

I am Cath, I am the children's health visitor, I am responsible for assessing and responding to the health needs of both children in line with the Office for Health Improvement & Disparities (2023). I am registered with the Care Quality Commission (CQC) which is a legal requirement as defined by the *Health and Social Care Act 2008*.

Mum is 22, has 2 children which according to *the Children Act 1989*, Section 2 (a) the mother has the parental responsibility for the children.

Mum lives alone with little support network and no family.

Sophie is a three-year-old little girl, her dad passed away during the pregnancy. Sophie was born full term at a healthy weight. Sophie developed and met her milestones and there have been no developmental concerns to date. NHS (2020). I witnessed a good attachment between mum and Sophie (Bowlby, 1997). Emotional warmth and care have been witnessed between mum and Sophie and mum has responded to Sophie when she is upset and hungry (Maslow, 2011).

This included recognising when Sophie was feeling unwell or in need of closeness and affection (Howe, 2011).

Sophie is registered with the dentist and there have been no concerns regarding her dental health. Sophie is toilet trained and does not wear nappies which meets her developmental milestones in line with NHS (2020). Sophie has usually presented clean and tidy and very chatty on my visits, during my last visit concerns have been raised in relation to Sophie's diet, mum feels the lack of support due to the arrival of a new baby has resulted in giving Sophie quick processed meals and snacks that lack nutrients and vitamins. I shared some nutritional meals ideas with mum and health snack ideas that were available at a reasonable

cost (NHS, 2021a). Also, the local food bank available to her if needed (The Trussell Trust, 2019).

Children have rights under *The Human Rights Act* 1998 and The United Nations Convention on the Rights of the Child, article 24 UNICEF (no date) to decent quality food, water, and care.

Sophie presented in dirty clothes and did not look like she had been bathed in a few days, these are signs of neglect according to NSPCC (2024). I discussed that this is a basic need and mum is struggling to get back into routine since the birth of Emily. Sophie was not her usual self either, she was not chatty which raised concerns that there may be signs of emotional abuse, withdrawal and change of behavior according to NSPCC (2024) are indicating signs.

Mum was diagnosed with post-natal depression after Sophies birth and as her health visitor I was able to identify the early signs Redshaw & Henderson (2016) and Bayrampour, Hapsari and Pavlovic (2018).

I made a referral to Mind (2019) recommended by NHS (2021b) and NHS Health Education England (2016). Mum engaged well and made satisfactory progress with dealing with the loss of Sophies dad and her own mental health concerns, Mum feels the support from Georgia really helped her. Working Together to Safeguard Children section (19) claims that Strong multi-agency working is vital in identifying and responding to the needs of children and families (HM Government, 2023).

Emily is 3 months old and was born full term also at a healthy weight, Emily is bottle fed and is making good weight progress. At Emilys 6-8 week progress assessment in line with NHS (2020) Health and

development review I had concerns that the home conditions had deteriorated significantly, and *the Children Act 1989*, Section 17 1 (a) states that I have a duty to safeguard and promote the welfare of children who are in need (Social Care Wales , no date). There were dishes piled high in the sink, fresh food left out with flies hovering around in the kitchen and piles of clothes everywhere. The standards of living were not adequate for children to be living in, their health and safety are at risk according to NSPCC (2023) also article 27 UNICEF (no date). I offered Mum to make a referral for some support with routines and general living needs such as families first suggested by Welsh Government (2017) their aim is to introduce early intervention to improve outcomes for children and families, but Mum refused.

Mum did not seem herself at my last visit, noticeably quiet and withdrawn, again I offered some extra support, but she refused. *The Well-being of Future Generations (Wales) Act 2015* aim is making a difference regarding the social, economic, environmental, and cultural well-being of Wales. *The Social Services and Well-being (Wales) Act 2014* ensures mum will have control over what support she feels she needs.

Bayrampour, H., Hapsari A. and Pavlovic J (2018) *Barriers to addressing perinatal mental health issues in midwifery settings*. Midwifery, 59: 47-5

Bowlby, J. (1997) *Attachment and loss*. London: Pimlico.

Children Act 1989, Section 2 (a) Available at:

<https://www.legislation.gov.uk/ukpga/1989/41/section/2#commentary-key-af5249062599c4250cbbfca46bc20914>. (Accessed: 19th June 2024).

Children Act 1989, Section 17 1 (a) Available at:

<https://www.legislation.gov.uk/ukpga/1989/41/section/17/2016-04-06>. (Accessed: 19th June 2024).

HM Government (2023). *Working Together to Safeguard Children*. Section 19

Available

at: https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf.

Howe, M. L. (2011). *The nature of early memory: An adaptive theory of the genesis and development of memory*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195381412.001.0001>

Maslow, A.H. (2011) *Toward a psychology of being*. First edition. Blacksburg, VA: Wilder Publications.

Mind (2019). *Depression | Mind, the mental health charity - help for mental health problems*. Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/>. (Accessed: 19th June 2024).

NHS (2021b). *Where to get urgent help for mental health*. Available at:

<https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>. (Accessed: 19th June 2024).

NHS (2021b). *Recipes - Healthier Families*. Available

at: <https://www.nhs.uk/healthier-families/recipes/>. (Accessed: 19th June 2024).

NHS (2020). *Your baby's Health and Development Reviews* nhs.uk. Available at: <https://www.nhs.uk/conditions/baby/babys-development/height-weight-and-reviews/baby-reviews/>. (Accessed: 19th June 2024).

NHS Health Education England (2016) Specialist Health Visitors in Perinatal & Infant Mental Health: What they do and why they matter. Accessed via: <http://everyonesbusiness.org.uk/wp-content/uploads/2016/09/Specialist-Health-Visitors-in-Perinatal-and-Mental-Health.pdf> - 12/04/18 (Accessed: 18th June 2024).

NSPCC (2024). *What is child abuse?* NSPCC. Available at: <https://www.nspcc.org.uk/what-is-child-abuse/>. (Accessed: 19th June 2024).

NSPCC learning (2023). *History of child protection in the UK*. Available at: <https://learning.nspcc.org.uk/child-protection-system/history-of-child-protection-in-the-uk>. (Accessed: 19th June 2024).

Office for Health Improvement & Disparities (2023). *Commissioning health visitors and school nurses for public health services for children aged 0 to 19*. GOV.UK. Available at: <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning/commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19>. (Accessed: 19th June 2024).

Redshaw, M and Henderson, J (2016) *Who is asked about their mental health in pregnancy and the postnatal period?* Findings from a national survey. BMC Psychiatry, 16(322): 1-8

Social Services and Well-being (Wales) Act 2014. Available at: <https://www.legislation.gov.uk/anaw/2014/4/contents>. (Accessed: 1st July 2024).

Social Care Wales (no date) Wales Safeguarding procedures 2019. Available at: <https://www.safeguarding.wales> (Accessed: 1st July 2024).

The Trussell Trust (2019). *Find a foodbank - The Trussell Trust*. [online] The Trussell Trust. Available at: <https://www.trusselltrust.org/get-help/find-a-foodbank/>. (Accessed: 19th June 2024).

The Health and Social Care Act 2008 Regulations 2014. Legislation.gov.uk. Available at: <https://www.legislation.gov.uk/uksi/2014/2936/contents/made>.

UNICEF (n.d.). *UN Convention on the Rights of the Child (UNCRC)* UNICEF. Available at: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>. (Accessed: 2nd July 2024).

Well-being of Future Generations (Wales) Act 2015: the essentials Guidance on our law to improve social, economic, environmental, and cultural well-being. (2015). Available at: <https://www.gov.wales/sites/default/files/pdf-versions/2024/5/1/1715621083/well-being-future-generations-act-essentials.pdf>. (Accessed: 1st July 2024).

Welsh Government (2017). *Families First Programme Guidance*. Available at: https://www.gov.wales/sites/default/files/publications/2019-07/families-first-guidance-for-local-authorities_0.pdf. (Accessed: 1st July 2024).

According to NSPCC (2024) as a practitioner the action you take to advance children's welfare and protect them from harm is known as safeguarding. Safeguarding includes protecting children from mistreatment and abuse, avoiding damage to the growth and health of children and ensuring children receive safe and effective care as they grow up, ideally within their family supporting children's needs when issues arise and taking action to ensure the best outcomes for all children.

Safeguarding children from danger and offering assistance as soon as problems emerge are key components of child welfare. The guidelines provided by Social care Wales (()) out guidelines for productive collaboration between local safeguarding partners. It also emphasises how crucial family networks are to promoting the welfare of children.

There are 4 categories of abuse they are neglect, emotional, physical and sexual abuse and practitioners needs to be aware of the signs and symptoms according to safeguarding Wales () and be mindful on a daily basis that observing for any signs are required.

Child neglect occurs when parents or carer fail to provide the necessary parenting to meet the basic needs of a child's developmental needs. Maslow's (2011) hierarchy of needs highlight basic needs required by a child for healthy development.

Ben is case study 2 is a six-year-old boy who is presenting with signs of neglect, If a child's shoes or clothes are regularly too big or too small or not suitable according to the weather or if a child repeatedly presents dirty and smelly with inadequate food provision, living environment that is unsafe for the child's developmental stage with poor standards of hygiene that have an impact on a child's health. Ben has been presenting in dirty clothes for some time, unwashed with unbrushed hair and teeth which according to () is a sign of child neglect. The parents have a responsibility to meet these basic needs of a child according to UNICEF(no date) section18 which says parents have responsibilities to care for their children, to bring them up well and consider what's best for the child, moreover section 19 says children should be protected from neglect and abuse.

Ben has been observed to be noticeably hungry, taking more fruit at snack time and will steal from other children's lunch box to satisfy his hunger which again is a sign of neglect according to (()) . When a parent disregards a child's diet, there is a risk that the child will grow obese or not have enough nutrients to thrive. This is known as nutritional neglect.

It is important to distinguish between neglect and poverty since neglect can happen even when there are adequate resources available to allow the caregiver to fulfil their parental responsibilities to a satisfactory degree according to (()) Even while neglect is usually continuous and results in accumulated harm, occasional instances and episodic neglect can nevertheless have an impact on a child's growth and health.

Abuse and neglect can stem from a single occurrence or from continuous or recurrent abuse and neglect that has a detrimental effect on the child's or adolescent's health and wellness and can have unfavourable effects on the adult.

Harriet Ward and Carolyn Davies (2012)

Because emotional abuse and neglect involve such a wide range of conditions it is difficult for practitioners to identify them. Because many types of abuse can go untreated for extended periods of time, practitioners eventually grow accustomed to the symptoms.

Because of this familiarity, there may be less intervention—as demonstrated in Peter Connelly's case, when inadequate parenting guidelines were tolerated.

It can take years for emotional abuse and neglect to escalate to the point where urgent action is required.

It might be difficult to know whether intervention is necessary because these types of abuse are frequently a part of typical parental behaviour.

Setting a threshold for intervention requires determining the frequency, duration, and impact of these behaviours, which is where the intricacy lies.

The physical, cognitive, emotional, and social development of children can be harmed by abuse and neglect.

A number of problems, including behavioural disorders, emotional disturbances, criminal activity, addiction, and suicide, are associated with them.

The consequences may persist into adulthood and result in adverse health outcomes, restricted opportunities for employment, discrimination in society, domestic violence, and abusive parenting.

Victoria Climbié's tragic story involved substantial elements of emotional abuse and neglect.

Even when they engage with the child, professionals frequently find it difficult to assess the severity of abuse.

Children who experience abuse have long-term effects on their development and wellbeing, according to study. Untreated medical conditions, low academic performance, delayed development, speech and language difficulties, and a variety of emotional and behavioural disorders like anger and aggression are among the effects.

Research indicates that a significant number of maltreated children are detected at an early age, highlighting the importance of prompt intervention and assistance in reducing the effects of maltreatment.

HM government 2023

Children Act 1989, which requires local authorities to protect and promote the welfare of children in need, is one of the laws related to children's welfare protection and promotion.

Local authorities can arrange for others to carry out these activities on their behalf. Local authorities are in charge of delivering services to children who are in need.

Effective collaboration between agencies and professions is crucial in recognising and addressing the requirements of children and their families.

Strategic leaders, and senior managers, and direct practitioners are expected to work together, share knowledge, collaborate on resources, be inclusive, and take on common challenges.

To identify needs early and ensure children's safety, agencies and practitioners must effectively share information.

The Children's Rights Scheme (2021) (referred to as "the Scheme") seeks to facilitate: - - - excellent policy formulation to enhance the lives of children and adolescents; - - - children and adolescents realising their rights via active participation in the formulation of public policy; and the exercising of children's and youth's rights as global and Welsh citizens.
(Your Views Your Laws Your Wales, 2021)

The process through which children begin to talk to others about their experiences with abuse is known as disclosure. This is a journey rather than a single act or action; hence it may take place over an extended period. Some children may come clean either directly by telling you what has happened or what is wrong or it may be indirectly, changes in behaviour suggesting something is wrong. Other children may and they may occasionally begin disclosing facts of abuse before they are mature enough to organise their feelings and ideas. Ben in this case study was caught going into another child's lunch box, which resulted in being upset and defensive towards his mum that had not been shopping that week. Due to the observations in his appearance that is a significant change in the past month and the indication that he is regularly hungry and prepared to steal food is of big concern to a practitioner.

All disclosures should be treated seriously, even though not all of them may result in a formal report of abuse, a case being filed, or a case going to court.

Children may find it difficult to discuss their experiences of abuse or neglect for a variety of reasons. They may be reluctant to ask for help because they believe they have no one else to rely on.

Children feel ashamed or guilty, Ben appeared ashamed of stealing food from another child. Some children blame themselves for the abuse and some children fear the responses from professionals or feel too ashamed to discuss a sensitive or intimate issue with an adult or fear they won't be taken seriously. Unfortunately some children may be unaware of the support resources that are available to them, or are unable to access these services, and lack trust in the people around them, especially their parents, and the services that are supposed to help them.

It is imperative that the individuals they choose to disclose to pay attention, comprehend, and act appropriately in order to ensure the child receives the assistance, protection, and support they require.

During a disclosure the child needs your full focus, the practitioners need to maintain an open and give supportive body language to demonstrate your concern and assist them in opening up. The practitioner needs to reassure them that their feelings are significant and show them you are sympathetic and understanding. It is helpful to use statements like "you've been so brave today." The child has the right according to UNCRC (no date) section 12 to have their views respected and to be taken seriously and listened to .

The practitioner should go slowly and take their time, letting the child go at their own pace and respect their pauses. They should not be interrupted, observing their body language and reacting appropriately. Additionally, keeping in mind that it can take them several talks to open up about what's occurred to them.

According to (()) reassure a child who makes a disclosure, the child needs to know that telling you is the right thing to do and to make sure that they understand that

abuse is never their fault. It is important that a practitioner never promises a child that things will remain private. It is important to tell children that in order to keep them secure, you might need to disclose information to someone else to keep them safe. This information is passed on to only those to whom you are required by your organization's safeguarding procedures to report it.

Every setting or school should have explicit and comprehensive protocols in place for reporting child protection issues that works with children and all employees should be informed of these protocols.

At every setting or school according to (()) there needs to be a qualified designated safeguarding officer . Any concerns you have about child protection and safeguarding should be reported to your designated officer or their deputy, they have a duty and will then forward the information to the relevant authorities. UNCRC (no date) section 19 expresses the right of a child to protection from violence, abuse and harm and section 3 which requires practitioners and DSO to have the best interest of the child in mind.

Thorough and precise records of any worries practitioners have regarding a child and discloses made must be recorded promptly.

Some settings use MY concern which is an online form of recording discloses or concerns related to children. According to Social Care Wales (()) the child's name, age, and address, anything the child said or did that worried you , if the child disclosed something verbally, record what they said exactly word for word how the child said it and any details the child has provided you. Accurate details are required, if a child tells you several pieces of information, it is sometimes difficult to record every detail but the concern and the key information must be recorded. If there are other people present make sure that is added to the notes, the notes should include the name of the person recording the disclose and the date and time of the disclose .

This information electronically passed to the designated safeguarding officer and deputy officer immediately. If both are unavailable practitioners should follow setting policy that is in place and report to the child protection lead directly which in the case of a school setting it would be the Local Authority .

If a practitioner feels that the relevant DSO does not deal with the concern the way they feel it should be dealt with, or if the disclose was related to the DSO themselves the practitioner can pass the information on to the settings child protection governing body or follow the procedure mentioned in the absence of both designated and deputy and referring directly to the Local Authority.

This information electronically passed to the designated safeguarding officer and deputy officer immediately. If both are unavailable practitioners should follow setting policy that is in place and report to the child protection lead directly which in the case of a school setting it would be the Local Authority .

The Data Protection Act of 2018 and the General Data Protection Regulation (UK GDPR) control the collection and use of personal data, the disclosures that may include drawings by children or written discloses from a child including any notes a practitioner writes on paper needs to be stored in a locked cupboard and stored in line with the guidelines set by GDPR.

Why are we reporting / to who when, why the urgency, , how do we do it

Role of safeguarding officer if they don't do their job what would we do about it

We are advocates to children if we don't feel the person is listening go over their head

You can write or use my concern *MyConcern* (n.d.)

MyConcern (n.d.) For Recording all Safeguarding and Pastoral Concerns the Safeguarding Company. Available at: <https://www.thesafeguardingcompany.com/myconcern/>. (accessed: 1 July 2024)

Social Care Wales (no date) Wales Safeguarding procedures 2019. Available at: <https://www.safeguarding.wales> (accessed: 1 July 2024)

Local authority designated officer LADO

DSO designated safeguarding officer what are their responsibilities

MASH multi agency safeguarding hub why is this important in safeguarding.

Effective collaborative working is for better outcomes for children .

Everyone is responsible to safeguard.

Staff have a responsibility to Follow policies and procedures of the school safeguarding policy.