



**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 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).

Child safeguarding in Wales is complex. Social workers must seek to empower people and offer person-centred approaches to meet their individual needs (Social Care Wales, 2017), whilst ensuring all their actions and decisions are within the boundaries of the law. Wales has an estimated population of 3.16million (Welsh Government, 2024), governed by powers and duties, imposed on them through parliamentary legislation, international human rights legislation and common law (Carr & Goosey, 2019). Social workers must critically analyse situations and refer to legislation and case law when necessary, to support a client's specific circumstances.

For this assignment, I am going to discuss a child (C1) I was allocated to in the Family Support Team. I referred C1 to the child safeguarding team following concerns during a home visit I undertook. I do not work in a safeguarding team, therefore I will discuss C1's

case from both my perspective and actions, and the safeguarding team's actions following my referral.

C1 is a 12 year old Welsh girl who, along with her two younger siblings, aged 9 and 7, lives under a special guardianship order (SGO) with her paternal grandparents (Grandmother-G1, 66 years old; Grandfather-G2, 75 years old). They have lived with their grandparents under an SGO for four years. A court order, during previous social services involvement, concluded that C1 and her siblings could no longer live with their parents, who have since separated, due to neglect and substance misuse in the home. C1 and her siblings are originally from another local authority in Wales. In line with the Special Guardianship Code of Practice, the children had been living out of the previous local authority for over three years, therefore they were no longer their responsibility to meet any support needs (Welsh Government, 2018b, s11.2). The siblings had been settled with their grandparents until recently, when G1 self-referred to the Family Support Team as they were struggling with C1's behaviour. G1 reported that C1 had begun to exhibit very erratic behaviours, was disobedient and had physically hurt G1 and her younger siblings on occasions. G1 had called the police on at least three occasions, to come and diffuse and de-escalate situations at home.

Prior to my initial visit, I contacted the family to introduce myself and arrange my first visit. In line with the Welsh Language (Wales) Measure 2011, I exercised the 'more than just words' framework and delivered the Active Offer (Welsh Government, 2022b), by asking G1 if they would like the assessment undertaken in Welsh. G1 declined the offer as they do not speak Welsh. In the local authority where I work, 31.7% of people over the age of 3 years say they can speak Welsh (Stats Wales, 2024a). I understand the importance of offering the opportunity to speak in their chosen language, without them having to ask.

Whilst undertaking my fourth visit to the family, C1 informed me that during a time when she wasn't doing as she had been asked, G1 hit her on the shoulder and pushed her into her bedroom. G2 also grabbed her around the back of her neck to make her go into her bedroom. I spoke to the grandparents about the incident, they admitted they had used

physical force to ensure C1 went into her room at times as she was uncontrollable. I explained to C1's grandparents that recently new legislation states it is illegal to use any physical punishment in Wales; The Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020 came into effect on March 21, 2022. C1's grandparents were not aware of the new legislation, they stated they were 'old school', they had already raised their own children and that was simply the way they managed behaviours.

When analysing the family's situation and deciding on what action I would take, I critically considered a number of laws and protocols.

Article 8 of the Human Rights Act 1998 states G1 has a right to a private family life. However, Article 2 of the Human Rights Act 1998 states C1 has a right to life and be protected from risk. Article 2 is an absolute right. It has priority over the right to have a private life which is a qualified right and can be interfered with to protect the rights and freedom of others (Equality and Human Rights Commission, 2021a).

The Social Services and Well-being (Wales) Act 2014 [SSWBA 2014] is the main legislation regarding safeguarding in Wales following the Welsh devolution. It states that if a relevant partner of a local authority has reasonable cause to suspect a child is at risk, they have a duty to report their concerns to the local authority (SSWBA 2014, s.130).

The United Nations Convention on the Rights of the Child (UNCRC) 1989, consists of 54 articles that set out children's rights and how governments across the globe should work together to make them available to all children. Art.19 states that governments must do all they can to protect children from all forms of violence (UNICEF, [n.d]). Furthermore, the Welsh Government formally adopted the UNCRC in 2004 as the basis of policy making relating to children and young people (Welsh Government, 2022a).

I had to report my concerns. In line with the SSWBA 2014 principles, I worked in partnership with other professionals and contacted the child safeguarding team. I explained the situation to them and highlighted there were also other mannerisms, described by Wales Safeguarding Procedures (2024) as potential indicators of risk, evident in C1. These included unexplained changes in behaviour or personality, becoming uncharacteristically aggressive, lacking social skills and having few friends. The child safeguarding team agreed that I needed to refer C1 to their team for further assessment.

I explained my decision to C1's grandparents and explained the next steps following my referral. It was important that they were prepared for social work involvement and understood the process going forward. SSWBA 2014's main principle 'People', states people are at the heart of the legislation. I wanted C1 and her family to be aware of the process and able to voice their needs, in order to have an equal say in the support they receive, wherever possible. It was also important that the family knew what to expect to reduce distress, hostility or resistance towards the safeguarding team. I have found, since qualifying, I am becoming increasingly confident when having difficult conversations with families. I am continuously learning how to broach difficult conversations with honesty and integrity. I appreciate that as a social worker, my professional status may be intimidating for some clients, and I must acknowledge the power imbalance and the risk of people feeling oppressed by social services (Rogers, Whitaker, Edmondson & Peach, 2017).

Parents and carers work with the Family support team voluntarily, it is their choice. The Family Support Team must abide by The General Data Protection Regulation (GDPR) and the Data Protection Act 2018, by ensuring confidentiality for families and not sharing unnecessary information with other organisations. That said, due to the allegations made by C1, I had a duty to report my concerns to the local safeguarding board. I followed the SSWBA 2014 guidance, which states organisations must work collaboratively with each other to ensure the correct support is provided for children; passing on relevant information and concerns when necessary (Welsh Government, 2019). I always ensure I follow the British Association of Social Workers [BASW] code of ethics, including maintaining confidentiality (BASW, 2023). However, I must also abide by the Social Care Wales Code of Professional Practice for Social Care [SCW CoPP]. As a registered social worker, I am accountable for my work (SCW CoPP, 2017, s.6). Following my conversation with C1, I assessed the potential risk to herself and her siblings and informed the relevant agencies (SCW CoPP, 2017, s.4). It was important that I followed procedures and the 'Partnership' principle of the SSWBA 2014. I recorded my decision in line with legal and organisational policies, informed the relevant departments and worked cooperatively with them.

The local authority I work for sits under the Mid and West Wales Safeguarding Board. CYSUR (Child and Youth Safeguarding: Unifying the Region) is the children's department of the organisation (CYSUR, 2019). Within CYSUR's 'The Right Help at the Right Time' Framework, the Family Support Team sits under the 'enhanced support' and 'targeted support' sectors. It is not the Family Support Team's responsibility to undertake assessments for care and support or protective support (CYSUR, 2017). I respected the legal and organisational boundaries of my position and completed a Multi-agency referral form (MARF) to raise my concerns. A MARF is a pro-forma referral form used across the Mid and West Wales Safeguarding Board region. The intention of the MARF is to ensure all referrals contain all necessary relevant information, resulting in uniform approaches across the region (CYSUR, 2019). That said, pro-formas may have limitations. Holland (2011) urges those completing standardised forms for referrals or assessments to be mindful of the next reader of the form. Yes/ No questions or providing fixed responses, are useful for compiling statistics, yet they leave contextual information in danger of not being expressed effectively. Future workers may not have a true and full perspective of the situation. When I completed the MARF, where possible on the pro-forma, I gave full detailed accounts of the situation and described the previous support I had offered the family. I had also previously recorded, on the local authority's database, thorough descriptions of all my visits. It is imperative all concerns are recorded in the correct manner as it is vital for the safeguarding team to be able to build a picture of the family's situation when deciding on whether it meets their threshold for further interventions. For example, one stand alone incident might not be too concerning, however, if there is a pattern of behaviour there may be an increased need to assess further. The information could also potentially be required as evidence during court proceedings in the future.

I reported C1 under section 130 of the SSWBA 2014. Following my referral, in line with the SSWBA 2014 guidelines (Welsh Government, 2018a), the local authority's child safeguarding team had one day to decide on the course of action, for which there are four options; Decision 1: No Further Action; Decision 2: Concerns substantiated, but child not at continuing risk of significant harm; Decision 3: Immediate protection and urgent action required and; Decision 4: Suspected abuse, neglect or harm. Due to G1 and G2 admitting

they had used physical chastisement, and physical punishment now illegal in Wales, decision four was agreed.

A multi-agency strategy meeting was held, involving social services and police. It was decided both had a duty to work collaboratively and make further enquiries under section 47 of the Children Act 1989. The Children Act is still the main legislation in England for child safeguarding, and much still applies to Wales. Section 47 requires that where a local authority has reasonable cause to suspect a child "is suffering, or is likely to suffer, significant harm", the local authority shall make or cause to be made such enquiries as it considers necessary, to enable it to decide whether it should take any action to safeguard or promote the child's welfare. Following this decision, a social worker from the child safeguarding team was allocated to C1 and my involvement with the family ended.

There are three options following a section 47 investigation: Determination 1: Concerns of significant harm are not substantiated; Determination 2: Concerns substantiated, but child not at continuing risk of significant harm, or; Determination 3: Concerns substantiated and child judged to be experiencing or at risk of abuse, harm or neglect. The section 47 investigation concluded Determination 2. The concerns were substantiated, but C1 was not at continuing risk of significant harm. G1 had stated that herself and G2 had only used force, when trying to control C1's behaviour and stop her from hurting herself or others further. C1 also corroborated this. The family were keen to receive the necessary support going forward to support C1 and her siblings and for G1 and G2 to learn alternative strategies and approaches to manage C1's behaviour. It was decided C1 was not at continuing risk of significant harm, but under Part 3, section 21 of the SSWBA 2014, the local authority had a duty to assess the needs of a C1 for care and support within 42 days. This process is completed by the allocated social worker in the child safeguarding team.

When assessing the family to create a care and support plan there are many elements to consider. The code of practice for Part 3 of the SSWBA 2014 (Welsh Government, 2015b) provides the framework for the assessment, identifying aspects of the child's life that should be considered and analysed, to decide if all their needs are being met. The needs sit under

three domains: Child's Developmental Needs; Parenting Capacity, and; Family and Environmental Factors. The guidance states each dimension must be explored carefully during assessment. When critically considering the execution of assessments, Hedley in *Re L (Care: Threshold Criteria)* [2007] 1 FLR 2050 proclaims that diverse standards of parenting must be tolerated, even if it is inconsistent, eccentric or barely adequate. It is to be expected that childhoods will be varied. Assessments must be realistic and not have impossible expectations of families. Additionally, Munby in *Re A (A Child)* [2015] EWFC 11, recognises the complex nature of measuring the ability to care for a child appropriately.

During one of my visits to the family, prior to the safeguarding team taking the case, I undertook a wishes and feelings session with C1, using the three houses method from *Signs of Safety* (Turnell & Murphy, 2010). C1 expressed that she missed living with her parents and although she loved her grandparents, she was upset and didn't know how to control her emotions. C1 has daily telephone calls and monthly in person contact with her father; plus weekly telephone calls and monthly in person contact with her mother. G1 reports their mother is inconsistent with regards to contact and often lets them down by not attending or calling. This upsets C1, affecting her behaviour for a number of days after. G1 informed me that when the children needed to be placed away from their parents, she didn't think twice about having them live with her and G2, but they find it tiring at times as they are older than they were when raising their own children. I am glad that I was able to gather these feelings from C1 and G2. It helped me understand their narratives and support them going forward.

When reflecting critically on C1's circumstances, physical chastisement cannot be accepted and the grandparents understand this. The decision to work with the family to improve their situation observes the lesser order principle, a main principle of the Children Act 1989 (s.1). Local authorities must work to keep children with their families and avoid court proceedings wherever possible, although this should not inhibit from taking statutory steps if deemed necessary (Carr & Goosey, 2019). G1 and G2 are meeting the children's needs in so many ways, including basic care, emotional warmth, supporting contact with their parents and providing an education by ensuring they attend school every day. One can see that although

there have been some concerns, there are a lot of benefits from C1 remaining in the care of her grandparents. Although C1 is struggling with her emotional and behavioural development, she is provided for and loved by her family. G1 and G2 were unsure how to set reasonable boundaries and they did not know how to manage C1's increasingly challenging behaviours. However, the family were keen to receive the necessary support going forward to support C1 and her siblings.

Theories help identify what is impacting a person's life and why, allowing relative methods of intervention and support to be proposed (Teater, 2020). The National Occupational Standards for Social Work (NoS) require SWs to select and justify appropriate methods and use a range of evidence-based interventions (Social Care Wales (SCW), 2023, SCDSW17). Formal theories are demonstrable through research, and support social workers to validate their decisions and actions (Maclean & Harrison, 2015), while informal theories are formulated from experience. Eclecticism is the practice of combining a variety of approaches, theories and methods to offer bespoke support for the individual (Beckett & Horner, 2016). Teater (2020) promotes reviewing and changing methods at any stage to better assist the service user. Although Thompson (2009) encourages the reduction of necessary changes, by having a sound knowledge of theory and thorough initial and early assessments. Social workers develop 'Practice wisdom' over time, developing their intuitiveness and skills through practical experience (Beckett & Horner, 2016; Rogers, Whitaker, Edmondson & Peach, 2017). I respect the skills that my experienced colleagues have and continue to seek advice and support from them regularly. During formal supervision, shadowing opportunities and simply discussing situations in the office, I work collaboratively with my colleagues to consider possible approaches and methods to support families. A combination of theoretical knowledge and practically assisting more experienced social workers, has long been recognised as the most effective way to train in the profession (Attlee, 1920).

When analysing C1's circumstances, I have reflected on theories myself and the social worker undertaking C1's care and support plan could refer to, to understand C1's situation and behaviour, and ensure the correct support is offered to the family.

Attachment Theory is used to help understand the impact of relationships on a person's behaviour (Beckett & Horner, 2016). Attachment theory suggests a person grows to be more emotionally stable, self-reliant and confident, if they have experienced a strong affectionate bond to their mother or significant carer. If they have experienced negative attachment, their mother or significant carer has been unaffectionate, unreliable or abusive, a person is more likely to become anxious, insecure and lack confidence. Ainsworth et al.'s 'Strange Situations' study (1978, cited in Howe, 2009 pp.141-143) identified three types of attachment, with a fourth identified in later studies by Main and Solomon (1990, cited in Teater, 2020). These are:

Secure Attachments: parents are consistently loving and responsive to the child's needs. The child feels safe and secure. There are family boundaries and the child knows what behaviour is expected from them;

Insecure Ambivalent Attachments: parents are inconsistent in displaying love or affection. The child can become distressed due to the unpredictability and engage in behaviour aimed at receiving attention;

Insecure Avoidant Attachments: The parent responds to the child in a hostile, violent or rigid manner, indifferent to the child's needs or feelings. The child may feel alone, unable to manage their emotions. They often show aggression to others when they have the opportunity to feel dominant (e.g around other children and friends), and;

Disorganised and Controlling Attachments: The parent is unpredictable in their behaviours. They can be positive and loving on occasion, then hostile and violent. The child is flooded with emotions, for example fear, anger and becomes anxious, unable to explain their feelings (Maclean, 2020; Teater, 2020).

During supervision, I discussed C1 with my manager. I recognised both the insecure and disorganised attachment types in C1's behaviour. C1 was undertaking attention-seeking behaviours at home, often resulting in negative attention and frustration from her grandparents. C1 had become violent to her siblings and her grandparents at times. G1 stated that C1 was finding it difficult to keep friends in school due to always arguing and telling tales on them. When asked by her grandparents why she behaved in such extreme ways, C1 could not explain herself or why she felt the way she did. G1 and G2 did not

understand C1's behaviours. During my visits I explained attachment theory to them, to help them learn how to approach C1 and help her feel safe, loved and secure in their home, to improve the possibility of C1 building a secure attachment to them. C1 has also been referred to the school counsellor and the Emotional Literacy Support Assistant (ELSA) in school, to help her recognise and express her emotions. Which will hopefully open communication between C1 and her grandparents, before C1 is overwhelmed.

Systems theory can also be considered when analysing the family's situation. Systems theory challenges social workers to look at the bigger picture. To assess what societal and environmental factors are affecting an individual. Actions can then be taken to support the person in each area that is affecting them (Teater, 2020). Pincus and Minahan (1973, cited in Maclean, 2020, pp.106) identified three systems that people and society operate in:

Informal Systems: family, friends and colleagues who are able to provide emotional support;
Formal systems: clubs, voluntary sector, other societies that are able to offer support, and;
Public systems: police, education, hospitals and councils. These tend to have a duty to provide a service.

I thought about C1's situation and what is influencing and affecting her system. With regards to the informal system, C1 is upset when her mum does not attend contact. G1 and G2 become frustrated with her behaviour which is possibly affected due to insecure ambivalent attachment. Showing C1 love, security and support will help her build bonds and find safety in her informal system.

G1 and G2 did not know how to change their approaches to managing C1's behaviour. I informed G1 and G2 of a parent/ carer courses the Family Support Team facilitates. The courses, which would be acknowledged in the informal system element, teach parents and carers strategies to manage behaviours in their children, but also explains emotions and potential reasons for the behaviours. It is hoped the classes will improve the relationship between C1 and her grandparents.

It cannot be underestimated how much the public system has impacted on C1's life so far. C1 has experienced what she perceives as negative interactions with social services and police since a very young age. That said, the public system can now be drawn upon for positive support. C1's school is providing school counselling and ELSA support for her.

Social services are currently working positively with the family to support them and keep them together.

I have also thought about disenfranchised grief in relation to C1 and her grandparents. Disenfranchised grief is a form of grief that is not recognised by others, or its acknowledgment is avoided. It does not have to be for a person, but any loss that impacts a person. For example, the loss of a job, missing an important milestone or grieving the life you thought you were going to have (Doka, 1989). Not only could C1 be experiencing disenfranchised grief by not living with her mum, but also G1 and G2 could be grieving for the life they thought they were going to have in retirement. As aforementioned, G1 and G2 did not hesitate to become SGOs for their grandchildren. However, this had a huge impact on their life and their future is not what they expected. G1 and G2 were retired, relaxing and went on holidays multiple times a year. I realise that their lives have changed completely and they have new responsibilities later in life. Research undertaken by Grandparents Plus (2011) found that grandchildren that are being cared for by grandparents often have emotional difficulties due to experiencing trauma and neglect with their birth parents. G1 told me that she is finding looking after C1 much more difficult than her son when he was younger. Doka (1989) discusses the importance of expressing one's feelings of disenfranchised grief to help yourself move on. Grandparents Plus (2011) also found that grandparents in touch with support groups find them to be a great help, reiterating the formal system aspect of systems theory and the importance of support networks. In addition to the parent/ carer courses, G1 and G2 have been signposted to a support group for SGO carers.

Working in the non-statutory family support team, I am aware there are organisational boundaries in relation to my involvement with safeguarding. That said, I am often the first and only social worker that families have met and worked with. It is my responsibility to work collaboratively with families, build rapport and earn their trust, to be able to support them to my full potential. Through person centred practice and active listening, it is vital families feel listened to and supported to achieve their preferred outcomes.

I also have to remain vigilant and practise professional curiosity, to be able to monitor and evaluate increasingly complex cases, which may need to be escalated to statutory services. I understand the importance of continuing to attend supervision with my manager. It is vital I have the opportunity to reflect on my work and discuss all aspects of social work, practical and theoretical, to consistently improve my practice. I realise and appreciate that I still have a lot to learn as a social worker.

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