



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPPF6044**

**LEARNER PORTFOLIO
(PORTH AGORED and UNIVERSITY OF WALES
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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

In this assignment, I critically reflect on an assessment I carried out as a social worker in the Looked After Children (LAC) team, focusing on safeguarding. I will explore how national and organisational policies, legislation, and procedures influenced my decision-making throughout the process. Additionally, I will compare safeguarding practices in Wales with those across the wider UK, the European Union (EU), and internationally. A central part of my reflection will be evaluating how professional judgment, multi-agency collaboration, and social work theories contributed to navigating complex safeguarding challenges in Wales. To support my reflective practice, I will use Schön's Reflection Model as a structured framework for analysis (Schön, 1983).

Case Overview and Key Safeguarding Concerns

In line with the Code of Professional Practice (Social Care Wales, 2020), I ensure confidentiality by anonymising details, referring to the child as "Child 2" and using identifiers for the professionals involved. My practice with Child 2 is underpinned by a strengths-based approach. Research by Featherstone et al. (2021) and Saleebey (2013) suggests that recognising family strengths improves engagement and leads to more effective interventions. This approach aligns with Welsh safeguarding

policies, which promote a holistic, child-centred model over a risk-driven one (Welsh Government, 2019).

Over the past two years, I've worked closely with Child 2, overseeing their care plan and ensuring placement stability. My role goes beyond identifying safeguarding risks to also supporting the emotional well-being of the children in my care. Stability is particularly crucial for children in care as it lays the foundation for healthy emotional development (Trevithick, 2012).

Child 2 now resides in a residential home outside their original city of birth. Moving a child to a home outside their original borough and across national borders within the UK introduces complex cross-border safeguarding challenges. The Welsh Government (2022) stresses the need for clear protocols and effective collaboration between local authorities to ensure the child's safety and well-being. Under Part 7 of the Social Services and Well-being (Wales) Act 2014, the Welsh Government (2014) outlines the duty to protect children at risk. Despite Child 2's placement outside Wales, my organisation remains responsible for their safeguarding and well-being. Egelund and Oyen (2017) highlight that frequent moves can hinder children's ability to form secure attachments, leading to emotional and behavioural difficulties with lasting developmental impacts. Therefore, prioritising stable, long-term placements is essential. Research also shows that children who experience multiple placement moves are more likely to be placed far from home, with 29.9% of those in their third or subsequent placement living over 20 miles away (Community Care, 2023).

Child 2 was given a choice of language under the More Than Words framework (Welsh Government, 2012) and chose to communicate in English. Having worked with Child 2 for a couple of years, they were aware that I speak Welsh fluently. The option to use the Welsh language is revisited in care planning meetings and LAC reviews. Additionally, my ability to communicate in Welsh is clearly indicated in my work email signature and on my lanyard, ensuring that both the child and other professionals are aware of it and that their language preferences are respected.

Relationship-based practice is a key aspect of my work with Child 2. By fostering strong, trusting relationships, I help children feel heard, understood, and valued. Ruch (2005) suggests that such practice promotes emotional security and is vital for building trust, particularly with vulnerable children in care. Through consistent, empathetic engagement, I have worked to ensure that Child 2 feels supported and safe in sharing their concerns.

A safeguarding referral was received from Professional 1, a residential care worker, outlining concerns about Child 2 being reported missing during their planned independence time. The referral highlighted

repeated missing episodes and inconsistencies in Child 2's explanations upon their return. A second agency submitted an additional referral, reinforcing concerns about the circumstances surrounding the missing from home incident. Given the potential risks of child exploitation, I was tasked with ensuring an appropriate safeguarding response in line with the Wales Safeguarding Procedures (Social Care Wales, 2020).

Further details in the referral revealed that Child 2 had mentioned travelling in a car with unknown adult males and being under the influence of an unknown substance, possibly alcohol or illegal drugs. They also described visiting a "crack den." Given these disclosures, I exercised professional judgment to initiate a strategy discussion. Munro (2019) argues that high-risk safeguarding decisions require balancing procedural compliance with discretionary decision-making to ensure contextually appropriate interventions. While I was confident escalation was necessary, I consulted with my manager before proceeding. This reflective practice allowed me to ensure my response was proportionate and well-justified, a positive aspect of safeguarding decision-making, as Morrison (2007) argues is important.

Multi-Agency Strategy Discussion

Under the Wales Safeguarding Procedures (Social Care Wales, 2020), a strategy discussion must occur within 24 hours of identifying a safeguarding concern. A strategy meeting is a crucial part of the safeguarding process and is typically a multi-agency discussion to assess the level of risk and decide the appropriate steps to protect the child. In my organisation, a strategy multi-agency meeting usually involves professionals from various sectors, such as social workers, police, health, and education, to share information and agree on the next steps. These meetings must be held within 24 hours of identifying a safeguarding concern, ensuring a swift and coordinated response to protect the child according to guidance within Social Care Wales (2020).

For Child 2, after escalating concerns to my management team, a strategy discussion was held on the same day the referral was received. A multi-agency strategy meeting was then scheduled, involving professionals from health, education, the Missing from Home team, a family support worker, residential care staff, and the police. This coordinated approach ensured a comprehensive response.

At the start of every strategy meeting for Child 2, and others chaired by my team, the chair (usually a manager) reads a confidentiality statement to reinforce professional responsibilities. They also confirm the child's identity, ensuring compliance with GDPR (European Union, 2016) and the Code of Professional Practice for Social Care Workers (Social Care Wales, 2020).

Although health professionals were invited, they did not attend, which has been a recurring issue despite their statutory safeguarding duties under the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014). Health agencies play a crucial role in identifying and addressing physical and emotional needs, contributing to risk assessments, and ensuring a holistic safeguarding approach (Laming, 2003). Their absence can lead to gaps in information-sharing, delaying interventions and potentially increasing risks for vulnerable children.

During Child 2's strategy meeting, I provided a summary of their background, highlighting their Adverse Childhood Experiences (ACEs) and the risks identified previously. ACEs, including abuse, neglect, or household dysfunction, can significantly affect a child's development and well-being (Felitti et al., 1998). Research shows that Looked After Children (LAC) are more likely to have experienced multiple ACEs, increasing their vulnerability to further risks (Bellis et al., 2015).

After I presented the summary of concerns for Child 2, professionals from other agencies shared their perspectives, highlighting both positive developments and ongoing concerns. The chair then asked the group to assess whether the situation met the legal threshold for significant harm. In Wales, this means there must be reasonable grounds to suspect that a child is experiencing or at risk of significant harm under section 47 of the Children Act 1989 (Children Act 1989). If met, a Section 47 enquiry is initiated a formal child protection investigation where social services, the Police, and health professionals assess risk and determine necessary safeguarding actions. Under Part 7 of the Social Services and Well-being (Wales) Act 2014 Welsh Government (2014), local authorities have a duty to make enquiries when concerns arise. In my organisation, we refer to this process as an S47 enquiry, aligning with statutory guidance set out in the Wales Safeguarding Procedures (Welsh Government, 2019), which provide a framework for multi-agency safeguarding responses.

Professional Judgement and the Decision-Making Process

After discussing the potential harm and severity of the situation, the professionals in the strategy meeting unanimously agreed to proceed with a Single Agency Section 47 (S47) enquiry. This refers to an investigation into potential child abuse or neglect carried out by a single agency, usually the local authority or social services, under Part 7 of the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014). In contrast, a joint Section 47 enquiry involves a more collaborative approach, where social services, the police, and other relevant agencies such as health professionals work together to assess the level of risk to the child. Typically, this includes a joint visit by the police and social services to ensure a comprehensive assessment of the child's safety, allowing for a more

holistic view and ensuring that all professionals contribute to the decision-making process within safeguarding.

While I understood and agreed with the decision to proceed with a single-agency Section 47, I couldn't help but feel frustrated, especially given Child 2's complex relationship with professionals and their previous expressions of distrust, such as saying, "No one listens." I respectfully challenged the decision, advocating for a joint Section 47 enquiry to ensure a more coordinated and comprehensive approach to safeguarding. I explained to the other agencies that this might be our only chance to gather information directly from Child 2 and understand their perspective, stressing that they may find it difficult to repeat sensitive information again.

Reflecting on this situation through the lens of Schön's reflection-in-action model (Schön, 1983), I wonder whether a joint approach would have facilitated better engagement with Child 2 and led to a more thorough gathering of relevant evidence. However, the police professional at the strategy meeting explained that there was insufficient evidence at that point to initiate a joint Section 47 enquiry, as no criminal offences had been identified. Despite presenting Child 2's history and anticipating their likely response to such an enquiry along with considering their previously explained ACES I still struggled with the decision. I felt the weight of the child's situation and the missed opportunity for a more thorough investigation.

Research has highlighted differences in local safeguarding thresholds and practices across regions, such as between Wales and England, can lead to variations in how safeguarding concerns are prioritised and addressed (Higgins & Coussins, 2017). Upon deeper reflection, I began to question the source of my strong desire to challenge the decision regarding the Section 47 enquiry. With recent serious case reviews being widely covered in the media, I felt an increased urgency to advocate for the best interests of the children and families I work with and uphold the values and integrity of the social work profession. However, after the meeting, I realised that I may have unconsciously placed less trust in the professionals from the English agency due to my unfamiliarity with their regional approach to safeguarding. I wondered if I had subconsciously feared that they might not take the situation as seriously, given the differing safeguarding thresholds across regions. This concern was supported by research that highlights how safeguarding practices can vary between regions and influence the management of safeguarding concerns (Davies & Ward, 2012).

Reflecting on this experience using Schön's Reflection-in-Action model (Schön, 1983), I realised that my decision-making had been influenced by preconceived ideas about safeguarding practices in

different regions. This was unexpected, especially given my usual reliance on Neil Thompson's Person-Centered Social Work (PCS) model, which encourages self-awareness and challenges personal biases. The PCS model promotes an anti-oppressive approach to practice, emphasizing the need for social workers to reflect on their values, assumptions, and prejudices, particularly in their interactions with others (Thompson, 2009). Applying this framework to the situation, I recognised how my unconscious assumptions about the English agency affected my professional judgment. This prompted me to reassess how I engage with colleagues from different regions. Reflecting on this has deepened my understanding of unconscious biases in safeguarding decisions and will guide my future approach to multi-agency collaboration.

This case highlights the importance of following safeguarding rules and procedures, not just within Wales but also in the wider context, including how social services in Wales connect with the UK, EU, and international frameworks. After the meeting, I quickly arranged to visit the residential home where Child 2 lives. According to the Wales Safeguarding Procedures (Social Care Wales, 2020), a child needs to be seen within 24 hours once a Section 47 enquiry has been agreed. This is a crucial part of safeguarding, ensuring that a child's safety and well-being are assessed without delay so that risks can be addressed early on. It's also in line with national laws like the Children Act 1989 (s.47) (Children Act 1989), which requires immediate action when there's concern about a child's safety (Social Care Wales, 2020). On a broader scale, this approach aligns with EU and international standards that stress the need for quick action in safeguarding cases to protect children (United Nations, 1989; European Union, 2017). By visiting Child 2 within the 24-hour timeframe, I made sure we were not only following the correct procedures but also acting swiftly to make sure the child was safe showing how local practice in Wales connects with both UK and international safeguarding standards.

Safeguarding Intervention and the Initial Section 47 Assessment

Before visiting Child 2, I had a discussion with the professionals at the residential home where Child 2 lives. During this conversation, I instructed them to sensitively increase supervision of Child 2 in a natural and discreet way, ensuring that they could freely talk to anyone with whom they have a trusting relationship. I emphasised the importance of documenting any new information Child 2 might share that could contribute to the Section 47 enquiry. This approach aligns with research suggesting that effective safeguarding practices involve ongoing collaboration and ensuring that children feel comfortable sharing sensitive information with trusted adults (Morrison, 2007).

In addition to this, further steps had already been taken to ensure Child 2's safety. I had arranged for Child 2's mobile phone to be temporarily withheld in case it contained any evidence that could assist the Section 47 enquiry. I was careful to explain to Child 2 that this was not a consequence of their behaviour or intended to shame them, but rather a protective measure to ensure they understood the importance of using mobile phones responsibly. Historically, Child 2 had not owned a mobile phone and had previously completed direct work around mobile phone safety. This decision is consistent with safeguarding policies that advise corporate parents to set boundaries and use mobile phone usage as a tool to protect children from potential harm (Livingstone & Palmer, 2012; Staksrud, 2013). As corporate parents, it is essential to consider how mobile phones are managed to safeguard children effectively (Barnardo's, 2021).

Corporate parenting involves being responsible for a child's safety and well-being, particularly in relation to potentially harmful situations, such as online exploitation or misuse of technology. For children in care, the use of mobile phones presents both opportunities and risks. Research highlights that children in care are particularly vulnerable when it comes to the use of mobile devices and the internet, with risks including exposure to inappropriate content and contact with potential exploiters (Livingstone & Palmer, 2012).

To mitigate these risks, it is vital to implement policies that balance the benefits of mobile phone usage with appropriate safeguarding measures. This includes setting clear guidelines on appropriate usage, monitoring online activities, and providing ongoing education to children about the potential dangers of mobile phone use. Barnardo's (2021) emphasises the importance of communication and setting boundaries to ensure that children are protected from the risks associated with smartphones and other devices.

When I arrived to see Child 2, I greeted her warmly with a smile and an animated tone, hoping to start with some light conversation to make her feel at ease. However, to my surprise, she stormed past me, shouting, "I am not speaking to you, go away!" In that moment, I quickly turned to Schön's (Schön, 1983) model of reflection-in-action to help guide my response. As I reflected, I considered that Child 2 might have been feeling scared, perhaps thinking she was in trouble. It's common for children in care (LAC) to view social workers as figures of authority, often associating us with parental roles, which can trigger feelings of anxiety or distrust (Boddy, 2017). I began to understand that her reaction could stem from past negative encounters with authority figures, making it harder for her to trust social workers or engage with us openly. Looking back, I felt frustrated with myself for not adjusting my approach sooner, especially since I knew Child 2 had struggled with trusting professionals during times of worry. I wished

I had been more aware of her emotional state and adapted my approach accordingly. In hindsight, I also recognised a gap in the process while the legal requirement is to see the child within 24 hours, I should have created a more thoughtful and robust engagement plan for situations like this, where building trust is crucial. I recognised that Child 2 needed some space to process her emotions and gather her thoughts, so I allowed her to remain in her bedroom for a while. I understood that my arrival may have triggered a feeling of being in trouble, even though that wasn't the case. It's important to give children the space they need, as this helps them feel more in control and less anxious (Morrison, 2007).

After some time, I sat outside Child 2's bedroom door with a staff member from the residential home. I used my PACE skills Playfulness, Acceptance, Curiosity, and Empathy (Dan Hughes, 2006) to engage with her in a gentle and supportive manner. The goal was to create a space where she felt safe enough to open, build trust, and engage with me at her own pace. Initially, Child 2 repeatedly said, "No, I'm not talking to you," and I began to worry that I wouldn't be able to speak with her at all. However, I maintained my focus on acceptance, reassuring her with, "I know you may be scared about why I'm here, but you're not in trouble. I've come to see if you're okay." I also incorporated playfulness, saying, "I heard you've had your eyebrows done. I'd love to see them since I know you're great at makeup. This seemed to lighten the mood, and Child 2, feeling safe and calm, eventually opened her bedroom door and joined me and the professional in the hallway. After some time chatting, Child 2 indicated she was comfortable discussing the incident in full. I remained mindful of our surroundings and the potential for others to overhear us, so I respectfully asked if we could move to her bedroom for a more private conversation. This was in line with maintaining confidentiality and ensuring respect for the individual, as outlined in the Code of Professional Practice (Social Care Wales, 2020).

Reflecting on this interaction through Schön's reflection-in-action (Schön, 1983), I felt both surprised and proud of my practice, particularly in how I gathered information during this stage of the conversation with Child 2. In retrospect, I realised that without consciously planning to do so, I had applied the Achieving Best Evidence (ABE) interview techniques. ABE skills, as outlined in best practice guidelines, are an effective way to gather accurate and reliable information from children and families in a sensitive manner (Home Office, 2011). These techniques focus on creating a safe, supportive environment for children to disclose sensitive information, which was essential for ensuring the conversation prioritised Child 2's emotional well-being.

I drew on open-ended questions from the ABE guidance, such as, "What were the people you were with wearing?" and "What colour car did they have?" These types of questions helped prompt Child 2

to recall specific details. Additionally, I used a technique from the ABE guidelines where I asked Child 2 to close her eyes and think back to a particular moment she was describing. She initially struggled to recall a detail, but when she opened her eyes, she was able to provide the specific information. The ABE framework emphasises the value of eye-closing techniques as they can help children focus on and retrieve memories (Home Office, 2011). This approach facilitated a more accurate recollection, ensuring that we gathered the most reliable information during the conversation. I was surprised and delighted by how much information Child 2 was providing during this conversation. However, Schön's reflection-in-action reflection model reminded me that I wasn't writing anything down, and I was worried I wasn't going to capture every single detail (Schön, 1983). According to research, children often experience increased anxiety when they see social workers taking notes during conversations, which may cause them to hesitate or stop speaking altogether (Davies, 2017). This anxiety can hinder effective communication, making it more difficult to gather crucial information. To reduce this barrier, it is recommended that social workers inform children of the purpose behind notetaking and adopt unobtrusive methods, ensuring that the process does not overwhelm or discomfort the child (Jenkins, 2018). Creating a comfortable environment through these measures encourages children to share their thoughts and feelings more openly (Smith & Johnson, 2020). Although I was mindful there was another professional with me and child 2 who I could deliberate after this conversation.

Outcome from the Section 47 assessment

During my conversation with Child 2, she disclosed additional details that reinforced the concerns outlined in the initial referral. Her account suggested that she had been manipulated during the incident. Acknowledging the sensitivity of her disclosure, I praised her bravery and checked in on her emotional well-being. I also asked if there was anything I or the residential home staff could do to support her. Taking the time to explain the next steps, I informed her that I would be consulting with other agencies, including health and the Police, and that the Police might want to speak with her. While she initially appeared hesitant, her subtle smiles and eventual agreement suggested a willingness to cooperate. As a social worker, it is essential to ensure that children are fully informed and actively involved in decisions that affect them, in line with the Social Services and Well-being (Wales) Act 2014 and the UN Convention on the Rights of the Child (1989).

To ease the atmosphere, I shifted the conversation to something more positive, asking Child 2 about her plans for the rest of the day. She engaged more readily with this topic, and it provided a welcome distraction from the seriousness of our discussion. I felt reassured by the care provided by the residential home and the updated risk assessments, which confirmed that Child 2 was safe in her

current environment. Before leaving, I made sure to document all the information Child 2 had shared, ensuring it was accurate and reflecting on the conversation with the residential staff member who had been present. This collaboration helped to ensure that all relevant details were captured, and the child's voice was heard.

After the conversation, I discussed the case with my manager, using Schön's reflection-in-action (Schön, 1983) to review the details provided by Child 2. We agreed that the new information warranted further action, and I requested a strategy meeting to explore the developments. Upon reflection, I felt frustrated, as I had previously questioned the decision for a single-agency Section 47 enquiry. The following day, we held a second strategy meeting, where I presented the new findings. After careful deliberation, we decided to proceed with a joint Section 47 enquiry, focusing on the potential criminal aspects of the incident. After further discussions with the Police, they determined it was appropriate for them to lead the criminal investigation. Based on my assessment, the Police arranged an ABE interview with Child 2 and proceeded with evidence gathering. My assessment provided sufficient information for the Police to pursue criminal charges against the suspects. I concluded by finalising the written Section 47 assessment and strategy meeting minutes, which were endorsed and quality-assured by my manager.

However, I couldn't help but feel disappointed that the agencies had not agreed to a joint enquiry from the outset. The delay in this decision meant that Child 2 would have to recount her narrative once more, a process that could risk retraumatising her. There was also the possibility that the repetition of her account might lead to inconsistencies in her narrative or even cause her to withdraw from speaking further. This situation highlighted the challenges of multi-agency collaboration and the need to prioritise the child's well-being in safeguarding processes.

Conclusion

In conclusion, this assignment has provided a valuable opportunity to critically reflect on my practice and deepen my understanding of safeguarding procedures within the context of Wales. It has reinforced the significance of adhering to legal frameworks and the necessity of a person-centred approach when working with vulnerable children. Throughout the process, I have gained insight into the essential skills of assessment, information gathering, and collaboration with other professionals. These elements are foundational to effective safeguarding, as highlighted by Morrison (2007) in advocating for a thorough and collaborative approach to child protection. Schön's reflection-in-action model has proven particularly useful in navigating this complex case, enabling me to reflect on my

actions and continuously improve my practice (Schön, 1983). This experience has reinforced my commitment to advocating for children and ensuring their voices remain central in decision-making, in line with the principles of the Social Services and Well-being (Wales) Act (2014) and the UN Convention on the Rights of the Child (1989).

This case has underlined the need to understand how social services in Wales interact with systems in the UK, the EU, and internationally. The relationship between national, European, and global frameworks is essential for maintaining consistent safeguarding practices and ensuring children's protection across different jurisdictions. As the Social Services and Well-being (Wales) Act (2014) highlights, it's crucial to align local procedures with international standards to create a comprehensive safeguarding approach. This reinforces the importance of timely, coordinated action, acknowledging my role in safeguarding children and upholding their rights, both locally and globally.

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