



Self reflection to safeguard children and young people

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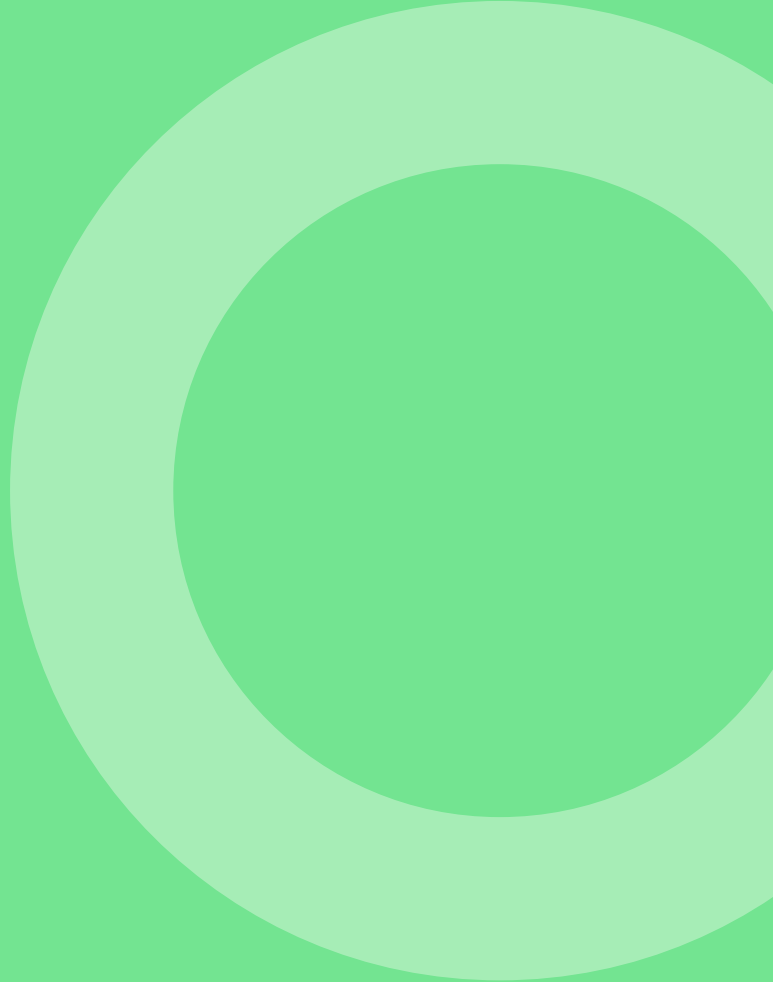
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Case study



Safeguarding case study

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

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

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

Involved Professionals:

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

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.

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?
- Did you gain the views of the children? How?
- Did you speak to the mother and father? What do you know about the parents of Charlie, Amira and Anthony?
- Did you speak to maternal/paternal family/friends?
- Did you contact professionals (health, education, children's services and other professionals working with the family) working with the children/family?
- Who lives in the house?
- Did you speak to your supervisor/manager?
- What are your next actions?
- What support do you need?

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.

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.

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.

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. At the initial visit the social worker met Anthony (not mentioned in the referral - Lives with his father until recently he moved back to live with his mum and step dad).

This highlights the importance of clear, evidence-based referrals from professionals, and our role in supporting them to escalate concerns confidently.

We also need to feed back to referrers and ensure families don't fall through the cracks between services.

Self reflection

- What aspects of your safeguarding practice do you feel confident about? (e.g., communication, assessment, risk assessment, analysis, collaboration with other professionals).
- What specific steps can you take to improve your safeguarding practice?
- How will you measure your progress?
- What support do you need to develop your practice?