

Good afternoon and welcome to this child protection conference, my name is Rory Butterfield and I work for Merthyr Tydfil Children Services. I am the designated social worker for Lily and Charlie. My role as their social worker, as defined by the NHS (2019), is to work with people to find a solution to their problems. This could include protecting vulnerable people from harm or abuse. Following on from a C1 referral, a form which is completed when a person has any knowledge, concerns or suspicions that a child is suffering, has suffered or is at risk of any harm, Cwm Taf Morgannwg (2021), the Multi Agency Safeguarding Hub (MASH), made the decision to hold a strategy meeting with professionals. Multi Agency Safeguarding Hubs are the single point of contact for professionals to report safeguarding issues across Cwm Taf Morgannwg, states Cwm Taf Morgannwg Safeguarding Board (no date). As a result of the information shared at the strategy meeting and following guidance from the Children's Act (2004), some colleagues and I conducted Section 47 enquiries into the family in question. As Social Care Wales (no date) states, a Section 47 enquiry gathers all the information needed from multi agency professionals. During the process of The Section 47, I investigated the daily lived experiences of both Charlie and Lily and due to the children declining an advocate to speak on their behalf I will report on this. Cambridgeshire and Peterborough Safeguarding Partnership Board (2018), specify the daily lived experiences of a child as being what the child sees, hears, thinks and experiences on a daily basis that impacts their welfare, both physically and emotionally. Having completed the investigation on their daily lived experiences and having listened to the views of the other professionals we decided that The Section 47 enquiries showed enough concern for us to call this conference today. As the NSPCC (2021) states a Child Protection Conference is held when the child or children in question are at significant risk of immediate harm and that is why we are here today. I am joined by several professionals today all of whom are concerned about the family in question and hope to get a plan in place to help Charlie and Lily by supporting their family to ensure safeguarding is in place. Now we will hear from all the professionals present today.

Good afternoon, my name is PC Brooks. I am here today to share information under the (*Data Protection Act 2018*) and section 179 of the (*Health and Care Act 2022*) regarding the safeguarding and welfare of children. Specifically, this concerns the protection of Charlie and Lily from harm under section 46 of the (*Children's Act 1989*). Police are duty bound to report children in need, and safeguard and promote the welfare of children as stated in section 17 of the (*Children's Act 1989*) and collaborate with other agencies to share information regarding child protection issues as stated in (*Working Together to Safeguard Children, 2018* and *Every Child Matters, 2003*).

This report is based on an incident where officers were called to the residence in question after receiving a call from a concerned Neighbour (College of Policing, 2022) who reported loud arguments and a potential altercation between the residents and shared concern for the welfare of the children living at the address. Under section 11 of the (*Children Act 2004*) the police are obliged to safeguard children.

Upon arrival, John answered the door but was reluctant to let the officers enter. According to section 17 of the (*Police and Criminal Evidence Act 1984*) officers can enter a property without permission if they believe children are at risk of harm. John was clearly intoxicated, smelling of alcohol, swaying with slurred speech. According to National Society for the Prevention of Cruelty to Children [NSPCC] (2024a) drinking can be harmful in the presence of children, as their safety could be put at risk. When interviewed, John was uncooperative, refusing to answer questions regarding the children and the living conditions of the house. He also insisted there was no problem, accusing the Neighbours of interfering.

The officers observed the children who appeared distressed and awake despite the late hour. Lily was crying in her cot and had a full, soiled nappy. Charlie was visibly upset, shaking and reluctant to talk. Children are considered victims of domestic abuse if they witness its effects as stated in section 38 of the (*Domestic Abuse Act 2021*). Suffering domestic abuse can have both short and long term effects on children's health and development (Welsh Government, 2014; Barnardos, 2024). Following guidance from (Achieving Best Evidence in Criminal Proceedings, 2023) Charlie was interviewed and seemed upset when discussing the incident between Sarah and John. A report was sent to Charlie's designated safeguarding officer at his school to notify them of this visit. Dom, can you confirm you received this please? Operation Encompass informs the school the next day to support the child emphasising the importance of early intervention to reduce the impact of domestic abuse and improving outcomes for children (South Wales Police, 2024; NSPCC, 2023).

Sarah had locked herself in the bathroom, seemingly experiencing a mental episode, showing signs of distress (National Health Service [NHS], 2023). We are aware of Sarah's mental health as we have previously detained under section 135 and 136 of the (*Mental Health Act 1983*). Once assured of her safety and wellbeing, Sarah recounted the events leading up to her distress, explaining that John had returned home drunk from the pub and shouted abuse at her upon discovering that Charlie was not in bed. Feeling unable to cope with the confrontation, Sarah had retreated to the bathroom to escape the aggressive situation. A referral was made to social services to help Sarah to

access the support she needs Section 10 (*Children's Act 2004*). Rory can you confirm this please?

On inspection of the home address, officers observed the unsanitary living conditions with clutter, dirty dishes and only beer cans and ready meals in the fridge. No daily essentials seemed present within the property. Upstairs, dirty nappies were left in bedrooms with laundry all over the floor and a foul smell was noted throughout the house. According to the (*Rights of Children and Young People (Wales) Measure 2011*) and Article 24 of the (*United Nations Convention on the Rights of the Child, 1991*) every child has a right to the best possible health, nutritious food and a clean environment. (*The Children's Commissioner Act Wales 2001*) also promotes the human rights of children and young people in Wales. When questioned about the lack of food available in the house, Sarah blamed this on financial difficulties.

Neglect as defined by (*All Wales Child Protection Procedures, 2008*) as the failure to protect a child from exposure to danger or harm, which can result in poor health and development. (*The Social services and wellbeing Act 2014*) highlights a child centered approach considering the rights and best interest of the child along with the (*Well-being of future generations Wales Act 2015*) which aims to secure a healthy, safe future for these children. These acts together enable the police to safeguard children, alongside other agencies to ensure safety and protection from harm or abuse. These events may lead to Charlie and Lily being at risk of harm, so the police recommend that the children be placed on a Child Protection Plan (*Social Care Wales, 2024*).

Good Afternoon, my name is Dominique Pearce and I am Charlie's class teacher.

It was brought to my attention that there had been a disturbance at Charlie's home address. In this case his personal details will not be shared, in line with The Data Protection Act (2018). Following Operation Encompass procedures, as stated in The Victims and Prisoners Act (2024) information needed to be disclosed to the school, to ensure the safety and well-being of Charlie.

Welsh Government (2021), outlines using observations to assess the well-being and development of a child. Through regular observations, Charlie is presented as a happy little boy, with an enthusiasm for learning. He frequently seeks out peer and adult interactions and engages with play amongst the children in his class.

Myself and other staff began to notice changes in Charlie's appearance. He arrived at our setting with clothes that had noticeable markings, similar to those he had worn the previous day. Brighton and Hove Safeguarding Children Partnership (2024) identify this to be an area to suggest neglect.

Mum explained that she did not have any other clean uniform and explained that she didn't want to risk facing more negative issues if Charlie was absent or late from school again, in accordance with the Fixed Penalty Notices, Merthyr Tydfil County Council (2015) and Section 444 of the Education Act 1996.

As outlined in Section 175 of the Education Act (2002), it is my role to ensure the safeguarding of children's welfare. As a result, I began documenting Charlie's appearance, as he was frequently entering the setting looking untidy and wearing clothes that had appeared to have not been washed for quite some time, following Cwm Taf Morgannwg Safeguarding Board (no date), procedures for reporting a concern,

Adhering to school policy and the outlined characteristics of my role set out by Protection of Children Act (1999), I evidenced all incidents using My Concern. This documented my observations of Charlie's appearance as well as changes in his behaviour, supporting The Safeguarding Company (2024) intentions of protecting children and young people. In line with Keeping Children Safe in Education (2017, Annex C), I liaised with the Designated Safeguarding Person as well as the other members of staff in our team.

Charlie had withdrawn from group activities, something which he would regularly thrive in. He had also begun to take himself off into a quiet corner of the room and play independently, with little to no engagement with peers or adults. Charlie did not display any signs of his positive personality, as we know him for. NSPCC (2020) confirms this may be evidenced as results of emotional abuse.

Charlie has also recently shown dismissive signs towards mum when dropping him off at the start of sessions. Bowlby (1988) implied this to demonstrate not only how a child is being treated but the reflection of how the child perceives their parents. Holmes (2014) suggests this to be significant in the way Charlie is behaving.

In accordance with Mental Capacity Act (2005), Mum has been given the opportunity to voice her opinions and make decisions for the children to attempt to improve the level of care. Mum explained that she had a lot going on and she was struggling with sleepless nights and has difficulties with Charlie's younger sister, Lily. World Health Organisation (2022), depict this to be a possible cause for maltreatment.

This we believe conforms to Section 31 (10) of The Children Act (1989), linking the reasons for Charlie's dip in confidence and regressions in his learning.

PC Brooks and I have made visits to Charlie's home and have discussed the findings in order to offer support to both Charlie's mum, and more recently her new partner. Upon entering the residence, in accordance with Section 47 of The Children Act (1989) and Article 27 of the UNCRC (1989), It is our duty of care to act for the children to be free from harm.

The Child Accident Prevention Trust (2023), states that 40,000 children under five are admitted to hospital due to accidents in their home.

I have identified poor living conditions within the home – witnessing dirty floors, plates of food that had seemingly been there for a number of days as well as piles of unwashed clothing, scattered around the house, contributing to the lack of safety towards the children. In turn, National Children's Bureau (2016) suggesting that poor maintenance of homes create unsafe conditions for children to live.

This alongside the recent appearance of the children and Charlie's sporadic school absences, contradicting Department of Education (2022), Section 1 (9) of the Working Together to Improve School Attendance document, that instructs parents to make sure children attend their education setting, it has become a more significant worry to the standard of care the children are receiving.

PC Brooks, would you agree that the house had no significant improvement since your last visit?

Working in partnership with Estyn (2019), in their policy and procedures, that governs school and staff practice. I have followed the procedures required to ensure that the safeguarding of the child in question has been upheld to the best of my ability, with all actions carefully followed. Coinciding with HM Government (2018) to continue to develop knowledge surrounding safeguarding issues and following training, I have identified the risks of both children through multi- agency working. I have liaised with colleagues, PC Brooks as well as forming a relationship with Shelly, Lily's Health Visitor to create a wholesome view on the children's welfare, informing my recommendations for today's conference.

Shelly, would you agree that we have recorded useful information on the children, in accordance with Standard 5.1 of the National Minimum Standards (2016), to assist the outcomes intended for Charlie and Lily's best interests?

Section 18 of the Future Generations (Wales) Act (2015) expresses the importance of public bodies maintaining the children's safety and the strong commitment Wales has towards protecting the well – being, in order to reach a healthy and fulfilled lifestyle.

In accordance with the Social Services and Well – Being Act (2016), outlining the absence of the children's basic needs being met, I would recommend that Charlie and Lily be placed on high risk monitoring to support their holistic care and emotional needs.

Furthering, that Charlie and Lily also be placed on the child protection register to ensure measures are in place in supporting the children and their caregivers and avoid the need to place Charlie and Lily in alternative care, in accordance to Article 20 of the UNCRC (1989).

That concludes my report to conference.

My name is Shelly Evans I am the family's health visitor. I received a telephone call from Dominique (Nursery Teacher) regarding concerns for Charlie, and the need for a referral to Children's Services. I have been the Flying Start Health Visitor for the family since Charlie was born. I visit frequently and support the family more so than a generic health visitor (Welsh Government, 2024a; NHS Wales, n.d-c; *Nurses, Midwives and Health Visitors Act 1979*; Welsh Government, 2022).

Historically Sarah (Mother) has engaged and has always prioritised the children. The children's father no longer lives in the country. As the family's health visitor, I have a duty to support and guide Sarah as a parent to provide the best possible upbringing for her children (Section 17 of the *Children Act 1989*; Children in Wales, n.d.; *Family Support and Parenting, The Health and Social Care (Quality and Engagement) (Wales) Act 2023*; Wales Safeguarding Procedures, 2021).

Recently, I have been making more frequent visits as I have become concerned about the family, due to public protection notices (PPN's). It is important when working with children and their families for multi- agencies to communicate and work together effectively by sharing information. A professional working independently, cannot gain a true reflection of a family's life. However, through multi-agency working, we can gather information to help protect the children (*Children Act 2004*; HM Government, 2018; Laming, 2003). According to (Linden, 2012, p. 10) if various sources of knowledge are combined, then the seriousness of a situation can present itself more obviously. This process can be a genuine reflection of what is happening (Ward and Davies, 2012, p. 32) agrees.

Due to recent family concerns, I have visited the home weekly, visits have been planned with Sarah, and others have been unannounced. I have never witnessed a male at the property. According to (Owen and Hughes, 2009, p.47) visiting the family home allows the professional the opportunity to observe the environment in which children and families live. This allows access to assess the impact of that environment on the children's health, development, and wellbeing. Looking into the parents/carers capacity to meet their needs (Department of Health Wales, 2000).

Previously, the home was clean and tidy. Sarah and the children seemed happy and in a good routine, always clean and dressed appropriately. I have now noticed the home is very messy and unclean. I noted there were soiled nappies in various places around the home, unwashed dishes. A strong unpleasant odour throughout the house. The children seemed unsettled and very withdrawn, the children's clothes were ill fitting and very unclean. I also witnessed dirty fingernails, torsos, and unwashed faces. These are seen as signs of neglect by (NSPCC, n.d.; All Wales Child Protection Procedures, 2008). This differs from the children I have seen before, who were happy sociable, clean, tidy, and appropriately dressed.

Sarah did admit that she has been struggling recently with the household chores. But she wants a clean, tidy home for her children. Article 27 of the UNCRC states that all children have the right to an adequate standard of living (UNICEF, no date).

Sarah also mentioned that she is feeling very depressed, with a history of bipolar disorder, I advised her to contact her mental health nurse Becky. I did suggest I also contact Becky myself, with Sarah's consent. Becky, can you confirm this took place please. (*Mental Health Act 1983*; Mind, 2024).

Charlie is overdue the 2nd dose of the MMR vaccine (measles, mumps, and rubella). Previous appointments were cancelled; a new appointment has now been rescheduled. This will protect Charlie from serious diseases according to NHS Wales (2013). Weight and growth checks were carried out on Charlie and Lily to record outcomes (World Health Organisation, 2009; Royal College of Paediatrics and Child Health, 2009). At his 28-month check Charlie weighed 11.1 kg on the 9th centile, considered average for his height and weight. However, Charlie's weight last week, aged 3 years, is now recording at the 2nd centile, considered unusual for his height and age range, which could reflect undernutrition. Lily has lost 1kg in weight during the last 3 months, now under the 2nd centile. Sarah mentioned the children have been fussy eaters recently (NHS, 2023b).

I have reported each of these concerns to Children's Services by completing referrals that have been kept on record as the children were not deemed to be at risk of significant harm. However, due to the most recent events, the children are now considered at risk of significant harm, which led to this Section 47 enquiry (*Children Act, 1989*). *The Social Services and Wellbeing (Wales) Act 2014* – section 7 states a child who is at risk of experiencing abuse, neglect or other kinds of harm and has a need for care and support. Within Section 47 enquiries- it is crucial to remember that the children's welfare is paramount and that the children are always included where possible, considering their thoughts, feelings, promoting positive wellbeing (*Children Act, 1989*; *Social Services and Wellbeing (Wales) Act, 2014*; HM Government, 2018).

Good afternoon, my name is Becky Hayde and I am a community mental health nurse, working as part of the Primary Mental Health Support Service (PMHSS) (NHS Wales, n.d-a). My role as a mental health nurse is to work with individuals and their families, helping and supporting them to live independent and fulfilling lives (NHS, no date). I became Sarah's mental health nurse after she was referred to our services by her general practitioner (GP). To provide you with some background information regarding Sarah's condition, in September 2015 Sarah was admitted to hospital under the Mental Health Act (1983) section 2.2b 'detained in the interest of own safety or for the safety of others' (Legislation.gov.uk, 1991). A concerned family member had contacted the police over Sarah's irrational and extremely risky behaviour (Mind, 2024). Claire, would you mind confirming that you have a record of this incident please?

Sarah was diagnosed with bipolar, a condition that can affect an individual's moods, with patients experiencing an imbalance between depression and mania. Depression being a very low mood with poor energy levels and mania being very high extreme behaviour (NHS, 2023 and Mind, 2024). Since then, Sarah's condition has been managed through medication and regular reviews with the GP (NHS, 2023). Sarah has required no further hospital admissions up to this point.

Sarah was referred to our services by her GP (NHS, 2023a) and since our professional relationship began Sarah has been very pro-active in her approach to managing her mental health and has been keen to learn self-help strategies. Sarah has also regularly engaged in therapeutic group sessions (NHS Wales, n.d-b). Sarah has shared her desire to live a fulfilling life and be a positive role model for Charlie and Lilly. However, it is agreed that since the birth of Lilly, Sarah's mental health has deteriorated. It is suggested that ongoing parental psychological problems can lead to a lack of attention to the needs of the child and can also negatively affect attachment (Barrett *et al*, 2023 and Reder and Lucey, 2014). Additionally, Bergen (2022) highlights the work of John Bowlby and Mary Ainsworth, who agreed that interconnected experiences between young children and their caregivers can affect both early attachments and a child's ability to develop close lifelong relationships. Therefore, it is my role as a nurse, who primarily works with adults but has contact with children, to observe and identify behaviour which could indicate that a child is at risk of abuse or neglect (Royal College of Nursing, 2021).

Through liaising with Sarah and the GP, there is a concern that Sarah is currently suffering with postnatal depression (NHS, 2022). In recent meetings Sarah has shared her concerns regarding her current state of mental health and has voiced that she is finding it difficult to care for herself and her children, a symptom of post-natal depression (NHS, 2022). According to NHS (2022) risks of developing postnatal depression may include a history of mental illness or relationship difficulties. With regards to the attachment between Sarah and her children, much of the research into links between postnatal depression and the quality of attachment between child and caregiver are inconclusive (Lefkovics, Baji and Rigo, 2014. Rolle *et al*, 2020 and Sliwerski *et al*, 2020).

However, I do share the concern that Sarah is not meeting the basic physical needs of her children at present. Maslow's hierarchy of needs is significant when considering the care needs of the child. Abraham Maslow, an American psychologist, argued that individuals cannot satisfy needs higher up the hierarchy until the basic physiological needs are fulfilled (Mustofa, 2022 and Dar and Sakthivel, 2022). I must also acknowledge the concerns here today regarding Sarah's withdrawal from services. Sarah has shared her fears of being alienated and blamed, a barrier that can impact relationships between parents and professionals in circumstances involving child protection (Saar-Heiman, 2022). Additionally, I must highlight that becoming withdrawn is also a symptom of postnatal depression (NHS, 2022).

The United Nations Convention on the rights of the child, article 9, declares that unless it is in the best interest of the child, children should not be separated from their parents (Unicef, 2016). Additionally, The Social Services and well-being (Wales) Act 2014 section 35 identifies the duty of the local authority to identify and provide the appropriate care and support required by an adult (legislation.gov.uk, 2024). It is of my professional opinion that Sarah and her family are 'a family in need' and would benefit from the help and support of a multi-agency approach. A multi-agency approach may prevent future negative outcomes and help the children to develop to their full potential (Legislation.gov.uk, 2024. Gov.uk, 2003. Baginsky, 2023 and HM Government, 2023). That concludes my report to conference.

I would like to thank you all for your time and sharing your findings with us. PC Brookes you noted that upon visiting the family address officers observed unsanitary living conditions and that Lily was wearing a heavily soiled nappy. As Article 6 in the UNCRC (n.d.) states, every child has the right to life and to develop to their full potential. As UCL (2020) states, the home environment can directly impact the child's ability to control their emotions and actions. Charlie and Lily being subjected to living in the conditions disclosed by PC Brookes' colleagues will hinder their development and could cause significant issues for them both in later life. The findings by Shelley, Sarah's health visitor, also corroborate this. She noted a strong odour throughout the house and that the children also looked unkempt and dirty and as the NSPCC (2020) state, poor hygiene and appearance such as being smelly, or dirty or wearing unwashed clothes are all signs of neglect. Becky, Sarah's mental health nurse noted that since the birth of her second child, Lily, Sarah's mental health has deteriorated, and she is suffering with postnatal depression. As the NHS (2021) states, postnatal depression can lead to several issues that could be linked to the deterioration of Lily and Charlie's wellbeing. Factors such as feeling irritable towards your children, a lack of energy and not bonding with your baby could all be contributing to the issues the family are going through. Having listened to everyone I believe the threshold for significant harm has been met. The Children's Act (1989) defines this as a threshold that must be satisfied before a care order can be put in place for a child. The Voice of the Child (2016) defines harm as the ill treatment or impairment of the health and development of an individual. Having listened to the concerns voiced by the people here today I firmly believe that the threshold has been met and I would like to invite the other professionals here today to vote as to whether they think the threshold has been met or not. In terms of the category of abuse I feel this case is in, I am of the opinion that it is neglect. Childline (2015) outlines neglect as parents not supplying clean water and food, no protection from danger and a lack of clean clothes. Looking at the evidence given today I feel that both Lily and Charlie are suffering from neglect and are at continued risk of significant harm. The next steps for Lily and Charlie are for a care plan to be formulated for them both. The Children's Law Centre (n.d.) defines a care plan as a detailed document about a child's care arrangements that I, as their social worker, will compile. Alongside this care plan, myself

as their social worker, the safeguarding lead from Charlie's school and Shelley the health visitor will form a core group that will meet to monitor how things are going. As specified by the Family Rights Group (n.d.), we will meet within ten days of today to outline the plan thoroughly, with regular reviews also taking place. I would like to thank you all for attending today.

Clare Brooks - Self-Reflection

Prior to this module, my knowledge of safeguarding was basic. Through regular training, I was aware of the safeguarding procedures in my school, and I was familiar with how to report a concern and knowing to recognise signs of abuse while protecting children's welfare and well-being and ensuring children are safe in their environment.

This module has widened my understanding of safeguarding, gaining more information on what has led to the new laws and legislations by researching the case studies. I am now aware of and more informed of the other types of abuse which gives me confidence in recognising and reporting abuse and understanding the process of what happens after a referral. It has been refreshing to speak with other practitioners who have different roles in regard to safeguarding and it is important to remember the impact of early intervention on children in need. It is also a reminder that in applying our knowledge will keep children safe and secure.

Therefore, my future practice will be improved by gaining more knowledge and understanding into safeguarding. I understand the importance of time to report a concern and being clear and concise. I will continue to stay updated on the latest developments and work with colleagues to share best practice. I found the safeguarding app informative and will use in the future if I have any concerns of a child.

Dom Personal Reflection

I have worked within a childcare and education setting for over 10 years and have had numerous encounters with the safeguarding procedures. Before this module I aware of the measures in place for the safeguarding of children.

I had attended relevant training sessions for my current job role and felt that I had a good understanding of the agencies involved with reporting and dealing with safeguarding concerns.

I was eager to gain more knowledge on some of the safeguarding incidents that have led to the implementation of legislation we use today. Through research of cases provided I now understand for the revise of legislation and how as professionals we should all reflect on safeguarding procedures.

During this module I have deepened my understanding of the process involved with following through a concern. Although I have reported concerns in the past, I have never been involved

with the later stages of the safeguarding process. For example, the process of Operation Encompass. I was aware of the name of the initiative but did not know what it was used or intended for.

This module has brought to light the timeline of event that needs to be followed to ensure all relevant information is shared to build a bigger picture of the child's experience and reach the best outcome for the child and their family.

As a result of this module, I have now downloaded the Wales Safeguarding Procedures app to cement my knowledge of how to best support an individual in need.

This module has also stressed the importance of a multi – agency approach, when working closely with vulnerable children. In my past experiences, only certain information has been passed on, however I now strongly believe that any professional working with vulnerable children have access to all safeguarding information to ensure the full safety of the child is upheld.

This module has given me more confidence to develop any concerns I feel should be further looked into. Working as part of a team has supported me at times where my confidence in the module dipped.

I finally have also gained an understanding of the conferences held to protect all children currently experiencing difficult times in their life and ultimately reaching a better quality of life for them in the future.

Shelly Personal Statement

I have worked in the childcare sector for over 25 years in a managerial capacity and received regular safeguarding training of the highest standards through Welsh Assembly Government. I have been involved in planning safeguarding documentation within settings for policies and procedures. I am currently the Safeguarding officer at my setting. I have gained vast experience of attending case conferences and working with multi-agencies. Within my role I have felt confident and competent when making referrals to MASH.

However, this module highlighted the significance we have as individuals to safeguard children in our care. How we as professionals can make a difference and how we can impact children's lives in a positive and powerful way. Researching historical cases has been heartbreaking yet empowering, as it highlights the importance of early intervention and the positive impact this can have on children and their families. I discovered learning from other people's experiences highly informative and affirms my desire for working in the

Early Year sector. The Safeguarding App has been an excellent tool to gain information and provide reassurance to all staff within my team. This assignment has reinforced my confidence and given me the opportunity to research safeguarding areas I was less familiar with. I understand that I have a duty of care to all children and will strive to make a difference, however small, by promoting a positive and nurturing environment, ensuring the health and well-being of children is paramount.

Becky- Personal Reflection

When embarking on this module I felt confident with my professional knowledge of safeguarding children as I have regular training within my role, I have achieved a level 3 qualification in safeguarding and have over 20 years' experience of working with children. I have also undertaken courses that have widened my knowledge and given me an understanding of the Prevent Duty and Safe Recruitment and Selection. In a previous role I managed a day nursery, and this position required me to write and review safeguarding and child protection policies and procedures, this encouraged me to keep my knowledge and understanding up to date.

I have really enjoyed this module and I have found it extremely beneficial discussing different scenarios with other professionals, this has allowed me to share my views with others and to gain an understanding of their views and the reason for their concern. I have found researching, especially into legislative frameworks and statutory requirements very useful in terms of developing my understanding further. I have also enjoyed researching from the perspective of another professional to help develop an understanding of the roles of other professionals in safeguarding and the purpose of a multi-agency approach, in particular, how agencies working together can create the full picture.

In my personal experience I have found that, although I can share and discuss concerns with my colleagues, when making a referral to children's services I have been left, at times, feeling slightly vulnerable and isolated, I have sat for a long period after and questioned myself as to whether I have made the right judgement. I am very aware that these decisions can have huge implications for children and their families. I am also aware that my referral may be the reason that a child has been removed from their home and from their parents who they love.

However, when re-visiting public enquiries and serious case reviews, where failings have been made and children have been so cruelly mistreated, I am left feeling extremely angry that the systems put in place to protect children have failed them in their time of need. These enquiries remind me that as a professional practitioner, I have a duty of care to every child and I can be an advocate for them, and this can make the difference in the future.

I will go forward from this module with more confidence, and the realisation that any concerns I have are significant, and could help to paint a bigger picture, especially when shared with other professionals and other agencies.

Rory Self-Reflection

Over the past 7 years I have worked in both education and care settings that required me to complete multiple safeguarding courses. Prior to this module my knowledge of basic safeguarding procedures and spotting signs of abuse were good, however completing this module has led me to realise that there were gaps in my knowledge.

Speaking with fellow professionals within my setting, such as the family liaison officer and safeguarding leads, has helped me gain a much more in depth understanding of how the process of safeguarding works, from referral through to a care plan being implemented. Having the opportunity to speak with the family liaison officer in my setting who attends child protection conferences and deals with referrals regularly, allowed me access to priceless information which in turn gave me far more confidence when completing this task as I felt I understood my role more due to her explaining it to me in detail.

During this module I have revisited historical child abuse cases both in lectures and in my own time. This has shown me that many professionals still lack the basic training needed for safeguarding children and that in my opinion significant improvement is needed in many settings regarding training and professional development when it comes to safeguarding and spotting signs of abuse. Researching legislation and data regarding safeguarding and signs of abuse has further consolidated what I already knew, whilst also furthering my knowledge, something I feel will stand me in good stead going forward with this degree and in my future career.

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