



GRADUATE CERTIFICATE in Consolidation of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044

LEARNER PORTFOLIO
(PORTH AGORED and UNIVERSITY OF WALES TRINITY SAINT DAVID)

Learner's name: Helen Murphy

Email address: helen.murphy79@yahoo.co.uk

Learner's University Registration Number:
2323406

Cohort: 21 onwards

Reference List

Information about referencing in written assignments and how to avoid plagiarism can be found on Moodle. It is important that you are aware of the importance of ensuring that the work submitted is your original work.

Task 1a) and 1b)

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Detail of Workshops Attended

Address: Russell House, Churton Rd, Rhyl, Denbighshire, LL18 1DP.

Telephone Number: 01824 712241

E-Mail address: Louise.Gillen@denbighshire.gov.uk

4. The evidence I have provided within this portfolio is in:

Welsh only ☐

Welsh and English ☐

English only ☐

Mentor's details

5. Mentor's details

Name: Louise Gillen

Address: Russell House, Churton Rd, Rhyl, Denbighshire, LL18 1DP.

Telephone Number: 01824 712241

E-Mail address: Louise.Gillen@denbighshire.gov.uk

6. Observer details

Name: Sarah Jones

Work Address: Russell House, Churton Rd, Rhyl, Denbighshire, LL18 1DP.

Professional Qualification and date of qualification: BA Hons in Social Work, 20/09/2022

Telephone number: 07771 512556

Email address: Jones.Sarah@denbighshire.gov.uk

Line manager verification.

Guidance: This section must be completed and signed by the learner's line manager and/or senior practitioner. Where the line manager is not a registered social worker, verification must also be provided by a social work practitioner in a senior position (this could be the mentor) who is familiar with the learner's work and can verify that the learner has been involved with the safeguarding case evidenced in Task 3 of the portfolio and that the learner has met all the required criteria listed below.

In this section, please confirm that you have seen sufficient evidence of the learner's work during the period they have been undertaking the Consolidation programme. If necessary, please consult with other managers who the learner has worked with. In signing this section, you are confirming that you are content with the:

- level of supervision and mentoring support received by the learner;
- learning and development undertaken;
- reading and personal research undertaken;
- level of knowledge and skills demonstrated;
- understanding shown of the Code of Professional Practice and National Occupational Standards;
- core values of the learner;
- work and commentary referred to within the portfolio, that it is the learner's own work and based on current practice;
- completion of accurate, cogent, coherent and analytical recording skills;
- Line manager to verify the learner has been involved with safeguarding.
- Mentor's report, and that it provides evidence of observations of Professional Practice that has been undertaken over the duration of the Graduate Certificate in the Consolidation of Social Work practice pathway (work-based practice which is equivalent to 7,000 words).

I confirm that this learner has achieved an appropriate level of professional practice.

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: Louise Gillen

SIGNATURE OF LINE MANAGER: L Gillen

DATE: 29.09.26

registration and will support this timescale. There is also an expectation that as it is a professional development programme, learners will take responsibility for their own learning and will also use their own time for personal study and portfolio preparation.

The employer's training department agrees to:

- Collect, process, store, analyse or disclose personal data in accordance with it's obligations under the UK GDPR and Data Protection Act 2018.
- arrange for eligible staff to join the programme;
- pay course fees directly to the University;
- pay Porth Agored partnership fees for each learner;
- provide additional guidance and support by:
 - a) facilitating access to existing learning materials or library resources;
 - b) providing appropriate training opportunities from existing internal training programmes as agreed with the learner and mentor;
 - c) providing programme induction and Consolidation Workshops;
 - d) providing learners with guidance and support about programme requirements and portfolio completion;
 - e) helping to resolve any programme difficulties encountered by the learner, mentor or service managers.

The learner agrees to:

- work actively towards completing the qualification within the agreed timescale of 12 months from the date of registration on the programme;
- identify with manager/mentor appropriate internal training and arrange to attend these courses;
- seek support from UWTSD Student Services when appropriate in relation to matters of learning support.
- attend induction and four Consolidation Workshops. These are mandatory components of the programme;
- produce work and evidence appropriate to the portfolio and learning outcomes within agreed timescales;
- make and keep agreed appointments with mentor/line manager;
- ensure they are prepared adequately and obtain all necessary consent for observed practice;
- inform mentor/line manager and training department immediately of any problems or changes in circumstances while undertaking the programme, especially where this may affect completion of the programme by the agreed deadline or ability to attend a mandatory workshop;
- liaise with their line manager/mentor to confirm study days and use their own time in addition for self-directed study, research and portfolio preparation;
- take personal responsibility for preparing and completing all work necessary to submit their portfolio;
- act at all times in accordance with the Code of Professional Practice and the employer's and University's policies, procedures and processes;
- ensure that they understand the need to complete the programme within the first (three year) period of registration with Social Care Wales. (Qualifying after April 2016).
- allow their employer and Porth Agored (or any of their commissioned providers), the University of Wales, Trinity St David and Social Care Wales (or any of their commissioned providers) to share with each other, any and all information that comprises the application form or any other data provided as and when appropriate, including, but not limited to, information about progress on the

- agree with the learner, use of up to 3 additional study days over the whole duration of the programme, as an employer contribution towards time needed for personal study, research or portfolio development;
- ensure that regular formal supervision is provided to the learner by their line manager in line with organisational policy (line-manager);
- ensure that mentoring sessions are provided in line with Social Care Wales First 3 Three Years in Practice guidelines. Mentoring sessions, where possible, should be arranged as a separate event from supervision. A full record of when mentoring sessions are undertaken must be kept.

Completion and submission of portfolio

Learners are expected to complete the Graduate Certificate and will normally submit their portfolio within 12 months of attending induction to the programme. Any learner anticipating any difficulty in meeting this requirement should immediately discuss the matter with their Training Manager/Co-ordinator. It is the learner's responsibility to inform the university if they are not going to meet the submission deadlines.

The portfolio submission process and dates for each programme cohort will be published on Moodle. Once registered on a programme, **learners CANNOT change the due submission date without gaining agreement from the employer and University.**

Pressure of work is not regarded as a reason for non-attendance at any Consolidation Workshop.

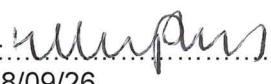
I understand and accept the terms and conditions of this learning agreement as stated above.

Signed: ..... Print Name: HELEN MURPHY
Date: 28/09/26
(Learner)

Signed: ..... Print Name: Louise Gillen Date: 29.09.26
(Line Manager/Mentor)

Signed:..... Print Name:.....Date:.....
(Mentor, if different to above)

PLEASE FORWARD A SIGNED COPY OF THIS LEARNING AGREEMENT TO YOUR TRAINING COORDINATOR WITHIN ONE MONTH OF YOUR INDUCTION.

Signed:  Print Name: HELEN MURPHY
Date: 28/09/26
(Learner)

Signed:..... Print Name:..... Date:.....
(Line Manager/Mentor)

Signed:..... Print Name:..... Date:.....
(Mentor, if different to above)

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**GRADUATE CERTIFICATE in Consolidation of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044 – Task One**

LEARNER PORTFOLIO

(PORTH AGORED and UNIVERSITY OF WALES TRINITY SAINT DAVID)

Learner's name: Helen Murphy

Email address:

helen.murphy79@yahoo.co.uk

**Learner's University Registration Number:
2323406**

Cohort: 21 onwards

**Task 1 a)
Developmental review**

Guidance:

Justice, 2022) and this is scheduled for July 2026. Until then, we agreed that I would observe trained practitioners and write safeguarding reports under supervision. I will evidence learning from Effective Child Protection and Risk 2 training delivered through the Wales Safeguarding Procedures framework (Social Care Wales, 2025), which I completed prior to starting Porth Agored.

(216 words)

Learning Outcome Two: Working collaboratively with people in need of care and support, their families and professionals.

I have acquired collaboration skills through working with foster carers, children's social workers and other professionals but I need to develop experience in direct work with children and working within the Child Looked After process. Practice with complex needs requires advanced collaboration skills to keep the child at the centre of my practice, work with carers and parents and specialist professionals from health and education.

In my role as a fostering social worker, I completed the Collaborative Communication Skills Programme (Social Care Wales, 2020). It challenged me to think about how fostering assessments can be process and standards driven, and how this may impact my interviewing style as a children's social worker. The course helped me to recognise the power of empathy, reflection and human behaviour in social work dialogue. I also considered how building on these skills could help me navigate difficult conversations in future. CCSP gave me insight into the complex practice I will undertake and how I may work with conflicting professional opinions. The training has helped me to think about recognising and understanding other people's roles and responsibilities, communicating clearly and challenging respectfully.

I will continue to embed my learning from these programmes and reflect on my progress in supervision with my mentor. I will also be proactive in my self-directed learning by reviewing resources from external agencies such as Neuro-divergence Wales (Welsh Government, 2026), Snap Cymru (snapcymru.org, 2026), AP Cymru (2025) and discuss potential applications for practice. I'd like to be more proactive in sharing knowledge and resources to the team and supporting a colleague who is undertaking their social work degree. (267 words)

Learning Outcome Three – Intervention and application of professional judgement in increasingly complex situations.

Prior to this role, my experience of working with law was limited. Although I worked within a heavily regulated practice area, I had no experience of conducting assessments under the specific parts of the Social Services and Wellbeing Act (Welsh Government, 2015). I need to develop experience in this area and develop legal literacy for working with the Children Act (UK Government, 1989).

Reflecting on fostering assessments, I considered how these are conducted under CoramBAAF (2020) guidelines, an independent organisation that operates throughout the UK. Their guidance for Welsh practice is aligned to the core principles of the Social Services and Wellbeing Act (Welsh Government, 2014), but these primarily concern Part 6 of the Act and Fostering Panels [Establishment and Functions]

Critical Reflection of Development Needs using Borton's (1979) So What? Now What? Theory

So What? – Critical Meaning and Significance

Reflecting on Learning Outcome One, I realised that my early fostering assessments gave me a strong foundation in analytical reasoning, but children's social work requires a more dynamic application. Form F assessments taught me structured, theory-informed analysis of carers' histories and whether they have the skills and motivation to foster (Schofield & Beek, 2014). Connected Persons assessments gave me experience in crisis-driven decision-making where safeguarding risks and family dynamics must be balanced quickly (Farmer, 2018).

I completed the ABE training, and I am now competent to undertake Section 47 Enquiries. I learned that empathy matters in best evidence interviews, but it must be used appropriately to ensure the witness is not led in any way. The training gave me insight into how a witness' attention, memory and perception of events may vary. I also recognised the importance of direct, open questioning in a fact-finding exercise. It made me realise that for best evidence interviews, I would need to move away from motivational/reflective interviewing techniques that I embed in every-day practice.

I have developed a deeper understanding of analysis as a flexible, context-dependent skill. Using theories of risk helped me to see an overall picture of the long-term impacts of cumulative risk on children and families, as well its dynamic nature, and how this may improve or deteriorate based on changes on circumstances. For future safeguarding practice, my skills in recognising and responding to risk will develop through continued assessment experience; analysis must happen without delay, working at multi-agency level and informed by evidence and theory. This will ensure my decisions remain defensible and grounded.

For Learning Outcome Two, CCSP helped me understand how communication underpins complex practice. The programme challenged me to reflect on how process-driven assessments can limit empathy and how my interviewing style may need to adapt when working directly with children. The significance of this learning is that collaboration is not simply about working with others; it requires emotional intelligence, reflective dialogue, clarity and respectful challenge. CCSP also helped me recognise the importance of understanding professional roles, especially when navigating conflicting opinions in multi-agency contexts. This is essential for children's social work, where collaboration directly influences safeguarding outcomes and the child's lived experience.

For Learning Outcome Three, reflecting on legislation highlighted a gap in my knowledge and professional judgement. Although fostering practice is regulated, I had limited experience applying the Social Services and Well-being Act beyond Part 6 and the Fostering Panels Regulations (Welsh Government, 2018). Understanding Parts 2, 3 and 4 has helped me appreciate how well-being, proportionate assessment and meeting needs underpin all social work intervention. The significance of this learning is that legal literacy is not optional; it is central to defensible practice.



GRADUATE CERTIFICATE in Consolidation of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044 – Task Two

LEARNER PORTFOLIO
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Learner's University Registration Number:
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Cohort: 21 onwards

Task 2

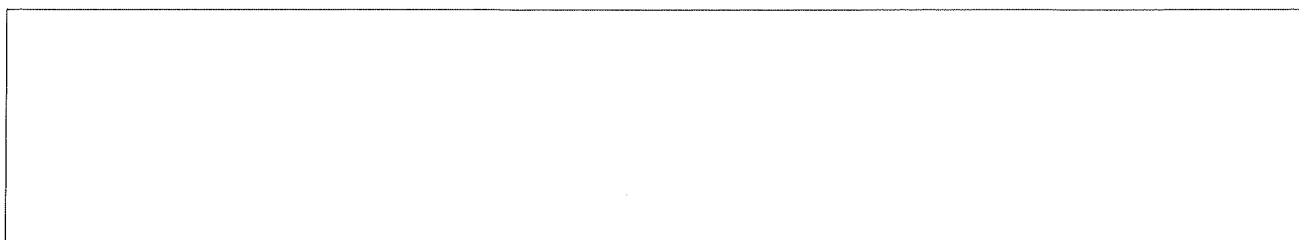
Observation of Practice

Guidance:

*A learner must choose an observation of **direct social work practice** with people in need of care and support and/or their carers. The observation cannot be from giving evidence in court, contributing to strategy group meetings, case conferences or tribunals or any other indirect activity. The consent of the individual/s in need of care and support and/or their carers must be sought before the observation is undertaken. The observation must be undertaken by an observer who is social work qualified and has at least 3 years' experience (criteria set out in the Programme Handbook). The observation must be for a minimum of 30 minutes. The observer will gain feedback from the individual/s in need of care and support and/or their carers using either the pro forma below or one of the learner's own design at the end of the visit.*

The learner is responsible for providing a method of gathering feedback for the observer to use. This can be of their own design, and/or adapted to meet the needs of the individual. The provided pro forma can be used where appropriate. The method used will depend on age, ability and language/communication needs of the individuals in need of care and support and/or their carers.

This section will include examples of the ways in which effective communication impacts on practice in relation to language use, language needs and cultural sensitivity. You must demonstrate the principles of the "Active Offer" and make reference to "More than Just Words" (Welsh Government, 2012).



relevance as both Welsh residents and citizens requiring other language sensitive care and support services.

Prys et al.'s (2023) paper "Rhetoric and Reality" critically reviews literature on the use of minority languages in health and social care and examines the shortfall between promoting preferred language and the practical realities experienced by individuals receiving care and support. While the article specifically refers to Welsh language, it could be argued that its findings are also relevant to citizens whose primary language is neither Welsh nor English. The paper's findings indicate that WG's language policies serve as little more than an ideological framework for services that are facing barriers in delivering minority language provisions amid staff shortages and systemic limitations. The article highlights that primary care clinicians are legally exempt from consulting in Welsh (or any other minority language) under **Cymdeithas yr Iaith Gymraeg** (Welsh Language Standards, 2022). The authors indicate that despite organisations' duties to provide bi-lingual letters and signage, the exemption means that Welsh speakers can't rely on their language rights during core healthcare assessments; particularly for vulnerable individuals such as C5 who experiences physical and learning disability. This is a point reinforced both by Welsh Language Standards and **Meddwl.org** (2022). The use of the literature review in practice strengthens my awareness that planning language sensitive support encourages safety and dignity for individuals whose minority language isn't Welsh and reduces the risk of linguistic barriers to care. During the observation, C6 and C7 conversed together in their first language but also contributed in English.

We moved on to discuss how they had been impacted by the holiday club changing venue. C5 have their own disability vehicle, but only one of their parents can drive. The change of venue increased C5's travel time, impacting their familiar routines and physical comfort. One of C5's parents provides care to C5's younger siblings while the other is self-employed so their work, income, family time and opportunity for a break were affected. I apologised for the adversity they experienced and assured them I would communicate this to the service provider. I provided them with a summary of the complaints policy in English and their first language, along with the full policy itself, pointing out a telephone number for them to call to progress a complaint in their first language. The family declined the offer, but stated C5 was most impacted, as they missed opportunities for social integration and wellbeing.

Kaplan and Celik's (2023) review of research from parents of minority ethnic backgrounds caring for children with complex needs also considers their experiences of migration, stigma and discrimination. C5 and one of her parents held a British passport on arrival in Wales; the other parent and one of their siblings did not. Whilst the family are all now British citizens, they have often described discrimination due to being of a different nationality. Kaplan and Celik suggest that migration has a negative impact on families living with disability in unfamiliar systems and unrealistic expectations. Sandhu et al. (2016) state that most migrant families arrive with aspirations of their needs being met but experience barriers in accessing services and housing. The literature also indicates that language barriers intensify these challenges, leading to misunderstandings between parents and professionals, delayed diagnoses and reduced service access. The points examined in the review are relevant to C5, as some of these elements were apparent in their circumstances on arrival, resulting in child protection concerns. However, the family's willingness to work with language barriers in services resulted in the formation

Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes, she explained in advance
Were you clear why the social worker met with you today?	Yes
How well prepared do you think the social worker was for his or her meeting with you?	Very prepared, Helen brought documents for us that she had translated into Kurdish for us, so we know she is prepared.
How has the social worker listened to you and respected your views and wishes?	She always does, if we need anything or call her for anything, Helen always responds straight away and tries to take care of the issue, usually on the same day which is great.
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	Yes, and she always translates important info for us, so we have documents in English and our first language which is great., which is great
How has the social worker's involvement met your expectations for this visit?	The visit went as we expected, and we are very happy with the support from Helen
Are there any other comments or suggestions that you would like to make?	We would like to share that we are very happy with Helen. We had a great relationship with the previous social worker and were worried when she left that we would not get the same level of support, but Helen has been excellent and we are very comfortable with her. She is very helpful

Task 3

Safeguarding and working in complex situations – Case Study

Guidance;

Please ensure that you meet the National Occupational Standards and assigned Learning Outcomes for this task (see handbook).

Question:

Complete a critically reflective case study based on an assessment that you have undertaken with others, in your own area of work, concerning the safeguarding of either an adult or a child. You must demonstrate how the case relates to or could relate to safeguarding legislation, policies, strategies and procedures (including demonstrating an understanding of the interface between social services provision in Wales with the United Kingdom, the European Union (EU) and outside the EU). You must demonstrate your understanding of the integration of analysis in assessment, collaborative working and professional judgements in increasingly complex situations and the use of social work theories. You must refer to the specific dimensions of working in Wales.

4000 words (+/- 10%: include your actual word count at the end of each section).

Introduction and Learning Outcomes.

This case study refers to C1, C2 and C3 featured in task one. C1 is a lone parent with substance misuse issues, and their children are under statutory child protection procedures. C2 alleged C1 assaulted them, and a strategy meeting concluded the threshold for statutory S47 enquiries was met. A joint investigation decided that while there was not enough evidence to charge C1, the risk of continued physical harm and neglect was substantiated, and the children were placed on the child protection register. C1 is unemployed and a full-time carer for C3 who has autism and learning disability, and they live in an area ranked among the 10% of most deprived areas of Wales (**Welsh Index of Multiple Deprivation, 2019**). The family have a limited community support network, and the children were exposed to unsafe situations with unknown adults frequenting the family home, placing them at risk of harm or abuse by individuals who may be under the influence. The assignment demonstrates evidence of meeting learning outcomes 1, 2 and 3 for Consolidation of Practice Experience and Learning (SCW, 2019).

Evidence of Social Care Wales learning outcome 1 (SCW, 2019) is demonstrated through the application of legislation, policy and standards; person/rights centred practice and analysis/assessment and professional judgment. Outcome 2 is evidenced through effective communication and collaboration with individuals and multi-agency professionals. Outcome 3 is evidenced by working with the law for effective children's safeguarding in increasingly complex situations.

Sharing concerns at multi-agency level was difficult for C1, and their situation went undetected due to their self-isolation and lack of commitment to voluntary support. C1 found speculation of their family life intimidating, and they reacted angrily to professionals sharing information. Inevitably, intrusion into a family's private life is necessary for safeguarding, and this brings Article 8 of the **Human Rights Act** (UK Government, 1998) into the spotlight. The right to private and family life is just, but not absolute, which gives way to tensions between rights-based practice and statutory involvement. When necessary, the powers granted by the Children Act to gather and share evidence relevant to children's welfare supersede Article 8. The children's rights come under the **United Nations Convention on the Rights of the Child** (United Nations, 1989) which establish their independent rights at civil, political, economic, social, and cultural levels. The four key principles of children's rights concern anti-discrimination (Article 2); the best interests of the child (Article 3); right of development in life (Article 6) and for freedom of expression of their views in matters affecting them (Article 12). The latter is crucial for children's safeguarding as practitioners must listen to, and promote the children's wishes and best interests in all decisions they are being supported with. Knowledge of rights versus statutory duties helped me to validate a proportionate response to the risks and a measure as to whether my intervention was sufficient, but not excessive. Balancing the children's rights to be safe with C1's rights as a parent gave me confidence in my professional judgement and enabled me to defend uncomfortable interventions such as increased scrutiny and unannounced visits to the family home.

Safeguarding practice is further underpinned by professional standards. The **Social Care Wales Code of Professional Practice** (2018) requires practitioners to promote wellbeing, respect dignity, maintain confidentiality, and act with integrity. These principles were essential in my developing professional relationship with C1, who argued their rights to privacy and confidentiality had been breached. By embedding the Code, I could defensibly argue the necessity of sharing information in the interests of safeguarding the children. Furthermore, use of the Code helped me assess the family's needs holistically, recognising their needs as a family, aligned with professional values and transparency. Across all four of the frameworks, application of the law in social work serves to protect individuals' rights and challenge oppressive or discriminative practice. However, **Williams** (2004) argues that using the law in social work is complex, because it both empowers and restricts individuals' rights. This is true for Welsh practice as social workers must use a combination of UK legislation (Children Act) and Welsh specific law (SSWBA). Rights based tensions for families who live close to the English Welsh border can develop as there may be differences in how universal services are delivered. Therefore, practitioners must know the differences between the laws of the UK, and the law of Wales as a devolved nation. Williams also suggests that practitioners are expected to demonstrate certainty of law in uncertain situations; with emotionally charged and ethically sensitive circumstances presenting challenges in maintaining peoples' continued trust and confidence. Therefore, Williams proposes that law can both help and hinder social work practice. While the law provides authority, structure, and professional accountability, it can also hinder relationship-based practice if individuals perceive the law as imputative and restrictive, creating tensions between elements of care and control. Williams argues that practitioners must know the law, but they must also apply legal literacy, ethical judgement, and professional values to ensure its use with families is lawful and proportionate. The care versus control dilemma has been widely recognised as contributing to rights-based tension in

responsibilities to view children as individuals and to understand and uphold their wishes seriously. They note the risks of accepting information at face value from adults and suggest the child's voice can only be heard and understood by collaborating with them directly, and in ways appropriate for their age and understanding. With caring responsibilities for C3, C2 had little opportunity to mix with peers, but demonstrated maturity beyond their chronological age. They also had an inappropriate knowledge of substances and their effects; for example, they could identify drugs and associated paraphernalia and how their parent was affected by substance misuse. C2 described how C1's prioritisation of funds for drugs and alcohol impacted on their physical needs and home conditions causing them to feel shame and embarrassment of their current circumstances and fear for the future. C3, on the other hand, was unable to verbally communicate how they were affected, so considering their voice and views was more complex and required increased observation of their behaviours.

Aspects of relationship-based practice also align with anti-oppressive/discriminatory practice. Ruch and Ferguson suggest that practitioners must recognise and challenge power imbalances, emphasising the strengths of a person's life experiences rather than focusing on their difficulties or disadvantage. They also indicate that failure to do so can deconstruct the social work relationship. **Thompson's (2020)** PCS theory examines how oppression operates at personal, cultural, and societal levels. At personal level, C1's experiences stemmed from their self-perceptions of failure and limitations in caring for a disabled child. At cultural level, limited opportunity access support contributed to their social isolation while at societal level, living in an area characterised by deprivation and poverty reinforced their disadvantage. As Thompson argues, oppression is not a result of individual actions but culturally embedded within social systems. Use of Thompson's model helped me to reframe C1's resistance as a response to their experiences of disadvantage and stigma, rather than non-compliance. Application of an anti-oppressive context to the family's needs aided a more empathetic and relationship-based approach that encouraged dignity, participation, and empowerment.

(820 words)

Evidence, Analysis and Theory

Effective assessment in child protection requires an approach that extends beyond gathering information alone. While it serves to identify what is known and what we are uncertain about, it must also identify what the known facts mean for the child's safety. In this case, referrals showed repeated patterns of concern but lacked analysis of the impact to the children. Information from police and education indicated that C1 had asked for help with their mental wellbeing, which contradicted with information from health. Instead, a picture emerged of missed/cancelled appointments resulting in discharge from early help services. There were no records to suggest that C1 had asked for help with their drugs/alcohol use, and this informed my assessment of their capacity for change.

Prochaska and DiClemente's (1983) Cycle of Change theory suggests this as less of a single event, but stages of contemplation and action. Use of the theory indicated C1 had been at contemplation stage at times by acknowledging their stressors, but in relation to their substance misuse, they remained pre-contemplative. This led me to consider the level of continued risk to the children, because without C1's acknowledgment of their substance misuse, the children may stay exposed to neglect and harm from unsafe adults. I compiled a chronology to assess if there were

Trauma Informed Practice (**Levenson, 2016**) helped me to understand how past emotional trauma of domestic violence and bereavement while pregnant may be impacting on their current behaviours. C1 was pregnant with C3 at the time of their sibling's death and their relationship with the children's father had featured abuse before C2 was born. Grandparents' experience of bereavement was also key; they said C3's birth was symbolic of hope and recovery and helped them move on from their loss. The prospect of losing their grandchildren and coping with additional adversities created complex emotional tensions in the family, and this may have reactivated unresolved grief and trauma. **Worden (2018)** suggests that bereavement impairs relationships and may result in re-negotiation of family roles. In the family's case, grandparents continued to meet the children's needs in times of crisis, which continued to impact already fractured family relationships. In addition to their criticism of C1, at times grandparents reacted with anger towards them and this made me question if verbal aggression had featured in C1's early childhood experiences. Research suggests that intergenerational cycles of abuse can increase the likelihood of becoming an abuse victim in adulthood, perpetrating violence in intimate relationships and resolving difficulties with conflict. (**Mullender et al. 2002**)

(985 words)

Risk, Disguised Compliance and Professional Curiosity

The risk to the children required analysis of both immediate danger and longer-term harm. The immediate risks included the possibility of C1 being unable to keep the children safe while under the influence, unknown adults being present in the home, and C2's allegation of assault. Longer-term risks related to poor routines, unmet needs, emotional harm, and continued attachment trauma. Considering risks as both dynamic and cumulative helped me to understand its interchangeable impact and response to intervention. **Hothersall and Maas-Lowit's (2010)** theories of dynamic and cumulative risk helped me understand that the dynamic risks (parental mental health, substance misuse, and relationship conflict), were immediate but could change. The cumulative risk related to the harm already caused (by poverty, isolation, and inconsistent care) and its impact on their future outcomes. The dynamic perspective considers how things may improve or deteriorate. There was a likelihood that if C1 responded initially to their mental health, their reliance on substances may reduce, improve their financial situation, and increase their parenting capacity. However, wider assessment presented the risk of relapse, and triggers for this such as continued family dysfunction and isolation. The interface between these changeable levels would require me to remain alert to change in family circumstance and decide if positive change could be maintained. Cumulative harm considers the consequences of current and past risk on the children in the long term. According to **Herman (1992)**, temporary or un-sustained improvements are unlikely to mitigate the long-term effects of harm and neglect, which can have a profound effect on an individual's psychological wellbeing and functioning. In response to this, the family were referred for intensive therapeutic support aimed at addressing the underlying impact of trauma to promote long term stability.

The continued analysis of dynamic and cumulative risk also became more complex as elements of disguised compliance became apparent. This occurs when parents appear to co-operate in child protection plans without making genuine, sustained change (**Leigh, Beddow and Kedell, 2020**). C1's participation in core groups improved, as did the children's attendance at school and health

The case also deepened my understanding of professional accountability as I navigated tensions between the children's best interests and parents' rights while exercising statutory responsibilities. I learned that legal literacy and confidence in my professional judgement was essential in continuing to defend and justify evidence informed actions with honesty and transparency. Another key learning point was the importance of relationship-based practice for a holistic approach to supporting the family while ensuring the children lived experiences remained central to assessment. Overall, this case strengthened my understanding of professional values by highlighting the importance of curiosity, critical thinking and reflection in balancing integrity and authority in children's safeguarding.

(310 words)

Total Word Count = 4103

Task 4

Safeguarding in an area which is not your main area of work

Guidance:

Social Care Wales require newly qualified social workers to provide evidence of their understanding of safeguarding work with adults and children. The assignment below will enable you to demonstrate this.

N.B. *if your usual area of work is with children please write about adult safeguarding. If you usually work with adults, then write about child safeguarding. Ensure you meet the learning outcomes for this task (see appendix 5 of the handbook).*

Question a:

In an area **that is not your focus of work** (see guidance above), explain the relevant legislation, and the national, local and organisational policies and procedures for safeguarding.

Safeguarding adults and safeguarding children in Wales share a unified procedural framework through the Wales Safeguarding Procedures (2019), yet the legislative foundations and professional expectations differ significantly. Adults' safeguarding is situated within the Social Services and Well-being (Wales) Act 2014, which emphasises autonomy, empowerment, and proportionality. In contrast, children's safeguarding continues to be driven by the Children Act 1989, which places the child's welfare and best interests at the centre of all decisions. Although both systems are underpinned by shared principles of prevention, protection from harm, wellbeing, and the expectation that safeguarding is everyone's responsibility (SCIE, 2020), the practical application of these principles diverges in important ways.

A key distinction relates to **consent** and how practitioners interpret and respond to **risk**. In children's safeguarding, consent is not required when concerns arise. Statutory duties allow practitioners to intervene decisively to protect children from harm, even when this conflicts with parental wishes. The child's welfare is paramount, and intervention is justified through evidence-informed assessment of risk, vulnerability, and unmet needs. Adults' safeguarding, however, is grounded in the presumption of autonomy. Practitioners must seek consent wherever possible unless there are clear mitigating circumstances, such as coercion, significant risk to others, or situations where acting in the person's best interests is necessary (WSP, 2019). This creates a more negotiated and collaborative safeguarding process, where the individual's right to self-determination is central.

Capacity further differentiates the two contexts. Adults are presumed to have capacity unless assessed otherwise, and the Mental Capacity Act 2005 protects their right to make unwise decisions unless these place themselves or others at significant risk. In contrast, children under 16 are not automatically assumed to have capacity, and decisions may be made on their behalf when required to safeguard them. Young people up to the age of 16 may be considered capable of informed decision-making, but where doubt exists, practitioners should assess Gillick competence (Griffiths, 2021). While children's views, wishes, and feelings must be actively sought and taken seriously

empowerment and protection interact, and how easily the balance can shift depending on capacity, coercion or vulnerability.

Considering the role of **consent** has also deepened my appreciation of the ethical tensions inherent in safeguarding. Children's safeguarding allows intervention without consent, which can feel intrusive but is necessary to uphold their rights to safety and development. Adults' safeguarding, however, requires practitioners to negotiate consent sensitively and avoid paternalistic practice. Reflecting on this difference has helped me recognise how safeguarding adults often involves working alongside individuals to build trust, understand their wishes and support them to make informed decisions, whereas safeguarding children may require more authoritative action.

Overall, reflecting on these differences has reinforced the importance of legal literacy, professional curiosity and ethical judgement in both contexts. It has reminded me that safeguarding is not simply about applying procedures, but about understanding the lived experiences, rights and vulnerabilities of the people we support. This reflection has strengthened my confidence in navigating the complexities of both systems and highlighted the need for proportionate, rights-based and relationship-centred practice across all safeguarding work.

385 words

400 words (+/- 10%: include your actual word count at the end of each section).