

2.1 Case study identifying safety issues around neglecting a two-year-old

Introduction

Molly is 3 years old and the eldest of three children in a family who are all white British, Molly has twin brothers, who are 8 months old. The twins are biologically Kevin's and his wife Sue's. Kevin is Molly's father but Molly's biological mum left the family home when Molly was two months old and has had no contact since. Molly had been looked after by her grandmother but when Sue became pregnant with twins Sue and Kevin decided to marry and for Molly to move in with them. Their house has two bedrooms, but no garden with the front door opening out onto the pavement near a busy road, so no play area is available. Dad is currently undertaking job seeking training having recently lost his job at a local warehouse so mum is at home in a new area, with little social contact and a 3 year old she has with all the children.

Current service delivery within universal provision and presenting issues

Mum found out about a group running at the local children's centre at a routine check up at the clinic when she took the twins. Molly had not been seen by a Health visitor for over 14 months as Sue had always left her with her grandma when Sue kept medical appointments for herself and the twins. The family had moved to a new area just before the twins were born, and Molly's grandma was too far away to take her for just a couple of hours.

Sue started attending the group twice a week with all three children. Staff noticed she spent her time fussing over the twins and Molly tended to fend for herself during the group time. It was observed that Molly was shy and withdrawn unkempt, very pale, thin, and showed no signs of affection or engagement with children or adults around her. She had minimum interaction with her step mum which was immediately picked up by the nursery staff and together with her underweight appearance caused them some concern. When they tried to encourage mum to engage with Molly she was very abrupt with her, Molly started to cry, and mum got cross, sat her on the floor roughly and went back to the twins. One member of staff continued to support mum and Molly and their interaction did improve a little over the session.

Initial targeted response

The groups worker went to the centre management team regarding her concerns over Molly and how she was in the group. The group leader agreed that she would make time for some individual discussion with mum at the next session in an attempt to identify any support needs.

The following session the relationships appeared the same. The group leader spoke to Sue and asked her about herself and the children. They discussed the difficulty for Sue of bringing up Molly when she was not her own child. Sue acknowledged that she sometimes finds it difficult to cope with Molly whom she finds very demanding. Meal times often being a battle with Molly refusing to chew her food or swallow it, causing Sue some distress. The group leader asked permission to get in touch with Molly's previous health visitor in order to get some background on Molly and then initiate a discussion with Sue's current health visitor to offer some support.

The Health visitors are contacted and discussion takes place regarding the family and their needs. Sue's Health Visitor decided to approach Sue and Kevin about undertaking a Common Assessment on Molly. They discussed the benefits of it and how it is a positive approach to meeting the needs that Molly is presenting. An assessment of Molly's need and strengths is suggested using the CAF to identify how best to help. The process is carefully explained to the parents so they are clear about what will happen. At home, Kevin and Sue decided that CAF would be beneficial for their family's needs.

An initial meeting is set up with both parents, and the health visitor. Sue says she feels excluded from the relationship Kevin and Molly have as she is not part of the biological family and Molly has never been close to Sue or the twins. Sue finds it difficult to make a bond with Molly. Molly's main bond is with Kevin but Kevin is finding he is now often away on training and on his return he takes over care of all of the children but does not have time to give to Molly on her own as he used to. As Molly has become increasingly withdrawn, she has little language so Sue and Kevin do not understand her needs.

A multi agency meeting is arranged at which Sue and Kevin ask HV, to be the lead professional. A representative from the Children's centre is invited to see if there is a session /anything available for Molly and Sue. A place is possibly available for Molly a couple of mornings a week to begin with. The whole family are encouraged to attend the 'movement' play group and also Sue and Molly to attend play & stay with the support of a play worker to enhance bonding/ attachment between the two of them. The family have been put on the housing register in an attempt to gain an extra bedroom for Molly.

Everyone agrees to come back and review the action plan in a months time.

At this meeting, all professional are invited, health visitor, play worker, group worker, parents etc. Sue says she felt slow progress is being made between her and Molly, but that she is still not talking. The Children's Centre staff and health visitor suggest a speech and language therapist through the Children's Centre, both parents are in agreement.

With minor changes to the action plan a review meeting is planned for a months time.

Molly is now thriving – she is eating well at the centre and at home, she is beginning to bond with Sue, and is joining in slowly within the group and the children.

They are on the housing list and Kevin has completed his training and is actively seeking work. In the meantime he continues to support Sue with all the children.

Sue continues to regularly attend the groups regularly with all the children and is exploring an interest in some training available for parents at the centre that she found on publicity leaflets at the centre.