Safeguarding Scenario for pre-reg students During healthy Child Programme Placement

Before you start todays activity please be aware that there is support available to you by the Practice Learning Coordinator, Practice Supervisors and you Practice Assessor. Safeguarding can sometimes be an emotional subject that some find difficult. If you have any worries today please reach out for emotional support.

This scenario is for training purposes only. The scenario is based on a safeguarding case and experience. To protect confidentiality all names and details have been changed.

Family Details

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| --- | --- | --- | --- |
|  | Name | Age | Other |
| Mother | Jenny Jones | 32 years |  |
| Child | Lucy Smith | 13 years | Father – Mr Sam Smith  |
| Child | Simon Smith | 9 years | Father – Mr Sam Smith |
| Child | Sarah Brookes | 18 months | Father – Mr John Brookes |
| Child | Bobby Jones | 6 weeks old | Father – Mr Davide Jackson |

Home Address: 25 Anywhere Street

Anywhere

AN 21 5AP

Jenny is the mother of 4 children aged between 13 years and 6 weeks old. Jenny is a single mother and advises that she has very limited family and social support. Jenny does not get on with her family and has only a few friends that she can name.

You have been the family health visitor since Sarah was born 18 months ago and have intermittently supported the family on an Early Help pathway with a Team Around the Child meetings alongside education and other health colleagues. At present the family are not receiving any additional support through a team around the child or any specialist services.

Historic Information that may be useful

* There have been concerns around school attendance for Lucy and Simon where both children are nearly always late for school. When they arrive at school they are both often not wearing appropriate school uniform.
* School have also raised concerns about Lucy who has been mixing with much older children who are known to be involved with gang activity.
* It has been rumoured for many years that Jenny regularly smokes cannabis in the family home, however Jenny will always deny this and advises that she only smokes nicotine. There have also never been any concerns raised about alcohol misuse.
* There is a history of Domestic abuse when Jenny was in a relationship with Mr Smith.
* Sarah has significant developmental delay. At her 1 year development review she was unable to sit independently or achieve any of the age appropriate gross motor, fine motor, communication or personal and social milestones that are discussed within the 12 month Ages and Stages Questionnaire. During previous visits you often find Sarah strapped into a reclining bouncy chair faced away from the children and towards the tv with a dummy in her mouth. You have been working with a Community Nursery Nurse colleague to support Jenny with activities to aid Sarah’s development. Before todays apt you have been reviewing Sarah’s development monthly and providing Jenny with detailed activities to encourage Sarah’s development. It is not thought that Sarah has a medical condition effecting her development because when Jenny does engage in this work with Sarah has made developmental progress and has only just started to sit independently for very brief period of time.

Scenario

Today you have scheduled a routine 6-8 week development review for Bobby and at the same time you are planning to review Sarah’s development. On arrival to the home you notice lots of black bin bags piling up around the front door and some food remains on the door step. You knock twice and on the second knock Jenny opens the door and invites you into the living room at the other end of the house. On stepping into the hallway you walk past the kitchen door which you briefly notice looks very dirty with clothes and food all on the floor and the work top sides and lots of dirty dishes also on the side. Whilst walking past the stairs you notice that the stairs are filled with clothing thrown down the stairs and a variety of household items stacked on the stairs making it almost impossible to walk up and down the stairs safely. Once you reach the doorway to the living room Jenny advises you have to climb over the stairgate because it is broken which you do so. In the living room you observe lots of toys scattered all over the floor along with some dirty nappies, dummies, food remains which you notice to have mould on, and Sarah strapped into a baby bounce faced away from you and looking at the television with a dummy in her mouth. You notice that her clothes look very dirty (stains of food on them, ingrained dirt in the fabric). Sarah also appears to have dirt under her finger nails. Bobby is not in the living room so you ask jenny where he is. Jenny advises that he is safer upstairs out of the way from his siblings. You ask Jenny before we start if she could go up stairs and get Bobby for his development review. When jenny brings bobby down he is only wearing a vest that looks to small for him (cutting into his shoulders) he also has a very full nappy. You discuss the children’s appearance with Jenny and she does not see a problem She reports she thinks she changed Bobby’s nappy in the night at some point (around 7 hours ago). You ask her to change to complete Bobby’s weight and you notice his bottom is very sore. This is not the first time you have seen the children like this and raised your concerns with offers of solutions to Jenny before.

Once you sit down you ask Jenny why there are so many clothes and what appeared to be food and dirty dishes on the side. Jenny advises that she is having a cleaning day that we have interrupted with our visit. As you pick up on some frustration you decide to start with Bobby’s 6-8 week development check and run through the usual assessment. On completion of the assessment, you identify that Bobby is not yet smiling or fixing/following so you have a discussion with Jenny around interaction and stimulation. Jenny advises that she is really busy as a single parent with all of the children and doesn’t have time. To support Jenny you discussed a variety of ways that the older child can get involved with playing with Bobby such as reading to him.

Secondly you raise the concerns around the living room floor and the contents. Jenny didn’t really acknowledge or agree with your concerns and became quite dismissive and passive aggressive. So you again changed the conversation towards Sarah and how Jenny has been progressing with the activities you set previously like creating floor space for Sarah to be able to play on the floor and to encourage her to sit independently and be able to move around the room. You compassionately challenge why Sarah is back in her bouncy chair during this contact facing away from everyone watching the tv. Jenny did not answer you and became very dismissive in her responses from this point of the home visit onwards.

After trying to engage Jenny for another 10 minutes using a strength-based questions and encouraging Jenny by discussing simple activities she can continue to try with Sarah and Bobby to encourage their general development you are unable to engage Jenny at all with the contact. With all of the history you know, your observation and Jenny’s negative and dismissive response to your continued offer of support you inform Jenny that you are unable to continue to support her alone anymore and you believe the children are at risk of harm so you need to complete a Children’s Social Care referral when you return o the office. You advise Jenny that you will continue to support her and the children but feel that the children and Jenny now require a multi-agency approach to ensure the children are offered the best opportunities in life. Jenny remains dismissive and says “do what you want but there’s nothing wrong with my kids” and asks you to leave so you do.

ACTIVITY

Please can you now spend some time completing the mock Children’s Social Care referral and write a reflection on the following for your Practice Assessor on

* how you found the exercise.
* what category of abuse you would say Sarah and Bobby are experiencing and why.
* how you might react as a nurse if you were faced with a safeguarding situation similar to this.

To complete the Children’s Social Care referral form you will need t do some research into the categories of abuse and look at the guidance linked to different levels of safeguarding and what you believe is the level you believe Sarah and Bobby are at risk of. <https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/threshold-document/>