

(Rosy)

Rosalyn Silvers - Social worker & chair of meeting

Hello everyone before starting this meeting can I make sure everyone turns their microphone off unless they are speaking, thank you. Welcome to this Multi Agency Safeguarding Hub meeting. Or MASH for short. Regional child protection procedures for west midlands (2024) identifies the procedure that should be followed when reporting safeguarding concerns about children. Birmingham City Council (n.d.) explains how the MASH meeting is called to be able to gather information about a child or family we may have concerns about to assure continuity of care, with an aim to avoid any children slipping through the cracks and being failed by our services when they are at risk of harm. This was brought about by case studies such as the Victoria Climbié case as detailed by Batty (2002) which describes multiple failings across many services including church, doctors, police and especially social services.

Can everyone please introduce themselves with their names, role and how they know the family. I will begin.

I am Rosalyn Silvers and I am the families social worker, I am chairing this meeting today. The family is known to me through a referral made by nursery who is also here today.

(Javaria)

Good afternoon, everyone.

My name is Javaria Rehman, and I am the child's key worker at the nursery.

(Saira)

Hello everyone, my name is Saira Arshad, and I am the health visitor of both children of this family.

(Bernie)

Hello everyone, my name is Bernie, I am the local police officer. My collar number is 4659.

(Rosy)

Thank you. To begin let's discuss the facts of the family situation. The family comprises of mum, a 3 year old and an under 1 year old. Recently mum has a new partner. 3 year old child has demonstrated changed behaviour in the last month with no explanation from mum. The nursery has reported 3 year old child wearing dirty clothes, being unclean and mums new partner dropping the child off to nursery whilst smelling of alcohol.

As children's services we feel there are significant concerns with this situation, due to the risk of substance misuse and the noticeable change in clothing and hygiene, we may be seeing signs of neglect. We are aware of these signs through sources such as NSPCC (2019) who identify certain signs of substance misuse in parents. These include children being neglected which results in parents being unable to provide safety and care for their children. Social services have looked into new partners record and can see that he is known for previous domestic abuse allegations in regards to his ex partner and children. The Femicide Census (2020) is a detailed report which gives us vital information about domestic abuse, for example, almost half of offenders being repeat offenders. According to The Children's Act 1989, it is our duty to share with each other any additional information that may be used to get a full picture of the children's situation and come to a reasonable solution if possible. Therefore I will now ask Bernie to begin.

(Bernie)

Hi everyone, I hope you are all well. I was called out to reports of a domestic incident at the home address. Upon attending it took several attempts to gain an answer, when mom finally opened the door, it was visibly clear that she was upset, her clothes were disheveled, and she had been crying. I asked if we could come in as we had received reports of a domestic incident, mom was initially hesitant at first but did eventually let myself and my colleague in. Upon entering the house, it was clear that there had been someone smoking cannabis as there was a strong smell in the house. It was clear children lived here as I could see toys in the corner and a baby's bottle on the side, I asked if the child/children were in the house and mom informed me they were both upstairs in bed, I asked to check on the children (complete a risk assessment in accordance with the children act 1989, section 16A, sub section 3) so mom took me upstairs while my colleague stayed downstairs with a male that was present in the property. Upon checking the children, they were both sound asleep, they were in suitable beds with correct bedding on, however the room was a mess, with dirty nappies and clothes on the floor.

Both children appeared to be in good health, and I saw no signs of injury nor distress to either, I believe the 1 child to be approximately 1 year old and the other child around 3 years old. I asked mom if I could speak to her privately to which she agreed, when i asked her what had been happening, she said it was nothing and that it was just a silly row that got heated but was sorted now. I noticed moms eye appeared to be red and looked slightly swollen, so I gently approached mom stating her eye looked red and sore and how had she managed to do that, at first mom said she didn't know, she must have bumped herself while playing with the kids earlier on, I stated that it looked quite recent like it had only just happened to which mom then broke down sobbing, she sat down and told me that it was actually her partner who had done it. She stated that he didn't mean it and he sometimes just flies off the handle when he has had a bit too much to drink. She said he is not usually like this and is lovely when not drunk. I asked her who her partner was and if it was the male downstairs with my colleague, she replied it was. Her partner is known to me, and I know he is on the domestic abuse offenders list. I asked mom if she would be willing to give me a statement as I can arrest him under the 'serious crime act 2015, section 76' however at this point she became very withdrawn and said she couldn't, she said she was scared of what might happen, I tried to reassure mom that we could help her however she just said that she loved him and that she was not going to make a statement and I could not make her. I asked mom if she was aware of Clares law, (also known as the Domestic Violence Disclosure Scheme – DVDS) to which she replied no, I explained that it was a register with convicted individuals on whom had committed domestic violence against their partners. I explained to mom how it worked and that if you were in a relationship with someone you believed to have a history of domestic violence, you could request to the police to see if your partner is on it. I also explained that there are ways I could help her, I gave her my card and told her if she ever needed to contact me she could. It was at this point mom started to get quite angry and wanted me to leave, I could tell she was clearly intoxicated and as we were upstairs, I suggested we go downstairs as I did not want to wake the children up. We joined my colleague and the other man in the living room, in the living room there was a dirty ashtray on the table full of cigarette nubs and empty cans and bottles were littered around the room. I decided to ask the man why he thought we had been called out to which he replied it was probably some nosey neighbour with nothing better to do than to cause trouble. I explained that there had been reports of a domestic incident to which he just huffed and said well, you can see we are fine here, we are just minding our own business listening to tunes and having a drink. I again asked if there were any issues to which both mom and the male replied no, it was at this point my colleague and i decide it was best that we separate the 2 and asked the man if there was anywhere else, he could go. He started getting aggressive and refused to leave; it was at this point my colleague told him he either left or was arrested, the mom then started crying stating she didn't want to him to leave. The male then decided to spit at my colleague, so we decided to arrest him for assault on a police officer under section 89 of the police act 1996.

While my colleague put the male in the car, I suggested to mom to look into Clares law, i also gave her the details for a hostel and information for alcohol and substance misuse. I feel it

would be not only mom's best interests, but for that of the children that we put mom in a refuge with her children and get her support for alcohol and substance misuse.

(Rosy)

Okay thank you. Now can Saira please give any information.

(Saira)

Hi all

As a health visitor, it was time for our monthly review for safeguarding children in line with the Children Act (1989) for one-year-old children. We noticed that the mother had not attended the immunisation appointment and was one week late. Previously, we had tried to contact her but were unsuccessful. When to make a statement we visited the house, the mother was not present, and a male who was unknown to us opened the door. We asked who he was, and he replied hesitantly, “a friend of mum.” We left a message for her to contact us and provided a date and time for our next visit.

The mother contacted us and rescheduled the appointment. When mum and child visited the center, she looked very fatigued and had an injury to her eye. When questioned, she said that the little one hit her with a toy while playing and caught her eye. The cause of the injury raised some doubt because, at the last appointment, we had observed that the child’s grip was not firm. To follow up, we conducted an activity where the child was given a milk bottle, but the child rejected the grip. We further observed with a Lego piece, but again, the child showed no signs of a good grip. This indicated that the mother’s explanation for the injury might be a cover-up for something else, suggesting early signs of domestic abuse in line with protecting children from domestic abuse (NSPCC,2024).

Upon this finding, we questioned the mother about the male, but she said he was a friend who came by but did not stay there. To our surprise, she claimed the male was not living with them,

but when we previously tried to contact her when she was one week late for her appointment, the male who opened the door was in nightclothes and looked like he had just woken up. It seemed as if he was a resident of the house.

We decided to conduct a random house visit to check the children's well-being because the mother refused the toddler's appointment, saying the toddler had nursery and was too tired to go out, preferring to nap for hours. This was alarming because a child of his age usually naps for 45 minutes to an hour, not for hours. Upon arrival for the random home visit, the mother opened the door after several attempts of knocking. To our surprise, the same male opened the door and looked like he had just woken up from a disturbed nap. We asked for the mother, and he replied that she was busy putting the children to sleep, so it was not a suitable time to come in. We explained that we must see the mother and children as under The Healthy child programme (Public Health England, 2021) It is our duty to check the child's well-being, and we could hear the children in the background, so he let us in.

As soon as we stepped in, we saw the children on the dirty floorboards. We have seen that male was lying about mum putting children to sleep. The house looked unclean, with an empty beer bottle near the children, and the living room smelt of alcohol. The male had left the premises after letting us in. When questioned, the mother said it was her friend who came by and that she does not drink alcohol as she is breastfeeding. We asked why the toddler was not in the nursery that day. She replied fearfully, "I could not get up on time to get him ready for nursery due to the little one keeping me awake all night, so I left him at home."

The mother looked very tired, her eyes were not better than the last time, and we noticed some mild bruises on her arms. When questioned about the bruises, the mother went quiet, realizing she could not make any excuses. We directly asked if the male who just left was her new partner and is hitting her as we can see that she is under the influence of domestic violence. She admitted it and abruptly said, "Oh, he was only getting dishes from the table and missed me standing right behind him, pushing me by accident." The mother's statement made us sure that her new partner beats her, and children are witnessing this abuse and explains why they are malnourished, we seen this as significant harm to children safety under the guidance of Children Act section 47. Mum's statement made it easier for us to know the right direction we need to refer to, cases like this have not been looked at and did not pick up the signs of child abuse we never wanted to repeat these horrible mistakes that have been made in the past.

As section 16 B in children act 1989 revised in (2024), We offered the mother support by making her aware that it was safer for her and her children to be in women's aid (BSWA) (Anon., n.d.) because it is our duty to keep children safe under the law (Children Act 2004). We had to take these measures because, the day before, we had visited the toddler's nursery, because old cases like (Jasmine Beckford) has proved that its beneficial for multi agencies to work together to keep children safe so, following the statutory guidance of Working together to safeguard children (DfE,2023a) multi agencies must collaborate to ensure safety of children, practitioner Javaria told us they had noticed a change in the child's behavior in the last month. She filled us in on the changes the nursery had observed in the child and mother. This was our main reason for conducting the random house visit and checking on the mother's bruised eye from the last appointment, which was two days before the home visit. During the home visit, we made a referral to Women's Aid for Birmingham and Solihull (BSWA) for their stay to keep all of them safe and away from the new partner.

(Rosy)

Great thank you. Now does the nursery have anything to add?

(Javaria)

Good afternoon everyone

As the key worker for the child at the nursery, I had observed some troubling changes in the child's behaviour and appearance recently, which led me to contact social services.

The Department for Education (2023), states that nothing is more crucial than the well-being of children. Every child deserves to grow up in a safe, stable, and loving environment. Children in need of help and protection should receive high quality and effective support. To achieve this, it is essential for individuals such as myself, agencies, and organisations to clearly understand our roles and responsibilities as well as those of others, and to work collaboratively.

Also stated by the DfE (2023), while parents and carers are primarily responsible for their children's care, local authorities, in collaboration with partner organisations and

agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Act 1989 outlines these duties, including providing services to children in need and conducting investigations if they believe a child has suffered or is likely to suffer significant harm.

Initially, the three-year old was a happy and well cared for child. The child would come to the nursery in clean clothes and was always well groomed. The child was generally cheerful, got along well with peers, and was very active in all nursery activities.

However, recently I noticed a significant decline. The child started arriving in dirty clothes and showed signs of poor hygiene, such as unwashed hair and a noticeable body odour. This was a stark contrast to how the child used to be and was quite concerning. Additionally, there was a noticeable shift in the child's behaviour. The child became more withdrawn, less interactive with other children, and showed signs of anxiety like clinging to staff and being reluctant to join group activities. This change in demeanor was alarming. NSPCC (2024) states that these are signs of abuse.

One incident that particularly raised my concerns was when an unknown male who smelled strongly of alcohol, dropped the child off at the nursery. This new information, along with the child's deteriorating condition, led me to suspect potential neglect and emotional abuse.

As the practitioner my duty was to follow the safeguarding policy, NSPCC (2020), states that every setting that works with children must have a designated safeguarding lead (DSL) to manage child protection issues. Staff must be trained in safeguarding and child protection and understand the procedures for reporting concerns.

It was crucial for me to follow UK legislation and guidelines to protect the child attending the setting.

The Children's Act 2004 requires local authorities to work together with partners and other agencies to improve the well-being of children in their area. This collaboration aims to ensure that children's needs are met more effectively (DfE, 2023).

The Department for Education (2024), states that for children to thrive, having a child-centred approach and working collaboratively leads to better outcomes for everyone involved.

The Department for Education (2023), states that the welfare of children is the top priority, and their wishes and feelings should be actively sought, heard, and addressed (section 22 sub section (4), Children Act 1989). Social care services should work closely with entire families, aiming to keep children within their family environments wherever possible. Local authorities should collaborate with other agencies to identify and meet the needs of children and their families, considering the economic and social factors that affect them.

According to The DfE (2023) all practitioners should adhere to the principles outlined in the Children Acts of 1989 and 2004. These laws emphasise that the child's welfare is the most important consideration and that children are best cared for within their families. Parents should be fully involved in their children's lives unless there is a compelling reason for intervention.

Following the nursery's safeguarding policies and the guidelines set out in The Children Act 1989 and 2004, As the practitioner my duty was to follow the safeguarding policy and report these concerns and make a formal referral to children's social services through the local authority's safeguarding team. My referral to social services was based on our nursery's safeguarding policy and the safeguarding legislation outlined in the document 'Working Together to Safeguard Children 2018' which states that the well-being of children is the top priority. The guidance emphasises that organisations in England must collaborate to protect children from harm, prevent health or developmental issues, ensure they grow up in a safe and supportive environment, and help them achieve the best outcomes. This involves the coordinated effort from all agencies, including health services, local authorities, and the police, to share information effectively and work together to safeguard and promote children's welfare (HM Government, 2023).

My observations and the documented changes in the child's appearance and behaviour were essential in highlighting the safeguarding issues at hand.

(Rosy)

According to Sabbagh and Korgaonkar (2022) it is vital we follow our settings safeguarding policies to assure children's safety allowing them to reach their full potential. Therefore, thank you for following your policies with this situation. Now we can get the family the support that they need.

In the Human Rights Act 1998 we all have the right to be free from inhumane and degrading treatment. Including children. In the same act, it is stated we all have the right to respect for privacy and family life. As services involved in MASH we want to make sure children are not at immediate risk of harm, whilst respecting their human rights. We can see that with new partners previous history of perpetrating abuse, the confirmed case of a domestic dispute a week ago and mum and children's altered behaviour, these circumstances are having an effect on the children directly. It is quite concerning that mum hasn't reached out for help or given any explanation. Women Against Abuse (2022) identify that women are likely to attempt to leave 7 times before definitely leaving an abusive relationship. Statistics as further detailed in the Femicide Census (2020) also show that women are at most risk of violence and murder when attempting to leave. This places mum and children at immediate risk of harm. As per the Working together to safeguard children 2023 legislation, we must signpost. I am suggesting we refer mum to a domestic abuse refuge and place the children on a child protection plan. This plan means that mum must cooperate with us to keep her children safe otherwise we would have to take further action to remove the children into care. We will take these next steps by contacting women's aid and organising a refuge place for mum with immediate effect. I am also suggesting that the police place a marker on the home address, which is explained by Citizens advice (n.d.) to assure police are able to reach the property quickly incase of any more domestic issues.

Does everyone agree?

Everyone say yes

Okay great. I will now conclude this meeting at: **say time and date.**

Rosy: Now we will move on to our personal reflections

Reflections:

Javaria

Before this module I understood the basic concept of protecting children from harm and ensuring their well-being, but I was not familiar with the details of processes and legal frameworks involved. I had heard of safeguarding policies and the importance of multi-agency collaboration, but I did not grasp the full extent of the responsibilities and coordination required among various agencies, such as social services, police, and health visitors. Understanding the intricacies of safeguarding legislation, recognising signs of abuse, and knowing the appropriate steps to take were areas where I felt unprepared. This module has been crucial in bridging the gap, providing me with the necessary knowledge and confidence to effectively contribute to safeguarding efforts and ensure the protection of vulnerable children.

I now understand the key legal frameworks, such as 'The Children's Act of 1989 and 2004' and the 'Working Together to Safeguard Children 2018' guidelines. Overall, the module has given me the knowledge and confidence to take the right steps to protect vulnerable children in real life situations. The insights gained from this case study and safeguarding module will significantly shape my future practise. I've learnt the importance of vigilance and early intervention when noticing signs of neglect or abuse. I now understand the importance of multi-agency collaboration and the need to communicate effectively within the different services to ensure a coordinated response.

I understand the importance of regular training on safeguarding which will ensure that I am up to date with any changes in the guidelines, this will help me to give the best possible care. I also learned about the referral process and how to document and report concerns effectively. This practical case study highlighted the importance of quick informed decision-making and the important of safeguarding policies.

Moving forward, I will be more confident in identifying potential risks and taking appropriate actions to safeguard children. The knowledge of legal frameworks and safeguarding policies will guide my decisions, ensuring that I always prioritise the

welfare of the children in my care. This holistic understanding will enable me to contribute effectively to creating a safe and supportive environment for all children.

Saira:

Before taking this module, my knowledge of safeguarding was quite limited, even though I had undergone some safeguarding training. I say "limited" because I had not yet put any of that knowledge into practice. Prior to learning about safeguarding in depth, I believed it was solely about ensuring children's physical safety, such as supervising them to prevent accidents or harm. However, this module has broadened my understanding significantly.

During this safeguarding module, I learned a great deal, especially after experiencing a safeguarding concern firsthand. Although the issue may have seemed minor, the module and previous training emphasized the importance of reporting any doubts about a child's safety. This is important because, even if you are unsure, it is better to report it. We have seen past situations where multiple agencies missed opportunities to save children's lives by ignoring insignificant details, which led to disasters. When a potential safeguarding issue arose in the setting where I do my placement, I followed the guidance from the training and this module. I reported the incident to the Designated Safeguarding Lead (DSL) and disclosed the matter to the manager. They were surprised that I had noticed something they were already addressing, especially considering my lack of prior work experience. This ability to identify and act on safeguarding concerns was possible thanks to this module.

In the future, I will pay closer attention to legislation, values, and ethics because I have learned the significant impact that working with multiple agencies under these guidelines and respecting children's rights can have on their safety and well-being. Understanding the importance of staying informed about the latest laws and best practices will enable me to provide the highest standard of care and protection for children. I have come to realize that effective safeguarding is not just about immediate physical safety but also involves creating an environment where children feel valued, respected, and supported. By working collaboratively with other professionals and agencies, we can address the diverse needs of children and ensure a holistic approach to their development and protection. Updating my knowledge of rules and regulations will be a continuous process to ensure my practice remains relevant and effective. I am now

equipped to engage with multiple agencies, such as social services, healthcare providers, and educational institution to ensure comprehensive support for children. This collaboration is vital in identifying and addressing potential risks early, providing timely interventions, and ensuring that children receive the necessary care and resources. Moreover, creating an uplifting environment for children and their parents is essential for fostering a sense of community and well-being. By ensuring that children are safe, supported, and given opportunities to thrive, we contribute to a positive atmosphere where everyone can flourish. Seeing the children and their families thrive under our supervision will not only bring positivity to their lives but also to ours, as we witness the profound impact of our efforts on their overall well-being.

Bernie

Prior to starting the current safeguarding module, I had very little knowledge of the subject. I have recently completed a safeguarding course where current legislation, laws, policies and practices were discussed. I have never been involved in the safeguarding procedure other than reporting any circumstances where I felt there may be a reason to investigate. In those circumstances the only part I participated in was providing a written statement of what I had witnessed or the conversation I had been involved in and passing it on to the relevant personnel. Before starting this module, I was a little hesitant as I knew it would be a tough one emotionally, the reasons being that I am entering into this field because I want to look after, protect, guide and teach young children therefore exploring past cases where this has not been the case would be quite distressing. While studying this module I have learnt that safeguarding is not just about common sense and making sure the child is safe, as I first thought. It is about knowing the current up to date guidelines, policies and practices as well as current legislation. I have learnt a lot from the children's act 1989 and 2004. I have also learnt that it is not just the responsibility of the parents to safeguard children but also any other professional that has contact with the family and children. I have seen things from a different perspective and now realize not everything is as it seems. Going forward I now know the importance not to make any snap judgements or assumptions. I understand the importance of getting to know and familiarize myself with not only the child but also the child's parents/caregivers. I now have more knowledge of how safeguarding works and will continue to keep myself up to date with current legislation as well as my settings policies and procedures. I understand the importance of communication across all fields and the importance of multi-agency working. I feel more knowledgeable about what to look out for and the importance of dealing with situations in the correct manner following the correct guidelines and procedures.

Rosy:

Before this module I knew quite a bit about safeguarding, I felt there wasn't much more I could learn. As I have completed numerous safeguarding training over 10 years of working with children, and I have witnessed, and had personal experience of the safeguarding procedures relating to children. I was quite hesitant to take up this topic as I did not want to be reminded of previous personal experiences. However I tried my best to put them aside and work on the topic in hand. The personal experiences had caused me a lot of stress and given me a general, negative idea of the safeguarding procedures in the past. I believe there is a stark difference between abuse and the normal ups and downs that many families face in every day life, I often wish this difference was more identified in safeguarding practices as I empathise with families who feel 'harassed' by social services when they are giving their children a loving, safe home, just experiencing hardships.

After this module I now feel more confident about working within a MASH team, as this is something I had not been part of as an agency before. I was glad to be able to research the topic more and to learn about when certain orders are put into place. I enjoyed working as a team and being able to bounce ideas off of each other. I have learned to put aside personal feelings and assumptions to get the best out of this module by assuring myself that when people are talking about safeguarding and families who aren't safe, they are not talking about families who are loving, safe yet just facing difficulties. Which was difficult but I managed to retrain my brain to overcome this barrier in my practice. It was definitely a learning experience for me.

In my practice I will now be able to assess situations with more clarity, understanding the need for referrals better. I will use my Social Work Law, ethics and social policy book a lot more. I will confidently be able to refer to that book and other sources used in this module to assess real life situations which I will come across in my future practice. I will make sure my own personal experiences are put aside when dealing with real life situations.

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