priorities is the rights of a victim, in this case, John and Lucy are, regardless of intention, victims of neglect. We must make sure the children are understood, informed on what investigations occur, to be referred to services to gain support, which the mother clearly needed at the time.

Katelynn: Lydia, would you like to begin with your statements on the case?

Lydia: As we are all professionals and are all here for John and Lucy's best interest, we can share the information we have about him to form a better picture and ensure we put in the right support if needed. The information today is all confidential and we need to ensure we are following General Data Protection Regulation.

John is a happy child who enjoys getting involved in activities in the classroom. He seems to have a good relationship with mum and often spoke about activities they participated in. John appears to have a good support network at home and when mum is unable to pick up, his auntie will.

With John's appearance changing over the previous month, following Wales safeguarding procedures, I have already been monitoring him closer by completing a chronology sheet. This is a document including significant events for John such as interactions with mum such as phone calls and meetings and also when we are unable to get hold of mum. This also contains the concerns we have raised about John.

Also, I have been using time sampling to monitor John's engagement to see if he is actively engaged or whether he is passively engaged but John still seems to be enjoying his play within nursery time.

John is entering nursery not as bubbly as he used to be. Not necessarily sad but not as confident. Being his keyworker and having built a good rapport with him, allowed me to notice these small changes to his behaviour and demeanour. I know he has recently had a new baby sister so this could contribute to his mood. John talks about his baby sister and how she cries a lot but mammy lets her feed her and help look after her.

One morning John came in quieter than normal. Nothing majorly alarming but I did notice a difference to his usual chatty, smiley, self. After asking if John was happy or sad, he told me he was sad because 'Mammy was shouting'.

As this seemed to affect John I used the Ted approach to gather more information. This is where I asked him to tell me a bit more about it, explain a little about it, and then to describe it to me. I was mindful not to ask any leading questions as I needed to find out what John had experienced.

After John had finished telling me what had happened, it appeared that mum was arguing outside of the home but from what John said, the police were involved. The situation was documented on a cause for concern and reported to the class teacher before I reported it to the school safeguarding officer.

John was able to go home with mum that day, but Mum did need to be spoken with before that was allowed and explained she was arguing with a neighbour.

Also, a cause for concerns had previously been filled out due to John's recent appearance. Fingernails dirtier, clothes smelling damp, hair not done like usual. From then we started to record about John's appearance coming into class. Whether there was an odour about him, if his clothes looked clean, if he was wearing appropriate clothing for the weather.

I have been passing on progress to John's mother but since having the baby she has appeared less interested and is doing the school runs less. I have also tried to address the change in John's appearance in a sensitive way. Although mum seemed to acknowledge what was being said, no change happened. She just dismissed it as the baby was not sleeping. I printed off and gave her information from outside agencies that may be beneficial to her and offer support such as families first. I explained if she had any struggles or needed advice they would be a good place to ring as they offer a wide range of support. I also suggested getting in touch with her health visitor as they could give advice and help on working on sleep for the baby.

John mentions he gets to go on his tablet a lot because mammy is tired, but he does not mind as he likes playing games.

On the morning of the referral the teacher passed on information that the male dropping off John smelt of alcohol. We know John's dad is not in the picture, and he is not a male we have previously seen at the setting, so I asked John who the male was, and he just replied 'mammy's friend'.

Katelynn: Caitlyn, as John's teacher is there anything you would like to add?

Caitlyn: I would like to start off positively about John and mum's engagement with the nursery. John is a confident, happy, young boy who is a pleasure to teach. He has an active friend group who he plays with every day.

As stated previously by my colleague, Lydia, observations are showing that he is engaged in learning. Additionally, he is performing well and reaching all of his developmental milestones. Regarding attendance, John's attendance is very good. He currently has a 98% attendance rate and always arrives to nursery on time. This is well above the average for students in our setting. He has only had days off for illness and doctor appointments. It is very clear that attendance is important to mum. Before the last month, Mum was very active in school life. She attended all meetings and came to all events she was invited to. She appeared very happy with John's progress in nursery. Additionally, Mum took great pride in John's appearance, and he was always dressed appropriately.

However, over the last month, John's mood has changed. During morning drop off, he is coming into nursery withdrawn and seems quite down. Although, it is worth mentioning that John always comes in with a full stomach and has had breakfast before arrival.

Mum has also become less engaged with the nursery. We have recently had a parents evening, which all parents were invited to, to discuss how their child is progressing. I would have liked to have discussed John's wellbeing with mum; however, she was unable to come, due to suffering with migraines.

Since then, I have tried on many occasions to discuss these concerns with John's mum. I have attempted to phone her; however, she has not answered the calls. Additionally, I have tried to set up a meeting to make up for the missed parents evening. However, mum was not able to come as she had a migraine again.

Since then, John has been coming into school in dirty clothing, and his level of hygiene has deteriorated. This is unusual, as mum used to take pride in how John looked. He is now coming into nursery with stains on his clothes and is wearing inappropriate clothing for the weather. He is not bringing a coat to nursery, even when it is raining heavily and freezing cold. He also smelt stale, which is another sign to me that his uniform is not being washed. His hair is also not being brushed. It is clear that mum is not providing adequate clothing. Due to the deterioration of John's wellbeing, mum's unresponsiveness to John's emotional needs, and changes to his appearance, I am concerned that this could be neglect.

This is making me worried for the newborn baby at home, as I have a duty of care to safeguard all children in the household, not only John. Although, it is clear to me that mum is struggling after the birth of her new child, it is my duty to report this suspected neglect to the school's designated safeguarding officer.

On the morning of the referral, I was very concerned about John and his younger sister. During the morning drop off, an unknown male brought John to the setting, and he smelt very heavily of alcohol. I am concerned that this male drove to the nursery under the influence. John was very withdrawn, and I made my colleague, Lydia aware of this unknown male. I am concerned not only about John, but also of the newborn baby in the household.

This unknown male, smelling of alcohol is a serious safeguarding concern and has led to me reporting this to the designated safeguarding officer. All reports made to them, resulted in a single point of contact referral being made that day.

Katelynn: Charlie, is there anything you have noticed during your visits that might be relevant to the case?

Charlie: I have been visiting the family frequently as part of ongoing support and routine health visitor inspections. I was concerned because Lucy's mother appeared to be experiencing postpartum depression at the time of Lucy's birth. We worked together to give her the care and assistance she needed, and she appeared to be getting better. Until recently, there have been no major issues with children's development or safety. During my prior visits, John seemed content, engaged, and on track to meet developmental milestones, while Lucy seemed happy and healthy.

However, I've noticed an obvious change in John's behaviour during more recent visits. He seems less interested in play and conversation, has grown withdrawn, and displays signs of worry and frustration. Additionally, he has become less social during these visits and has become more prone to emotional outbursts when participating in group activities. These alterations sparked worries regarding his emotional well-being and potential stress at home.

Furthermore, I have also observed a decline in children's home condition. I have noticed the home is appearing uncleanlier every visit, my most recent visit there was empty packets of food, wet wipes and dirty nappies scattered around the floor, as well as a pile up of dirty dishes in the kitchen. Both children's general cleanliness has been lacking, John and Lucy seem to have been wearing unclean or damaged clothes on multiple recent visits. This shift has remained steady throughout time.

The past month, I have observed that John has grown withdrawn and unresponsive in certain situations at home. John frequently avoids making eye contact during conversations with me and speaks very little. He no longer plays as enthusiastically as he used to, instead of interacting with toys, he now prefers to sit by himself during my visits. In comparison to his prior behaviour, John's attention span has drastically dropped, he seems to find it difficult to focus on basic tasks at home.

John's key worker, Lydia, and I have also had a separate conversation about the behavioural changes he has shown in recent months. She confirmed that his overall engagement in the early years setting, seems to have not changed but has been a definite decline in John's appearance and overall hygiene.

These alterations raise the possibility that John is going through feelings of anxiety or unstable surroundings in his family home. Given his young age, this kind of behavioural regression frequently indicates challenges at home, changes to routines, or exposure to stresses that he might not be able to express.

Lydia also informed me that an unknown intoxicated male had recently been seen dropping off John to the school grounds, I believe this is the same male spotted at the home visits.

I recently arranged a visit at John and Lucy's home. Their mother and I discussed my concerns regarding the children and their home. She did not, however, provide any information regarding adjustments to family conditions or provide an explanation for the new developments. Throughout the conversation, she came across as quite condescending and her mood seemed low. I have noted recurring indicators of low mood and emotional exhaustion down, due to her previous experience of postnatal depression, I believe she is showing clear signs to be suffering again as well as the stressors of being a single mother of two young children.

Following this I have noted all concerns about John, Lucy and their family to keep as evidence and I advised her to seek a review from her GP to ensure her mental health needs could be appropriately assessed and supported.

Katelynn: We will now move on to the situation involving John's mother and a neighbour. The neighbour spoke with Katrina and gave a statement regarding what happened. If you would like to share the details of this Katrina?

Kat: I was called on a domestic dispute going on between a neighbour and the mother of John. When I arrived, the altercation had already come to an end, so I went to the neighbour's house for a statement before going to see the mother of John and Lucy.

It was made clear that the mother did not seem in mentally the best place according to the neighbour, the dispute started over the neighbour offering support to the mother, as her children look unkempt. The mother seemed to have gotten offended over this offer and that's when the dispute started. There was no physical aggression as stated by the

neighbour however, there was verbal aggression on both sides, and the children were present at the time.

When arriving at the home of John, Lucy and his mother, the mother seemed withdrawn and unwilling to communicate, the children (John and Lucy) seemed quite upset and were not very hygienic. The environment was not clean, there were dishes piled up in the sink, and there were many toys scattered around the home, washing was starting to pile up, which generally is a sign of Post natal depression.

After close inspection, there was clearly food in the house and while the children were unkempt, the mother claimed she was struggling financially and could not afford new clothes. She also said that she encourages messy play with her children and was going to give them a bath later in the evening. When assessing the house further, it became clear that there was heating, electricity and food which are the fundamentals which a child needs therefore was no concern in that area.

When asked about the event that had occurred, the mother stated that the neighbour implied that her children were not cared for and as a result got defensive and that's where the confrontation began, the mother also stated her mental health was taking a toll due to the fact that father has recently left and has become a single mum of two and is unable to work.

When asked if there was a family member that could help or take the children for both the mother and children's wellbeing's, the mother stated that she has not spoken to her own mother in many years and she does not know of the father's whereabouts.

Katelynn: Adding on to the observations that have been shared, I have also gone to see John while he was at school. When observing John in the classroom, I made note of how he was more reserved and quieter which is similar to what Cait has noticed as well. During mealtimes, John's appetite has not changed and when asked about his meals at home, he does have breakfast before coming to school and dinner in the evening.

After speaking with Katrina and the going over the reports made from the incident she was called for regarding the neighbour and John's mother, I then went to the home

and observed John there as well. I did not notice any significant changes in their behaviour compared to previous observations. John was in the living room playing on the tablet while his mother was caring for his sister. As Katrina mentioned, there were toys scattered around the home and dishes were piling up. I would agree with Charlie's assessment that John's mother is struggling with postpartum depression as well as the stressors of being a single mother of two young children.

Based on what we know and what was talked about today, I believe it might be beneficial for the family to utilize the flying start program and the services they offer. Parenting support is also available to them where there are services to help John's mother such as Families First which can assess their particular needs, and they also coordinate with other agencies who can provide a lot of support. My other concern is finding out who the male was that dropped John off at school this morning so I will look into that further to see his role in the family.

Charlie: All of my observations have been shared with the setting and my safeguarding lead. I agree with Katelynn that the family would benefit greatly from using Flying Start's help as well as other parenting and wellness resources. In order to address any additional needs and increase the family's general resilience, these programs can provide individualised support for both the mother and the children. To guarantee that the family receives continuous, suitable support going ahead, services like Families First can also offer a more comprehensive evaluation of the family's circumstances and collaborate with other organisations.

To guarantee the safety of both children, I intend to keep making routine visits to the home in the future to keep an eye on the children's welfare and gradually get a better understanding of the family's circumstances. While staff observations frequently offer insightful information on John's emotional and social presentation in a different setting, close collaboration with the early years setting will continue to be crucial. Additionally, I plan to be in regular communication with the GP, family support worker, and if required, social care agencies, among other multidisciplinary experts involved in the family's care. This cooperative strategy will guarantee that any new issues are found and dealt with right away.

The main objective is to make sure that John and Lucy's physical, emotional, and developmental requirements are satisfied in every way possible while also providing his mother with comfort and useful assistance. Encouraging her to use the community and mental health programs that are available could improve her ability to give her children consistent care and emotional stability.

My professional assessment at this point is that both children could be at risk of emotional damage and possible neglect. The observed shifts in John's behaviour at and presentation indicate that there might be underlying stressors within the home setting, despite the mother's current restricted disclosure. As a result, I would advise an in-depth assessment of the family's situation, including the condition of the home, the ability of the parent, and the existence or function of any additional people living there. In addition to ensuring that suitable support and protective measures may be implemented in a timely and proportionate manner, this would help determine whether any safeguarding issues are present.

Kat: While there are concerns of neglect within the household, I do not feel that there is a need for the children to be removed from the environment, I just feel that the mother needs extra support, and from my understanding would benefit from an extra person always supporting in the house until further notice. As Lydia stated, auntie is in the picture so maybe we could ask if she could be more present for the mother and children.

Caitlyn: We as a school will continue to support John's mum throughout their time in our school. Not only will I continue to support mum, the school is also happy and willing to offer a family liaison officer to support mum.

The family liaison officer will be able to make home visits to talk to mum and offer advice on keeping a routine. They will be able to attend termly parents meetings to support mum and John, as well as advise on parenting skills. Additionally, the family liaison officer will be able to reach out to mum more regularly than I am currently able to and keep mum fully up to date on matters that are arising with John's behaviour and be able to provide constructive feedback on progress. The family liaison

support officer will also be able to liaise with the professionals here today, to continue support of mum and the children.

On top of that, I would like to mention that I am glad that social services will be looking into who this unknown male was. The school finds this an urgent matter that needs to be looked into. We would appreciate being made aware of who this male is as we need to know if it is safe, in the future, to do handoff with this man, regardless of if mum has given permission for him to pick up John.

Lydia: Yes, I agree. I would like to mention that I do think it would be in John's best interest to stay with his mother as we know how important relationships are to development. I feel with the right help and support, John's mother will once again work with the school so we can work together for John's best interest. We will continue to observe John and try and build communication with mum. I will continue documenting interactions and can feed back to whether there has been any progress in our next meeting.

Katelynn (closing): Thank you all for coming to today's meeting. This concludes our Initial Child Protection Conference. We will come back and review in three months.

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