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**Protecting and supporting families in health and
social care**

Module Code: BMHP5021

Case Study Name: The knwalski Family

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Introduction

Childhood Experiences (ACEs) are widely recognized as a major safeguarding and public health concern due to their lasting impact on a child's development, wellbeing, and future life outcomes NHS England (2025). ACEs include experiences such as abuse, neglect, domestic violence, parental separation, mental health difficulties, and substance misuse within the home. Research shows that when children are exposed to four or more ACEs, the resulting toxic stress can disrupt brain development and negatively affect the immune, neurological, and endocrine systems, increasing the risk of physical and mental health problems throughout adulthood. These experiences can also contribute to harmful behaviour, social disadvantages, and the continuation of trauma across generations (Hoffmann, J.A., Shenk, C.E. and Thompson, R.A., 2022)

This report examines the significance of ACEs within the context of safeguarding practice and highlights the essential role of early intervention, trauma-informed support, and effective multi-agency work. Using the Kowalski family case study, it explores how communication failures, delays in information-sharing, and barriers such as language differences can place vulnerable children at further risk. The report also considers examples of support services available in Wales, including ACE Hub Wales, Families First, and CAMHS, and evaluates how protective factors such as the Additional Learning Needs (ALN) Code can strengthen outcomes for children. The aim is to understand what went wrong and identify ways to improve future safeguarding responses.

Family Background

This case study examines the situation of the Kowalski family, who live in a semi-rural area of Wales. The family consists of Sarah (32), her partner Mark (34), and their two children Ella (10) and Jack (4). The family moved from Poland to the UK several years ago and have limited local support networks. English is Sarah's second language and Mark speaks very limited English, creating potential barriers when interacting with professionals.

Identification of Safeguarding Concerns

Domestic Violence

Exposure to domestic abuse is recognised as a significant safeguarding concern for children. Even when children are not directly harmed, witnessing or hearing violence can negatively impact their emotional wellbeing, behaviour, and development HIPS Procedures (2024). This type of exposure can *contribute to Adverse Childhood Experiences (ACEs)*, which are widely recognised as factors that can have long-term effects on a child's mental health, relationships, and overall life outcomes. Neighbours reported shouting and suspected domestic violence at the family home, and police attended the property following one such incident, indicating that the situation was serious enough to warrant intervention. Such circumstances highlight potential risks within the home environment and the need for appropriate safeguarding assessment and support to ensure the children's safety and wellbeing. Domestic Abuse Act 2021.

Although the police recorded the incident, details were not immediately shared with social services. This delay meant that other professionals working with the children were initially unaware of the potential risk factors present within the household.

Educational Concerns

Concerns regarding Jack's welfare were raised by nursery staff, including observations of bruising and delayed speech and language development. A safeguarding referral was submitted however, due to an administrative error, the information was initially misdirected, resulting in a delay in the response from social services.

Concerns regarding Ella were raised by teachers, who noted that she appeared withdrawn and that her school attendance was low. The Education Welfare Officer had reported these concerns; however, records indicate that the school delayed making a referral for several months, which placed Ella at potential risk.

Multi-Agency Response

Health Visitor

The Adverse health visitor raised concerns about Sarah's difficulties in managing the children and Jack's learning and development; however, this information was not shared across the relevant agencies. It is essential that all professionals involved are kept informed about the circumstances to ensure appropriate support and intervention is provided

General Practitioner (GP)

Sarah experienced mental health difficulties, including depression, and was prescribed antidepressant medication by her GP. However, she missed several GP appointments. Sarah reported difficulty understanding appointment letters as they were written in English, and she found them hard to read because her first language is Polish. Several steps could be taken to support Sarah and address the difficulties she is experiencing. As her first language is Polish, the GP surgery could arrange for a professional interpreter under the Equality Act 2010 during appointments and provide translated or easy-to-read letters where possible

Healthwatch (2025) Appointment reminders could also be sent by text message or phone call to help her keep track of upcoming visits. In addition, a support worker or advocate could assist Sarah in understanding correspondence and attending appointments The Orders of St John Care Trust (2026). These measures would help ensure Sarah can access healthcare services more effectively and receive the mental health support she needs.

Domestic Violence Support Services

A domestic violence charity contacted Sarah and offered support, including counselling and the option of refuge accommodation for her and her children, Ella and Jack. However, Sarah was afraid to pursue this support because she was concerned that seeking help might result in her being separated from her children. Several actions could be taken to support Sarah and address her concerns. Professionals should reassure safeguarding, Sarah that the aim of support services is to help keep families safe and together wherever possible, rather than separate parents from their children, Salford Safeguarding Children Partnership (2024). A domestic violence support worker or advocate could explain her rights and the support available, helping her make informed decisions. Ongoing support such as counselling, safety planning, and access to refuge accommodation could also be offered if she chooses to leave the abusive situation. In addition, multi-agency working between social services, domestic abuse services, and other professionals would help ensure that Sarah and her children receive appropriate support and protection while addressing her fears about seeking help. Under the Domestic Abuse Act 2021, UK Government (2021)

Refuge - supporting women and children experiencing domestic violence. These services support thousands of women and their children, assisting them in overcoming the physical, emotional, financial, and practical effects of abuse and helping them to rebuild their lives. Refuge (2017)

Women's Aid- is a vital federation of frontline domestic abuse services, providing support to women and children during some of the most difficult times in their lives Women's Aid (2025)

Housing Association

Concerns have been raised about the condition of the property, including broken locks, damp, and rent arrears. The landlord should be contacted to carry out necessary repairs, and housing support services could assist the family with tenancy and financial issues. Under section 17 of the Children Act 1989 Social services may also need to monitor the property to ensure it is safe and suitable for the children. Shelter (2021)

Communication and Information-Sharing Challenges

This case study highlights failings, including delays in sharing information and a lack of coordinated teamwork among professionals. It underscores the importance of timely communication, effective multi-agency collaboration, and proactive engagement to safeguard children and support families. One of the barriers faced was that not all multi-agency teams communicated effectively with one another. This represented poor practice and resulted in significant failings.

Language and Cultural Barriers

According to Healthwatch England (2022), staff, patients, and family members suggested several improvements to enhance their experience of healthcare services. These included implementing automatic alert systems to identify language needs, improving access to translated resources, and providing flexible support tailored to individual requirements. Introducing these measures when booking or attending appointments could help ensure people receive appropriate care and support while also reducing delays in accessing services.

Child Protection Plan and Ongoing Support

The complex and widespread nature of ACEs indicates that there is no single or straightforward solution; instead, comprehensive, system-wide strategies involving multiple interventions are necessary to effectively prevent and reduce their impact (Asmussen et al., 2019). Looking to the future we need to investigate and consider examples of support services available in Wales, including working alongside A multi-agency team consists of professionals from a range of organisations, including social workers, physiotherapists, community nurses, occupational therapists, mental health specialists, and local general practitioners (GPs) Training Express (2025). ACE Hub Wales, Families First, and CAMHS, and evaluates how protective factors such as the Additional Learning Needs (ALN) .

Recommendations for Improved Practice

Children are better supported and protected when everyone works together NSPCC (2025) Professionals from different services such as social care, health services, education, and the police should work closely together and share information effectively. Improved communication between agencies ensures that risks are identified early and that families receive coordinated and consistent support. Petty, L. (2025) Professionals should be trained to understand cultural differences and how these may affect family dynamics, communication, and help-seeking behaviours. This can help build trust and encourage families to engage with support services. Ladha *et al* (2018)

Conclusion

The Kowalski family case study illustrates the profound impact that Adverse Childhood Experiences (ACEs) can have on children's wellbeing, development, and long-term outcomes. Exposure to domestic violence, parental mental health difficulties, and barriers such as

language and cultural differences placed Ella and Jack at significant risk. The case highlights critical safeguarding failures, including delays in information-sharing, misdirected referrals, and a lack of coordinated multi-agency intervention. Effective safeguarding requires timely communication, trauma-informed practice, and collaboration between health, social care, education, and domestic violence support services. Early intervention and access to support, such as mental health services, domestic abuse advocacy, and protective educational provisions, can Reduce the long-term effects of ACEs and strengthen protective factors. Ultimately, this case underscores the importance of a holistic, system-wide approach to safeguarding. By addressing communication gaps, cultural barriers, and multi-agency coordination, professionals can better protect vulnerable children, support families, and reduce the intergenerational cycle of trauma. Ensuring that children like Ella and Jack have access to safe, stable, and supportive environments is essential for their wellbeing

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