



**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).

This case study critically reflects on an adult's social work assessment undertaken collaboratively by a multidisciplinary team within a Local Authority (LA) in Wales. The assessment concerned "3", an individual living alone at home with dementia, who, following the sudden death of their spouse, was admitted to hospital. Family ("4") and ward staff raised concerns about their ability to return home without a necessary care and support plan in place. Therefore, in accordance with the confidentiality guidance in the s2 Code of Professional Practice for Social Care (Wales) 2017 (SCW, 2017) (COPP2017), all names and personal details have been withheld to fully anonymise any identifying information. This reflection analyses the assessment process, professional decision-making, and inter-agency collaboration in light of the Social Services and Well-being (Wales) Act 2014 (SSWBWA), integrating relevant safeguarding legislation, procedures, and social work theories.

3 lived in a rural part of the county where I practice, an area with limited resources. Since the death of their spouse, their support network is limited, with only family members available who, despite their willingness, were unable to provide adequate practical assistance. Practising in a rural, isolated area highlights the complexity of delivering services in contexts defined by distance, limited resources, and strong community ties. Such environments require social workers to be flexible and resourceful, often taking on multiple roles to meet diverse client needs (Alston, 2007). This reinforces the importance of adaptability and broad skill application within rural practice. Rural communities often possess deep social connections, which can enhance trust and collaboration but also complicate confidentiality and professional boundaries. Pugh (2007) emphasises the ethical tension that arises when practitioners must

balance professional integrity with community integration. From a professional standpoint, this requires heightened self-awareness, critical reflection, and adherence to ethical standards, something I applied to 3's case. Structural barriers such as restricted transport, digital exclusion, and limited service funding can exacerbate social and economic inequality (Schmidt, 2008), requiring advocacy and community engagement to promote equitable access to services (Riebschleger, 2007).

Integrating the Well-being of Future Generations (Wales) Act 2015 (WFG Act, 2015) adds a strategic dimension to this practice, emphasising sustainable, long-term approaches that consider social, economic, environmental, and cultural well-being for both current and future populations. Social workers must not only respond to immediate needs but also promote resilience, equity, and sustainability in service delivery, ensuring that interventions strengthen communities and safeguard the well-being of future generations (Welsh Government, 2015). Despite the challenges, rural practice offers valuable opportunities to build strong, trust-based relationships and witness the resilience of individuals and communities. Adopting a person-in-environment perspective (Bronfenbrenner, 1979) allows practitioners to understand the interconnections among people, place, and systems. Professionally, this reflection underscores that rural social work requires resilience, cultural competence, and a commitment to social justice—core values that define ethical and effective practice.

I was allocated to 3 an active member of their local community, to collaborate with the wider team, including multidisciplinary teams, to support facilitating a safe hospital discharge, so a holistic social work assessment was required. Working as part of a multidisciplinary team (MDT) is essential in promoting holistic, person-centred care, as collaboration between professionals enables shared decision-making and improved outcomes for individuals (Nancarrow et al., 2013; Royal College of Nursing, 2018). The Local Authority (LA) has a duty to assess the needs of individuals referred for care, as outlined in part 3, s19 of the SSWBWA. They must determine if the individual needs care and support, identify those needs (19 1a&b SSWBWA), and decide how to meet them. Therefore, this process was carried out for 3. After introductions to 3, I obtained consent to speak directly with their family, including 4, about their circumstances. I explored 3's wishes and feelings around potential interventions and discharge planning. During this process, I ensured the principles of the 'Active Offer' were applied. In Wales, guidance has been developed to strengthen the use of the Welsh language in health, social services, and social care, as outlined in More than Just Words: Action Plan for Welsh Language in Health and Social Care (Care Inspectorate Wales, 2021), originating from the Welsh Language Strategic Framework: More than Just Words (2012). Challenges can arise when the Active Offer is difficult to deliver, for example, if individuals prefer to communicate in Welsh but appropriate support is not immediately available, which can also potentially delay hospital discharge. In such cases, sourcing a fluent speaker or professional interpreter is essential to maximise both adults' rights, understanding, and ability to participate meaningfully in safeguarding discussions.

During initial discussions with 3 about their daily routine, they struggled to recall details and appeared visibly anxious. The conversation often drifted off-topic, and they repeated questions and statements, indicating short-term memory issues consistent with a dementia diagnosis. I was mindful that this presentation might also be influenced by recent loss, as grief

and loss can significantly affect individuals, especially those with dementia. These effects can be compounded by the unfamiliar and busy hospital environment, which can increase disorientation, agitation, and anxiety (Fick, Steis, Waller, & Inouye, 2015; Inouye, Westendorp, & Saczynski, 2014). This persistent sense of loss is often described as chronic or anticipatory grief (Cavalieri, 2015). People with dementia may find it difficult to verbalise grief and instead exhibit emotional responses such as sadness, agitation, withdrawal, or anxiety. For instance, an older adult might repeatedly ask where a deceased spouse is, reflecting both memory impairment and unresolved grief which 3 did.

During conversations with 3, no safeguarding concerns were raised, and in accordance with the principles of the Mental Capacity Act 2005 (MCA2005), despite a diagnosis of a cognitive impairment and signs of confusion, their capacity was presumed. However, following a discussion with nursing staff and the medical staff, concerns were highlighted regarding 'alleged physical and emotional abuse' towards 3 by 4, who is also the informal carer, being the alleged perpetrator. Furthermore, 4 was employed by a health board; therefore, they were 'a person in a position of trust' (PiPoT). To make sense of the information and provide a professional judgment, I felt it was important to explore 3's wishes, views, and feelings about the situation. However, I was aware that this needed to be done using a person-centred approach to establish trust and understanding. Drawing on Carl Rogers' (1951) person-centred theory, I focused on showing empathy, genuine understanding, and unconditional positive regard to build a respectful and supportive relationship. I found that adopting this approach helped me engage with 3 more effectively, as it promoted dignity and reassurance while allowing them to express their emotions freely.

3 expressed that 4 was "looking out for them" and did not see any issue with the situation, possibly because of their level of understanding or because the alleged abuse was by their loved one, or they did not wish to admit it to themselves or others. I then faced the difficult task of explaining that the information needed to be reported to the Safeguarding Team for further investigation. At this point, I was concerned that the small amount of trust I had quickly built with 3 might be undermined by a breach of their confidentiality. However, both my personal and professional values supported me in approaching this action with honesty, empathy, and professionalism.

Difficult conversations are a regular part of social work practice, and my knowledge of the Code of Professional Practice for Social Care (Social Care Wales, 2017) and the BASW Code of Ethics (2021) guided my actions. These frameworks emphasise integrity, accountability, and the importance of balancing confidentiality with the duty to protect individuals from harm. Furthermore, overarching legislation such as the SSWBWA provides clear guidance on safeguarding responsibilities and promotes a person-centred approach that upholds the rights and well-being of individuals and their families. This experience reinforced my understanding that while maintaining trust is vital, ensuring safety and protection must remain the priority in practice.

Reflecting on the situation as a whole, I faced a professional dilemma regarding safeguarding. Although no new concerns had been reported to the LA or the Local Health Board (LHB), I became aware that information requiring attention had not been escalated. While the

information was not new, once it was shared with me, I had a duty of care to ensure it reached the safeguarding team. Using Gibbs' Reflective Cycle (1988), I reflected on why the information had not been shared earlier. I wondered whether the other professionals did not perceive it as a safeguarding concern or whether they felt uncertain or reluctant to be the first to report it. Not only that, but I reflected on the fact that 4 had also experienced significant life changes, including the loss of a loved one and the hospitalisation of another family member who's living with dementia. According to Lazarus and Folkman's (1984) stress and coping theory, such events can act as major stressors, increasing emotional distress and requiring coping strategies to manage grief and anxiety, which may have contributed to the alleged abuse. I felt a sense of tension and responsibility, knowing that once the information was shared with me, I had a duty to act. This made me consider the importance of professional judgment, confidence in reporting procedures, and understanding of safeguarding responsibilities. Evaluating the situation, I recognised that delays or uncertainty in reporting can increase risk to vulnerable individuals, reinforcing the need for vigilance and proactive action. This highlighted the value of supportive team communication, supervision, and familiarity with formal safeguarding processes, such as those outlined by CWMPAS Mid and West Wales Regional Adult Safeguarding Board and the SSWBWA. Ultimately, applying a structured reflective model, such as Gibbs (1988), helped me critically analyse my own response, understand the ethical and professional dilemmas involved, and reinforce my commitment to safeguarding practice.

In Wales, safeguarding follows statutory guidance under Part 7 of the Social Services and Well-being (Wales) Act 2014, which places a duty on professionals to report concerns about the well-being or safety of adults at risk to the appropriate local authority safeguarding team. The Wales Safeguarding Procedures provide a national framework for safeguarding adults, setting out consistent processes for reporting concerns, assessing risk, and coordinating multi-agency responses across the country (Welsh Government, 2020). In my area, this framework is implemented locally through the CWMPAS Mid and West Wales Regional Adult Safeguarding Board, which oversees safeguarding processes, ensures concerns are investigated appropriately, and coordinates responses between local services (CWMPAS Adult Safeguarding Board, 2020). This process includes initial reporting, screening by the safeguarding team, risk assessment, and, if necessary, investigation or further coordination with relevant services (Welsh Government, 2014). Understanding both the national procedures and the local implementation clarified my responsibility to act and ensured that I followed the correct procedures to protect the individual.

In considering this case, I reflected on the United Nations Principles for Older Persons (1991), particularly Article 6, which states that older persons should be able to reside at home for as long as possible. This principle highlights the importance of independence and dignity for older adults, but it can create ethical dilemmas when safeguarding concerns arise. In this situation, I initially felt a sense of conflict, recognising that my professional duty to protect the individual could potentially interfere with their right to remain at home. Social work practice must be guided by overarching legislation, including the Human Rights Act 1998, particularly Article 8, which protects the right to private and family life.

This conflict was heightened because the information I had received was third-hand. However, during a supervision session, I reflected on the circumstances and recognised that we were dealing with an elderly person living with dementia who may have experienced potential physical and emotional abuse by a family member. Given the individual's vulnerability and my professional and ethical responsibilities, it was clear that sharing this information with the CWMPAS safeguarding team was the appropriate course of action. This decision balanced the older person's right to remain at home with the imperative to safeguard their well-being, demonstrating how legislation, ethical principles, and safeguarding procedures must work together in social work practice.

This experience highlighted the complexity of safeguarding practice, where professionals must make decisions amid incomplete information or delayed reporting. I felt tension between following protocols and acting to protect the individual, reinforcing the importance of ethical decision-making, accountability, and prioritising the safety and well-being of vulnerable people. Vigilance and proactive intervention are essential to uphold professional responsibility and ensure that safeguarding procedures in Wales are effectively implemented.

A Multi-Agency Referral Form (MARF) was completed and submitted to the safeguarding team to ensure that concerns were reported in line with statutory procedures. The MARF is a standardised document used to refer adults at risk to social services and ensures that each agency provides clear and consistent information to support effective decision-making (Welsh Government, 2014). My line manager assisted me in completing the form, and during supervision, I was able to discuss the case in depth. Their guidance and encouragement helped me exercise professional judgment, enabling me to make informed decisions while reflecting on the ethical dilemmas involved. I recognised that management support was necessary in ensuring transparency, accountability, and adherence to safeguarding policies. Throughout this process, I also became aware of the importance of accurate and reflective recording. Maintaining detailed case notes that are factual, objective, and contemporaneous provides an accountable record of professional reasoning and actions. Good recording supports MDT communication, ensuring that all professionals have access to consistent, reliable information when making safeguarding decisions (Nancarrow et al., 2013; Department of Health and Social Care, 2015). In addition, the UK General Data Protection Regulation (UK GDPR) guided my approach to lawful and ethical information sharing. This required balancing confidentiality with the legal duty to share information to prevent harm. By following these principles, disclosures to relevant partner agencies — such as the police and other safeguarding bodies — were made in a way that was proportionate, justified, and compliant with data-protection legislation (Information Commissioner's Office, 2021). Reflecting on this experience highlighted that professional judgment, supported by supervision and encouragement from my line manager, alongside thorough recording and adherence to legal frameworks, is central to ethical and effective safeguarding practice.

In social work, an adult at risk is generally defined as someone over 18 with care and support needs who is unable to protect themselves from harm or neglect due to physical, mental, or cognitive impairments (Welsh Government, 2014; Social Care Wales, 2017). These needs may arise from conditions such as dementia, physical disability, mental health issues, or social vulnerability. Risk is increased by factors such as dependency on carers, social isolation,

limited communication abilities, or previous experiences of abuse or neglect (Manthorpe & Martineau, 2016). Recognising these factors is essential, as it allows practitioners to identify when intervention may be required to protect the individual's well-being. Incidents of potential harm can take many forms, including physical, emotional, or psychological abuse, financial exploitation, neglect, or self-neglect (Care Inspectorate Wales, 2019; Department of Health and Social Care, 2015). Harm does not need to result in actual injury to trigger a safeguarding response; situations posing a risk also require professional assessment. Social workers must critically analyse each case, considering the nature of the alleged harm, the adult's vulnerability, and the broader context. This involves careful observation, discussions with the individual and relevant parties, and, where appropriate, consultation with MDTs as well as other agencies to develop a holistic understanding of the circumstances (Nancarrow et al., 2013; Payne, 2014). Equally important is establishing the preferred outcome of the safeguarding intervention, ensuring that the adult's views, wishes, and desired outcomes are central to any action taken. For adults with care and support needs, or their carers, this may include maintaining independence, enhancing safety, or improving access to services (Manthorpe & Martineau, 2016). Social workers must balance protection with autonomy, respecting the individual's right to make choices while mitigating risk. Engaging the adult, and where appropriate their family or carers, in decision-making supports ethical practice, empowerment, and person-centred care (Rogers, 1951). Safeguarding adults requires recognising vulnerability, identifying actual or potential harm, and prioritising the individual's preferred outcomes.

Once a MARF has been received by the LA safeguarding team as Part 7 SSWBWA, initial screening of the concern should occur in one working day to check general accuracy of the referral then 7 working days of the referral will collect, collate and review additional information, on day 7 or before, using a Regional Risk Assessment Tool, the LA will make a decision on whether the adult has care and support needs, is at risk of risk of abuse and what actions (if any) need to be taken and by whom. According to the CWMPAS regional adult safeguarding threshold guidance (2018), agencies are reminded that recording concerns and reasons for decisions is a key part of effective safeguarding practice. The MARF, which was submitted in relation to 3 meet Safeguarding threshold, therefore required further enquiries under s126, Part 7, SSWBWA. So, a strategy meeting was held as a MDT, with the outcome being that as 3 was in a safe place (in hospital) so the risks of abuse was therefore minimised however protective actions should be implemented such as a Deprivation of Liberty Safeguards (DoLs) would be applied for, monitored visits with ward staff being aware of the concerns and the potential physical abuse being addressed as a s5 of the Safeguarding procedures which is the framework for managing allegations against people who work with adults with care and support needs (PiPot) as 4 had crossed professional boundaries in her own personal role.

Alongside the safeguarding concerns, due to doubts about 3's mental capacity to make decisions about their future care and residency, a further assessment was required to determine whether they needed support with informed decision-making, which led to the DoLs application. A mental capacity assessment, conducted in line with the Mental Capacity Act 2005 (MCA 2005), concluded that, on the balance of probabilities, they lacked the capacity to make this decision, as they were unable to weigh and balance the associated risks (MCA,

2005). Adding to the complexity, a Lasting Power of Attorney (LPA) for health and welfare was in place, with 4 as the appointed attorney. Due to safeguarding concerns, it was crucial to critically analyse the decision-making process's intentions and validity. Further investigation revealed a restriction within the LPA documentation stating that another person could act jointly and severally on the adult's behalf. In considering 3's support network, consultations were undertaken with this other appointed attorney, with 3's consent, while also upholding their previously expressed views and respecting the role of their chosen decision-makers (Social Services and Well-being (Wales) Act 2014, s.6; Care Inspectorate Wales, 2019; Social Care Wales, 2020). This approach ensured that the safeguarding process supported the adult's autonomy, rights, and well-being, while maintaining professional diligence to protect them from potential exploitation.

A support network plays an essential role in safeguarding adults, promoting both their well-being and protection. Social connections with family, friends, neighbours, and professional carers can reduce social isolation, which is a known risk factor for abuse, including financial exploitation (Age UK, 2020). These networks often act as early warning systems, noticing changes in behaviour, health, or finances and alerting relevant services. Social work theory highlights that social support networks function as protective systems, buffering adults from risk, promoting resilience, and enabling more effective decision-making (Bronfenbrenner, 1979; Ungar, 2011). Support networks also facilitate the adult's participation in decision-making, helping them understand complex information and express preferences, in line with the SSWBA principle of voice and control (SSWBA, 2014, s.6). Additionally, they provide valuable insights into the adult's circumstances, history, and needs, enabling practitioners to make proportionate and informed safeguarding decisions. By maintaining ongoing engagement, supportive networks contribute to sustainable outcomes, helping prevent future harm and fostering resilience, which is particularly important for adults experiencing financial exploitation (Cree, Kay and Tisdall, 2017; Manthorpe and Martineau, 2019).

In addition to support network, adults who are at risk have a right to advocacy, ensuring their voice is heard, their preferences are understood, and their autonomy is respected. Advocacy provides independent support for adults who may struggle to express their wishes, understand complex information, or engage meaningfully in decisions about their care and safeguarding (Social Services and Well-being (Wales) Act 2014, s.8; Social Care Wales, 2020). In cases where mental capacity is in question, an advocate can assist the adult to participate in assessments, safeguarding enquiries, and decision-making, ensuring that interventions are proportionate and aligned with their values and preferences. In practice, the use of advocacy is integral to upholding well-being, rights, and empowerment, particularly under the principles of the SSWBA and the Active Offer, which emphasises enabling access to services in a way that respects the adult's communication and language needs (Care Inspectorate Wales, 2021).

In 3's case, an Independent Mental Capacity Advocate (IMCA) was not instructed because 3 had family involvement through a Lasting Power of Attorney (LPA). Under the Mental Capacity Act 2005, IMCAs are required primarily when an adult lacks capacity and has no friends or family able to represent their best interests (MCA 2005, s.35, s.39). While the presence of family meant that statutory IMCA involvement was not mandated, this decision required

careful professional reflection, particularly in terms of power dynamics and potential imbalances. Family members, even when well-intentioned, may unintentionally exert influence over the adult's choices, especially in contexts involving financial decision-making or care planning, creating a subtle risk of coercion or override of the adult's preferences. Consequently, it was essential to critically assess whether the LPA appointee and other designated decision-maker could effectively and ethically uphold the adult's rights, wishes, and autonomy. In 3's case, consultations confirmed that they could participate constructively, while the safeguarding plan incorporated checks and oversight to mitigate the risk of undue influence and ensure decisions reflected the 3's voice. This scenario highlights the importance of reflective professional judgement in balancing autonomy, protection, and safeguarding, demonstrating that legal frameworks alone cannot eliminate the potential for power imbalances within family networks. Effective practice requires ongoing vigilance to ensure that safeguarding interventions support the adult's well-being, empowerment, and decision-making rights (Social Services and Well-being (Wales) Act 2014, s.6; Social Care Wales, 2020; Manthorpe and Martineau, 2019).

Working with 4, who was also the subject of a safeguarding concern, created significant professional and ethical challenges. 4, a family member of 3 with professional responsibilities, was reported for alleged abuse. This dual role led to a power imbalance, as 4 held authority in the family and influence over 3's decisions, which could impact transparency and care integrity. Balancing professional boundaries while prioritising an adult's safety involved maintaining professional curiosity—questioning assumptions and exploring the situation impartially. It was essential not to jump to conclusions about whether 4's intentions were harmful or protective but to focus on gathering evidence, observing behaviour, and engaging directly with the adult to understand their perspective (Lymbery & Postle, 2015; Manthorpe & Martineau, 2019).

The 4D2P model (Tedam, 2021) provided a structured framework to examine these dynamics. Its four dimensions—Decision-making, Dynamics, Duty of care, and Dialogue—and two perspectives—Practitioner and Adult—allowed for systematic reflection on the adult's vulnerability, family influence, and potential coercion. Applying this model supported ethical, evidence-based decision-making, ensuring interventions were proportionate, transparent, and centred on the adult's rights and autonomy.

This approach aligns with anti-oppressive practice, which requires challenging power imbalances, promoting equality, and ensuring that the 3's voice and wishes are respected throughout safeguarding processes. By combining reflective practice, professional curiosity, vigilance against bias, and adherence to legislation and policy, social workers can navigate complex family relationships while protecting vulnerable adults effectively (Social Services and Well-being (Wales) Act 2014; Social Care Wales, 2020).

This case study reflects on an adult safeguarding assessment conducted within a Local Authority in Wales for an individual living with dementia following the death of their spouse and being admitted to hospital. Concerns were raised regarding their ability to return home safely and potential physical and emotional abuse by a family member who also held professional responsibilities. The assessment involved directly engaging 3's to understand

their wishes and feelings, while consulting family and the wider support network. Observations highlighted cognitive impairments and the impact of grief, requiring a person-centred approach to build trust and ensure meaningful participation.

Professional judgement was applied to evaluate safeguarding concerns, taking into account the adult's vulnerability, potential power imbalances, and the role of family decision-makers. A Multi-Agency Referral Form (MARF) was submitted, and strategy meetings with the safeguarding team determined risk levels and protective actions, including monitoring, oversight of family involvement, and the application of Deprivation of Liberty Safeguards where necessary. The mental capacity assessment confirmed that the adult lacked capacity for key decisions, reinforcing the need for careful scrutiny of decision-making processes.

3's case reinforced the importance of knowing and understanding legislation, policies, and procedures, such as the Social Services and Well-being (Wales) Act 2014, Mental Capacity Act 2005, and statutory safeguarding guidance. Familiarity with these frameworks enabled lawful, ethical, and proportionate action to protect the adult. I have learned the value of vigilance, reflective practice, and professional judgement in balancing autonomy with analysis in assessment, collaborative working, and professional judgements in increasingly complex situations, and in using social work theories, protection, and utilising advocacy and support networks to safeguard adults effectively.

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