

Self reflection to safeguard children and young people

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Course outline

01

Understand the importance of the impact of values and beliefs and the importance of self reflection in safeguarding practice.

02

Understand the impact of biases and stereotypes and the importance of self reflection in safeguarding practice.

03

Be able to use structured reflective models to analyse experiences.

04

Develop strategies for managing the emotional impact of safeguarding work.

05

Create a personalised action plan for incorporating reflection into practice.

06

Feel confident in using reflection to improve decision making, developing resilience.

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Action plan

| ACTION | | TIMESCALE |
|----------|--|-----------|
| Action 1 | | |
| Action 2 | | |
| Action 3 | | |

What are values and beliefs?

What are biases and stereotypes?

What is self reflection?

Reflection models

- Johari's window (1955)
- Schön's reflection (1983)
- Kolb's cycle (1984)
- Gibbs cycle (1988)

Reflection models

1. Which reflection model do you use in your practice?
2. What do you find helpful about this model when reflecting on your experiences?
3. Are there any limitations or challenges you have encountered when using this model?
4. Does this model help you to identify areas for growth or development?
5. How has using a reflection model influenced your thinking, learning, behaviour or decision-making in practice?
6. Have you explored or used any other models of reflection? How did they compare to your current one?

Case study



Safeguarding case study

Child: Amira, aged 5 / **Ethnicity:** Black British (Caribbean, Jamaican)

Child: Charlie, aged 2 / **Ethnicity:** White British (Irish)

Child: Anthony, aged 14 / **Ethnicity:** (Unknown)

Involved Professionals:

- General Practitioner (GP)
- Health Visitor
- Reception Class Teacher
- Designated Safeguarding Lead (DSL) at the school
- Local Authority Children's Social Care

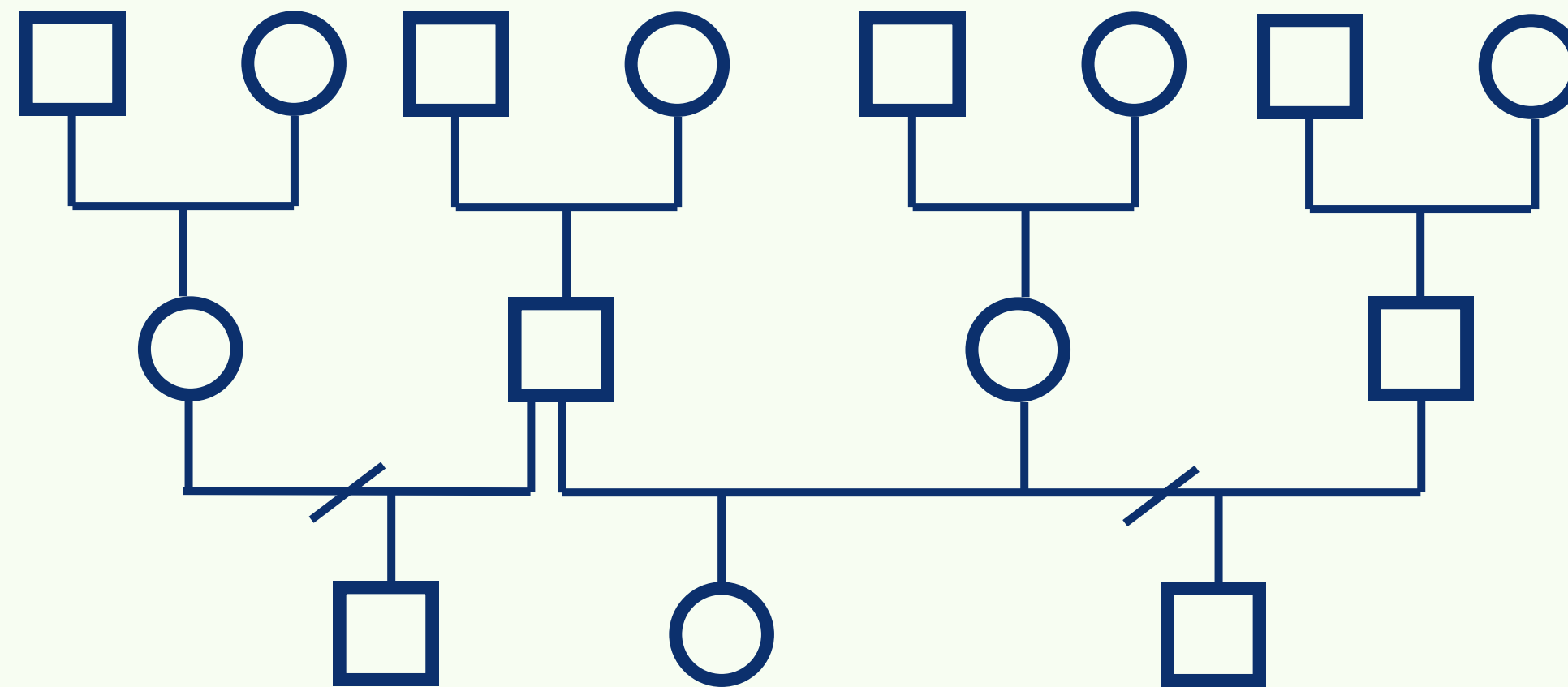
Chronology

| Date | Incident | Significance |
|------|----------|--------------|
| | | |
| | | |
| | | |

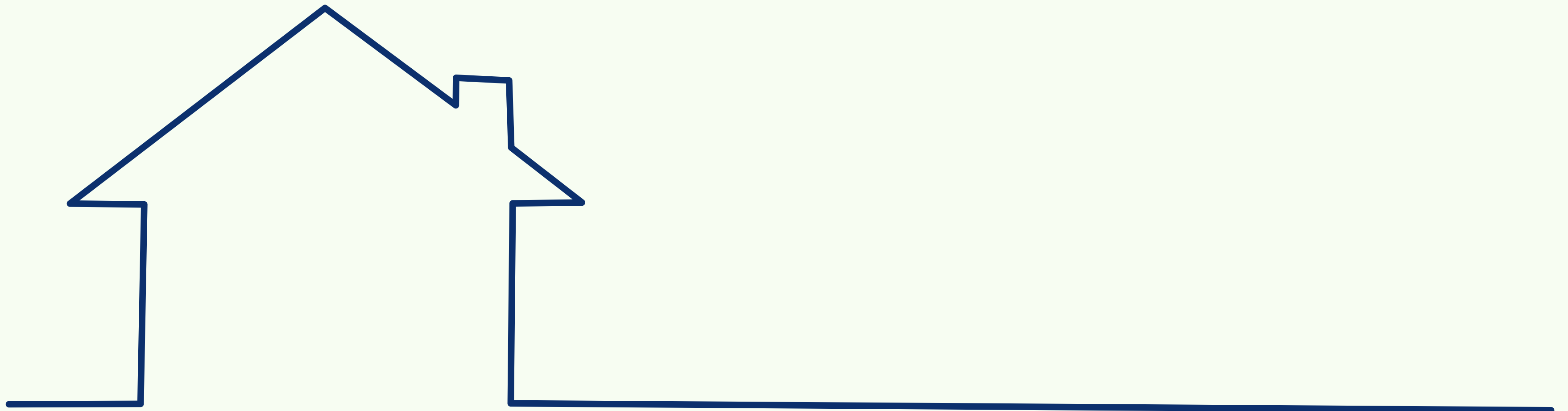
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Safeguarding case study

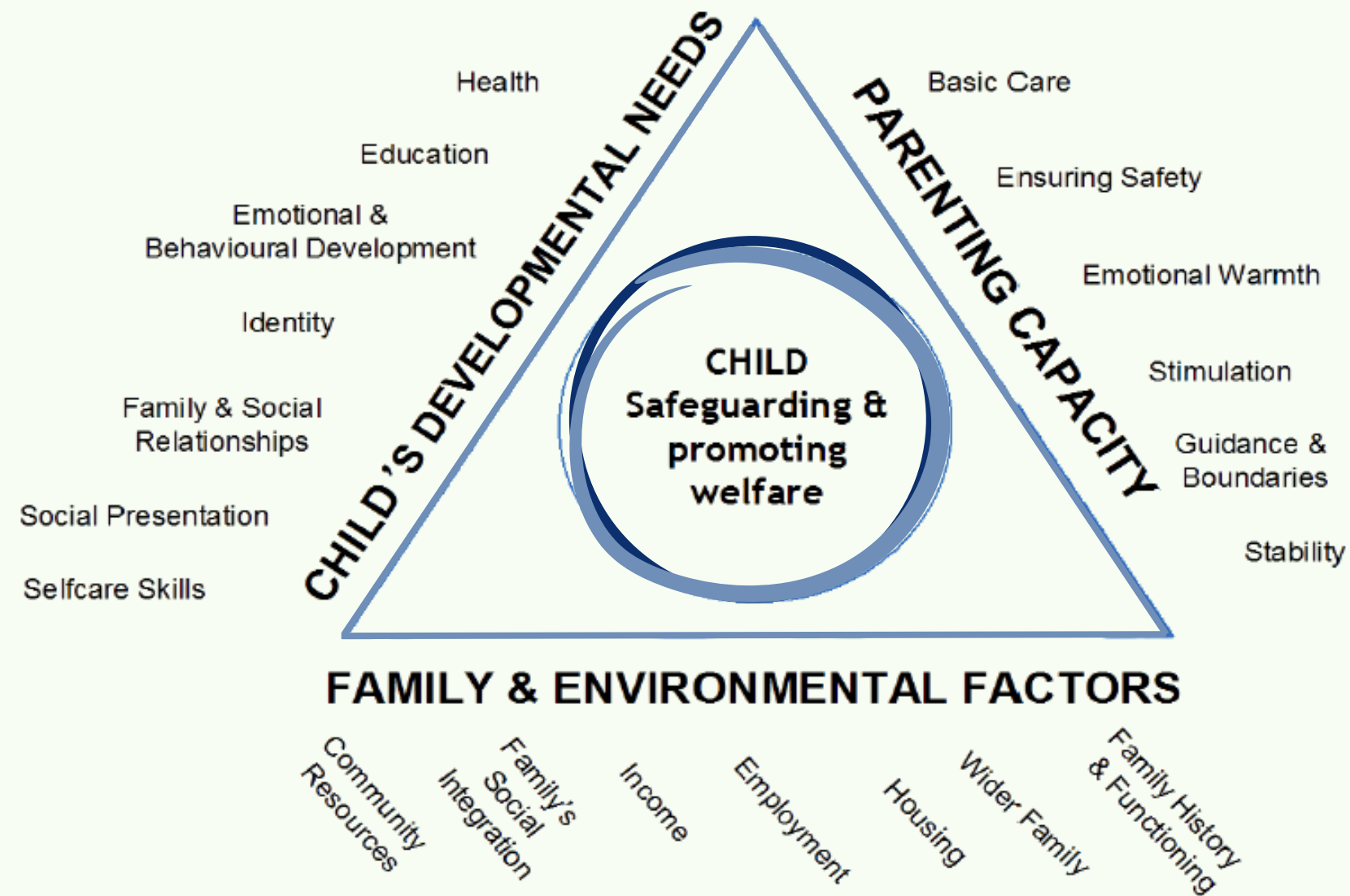
Amira (Black, British) began attending school with unwashed clothes, was often hungry, and fell asleep during lessons. Her teacher also noted delayed speech and frequent absence due to illness. These concerns were shared with the school's Designated Safeguarding Lead (DSL) at the school. A conversation with Amira revealed she was often left to care for her baby step brother (Charlie, White British) while her mother slept. The DSL contacted the health visitor and the GP to gather information about the family. The GP confirmed missed immunisation appointments and a pattern of frequent minor illnesses. The health visitor noted minimal engagement from the mother during home visits and concerns about poor home conditions.

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Assessment triangle

The Assessment Triangle – Working Together to Safeguard Children (March 2013)

Assessment Framework



Reflection questions

- Why are you involved with the family?
- What is your role?
- What information is missing?
- Where can you get the information from?
- What assessments and referral are required? Why?
- What are your next actions? Why?
- What outcome is required for the children/parents/family?

Professional reflection

Class teacher reflection

Amira's frequent tiredness, poor hygiene, and inconsistent attendance were noted, but initially attributed to home routines. I spoke with the mother a few times, but I did not record concerns systematically or raise them with the DSL early on. I now realise that I had normalised some neglect indicators, perhaps because they appeared low-level in isolation. In hindsight, these were signs of cumulative neglect. I have learned the importance of documenting concerns, trusting my instincts, and acting early—even when concerns are subtle.

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Health visitor reflection

I initially viewed the mother's behaviour through a clinical lens—postnatal depression—without considering how this was affecting the children. I did not escalate safeguarding concerns early enough. My professional curiosity was limited; I accepted parental explanations and did not challenge inconsistencies in home conditions or missed appointments. I also focused too much on the mother's engagement and failed to fully consider Amira's lived experience or voice. Reflecting on this, I recognise the need to look at patterns over time and maintain a child-focused approach, even when parents appear cooperative.

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GP reflection

As the family's GP, I was aware of the mother's low mood and had seen her sporadically for support around mental health and postnatal care. On reflection, I realise I focused predominantly on her physical and emotional health without exploring the wider impact on her parenting capacity. I did not ask enough about the children's wellbeing, home life, or any support systems in place. I could have initiated a safeguarding conversation or Early Help referral when I noticed repeated missed appointments for the children. In future, I will be more proactive in linking adult health with child welfare, and ensure I share relevant concerns with the health visitor or safeguarding lead.

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Social worker reflection

When the referral was eventually made, the information lacked context and cumulative history, which made initial risk assessment difficult. Once we received multi-agency input, it became clear that Amira was living with chronic neglect. Earlier intervention could have prevented harm. This highlights the importance of clear, evidence-based referrals from professionals, and our role in supporting them to escalate concerns confidently.

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Summary

01

Developed an understanding of the impact of values and beliefs and biases and stereotypes.

02

Developed an understanding of the importance of self reflection in safeguarding practice.

03

Explored structured reflective models to analyse professional experiences.

04

Created a personalised action plan for incorporating reflection into professional practice.

05

Developed confidence in using self reflection to improve decision making, developing resilience and outcomes for vulnerable individuals.

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