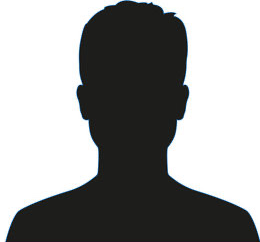


Scenario:

You are a key worker in an early year setting. The behaviour of a 3-year-old child in your group has altered significantly over the last month. You are concerned regarding the child's well-being and you have raised this matter with your leader. With the support of your leader/manager, you have also discussed your concerns with the child's mother but she has not offered any explanation or disclosed whether there are any changes to family circumstances. By now, the child is wearing dirty clothes daily and the child's level of hygiene has deteriorated for some time. This morning, the child arrived at the setting with a male, who was not known to the setting. There was clear evidence of a strong smell of alcohol on the male. The child was withdrawn. As a team of staff, you are also aware that the child has a younger sister under a year old. Your leader/manager asks you to document everything and decides to make a referral.

Background Description

	Mother ● Did not have any explanation after concerns discussed ● No changes to family circumstances ● Poor mental health history, anorexia nervosa and self-harm ● Pregnant at 15yrs old ● Transferring from CAMHS to Family Mental Health Service		Man ● Unknown ● Alcohol addict (not known for definite) ● Dropping child off at school the morning without any inform ● Not in a relationship with mum
	3-Year-old child (Child A) ● Altered mood ● Physical health problems, malnutrition and development delays ● Wearing dirty clothes ● Poor hygiene		Under a year-old younger sister (Child B) ● Poor general hygiene ● Skinny and under weight ● Quiet but responsive to adults in school setting when visiting.

Roles

Social Worker & Child and Adolescent Mental Health Services (CAMHS) worker

Introduction

Good morning, everyone. Thank you for attending this initial child protection conference (ICPC) for the below case. This is a formal multi-agency meeting that is convened to assess the risk of harm to a child and to decide whether the child is in need of the Child Protection Plan.

First Section

My name is Wing Yi, CHU, and I am a social worker as Family and Children's Association (Birmingham) and following the case by Growing Nursery. We are gathered today to discuss a concerning case involving a 3-year-old child, referred to as Child A, whose behavior and well-being have significantly changed over the past month. Joining me is Renee, a CAMHS worker, who will provide their professional insights on this case.

Over the past month, Child A has become increasingly withdrawn, arrives at the setting in dirty clothes, and displays poor hygiene. On last Monday morning, Child A was brought in by an unknown male who smelled strongly of alcohol, further raising the key person concerns to contact us. We have also noted that Child A's physical health is deteriorating, with signs of malnutrition and developmental delays. Additionally, Child A has a younger sister, under a year old, who shows signs of poor hygiene and being underweight. Child A and Child B, their views have been obtained and will be considered today (GOV.UK, 1989). That is the reason cause to suspect that child A and child B are suffering, or is likely to suffer, significant harm. Following a Section 47 Enquiry (GOV.UK, 1989).

Despite discussing our concerns with Child A's mother, she has not provided any explanation and denies any changes in family circumstances. Given the mother's history of poor mental health, including anorexia nervosa and self-harm, and her current transition from CAMHS to Family Mental Health Services, we are deeply concerned about the children's well-being and safety (GOV.UK, 1989). We aim to discuss our observations, gather insights from both perspectives, and determine the best course of action to support the child and their family. According to Government of UK (2018), all information and data collected are used transparently in this case and meeting.

Second Section

I will begin by delivering my social worker's report.

Let me provide with a detailed background based on my home visit observations and interactions with Child A's mother during the case involvement began in 2023. I was contacted by Child A's GP referral, which transfer with concern about her Physical health problems, malnutrition and development delays. As my first home visited at January 2023, the home was observed to be cluttered with various items scattered around, including dirty clothes, toys, and used household items. There was a noticeable lack of hygiene, with

unwashed dishes in the sink and a strong odor emanating from the living area. The kitchen had minimal food supplies, and what was available appeared to be mostly processed and non-nutritive foods.

Child A appeared to be underweighted for her age, with visible signs of malnutrition such as pale skin and sunken cheeks. She was only wearing ill-fitting thin clothes that not weather-appropriate and without radiator on. Developmental delays were apparent as she had difficulty walking steadily and was not verbalising appropriately for her age.

Mother seemed overwhelmed and fatigued, with dark circles under her eyes, highlighting her struggle to balance the responsibilities of being a young mother. She was initially defensive when questioned about child A's diet and health, but eventually disclosed financial difficulties and a lack of support. She mentioned that child A had missed several medical appointments due to transportation issues, revealing the additional challenge of managing her responsibilities without adequate resources or assistance.

On our second visit at March 2023, then environment had deteriorated further. Although child A's physical appearance had marginally improved; she appeared slightly healthier with a bit more weight and improved skin tone.

She was more active and engaged, attempting to interact with the visitors, though her speech was still limited. There were still concerns about her developmental progress, and she exhibited signs of delayed speech and motor skills.

Mother situation appeared to have worsened since the last visit. She seemed more overwhelmed and visibly distressed. She expressed feelings of hopelessness, mentioning that managing her responsibilities as a young mother was becoming increasingly difficult and she said she got pregnant again. The second child will born at Jan 2024. Mother disclosed that she had recently dropped out of school due to the pressures of childcare and financial struggles. She mentioned that she had not attended any further support group sessions and was struggling to follow through with the parenting advice given.

Based on the detailed observations and interactions during the home visits in January and March 2023, the following advice and concerns are raised to support Child A and her mother. These recommendations are grounded in professional best practices and statutory guidance within the UK. We recommended that child A immediate referral to a pediatrician for a comprehensive health assessment and nutritional plan (NICE,2017). Base on the Department for Education (2021) child A needs to referral to a speech and language therapist and an early intervention program to address developmental delays further. Engage local housing services to provide support in improving living conditions, including decluttering, cleaning, and ensuring the home is warm and safe and provision of emergency food vouchers and access to a local food bank. (Department of Health and Social Care, 2023). Connect the mother with financial aid programs, benefits advice, and education support services to help her return to school or pursue vocational training. Enroll the mother in a tailored parenting program such as the Family Nurse Partnership, which offers

intensive and structured support to young parents (Early Intervention Foundation, 2017). We are skill keep ongoing tracking health monitoring about Child A to ensure continued progress and early identification of any further issues. Establish a support network for the mother, including family support services, local community groups, and peer support networks and work with housing services to ensure long-term improvements in living conditions and secure stable housing if necessary.

That is all my report on this case, thanks for listening.

Renee, please could you have given more further report about Child A's mother under Child and Adolescent Mental Health Service. Thank you.

Thank you, Wing. Good morning, everyone. Thank you for inviting me in this meeting to address a concerning case involving a 3-year-old child in an early year setting. My name is Renee, a CAMHS worker specialising in child A's mother, who has a complex history including anorexia, self-mutilation, and became pregnant at 15 years old's background that significantly impacts her ability to care for her children. She is currently transitioning from CAMHS to the Family Mental Health Service, highlighting ongoing support needs for her mental health.

Before delving into the details of the case, I would like to provide some background information about child A's mother. She had a history of poor mental health, particularly hoarding and not looking after herself, she had anorexia nervosa and self-harm when she was studying at secondary school. She has always faced challenges in parenting and maintaining stable family relationships, which were exacerbated by becoming pregnant at a young age and out of wedlock, which may have had an impact on her current family dynamics and support system.

Based on our profession experience, the child living with a mother who has a history of mental health issues, including anorexia nervosa and self-harm, could be significantly affected in multiple ways. Exposure to a parent's mental health struggles, such as anorexia nervosa and self-harm, can lead to anxiety, depression and other psychological disorder in children. Goodman *et. al*, (1999) status show a genetic predisposition as well as environmental factors contributing to this increased risk. Child A's mother also neglect her own basic needs, which can extend to neglecting her child's needs. This can include inadequate nutrition, lack of medical care and poor hygiene practices (Patel *et. al.*, 2004). We can also aware that child A and child B has physical health problems, such as malnutrition and development delays cause by neglect.

Goodman (1999) point out that the complexity of the family dynamics, including the presence of a very young sibling, may place additional emotional. The older child's emotional development may be compromised due to the excessive responsibilities and emotional demands placed on them. They may struggle with emotional regulation and face difficulties in forming healthy relationships later in life (Burke *et. al.*, 2015).

As CAMHS worker, I appreciate all your attention to this matter. By working together and leveraging our respective expertise, we can ensure that appropriate support and interventions are provided to safeguard the welfare of the child (GOV.UK, 1989) and support child A and child B and her family through this challenging time.

Conclusion 2 mins

Thank you, Renee, for your valuable insights. Based on our combined observations and professional evaluations, it is clear that Child A and Child B are in a vulnerable position. The immediate steps should include a comprehensive assessment of the family situation, ensuring the children's safety, and providing the necessary support for the mother's mental health. If the situation continues or does not get better, then may prepare a Child Protection Plan.

We will need to work closely with family mental health services to facilitate the mother's transition from CAMHS and address any barriers to her receiving adequate support. Additionally, safeguarding measures must be put in place to protect the children from any potential harm posed by unknown individuals around them.

Let us document our findings and recommendations thoroughly and proceed with the referral process. Shall we meet again in two months later to review this case and discuss if further action is needed. The next meeting date on 28 Oct 2024, is that available for you, Renee? **(Yes.)** Thank you, could you also invite the family mental health services worker to join our next meeting to get more information about this case? **(No problem, I will contact them and cc them into the next meeting invitation email)** Great, thank you. The next meeting date is set and will be confirmed by email later. Hope to ensuring the well-being and safety of these children is our top priority. Thank you all for your commitment and attending.

2 minute Self Reflection

Now, let me start my reflections on what I have learned from this module.

At the beginning of this module, my understanding of safeguarding was grounded in my Early Years Practitioner training studies and professional experience as an Early Years Practitioner as my previous work experience.

Through my Level 2 coursework, I gained a foundational understanding of the principles and practices of safeguarding in nursery settings. This included learning about child protection policies, recognising signs of abuse and neglect, and understanding the legal and ethical responsibilities of practitioners in safeguarding children.

My previous work at a nursery provided practical experience in applying safeguarding policies. I was familiar with the nursery's protocols for ensuring children's safety and well-being, which included daily risk assessments, health and safety checks, and implementing safeguarding policies.

After this module and researching for this presentation, I feel more confident in my understanding of safeguarding principles and procedures. The in-depth study and research have provided me with a comprehensive knowledge base, which makes me feel more prepared to handle safeguarding issues effectively. That I can apply this knowledge in real-life scenarios gives me a sense of readiness and assurance in my professional capabilities. I am more aware of the ethical obligations involved in safeguarding, including maintaining confidentiality, respecting children's rights, and acting in their best interests. I have also gained a deeper understanding of the key legislation and policies that underpin safeguarding practices, such as the Children Act 1989, Children Act 2004.

This module has been instrumental in preparing me for my future role, and it has provided me with a strong foundation to build upon. As I move forward, I will focus more on implementing best Practices in safeguarding ensure that every child under my care is protected and supported in a way that promotes their overall well-being and development. As I know Maintain a high standard of practice and remain informed about new developments in the field of child protection and safeguarding are more importunacy. Foster strong communication and collaboration with colleagues, parents, and other professionals. Build a supportive network that ensures the holistic well-being of children, involving all relevant stakeholders in safeguarding efforts. Provide guidance and support to parents to help them create a safe and nurturing environment for their children. Empower families and children by providing them with the resources and support they need to thrive.

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