



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

**LEARNER PORTFOLIO
(PORTH AGORED and UNIVERSITY OF WALES
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Task 3

Safeguarding and working in complex situations – Case Study

Guidance;

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Please ensure that you meet the National Occupational Standards and assigned Learning Outcomes for this task (see appendix 5 and 6 of the 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).

This case study will explore the Safeguarding work that has been undertaken, including the consideration for safeguarding the child and family unit, within my role as an 'Child Protection' social worker employed by a Local Authority in North Wales. Throughout the case study, I will describe the different policies, laws and legislative frameworks that are used in Welsh Children Social Services/Social work, UK and international social work to ensure families, individuals and carers that we work with, are protected from the risk of neglect, harm or abuse (Williams, 2017).

Safeguarding Children (at risk) in Wales is defined in section 130 (4) of the Social Services and Well-being Act (SSWBA) 2014 as a child who:

1. *Is experiencing or is at risk of abuse, neglect or other kinds of harm.*

2. *Has needs for care and support (whether or not the local authority is meeting them needs) (SSWBA, 2014).*

Harm is defined as: Ill treatment which includes sexual abuse, neglect, emotional abuse, and psychological abuse. Working Together to Safeguard People (Wales): Volume 5 explains the handling of individual cases to protect Children at Risk (SCW, 2022). The Working Together to Safeguard Children 2018 Act, *aims to help those working in safeguarding agencies understand what they need to do to promote the welfare of children. It outlines the central legal requirements – emphasising the requirements that makes an effective safeguarding system* (The Child protection company, 2023). *The Local Authority and its social workers have specific roles and responsibilities to lead the statutory assessment for children in need* (HM Government, 2018).

This case study relates to a child (who I will refer to as '4' for confidentiality reasons) and a mother (referred to as 5). 4 is a five-year-old girl who has lived in North Wales with 5 since birth and is an only child. 4 and 5's ethnicity is Polish, and this is their first spoken language, however, 4 has inherited the English and Welsh language with being a United Kingdom and Welsh citizen. 5 has limited capacity in speaking and understanding the English language and does not speak Welsh. Welsh Government introduced the Welsh Language (Wales) Measures (2011) and the follow up strategic framework, More Than Just Words (2012) (Welsh Government, 2016). 5 did not require a service in Welsh, however, did confirm she would benefit from a translator. Welsh local authorities have a duty to ensure that every individual and family has the right to a fair assessment, regardless of their, ethnicity, culture or background (Welsh Assembly Government, 2023). Consequently, a translator was appointed. I had been working with 4 and 5 for around 12 months due to 4 being subjected to a Child Protection Plan. Therefore, the legal framework for safeguarding 4 is the Social Services and Well-being Act 2014 and Children's act 1989 and 2004. Although the SSWBA 2014 is the governing legislation used by practitioners in Wales when protecting children, it is important to highlight that the over-arching legislation is the Children Act 1989, and practitioners in

Wales, England and Scotland must revert to using this legislation when a child is at risk of 'significant harm' (Davies & Duckett, 2011).

Children Services received a police referral (CID 16) in respect of 4 her safety. Police had exercised a Police Protection Order under section 46 of the Children Act, 1989, due to there being "*reasonable cause*" to believe that 4 may be at risk of significant harm (s.46, CA, 1989). This was due to 5 being arrested for being drunk while in charge of a child under Section 2 Licensing Act 1902 (s.2, Licensing Act, 1902). 4 was removed from 5's care at this time as 5 was unable to inform of any other person/family member appropriate to care for her. Under s.46 of the Children's Act 1989 the police can remove a child to a place of safety for up to 72 hours without obtaining a court order, however, they should liaise with the Children Services Emergency Out of Hours (EDT) to seek further advice in accommodating the child/ren. 4 was placed in emergency foster care early hours of the weekend and children services were informed by EDT. Following this I carried out further assessments to gather accurate information of the incident and analyse risk if she was to be returned to her mother's care and to whether the Local Authority (LA) needed to seek an Emergency Care Order (EPO) via the courts in order to keep her safe.

4's case was discussed with management for advice in making further decisions as we must follow policies and procedures when it comes to children at risk of harm and follow legal framework remembering that parents do have 'Parental Responsibility' for that child. The Children Act 1989 explains the definition of 'Parental Responsibility' in terms of the collection of duties, rights and authority which a parent has of their child, emphasising the duty to care for the child and raise him to moral, physical and emotional health, which is a fundamental task of parenthood (Cull & Roche, 2001). Policies and Procedures are detailed guidelines and instructions that explains the steps that an organisation must take to keep children and young people safe, and what to do if there are concerns for safety and well-being of a child (NSPCC, Learning, 2023).

A Legal Advice Meeting was held within Children Services, and the Local Authority's Legal team, whereby the information was discussed in respect of 4 and they would determine whether threshold had been met for the Local Authority to apply for an Interim Care Order under section 38 of the Children Act 1989 (s.38 CA, 1989). Due to 4 already being subjected to a Child Protection Plan for over a year, and ongoing concerns in respect of 5's alcohol misuse, 4 being subjected to ongoing Domestic Violence (DV) and continuing to be placed at risk of significant harm threshold was met for the Local Authority to apply for an Interim Care Order. However, best practice would be to use the least restrictive practice when working with children and families if this is possible, meaning the least '*oppressive practice*' (Davies & Duckett, 2011). Therefore, it was discussed and decided that I would inform 5 of the current situations and give her the opportunity to agree for 4 to reside in the care of the Local Authority under section 20 of the Children Act 1989 (s.20 CA, 1989) whilst further assessments were carried out to assess risk. Although most provisions and duties of the Children Act 1989 continues to govern both England and Wales legislation in relation to accommodation of a child under Part 3 of the Act, as of April 2016, this has been replaced in Wales by Part 6 (Looked After and Accommodated Children) of the SSWBA 2014 (Millington, 2019). The SSWBA has also replaced section 20 of the Children Act 1989 with section 76 of the SSWBA 2014 (s.76 SSWBA, 2014). Although this is least restrictive practice, I knew 5 could withdraw her consent of Section 20 for 4 at any given time. Therefore, I knew I had to think about the use of '*Good effective Practice*' in terms of working in partnership with 5 and building on a positive trusting working relationship in order to keep 4 safe from harm (Thompson, 2015). Alternatively, the local authority had met threshold to apply for an Interim Care Order if consent was withdrawn.

Due to working with 4 and 5 for the past year I had already had the opportunity to start building on a trusting relationship with both, such as supporting 5 with interventions with an aim to make positive changes and carrying out different aspects of *direct work* with 4 to gain an understanding of her daily lived experiences whilst in 5's care. It is a crucial part of social work practice within Child Protection to ensure you listen to the voice of the child and capture the daily lived experiences in order to inform assessment in relation to their safety (Ferguson, 2011). I was aware that the Child Protection Process has policies and requirements that I

needed to follow in order to ensure that the rights of 4 was met and the rights of 5 within this process. However, due to the incident happening unexpectedly I needed to think on my feet about the process under the section 76 of the SSWBA 2014 and what the time scale was in order to work with both 4 and 5 before I could make a recommendation to whether 4 could be safely returned to her mother or the local authority would need to apply for an Interim care order for a further period of assessment. At this point, Welsh Children Services policies and procedures was guided by the All Wales Child Protection Procedures (AWCPP, 2008) which stated that I had twelve weeks to carry out a Parent Assessment of 5, create an Genogram, complete direct work with 4 and listen to her wishes and feelings, promote contact between 4 and 5 in a safe way and assess and analyse risk for 4 to making decisions in her best interest (Thompson, 2016). To date the AWCPP 2008 has been replaced by The Wales Safeguarding 2019 (NSPCC Learning, 2024). All interventions or processes must have an ending as the aim is for social workers to support individuals and families to solve their own problems or issues without the need of social work involvement. This theoretical approach describes this process as systematic practice which involves a five-stage process; assessment, intervention, review, ending and evaluation (Thompson, 2016).

This gave me the opportunity to follow guidelines and policies for '*Decision Making*'. However, the case had initially left me feeling apprehensive, as I was not familiar with this process of practice, potentially needing a Court process in order to keep 4 safe in the interim, if her mother was to withdrawal consent of the section 76 of the SSWBA 2014 (s.76, SSWBA, 2014). My Court experience was limited having not experienced completing Court directed Risk and Parenting Assessments before. This together with ensuring I followed policies throughout the short number of weeks of assessment and interventions for 4 and 5 with the aim to minimise risk so that they could be reunited, with no Court process required, left me feeling overwhelmed. I recognised that there were several experiences within this case that would be new to me, I considered that I had worked with a number of families within my role thus far whereby domestic violence had been a main concern of risk, but I had not yet attained any significant experience working with parental alcohol and substance misuse.

I reflected on my thoughts and feelings with my supervisor during supervision, which we linked to lack of confidence in my professional experience with the presenting issues and the formal processes in the case. It was emotionally supportive, but also questioned me to reflect on my strengths within my practice thus far and how these transfer across to supporting the needs of both the children and parents in this case, whilst contributing to further professional and practice development. Daniel and Rioch (2007) explain, "*it is vital that staff are allowed to explore their feelings and the impact of this work on them, as well as discussing case management and related tasks*" (Wilson and James 2007, p.448). Furthermore, utilising supervision to discuss uncertainties social workers feel when they become challenged or overwhelmed with complex cases is essential to practice as it supports "*reflection on action*" (Scragg, 2013, p6).

From this I drew upon my organisational skills and created a personal timetable outlining timescales of interventions, sessions of direct work with 4 and planned sessions to complete the Parenting Assessment with 5 to enable a fair assessment and effective analysis within the short time constraint placed before me. By preparing this it gave me a *Task-centred Approach* which I hoped would keep me focused and allay the feeling of becoming further overwhelmed. Task centred approaches involve 'goal orientated' approaches to social work that recognises that starting with assessment to support short-term intervention can be as effective as long-term open-ended approaches (Maclean & Harrison, 2011, p.241). My supervisor was also able to provide me with a guidance document they had found useful when completing Parent assessments which makes suggestions of questions to consider when exploring areas of parenting capacity and child developmental needs. I was also familiar with the Assessment Tringle Framework Working Together to Safeguarding Children, which is an adopted model by social workers within all Local Authority Children Services to assess all aspects of a child's development, supporting networks and parent's capacity. In England they also use The Common Assessment Framework for Child Protection (Cull & Roche, 2001). This had prompted professional curiosity, which Burton and Revell (2017, p.1512) describes as "*stepping outside your comfort zone: the essence of child protection practice*". I was somewhat concerned about my personal emotions within this process and the lack of experience and confidence that may create barriers in exercising professional accountability

and judgement. However, Burton and Revell (2018) go on to suggest that *“with the right support, supervision and analysis, it is also the component of the work that has potential to bring great reward and satisfaction and, arguably, the capacity to move closer towards a deeper understanding of the challenging and complex nature of child protection casework”* (Burton and Revell, 2018, p.1520).

In preparation of me inviting 5 into Children Services offices to discuss the concerns in respect of 4's safety and give her the opportunity to sign a section 76 of the SSWBA 2014, I was aware that I needed to work in line with the National Occupation Standards of Social Work (Social Care Wales, 2011). I ensured that I had gathered all the relevant information, current and historical, previous multi-agency assessments, reports, case chronology and case recordings for me to gain a more in-depth insight to the circumstances and difficulties of the family, and for the purpose of *“evidence base practice”* if I needed to apply to Court for an Interim Care Order. Evidence based practice involves social workers to ensure they keep good up to date cases records, O'Rourke (2010) states that record keeping can be a tedious chore for social workers as it moves away from the real job such as, face to face contact with people as well as reducing the time available to spend with families. However, recording is not just about writing ability, but more about observation and listening skills as well as gathering, processing and analysing information (O'Rourke, 2010). This lead me to reflect on my practice and ensure that I embed my social work professional values throughout the process, but not losing sight of critical challenge and thinking in terms of the child protection process and enquiring deeper, or as Lord Laming (2003) suggested within his report of the Victoria Climbié inquiry, practicing *“respectful uncertainty”*, by maintaining open stance whilst critically evaluating the information gathered during the process of assessment (Laming, 2003, p.205).

I was able to make some judgements and hypothesis with guidance in supervision about what was happening for 4, which enabled my practice to be child focused, but being aware of the work I needed to carry out with 5 in order to make positive changes within the short-time frame. Parker and Bradley (2006) explain that it is essential for social workers to emphasise the importance of social work values within their practice as we can often make professional

judgements about situations, thus highlighting the need to adopt a non-judgmental approach when working with individuals and families. Ferguson (2016) believes that social workers who work in the Child Protection field must be open and honest with parents. However, Thompson (2015) recognises that the Child Protection Process can be oppressive for parents so although you need to be honest, social workers need to be mindful when sharing such information and the impact it may have upon them. Banks (2015) would suggest that the use of social work 'values' would be beneficial when informing parents about a difficult situation, such as the use of empowerment and encouragement. I was aware that parents can sometimes become lost in the Child Protection Process due to limited understanding of the process and overwhelming environment they find themselves in (Ferguson, 2016). This was the case for 5 as it was apparent from contacting her, she was very emotional and overwhelmed with what was happening and was keen to come and speak with me in regard to 4 and the incident that led to her being removed from her care. This made me think about how I would assess 5's capacity to make significant changes in order to safeguarding 4 in the future if she was to be returned to her care. For example, utilising Prochaska and DiClemente's Transtheoretical Model of Change to assess 5's readiness and willingness to addresses her alcohol misuse and recognise the impact that Domestic Violence has upon 4's emotional and physical well-being and safety (Maclean & Harrison, 2010).

In order for me to discuss the concerns, gain consent for the section 76 (SSWBA, 2014) and assess her readiness to make changes I needed to ensure that there were no barriers effecting this process. Facilitating parents understanding is discussed by Crowther and Cowen (2011) regarding parent's understanding of terminology and jargon that can present barriers to both parent's engagement as well as understanding. When explaining the local authorities concerns and necessary actions needed from the parent to safeguard 4, I was conscious to not use jargon and explain any terminology that 5 was not familiar with. This was particularly relevant in this case as 5's first language was not English. Therefore, I ensured I booked an interpreter for the meeting to translate all the information needed to be discussed so that 5 was fully aware of what was happening and the process of the consent of section 76 (SSWBA, 2014). However, social workers need to be aware that some situations may cause

conflict or dilemma's, which means that a different action or plan may to be changed (Banks, 2015).

I was required by the AWCPP (2008) to visit 4 at her foster placement within 72 hours of the PPO. I was aware that 4 was going to be feeling upset and scared, therefore I hoped that my presence would help settle her to some extent due to my long-term involvement prior to the incident. Community Care (2017) explained that the Munro Review highlighted the importance of social workers having the time and skill with children to create a child-centred system. Under the SSWBA (2014) practitioners working with children and young people 'MUST' have a '*What Matters Conversation*', to try and establish what their wishes and feelings are about their current situation and how they feel they can be supported. This works in line with the Child's rights such as, the right to be heard, not be discriminated and work in the best interest of the child (Unicef, 2018). Although 4's rights are being met in some aspects of UN Convention on the Rights of the Child (UNCRC), the '*right*' to '*family life*' has been over-ruled by safeguarding legislation, such as the Children Act 1989 as a child's safety is paramount. This is enforced under section 7(2) of the right the SSWBA 2014 and embedded throughout the accompanying Code of Professional Practice (s.145 SSWBA 2014) and further supported by the Working Together to Safeguard Children guidance in making professional judgement and decisions in the Child's best interest (Department for Education, 2018).

Due to 4's age I had to think about what would be appropriate to encourage and engage her in a '*What Matters*' conversation. Erickson's (1959) theory would suggest at around this age in their psychological development children begin to assert their power and control over the world through directly play and other social interactions (Sudbery, 2011). Therefore, I took a Worry Monster Teddy to the visit for 4 to help her feel safe and know she can express any worries or feelings. I was aware that she may not understand what is happening at present and feel confused, therefore I ensure I reassured 4 and explained to her that I am working with her mummy, with an aim to reunite them soon. Community Care (2018) identify the need for social workers to use techniques and resources within their practice when doing direct work with children.

The Department of Health (1995b) states *“professional practice” which reduces a family’s sense of powerless, and helps them feel and function more competently, is likely to improve the well-being of both parents and children*” (cited in Rae and Stringer, 2010). I was aware that this could be a conflict or dilemma within this process, and I needed to ensure I respected the rights of 5, as well as 4’s. Although the Human Rights Act 1998, states the *“right to respect for private family life”*, the state Child Protection Process over rules this, but I still felt that I needed to uphold and respect the rights of both within my practice. By doing this I was aware of the importance of working in collaboration with other professionals and agencies in order to create a supporting network around 4 and 5, to not only continue to safeguard them but also to support and aim to achieve positive outcomes in the time scale of this process. Particularly as there is shared responsibility and duty to ensure 4 is safeguarded from harm (s.11 Children Act, 2004). Furthermore, Laming (2003) places significance on multi-agencies working together to achieve *“effective support”* for children and their families/carers stating this action cannot be accomplished alone (Laming, 2003, p.7). Howarth (2009) supports this stance in suggesting *“sound assessment practice is dependent on professional knowledge and skills and the ability of professionals to work together with each other, the child and the family to identify the child and family’s need”* (Wilson and James, 2009, p.246). 4 was still subjected to a Child Protection Plan alongside the Section 76 consent as this was the guidance from the AWCPP (2008) in order to safeguard 4. Therefore, Core Group Meetings continued every 4-6 weeks as well as Looked After Children reviews under the part 6 of the SSWBA 2014 (Welsh Government, 2018). 5 was invited to all the meetings, whereby she knew she had support from all professionals in order to promote and support her to make positives changes and encourage to participate in the future care planning. Their participation alongside other professionals was vital in informing the systematic approach which was specifically targeted in assessing and analysing the best possible outcome.

With the continuing support from Children Services and other professional’s it was evident throughout the process that 5 was beginning to show positive changes for the best outcomes for 4 as she wanted to ensure she received the support and interventions for 4 to be returned to her care. By using the “Change Model” it allowed me to assess where 5 was at in her readiness to change and the effective interventions which would help with this. 5 effectively

engaged with alcohol and substance misuse services and worked with Women's Aid, investing in the Freedom Programme in respect of DV, and contact sessions between her and 4 were noted to be positive. In a meeting with 4's independent reviewing Officer and the agency Decision Maker in accordance with section 6 of the codes of Professional Practice for Social Care (Social Care Wales, 2017), I was required to take accountability for the outcome of the assessment and process and justify the decision for my recommendation to introduce a transition period to enable 4 to return to the care of 5. However, 4 would remain on the Child Protection Register for a further period of continuing sustained changes in order to safeguard her. This outcome was two-fold in supporting the principles underpinning the Children Act 1989 whilst acknowledging the changes the parent had made (CA, 1989). Munro (2008) states "In the absence of any better indicator, '... the best guide to future behaviour is past behaviour" (Munro 2008, p77).

On reflection of this case study and my uncertainties about the unknown processes and making professional judgment, decisions and actions in the safety of the child, I have been able to recognise within supervision the confidence I have gained through this piece of work and how it has also helped me progress in my professional development for future practice. Thompson and Pascal (2011) discuss the importance of social workers reflecting on their practice for them to learn from mistakes or missed opportunities.

Word count – 4103