

Reflection

Safeguarding is a procedure that all professionals follow to protect the well-being of children and babies. Safeguarding procedures are in place to prevent children and babies from suffering harm and abuse (gov.uk, 2014). The first act that was introduced in 1889, which is also known as the Children's Charter gave police the right to protect children and prosecute anyone that causes harm to them (Batty, 2004). In 2018, the welfare and safeguarding of children is priority for all professionals connected to them. The children's charter of 1989 only gave police the authority to voice their concerns about a child, in comparison, in 2018 children have a voice since the introduction of the United Nations Convention on the Rights of the Child in 1991. Since 2004, The Welsh Government have used the UNCRC convention as a guide to their decision making for policies regarding children (Welsh Government, 2015). During my research about safeguarding for this module, I have learned how legislation has changed since the first act passed in parliament came into place because of incidents and tragedies involving children. Legislation has had to be updated after a tragic incident involving a child has occurred in the hope that another occurrence of the same nature will not take place again. And lessons will have been learned.

According to Children in Wales (2008: p31), neglect and abuse doesn't only take place when they are being harmed by someone, it also means that the parent or carer of a baby or child doesn't act to prevent harm from happening. They also define abuse in four categories, these are physical abuse, emotional abuse, sexual abuse and neglect.

As a professional working with children in a school setting, I knew of the importance of reporting any instances of concern to the safeguarding officer. I have had personal experience of filling out a safeguarding concern form. The procedure I followed was to record exactly what had happened and what the child had said, not using any other words other than the child's, signing and dating the form and handing it promptly to the safeguarding officer who will decide what action would be taken. The Social Services and Well-being (Wales) Act (2014), state that any child or baby that is, or at risk of suffering from harm or neglect must be reported to the relevant authorities. All staff in the primary school in which I work as a Learning Support Assistant will have had a training day when they first commenced employment in the school. Section 40 of the Childcare Act, 2006 state that all professionals working within the Early Years are to abide with the welfare requirements of the setting (HM Government, 2018: p 120). The day training gave you all the relevant information regarding who the safeguarding officer is, where the safeguarding concern forms are kept and how to write down your concern about a child. I now feel that more training should be given to all members of staff about the procedure involved in reporting a safeguarding issue. Before carrying out my research for this module, I didn't know the procedure of what happens once a report of a concern had been made but now I have developed a much deeper understanding about safeguarding and the roles other professionals such as Health Visitors and Social Workers play in dealing with safeguarding children and babies, and the importance of sharing the information and concerns with each other and other professionals.

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I have gained a knowledge and understanding of the procedure of what a Key Worker, Health Visitor and Social Worker will undertake while preparing for a case conference. A Social Worker from the local authority will take every report of abuse or neglect of a child or a baby very seriously and if it is found that a child or baby is seen to be at risk, or in danger of significant harm then the authority has an obligation to investigate promptly under section 47 of the Children Act 1989 (NSPCC, 2018). For the role play child protection case conference that we, as a group played out, the role of the health visitor gave me the most insight in how important they are to young children and babies. These young children and babies will may not be attending creche, childminders or nursery, so the role the health visitor plays is helpful in recognising any situations that may cause harm to a child or baby. I have always known how beneficial a Health Visitor is for monitoring and recording a baby or child's medical records and physical development, but now because of my research and the research carried out by the other members of my group, I have learned that early signs of neglect or abuse can be picked up on by the Health Visitor. A Key worker may only be in contact with a child when they are of primary school age, but a Health Visitor, who has a relationship with the parent from fourteen days after the birth of their baby until the child is in full time school (NHS (Wales) 2008: p10).

For the preparation of a case conference, I have learned that many professionals such as the police, drug and alcohol councillors, social workers, health visitors and key workers all have an important role to play building a picture of the circumstances surrounding the safeguarding concern. I am now also aware that the parent or carer is asked to attend the case conference meeting and they can have their say.

I have learned how important the process of multi agencies working together and communicating with each other is. History and past cases have proven how children's well-being and lives have been at risk and ended up in tragic consequences because of professionals failing to recognise the importance of sharing information and following up on that information. As stated by HM Government (2018), professionals and practitioners should act on their concerns of a child and share their concerns with the relevant authorities to avoid any further possible harm coming to the child.³ I have learned through my research that if multi agencies work together by keeping all professionals up to date with all their information and reports then this could potentially stop any child or baby suffering significant harm (Gov.uk, 2014).⁶ The case of Victoria Climbié was a high-profile case that highlighted the tragic consequences of failing to share information among other professionals. The introduction of the Green Paper as stated in Every Child Matters (2003, p:51), emphasises the need and importance of sharing information within all the relevant authorities.

Sharing information with the relevant authorities is a way of preventing further harm or risk of further harm coming to a child or baby. When a concern about the safeguarding of a child or baby is reported, the next step will be to share that information to gain full knowledge of the situation. I have learned that when sharing information, if you believe there is a possibility of harm coming to a child or baby then that is an adequate reason

to share personal information under the data Protection Act 2018 (HM Government, 2018, p:4).

As a professional working with children, I do feel more confident of my knowledge of safeguarding procedures since researching for this safeguarding module. I am now aware of the procedures that the authorities and other professionals go through to obtain the best possible result for the child or baby that has been considered at risk of harm or has suffered harm from neglect, physical abuse, emotional abuse or sexual abuse. I have a deeper understanding of the need for early intervention and for professionals such as key workers and health visitors to recognise and report any concerns that they may have, regardless of the extremity of the concern. From the role-playing scenario that my group played out, I learned the importance of recording all information and incidents is essential in building a picture of the situation.

I am confident that the knowledge that I have gained will enhance my ability to not question my judgement about a situation that may arise in my professional life.

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