

ECEY5011/C Presentation Script and Reference List

Roles -

- Leah - Social Worker
- Charleigh - Key Worker
- Cerys - Police Officer
- Molly - Substance Misuse Support Officer
- Lily - Health Visitor

Leah - 1,074 Words Total

Introduction - 701 Words

Good morning, my name is Leah Waters, and my student number is 2205231. My role within this conference is **Sam's Social Worker**. As explained by **Action for Me (2019)**, it is a social worker's duty to provide support to children and their families through tough experiences, whilst also ensuring that those who are vulnerable are protected from harm. Further supported by **Ealing Council (no date)**, it is the social worker's responsibility to contact all agencies that are directly linked to the child and their family to gather novel knowledge and evidence of potential harm inflicted to the child.

To preface this meeting, following guidance from the **Data Protection Act (2018)**, it is advised that confidentiality is consistent throughout this meeting, therefore, **Child A** will be referred to as **Sam**, and **Child B** will be referred to as **Rosie**.

I have reached out to the parents of the following children; however, they have not responded. Therefore, this meeting will commence with those who are here today.

Today we are gathered in this Child Protection Conference to discuss the welfare of **Sam** and **Rosie** based on the concerns raised by those present. Leading up to this meeting, I reviewed multiple referrals from various professionals who were directly in contact with the children and adults involved. After which, I and my team decided immediately to hold a strategy discussion meeting, this allowed us to determine if Section 47 inquiries were needed. As supported by **SCIE (2012)**, a section 47 inquiry is an investigation the social services pursue when they suspect a child is potentially experiencing harm. It permits professionals the ability to gather all the information from

multi-agency professionals to make an informed decision on if a child is suffering. After section 47 inquiries are made, if it is determined that children within the household are at risk of potential harm, a Child Protection Conference is planned. This is why we are here today.

Furthermore, the aim of this meeting is for everyone present to agree upon a conclusion that ensures the safety of both children, as well as provide support to any vulnerable adults involved.

I would like to highlight **Article 19 of The UNCRC (2019)**, which emphasises the importance of protecting children from violence, abuse, and neglect. Additionally, as noted within the **Children's Act (2004)**, it is paramount that those working with children are aware of their roles and responsibilities. This includes, safeguarding and protection of all children. As supported by **UK Government (2023)** safeguarding can be defined as actions taken to prevent and protect children from harm.

As supported by **NSPCC (No date)** neglect can be described as the failure to reach children's basic needs. They further explain that many factors can fit into this term, such as Physical, Educational, Emotional, and Medical.

As supported by **Giardino, et al. (2018)** physical neglect can be when children's basic needs, such as food, shelter, or appropriate clothing are not met. Additionally, **Van Wert, et al. (2018)** suggest that Educational Neglect is when a parent or guardian passively or purposefully dismisses a child's educational needs, this can often have a detrimental effect on children's development and well-being. As supported by **Hughes and Cossar (2016)** Emotional Neglect can be widely defined as non-physical, damaging experiences between a child and their caregivers. Lastly, **Alwash and Palusci (2022)** explain that Medical Neglect can be described as insufficient medical care given to children when they require it. This can include, dental care, and the denial of medical recommendations or appointments. Expanded upon by **Sterling (2019)**, this form of neglect can regularly result in detrimental health consequences, often leading to fatalities.

Regarding this specific case, many of us here today have highlighted concerns linked to physical and emotional neglect.

When discussing possible neglect cases, it is significant for all professionals involved to consider **Maslow's Hierarchy of Needs (1943)**, as this provides insight into the negative impact that the lack of food, love, and shelter has on children's holistic development. For example, **Dahake, et al. (2018)** discuss that children who encounter neglect and abuse may experience immediate psychological and physical health effects, which often translate into adulthood.

Miss Steel, may you please enlighten us on your experiences with this case..

Overall Conclusion - 156 words

I would like to thank everyone who has voiced their concerns regarding both children this morning. From the evidence-based statements made within this meeting, are we all in agreement that the male in question should be removed from the family home and placed in a support programme?

Additionally, as a team, we have agreed that both children shall remain in the mother's custody. However, As supported by the **Social Services and Well-being (Wales) Act (2014)** an assessment shall be carried out to discover the appropriate support the family requires. This Act further aims to improve the well-being of those in need of extra support, alongside keeping children safe. Nevertheless, if the condition of the children, and home do not improve, an additional meeting shall be held to determine the next stages to ensure the children receive the best quality care and support.

Thank you all for coming. We are now going to move on to our self-reflections.

Leah's Self-Reflection - 217 Words

Prior to this module, I had a basic understanding of safeguarding children, however, this module has taught me new ways in which I can recognise the potential signs and symptoms of abuse and neglect in children. Following tragic stories such as **Jasmine Beckford's** case, I now understand how important procedures such as **DBS checks** are when it comes to protecting children from danger. Alongside this, I have gained a new level of understanding of the **Children's Acts** within the UK, and their emphasis on multi-agency working, ensuring practitioners formulate strong relationships with other professionals from different fields. I was able to experience this firsthand throughout our group presentation. Working within a group brought new and diverse opinions and ideas, allowing us to combine different perspectives to form a more

comprehensive viewpoint. I feel I am now aware of how and to whom I should report any concerns I may have regarding the children or parents that I encounter throughout my placement. Furthermore, I have become more aware of the **statutory requirements** that are essential to providing the best quality of care for children. Thanks to this module, I believe I am now able to apply the new skills I have gained to improve my way of practice, by prioritising safeguarding and demonstrating **professional love** within my job role.

Charleigh - 839 words

Good morning, my name is Charleigh Steel, My role within this meeting is the key worker based in the setting in which the child attends. Described by Birth to five matters (no date) a key worker within the early years is a person responsible for supporting a specific group of children and their families. As Sam's key worker, I have observed that he is usually a happy, enthusiastic, and confident little boy. However, within the last month, I and co-workers have noticed a drastic change in both Sam's behaviour and appearance. Due to this, we have periodically taken note of it in our 'my concern' diary. Within this conference today, I will be voicing such concerns, in order to find the best outcome for both the child and family.

The concerns noted include Sam attending the setting wearing dirty clothes. In addition to this, the child's level of hygiene has deteriorated significantly over the course of the last few weeks, this consists of Sam not brushing his teeth or his hair. We have also noticed a drastic change in Sam's demeanor. For example, within the setting he has become isolated from his peers, and noticeably withdrawn, quiet and often does not want to engage during activities. A further concern was one morning, where Sam arrived at the setting with an unknown male, which evidently smelt like alcohol.

The impact of the listed concerns on Sam's holistic development can be significant. As stated by, Child Welfare (2023) a child's experiences and interactions within the early years can have a fundamental impact on their development, specifically cognitive development. Negative experiences as a child where caregivers abuse or provide no interactions at all, results in the brain becoming hyper alert to danger or is unable to fully develop. This influences their responses to kindness and nurture impairing their perspective of positive relationships and environments. This is supported by Killam

and Degges-White (2017) when describing Bronfenbrenner's theory (1994) on child development. Bronfenbrenner's perspective focused on the quality and context of a child's environment. Considering this theory, it was recognised that children who grow through stimulating experiences and positive relationships are able to foster a pleasant sense of self and the world around them. Further consequences of neglect on a child's development are indicated by the Safeguarding Children Partnership Board (2019) when describing the physical, emotional and social impacts of neglect. Such impacts include physical attributes like malnutrition, hearing loss, vision problems additionally, respiratory damage due to a lack in a proper diet and access to health care. As well as, children developing the inability to acquire social skills, having an effect on their ability to form attachments and play skills causing disorders like anxiety. The child's emotional development can also be implicated, children who are neglected often are withdrawn, sad and unresponsive. Creating a lack in their self-esteem, the child may then become aggressive or openly rebellious. As practitioners we should consider the Care Standards Act (2000) describing that caregivers should meet regulated standards of care, hygiene and education whilst taking into consideration the UNCRC (2019) article 6. Where it is stated that every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential. Described by the Early Years alliance (2019) through effective policies and procedures with regard to framework's within early years settings practitioners are able to provide a safe and stimulating environment for children, which promotes both their health and well-being. Considering child protection and safeguarding procedures within settings with the main priority being a child centred approach whilst protecting all staff involved when voicing their concerns. Policies and procedures based upon legislation such as the Children's Act (2004) promotes that child centred approach which requires multi agency working, where each child is allocated a personal safeguarding officer that places focus on protecting the child's holistic development. Based upon previous tragedies for example Victoria Climbié legislation was developed further to improve practice of safeguarding within settings. This is supported by Harding (2014) perspective of child care policies within settings. Harding recognised that change was needed within settings, this theory was put into practice enabling practitioners to effectively recognise signs of mistreatment and abuse. Described by NSPCC (2023) practitioners should be aware of why children may feel unable to disclose potential mistreatment, for example, they may feel that they have no one to turn to or that the

person may not understand, as well as, the child not having a true understanding of what is happening to them, the fear of the consequences of disclosing or having negative feelings of what they have experienced suggesting embarrassment or shame. Young children require a sense of being reassured by practitioners in order to encourage children to talk about their experiences accompanying their home life. Through observations and effective relationships key workers are able to gather an idea of the state of a child's health and well-being at home. To further develop this concept, Miss Floyd could you please share your input...

Charleigh's Reflection- 344 words

To reflect, prior to this module through my health care GCSE and A level I was aware of what safeguarding was and the significance it has within practice however I had not fully considered what an abused child may look like or what is regarded as a concern whereas I now feel confident in these areas, as it is a practitioner's duty of care to express concerns when necessary. Cases like Victoria Climbié have connected with me on a personal level, as I was offered a sense of insight on the importance of professional love within the Early Years, in addition to building relationships to determine the norms of the child. Whilst considering the policies and procedures put into place to meet a high standard of care for children like the DBS check. Considering myself within practice through analysing case study three, which has been both upsetting yet insightful. I have become more aware of some of the upsetting circumstances that may become real life throughout my time as an early year's professional. As well as, that Legislation is inevitably progressing to meet the requirements to provide a greater holistic approach to safeguarding. A further development of legislation is the Children's Act 2004 which offers opportunities for multiagency. Regarding this assignment working in a team, I enjoyed yet found difficult. Gaining different perspectives and ideas from each member's point of view was very beneficial and exciting. However, I did find it complex combining everyone's different opinions and schedules although I felt we worked well as a team. I felt this prepared me for future circumstances where I will be part of a team both in practice and throughout my studies. Additionally, I have become more educated on the UNCRC along with the variety of roles that are available when safeguarding. I feel this module will benefit me greatly in practice, as I am now confident in who I am able to contact if

I have a concern along with what a concern may look like and why it is wrong based upon legislative acts.

Cerys - 744 words

Good morning my name is Cerys Floyd, and I am here today as a police officer, I have been invited to attend this meeting today following a recent visit to the family home due to concerns about the health, well being and the safety of the children.

In addition to Miss Steel's input, I as a Police Officer have attended the child's household on numerous occasions due to multiple complaints of disturbances within the family home.

Upon arrival, the male in question met myself and another officer at the entrance to the property. Our first impression was that it was evident that the male was intoxicated and that there was an unpleasant odour coming from within the home. He further demonstrated an aggressive and agitated demeanour.

We attended to a report of shouting and the sound of a child crying, as we walked into the living room there was a female holding a baby, which after further investigation, we later discovered that it was the mother and little sister of Sam. During this visit, she appeared to be visibly distressed and seemed to be very uncomfortable and withdrawn. Entering into the kitchen we noticed that there were a number of empty alcoholic beverages placed upon the worktop. After my colleague attempted to communicate with the distraught female, the known male assertively spoke for her. Whilst my colleague was consoling the female, I could hear crying from a young child upstairs.

I promptly assessed the situation to find a young child distressed. After allowing the child time to settle, they were able to express their concerns and fear of the events taking place inside the home. Visually I noticed the poor condition of the appearance and living situation of the child. Following this discovery, I decided to question the mother and said man regarding the state of the home, and the child's appearance. Throughout the questioning process, the known man insisted that the reasoning behind the child's poor hygiene was due to lack of funds on the water and electric meter. After leaving the property myself and my colleague had a discussion, which

resulted in the decision for the situation to be monitored based on the conditions of the home and child.

Based upon Article 27 of the United Nations Convention on the Rights of the Child every child should have an adequate standard of living this means that every child has the right to live with sufficient standards to be able to meet and support all the developmental needs of the child.

Further linking to safeguarding, protecting children is a priority within the police force. It is highlighted to protect children from danger or harm within the police force criteria and to ensure the safety of children is investigated if any worries are raised. Such worries can be raised by members of the public and other health professionals that may have contact with the child or family. Within the police force there are dedicated child protection officers which receive regular specialist training to develop their knowledge and understanding of child abuse cases, however, as suggested by UK Government (2016) every police officer has a role to identify and protect children from abuse or harm.

The protection of Children's Act 1999 is an act which requires the police force to be aware of the individuals that are unable to work with children. Previous checks such as CRB which is the criminal record bureau system was an introduction of the independent safeguarding authority (ISA). Due to previous events such as the Holly Wells and Jessica Chapman case the police have tightened the vetting of the process within the criminal record bureau. As a result of this people who work with children require a DBS check.

According to UK Government (2012) the Disclosure and barring system (DBS) was introduced by the merging of criminal records bureau and the independent safeguarding authority. This process requires employers to check criminal records of individuals that are applying for jobs. Linking to this act, South Wales Police (2023) suggests that it is significant to raise any concerns that you may have even if you are not certain they are factual as these reports could save a child's life. There are many services and professionals that you can report your concerns to or request help. For example, NSPCC offer individuals the ability to speak with professionals with confidentiality in mind. Moving on from this we will be hearing from miss Dyer's perspective.

Cerys floyd - Self reflection

At the beginning of this assignment it was difficult to understand how a police officer would deal within a safeguarding concern, and what would be said or done in the situation but having expanded on my knowledge by watching a few documentary's and researching this made it easy for me to be able to understand the role of the police officer within a multiagency working approach and the policy and procedures that are in place to safeguard children in situations such as the one in our assignment, it expanded my knowledge on the process that goes on when safeguarding a child and made me realise how effective and important multi agency working is and also team work as without multi agency working or effective teamwork the communication would be poor and would not reach the positive outcomes that we wish for. During this assignment I have gained a better understanding how important everyone's involvement and individual role is, it has ensured to me complete work on time to ensure that the group is on good time management. Ive expanded my knowledge on UNCRC childrens rights of the child and I have a better understanding of the policies and procedures in place to safeguard and protect children from harm from gaining this it will allow me to be able to help a child in the future and be able to have the confidence to report concerns that I may have in my future as a teacher.

Lily-Mai - 874 words

Good morning, my name is Lily-Mai Dyer. As both Sam and Rosie's family health visitor, I am present in this conference today as I have also noticed indications that lead me to believe that there are possible health and safety issues concerning Sam and his living conditions. As stated by the **NHS (no date)** my role as a health visitor is not only to ensure that the child is healthy, but also to support their well-being. However, most importantly to this meeting, they also state that as a health visitor it is very common for you to be the first professional to recognise that a child is at risk of harm as you work very closely to the family and the child immediately after they are born. In effect it is the health visitor's duty to ensure that the child is safeguarded and is able to identify any risk or harm that the child may be exposed to.

During my visit to the home, I can agree with Miss Floyd when saying that the home environment was untidy and also unhygienic to a certain degree. My visit to the home took place on a Monday and I was also greeted by several empty beer bottles around

the house. When the male in question was asked about this due to the amount of alcoholic beverages, he was quite defensive, and his reasoning behind the empty bottles was that he had a few to drink on the weekend and had just not discarded the empty glass bottles. Office for National Statistics (2017) shows that not only are men more subjected to being excessive drinkers than women, but they also show that the most harmful drinking is most prevalent amongst middle-aged men. Putting this together with Miss Steel's evidence of the male in question attending the setting with a clear scent of alcohol, this shows that the male in question is more often than not intoxicated which definitely needs to be dealt with for the safety of himself and his family. As well as this, some of the glass bottles were left in reach of Sam and NHS (2022) shows that young children should not be exposed to glass bottles as it can cause serious cuts and children should not be allowed to hold anything made of glass and it should be discarded immediately. As well as this, Institute of Alcohol Studies (2023) show that in some studies it has been found that 73% of abuse takes place when the abuser is under the influence of alcohol. This raises my concern for Sam and Rosie as if this issue is not dealt with, it could further negatively affect their mental health. DomesticShelter.org (2017) also shows that unfortunately verbal abuse often escalates to physical abuse. With this being known, it is crucial to intervene with this situation to prevent the abuse from escalating and becoming physical which would affect Sam further. It is possible that the alcohol intake is due to the stress of having two young children and therefore I would recommend that the male is offered extra support to help with this queried addiction.

UNICEF (1992) displays the UN Convention on the Rights of the Child (UNCRC) including article 24. The UNCRC Article 24 states that every child has the right to the best possible health and to ensure that each child is supplied with quality health care by health professionals such as health visitors. Mcleod (2023) focuses on Maslow's hierarchy of needs. Maslow's theory states that each child requires the most basic needs such as food, clean water, shelter, and a safe and hygienic environment in order to grow and develop in life. Maslow also shows that the child's health is crucial to a child and needs to be monitored and supported by their parents and adults around them. After reviewing Sam from birth to age 3, I have noticed a decline in the child's health and well-being. When I first started working with the family there didn't seem to be any initial issues or concerns about the child or the living environment. However,

after conceiving Sam's sister Rosie, it seems that the entire family has been struggling with their health and well-being. Comparing my notes from my visits with Miss Steel's observations of Sam, it is clear to see that the child is struggling with their health both physically and mentally. Also, I noticed that mum is especially withdrawn and doesn't communicate much during my visits and is often spoken for by the intoxicated male. Due to this I am suggesting that frequent welfare checkups are put in place for both children and mum as well as the consistent health visitor sessions. Mcleod (2023) explains Bandura's social learning theory. Within this theory Bandura explains that children depend and rely on the adults around them and view them as role models. Due to this, it is very likely that Sam, and possibly Rosie in the future, may develop learnt behaviour from the mother's stress which could take a drastic toll on the child's well-being and mental health. This reinforces the importance of us professionals taking the appropriate steps in order to improve Sam's quality of life. Miss Evans could you please elaborate on this.

Lily-Mai's Reflection - 448 words

Some of the aspects within this module have been upsetting and distressing at times however, it has been incredibly informative. Although hearing some of the details about the trauma that some children had to go through in some of the case studies that we thoroughly analysed could be deemed as disturbing, I believe it is very important that early years practitioners, like myself, and anyone else that is in a child-orientated workplace are aware of the harm that could be brought to children in order to prevent it from happening again. I believe it has been beneficial to deeply understand the situations that incorrect safeguarding has had on children not only to gather an understanding of the seriousness but to also understand why certain policies and procedures have been put in place.

Prior to starting this module, I had a basic understanding of safeguarding and safeguarding officers. I knew that teachers and early years practitioners had the duty of ensuring that the children in their care were safe, along with their personal information. I knew that teachers had an obligation to ensure that they would not disclose any personal information about the child to anyone unless it was beneficial for them to know. I also knew that every early year's setting has a designated safeguarding officer that all safeguarding concerns are to be reported to. As well as

this, I had heard of some of the names of the children that had fallen under the abuse in these safeguarding issues such as Victoria Climbié and Baby P.

After completing this module, I am now aware of more case studies such as Maria Colwell and Jasmine Beckford. I am also aware that as a result of the horrific cases that we studied, a number of Acts and legislation were put in place. This module has also made me aware of the fact that on occasion, children need to be safeguarded from their home situation not only from school and other adults. I have also learned that there is a safeguarding app that can be downloaded that has a lot of useful information about the history of safeguarding and how to ensure that children are being protected and are being allowed all of their UNCRC rights. Researching this topic has also taught me the correct policies and procedures to follow if there are queries regarding the safeguarding of a child which is crucial information to an early year's practitioner.

After gaining this new knowledge from this module, I will take this with me through my early years journey and ensure that I am always safeguarding children that are in my care and following the right procedures to report any queries.

Molly - 744 words

Good morning, my name is Molly Evans. Building on Miss Dyer's overview of the welfare and conditions concerning both the children and the relevant residence, I have served as the substance misuse support officer for the mother's partner during his incarceration. According to **National Careers Service (no date)** a substance misuse support worker provides people who suffer with addiction from drugs and alcohol with relevant support and referrals to local support services. Throughout his time in prison, he exhibited remorse for his past actions, which translated into a demonstrated commitment to adopting positive behaviours and cultivating a mindset to change. I have been closely involved with the individual's journey toward overcoming addiction, and the progress that was made was substantial. He actively participated in various drug and alcohol support meetings, leading to the disclosure of adverse childhood experiences. As stated by **Herzog and Schmahl (2018)** adverse childhood experiences (ACE) are often marked by detrimental exposure to instances of sexual and physical abuse or neglect, which pose significant stressors with long lasting consequences on the brain, as well as mental and physical well-being. In addition to

this, **Boullier and Blair (2018)** discuss how ACEs are presently regarded as equivalent in significance to other influential factors such as smoking. The accumulating evidence highlights how repeated adverse experiences or toxic stress can lead to lasting damage to the developing brain and disrupt the functioning of immune, neurological, and endocrine systems, increasing the risk of chronic diseases and premature death. Furthermore, **Boullier and Blair (2018)** state that as understanding grows, the imminent challenge for the health system is to adapt and respond effectively to alter these outcomes early in an individual's life. Originally deeply consumed by substance abuse, the individual has demonstrated commendable commitment to the process. Our approach involved tailored interventions and candid discussions. Together, we confronted the challenges of withdrawal and addressed specific triggers that maintained the cycle. Notably, there's a marked improvement in their self-awareness and the attainment of effective coping mechanisms. According to **Algorani and Gupta (2023)** When individuals encounter a stressor, their approaches to handling it are referred to as 'coping styles,' characterised by relatively stable traits that dictate their behaviour in response to stress. Our strategy involves a combination of support, accountability, and practical interventions. Celebrating achievements and learning from setbacks has contributed to the overall success of the intervention. Past experiences highlight the importance of using a specific and personalised approach in substance abuse counselling. Ultimately this revelation implies potential connections between these experiences and his choices during adolescence and adulthood, particularly in relation to alcohol and drug misuse. According to **Leijdesdorff et al (2017)** Children of parents with mental illness or addiction are at a high risk of developing mental health problems themselves. Worldwide, 15–23% of children live with a mentally ill parent, facing up to a 50% chance of developing a mental illness. Following extensive discussions about his actions and their repercussions, we mutually agreed on a plan. This plan involves his continued attendance at support meetings and the initiation of weekly counselling sessions since his release from prison. According to **DiClemente (2018)** People facing addiction are on a path towards recovery, and they are currently in the early phase known as precontemplation. This stage might look like not much is happening, mainly with problems piling up. However, even in this seemingly slow period, there are possibilities for change. **DiClemente (2018)** suggests that by encouraging these potential triggers for change, we can help those struggling with addiction move

towards stopping or adjusting their behaviour. Whilst it is important to note the previous progress made by the individual, protecting children from violence is essential for their overall development, as exposure to abuse or neglect can have profound and lasting effects on their physical, emotional, and psychological well-being. **Article 19 of the UNCRC (no date)** highlights the importance of preventing harm to children and ensuring that they are provided with the necessary care and support to thrive. In line with the statutory guidance from the **HM Government (2023)** on collaborative efforts to safeguard children, it emphasises the crucial role of robust multi-agency and multi-disciplinary collaboration in recognizing and addressing the needs of children and families. Effectively preventing children from experiencing abuse, neglect, and exploitation requires coordinated efforts and cooperation across various agencies and disciplines at all levels. Local organisations and agencies involved in supporting children and families hold a significant and frequently mandated responsibility in the realm of child safeguarding.

Molly's Self-Reflection

Reflecting on the safeguarding module, it has helped me understand crucial elements in ensuring the safety and well-being of vulnerable individuals, particularly children. The exploration of abuse types such as physical, emotional, and sexual abuse has heightened my awareness, facilitating the recognition of signs and effective intervention. Learning about various forms of neglect, including physical, emotional, educational, and medical neglect, has equipped me with knowledge to identify potential risks and contribute proactively to prevention and early intervention efforts. Gaining an understanding of the children's acts, alongside broader policies and legislations related to safeguarding have emphasised the ethical responsibility practitioners have in advocating for the welfare of children under their care. The module highlights the value of incorporating empathy, teamwork, respect, and ethical considerations into practice, as not only can they improve the overall quality of care, but it is especially crucial when working with children to create a secure and nurturing environment. I found researching useful organisations such as NSPCC useful throughout this module as it highlights the significance of staying informed about current issues and best practises in safeguarding children. In addition to this, I found the Wales Safeguarding Procedures App offers a useful tool for efficiently navigating safeguarding procedures, ensuring quick and well-informed decision making,

especially in situations concerning children's safety. I found working as a group during the module was successful and has demonstrated the urgency of using a holistic approach through multi-agency working to maximise the safety and well-being of children. To conclude, the safeguarding module, supported by the framework and guidelines of the Children's Acts has equipped me with essential skills and knowledge to be an attentive and compassionate practitioner when caring for children. Thank you for listening. Are there any questions?

Leah's, Charleigh's, Molly's, Cerys', and Lily's Group Presentation Reference List – ECEY5011/C

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