

AI Statement

I acknowledge the use of Google Scholar (Available at: <https://scholar.google.co.uk/>) for the purpose of research in relation to Module 9 – Safeguarding: practice, legislation and the multi-disciplinary team (ECEY5011).

I confirm that I have also kept my research notes should they be required

Module: ECEY5011

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Part 1 – Recognise, Report, Record, Refer, and Responsibilities

Safeguarding involves protecting children from harm, abuse or neglect by following statutory procedures and processes. It is essential that individuals and organisations understand their role and responsibilities in safeguarding and in particular their role in five “R’s” Recognise, Report, Record, Refer, and Responsibilities (Scofield-Antoncich, 2023)

Recognise – this is the first and most important step in Safeguarding. It involves practitioners working with children to identify signs of abuse in areas such as physical, emotional, sexual and neglect and be attentive to behavioural changes or patterns that indicate harm (Taylor, 2025). This aligns with Children Act (1989;2004) that establishes professionals’ role in safeguarding the welfare of children.

Report- this refers to practitioners promptly and accurately reporting safeguarding concerns following the appropriate procedural process as outlined in Working Together to Safeguard Children (HM Government, 2023). This includes reporting concerns to the line manager or Designated Safeguarding Lead within their organisation as stipulated by Keeping Children Safe in Education (Department for Education, 2024). According to Care Learning (2024) every setting must have a Designated Safeguarding Lead who is the main point of contact for safeguarding concerns who will take appropriate action and liaise with external agencies to ensure children are protected and kept safe.

Record- this refers to documenting the fundamental details disclosed or observed by practitioners who have the safeguarding concerns. These need to record the child’s exact words avoiding interpretation and assumptions and be what you see rather than feel. (Ann Craft Trust, 2024). These records also need to include date, time and should be written in pen and then signed by the person recording the concern, it should then be kept in line with the Data Protection Guidelines (2018). Records in the forms of body maps, structured templates and safeguarding forms often enhance consistency and accuracy when recording information (National Association of Child Contact Centres, 2018)

Refer- according to NSPCC (2020) the Designated Safeguarding Lead hold responsibility for referring safeguarding concerns and liaising with other agencies to

protect children. Working Together to Safeguard Children (2023) stipulates referrals should also be made without delay where children are at risk of significant harm. Within this process it is important to share clear, accurate evidence, including steps that have already been taken to ensure the right action can be taken (National Council for Voluntary Organisations, 2018).

Responsibilities – this final “R” highlights the responsibility of safeguarding as a legal duty for individuals and organisation. As outlined by Children Act (1989;2004) that states safeguarding is everyone’s responsibility. It is vital that we adhere to safeguarding processes and procedures, ensuring documents records and report are accurate and according to NSPCC (2023) never assume it has been dealt with by someone else. Working in an integrated manner to support safeguarding process and upholding confidentiality and ensuring regular safeguarding training.

Part 2 - Reflection

Prior to this module, my safeguarding knowledge centred around my experience and duty as a Higher-Level Teaching Assistant where I support children and families across educational settings. I have an excellent understanding of the school safeguarding procedures, including recognising safeguarding concerns, responding appropriately to disclosures and following procedures to record, report and refer. However, taking on the role of a Health visitor for this module has deepened my understanding of the wider context safeguarding roles and the importance of multiagency collaboration in protecting children and families.

Engaging with local Health Visitor provided valuable insights to how other services outside of education approach safeguarding. These conversations have furthered my understanding of other services procedures and tools including the Family Resilience Assessment Instrument Tool that supports a holistic view of families providing early intervention and support. This module has also enabled me to recognise that all services involved with children play a key role in the safeguarding process and integrated working acts like puzzle pieces to build a whole picture of the needs and circumstance surrounding children and families. However, I have also recognised the challenges all professionals within these services face navigating the many processes and procedures they have. When reviewing previous failings to protect children it is evident how these problems occurred due to unique systems within each service. This experience has better equipped me to recognise that safeguarding is a shared responsibility across all children's services, it has inspired me to ensure that from an educational perspective we ensure collaborative working, effective communication and a commitment to ensuring we play our role learning from previous cases. I have gained a rich and broader understanding of what effective safeguarding requires and will now ensure professional curiosity and adopt a boarder perspective due to the requirements that are placed on other services when working together to safeguard children.

References

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