

Scenarios to help you put the Code into practice

Introduction

We've set out 10 different scenarios to help support your learning, reflection and discussion around the [Code of Professional Practice for Social Care Workers](#). They're based on day-to-day practice and reflect the complexity, uncertainty and pressures social care workers experience.

The scenarios aren't tests. They're intended to help you:

- think about how the Code of Professional Practice applies in real situations
- explore how practice guidance supports decision-making
- reflect on your own values, judgement and behaviour
- consider different perspectives, including those of individuals, families and colleagues.

The Code sets out the standards expected of social care workers, which include:

- promoting well-being
- respecting rights
- maintaining trust
- acting with integrity
- being accountable for practice.

Practice guidance helps you understand how this applies to everyday situations, covering areas such as confidentiality, professional boundaries, safeguarding, positive risk-taking and raising concerns.

You can use these scenarios in:

- team discussions
- supervision sessions
- training and induction
- reflective practice groups.

When you use them, it can be helpful to ask:

- what do we know, and what's missing?
- what are the risks and possible outcomes?
- how might different people see this situation?

- how does the Code guide us here?

Scenario 1: Confidentiality

Background

You work as part of a team of domiciliary care workers providing care to Mair, who uses care and support. Mair is 86 years old. She has dementia and limited mobility. Mair needs four care calls every day to support her needs.

Mair's dementia can sometimes lead to her showing rude and aggressive behaviour and refusing support to wash herself. You've created a WhatsApp group with other domiciliary workers in your team so you can all contact each other about covering shifts, or if one of you is running late.

What happened?

One of the domiciliary workers has posted a negative comment in the group about Mair, who she visited earlier in the day. The carer says that Mair told her she was fat and she didn't like her. The carer is also critical of Mair's family, who she believes don't do enough to support Mair.

The carer has posted a picture of Mair looking untidy and has also said that she smells. Other members of the WhatsApp group, including you, have responded with their views about Mair and about what the family should do. It's normal for this group to have these kinds of conversations about people they're providing services for – sometimes it's a way of 'letting off steam'.

You know Mair's daughter because she attends the same weekly yoga class as you and you always have a chat with her. You tell her about the comments made on WhatsApp and about the photo one of your colleagues has taken. The daughter makes an official complaint about you and your colleagues

Key issues

- Confidentiality breach (photo + WhatsApp use)
- Disrespectful behaviour toward individual
- Blurred boundaries
- Poor team culture

Decision points

- Challenge vs participating in WhatsApp
- Escalate concerns or not



- Sharing information outside work

Key questions

- What's appropriate communication between colleagues?
- Who's responsible for confidentiality in group chats?
- How should concerns about families be raised?

Link to [Code of Professional Practice](#)

- Respect dignity and privacy (1.1)
- Maintain confidentiality (2.3, 2.4)
- Act with integrity (including online) (5.1, 5.8)
- Maintain boundaries (5.2)

Learning and reflection points

- What information is appropriate to share about individuals, and what would be a breach of confidentiality?
- How should you use group chats or social media in a professional context?
- How does the way colleagues talk about individuals affect dignity, respect and care?
- What should you do if you see inappropriate comments or images being shared?
- How should concerns about individuals or families be raised appropriately?

Scenario 2: Gifts and professional boundaries

Background

Brian is 90 years old and lives in a residential care home. He's lived in the home for three years, as he found he could no longer cope on his own following his wife's death.

You're an adult care home worker, and you've worked with Brian for the last year. You've established a close and trusting relationship with him and enjoy working with him.

What happened?

While working with Brian you happen to mention it's your birthday next week. Brian gets on well with you and has said he wants to give you a present but isn't sure what to give you. You don't know what to say, so you say nothing. He looks around his bedroom and returns with a ring that you've previously admired. It belonged to his wife, but he would like you to have it and insists you accept it. You're embarrassed but you don't want to be rude, so you don't say anything and take the ring.

You're not sure what to do about the gift so you show the ring to your manager the same day and explain what's happened, emphasising that you didn't ask for the gift. The manager says that it must be returned and reminds you of the organisation's policy on gifts. They tell you that you must report any similar incident immediately.

Key issues

- Accepting inappropriate gift
- Boundary and influence risks
- Potential exploitation (even unintended)

Decision points

- Whether to accept/refuse gift
- Whether to report immediately

Key questions

- Does the value of gift matter?
- How could this have been handled differently?

Learning and reflection points

- How should you respond to offers of gifts from individuals?
- Why is it important to maintain clear professional boundaries?
- How should organisational policies guide your actions in these situations?
- When should gifts or concerns be reported, and why is this important?

Link to [Code of Professional Practice](#)

- Act honestly and maintain trust (2.1)
- Don't exploit or take advantage (5.1)
- Maintain professional boundaries (5.2)
- Avoid unnecessary risk (5.7)

Scenario 3: Concerns about behaviour or practice

Background

Mary is 89 and lives with dementia. She has recently moved into residential care as her needs could no longer be safely met at home. Her family are concerned about her well-being and rely on staff to provide compassionate, person-centred care.

What happened?

You're a care worker who has witnessed another care worker being unpleasant to Mary. They don't interact with her or try to communicate, and when Mary doesn't co-operate with getting dressed or using the toilet, the care worker shouts at her and calls her names. You challenge your colleague and say, "Hey! That's not very nice!", but they shrug it off, saying Mary won't remember and they don't have time. On another occasion, your colleague tells you it's nothing to do with you.

Key issues

- Emotional abuse
- Poor dementia care
- Unsafe team culture

Decision points

- Challenge vs report
- Escalation if ignored

Key questions

- What's your responsibility to report?
- How do you challenge safely?

Link to [Code of Professional Practice](#)

- Promote well-being and safety (3.1)
- Challenge/report poor practice (3.5, 4.5)
- Stand up for individuals' rights (1.3)
- Act safely and avoid harm (5.7)

Link to practice guidance

- 1.1 Person-centred practice
- 1.2 Equality, diversity and inclusion

- 1.3 Discrimination
- 1.4 Supporting communication
- 2.3 Professional boundaries
- 5.1 Professional conduct
- 5.2 Fitness to practise
- 4.2 Safeguarding

Learning and reflection points

- What should you do about what you've witnessed?
- Is it your responsibility to report your concerns to your manager?
- How should your manager respond to the situation and make sure such behaviour isn't tolerated?

Resources

Social Care Wales is a designated organisation that any social care worker can approach to report suspected or known wrongdoing. This is called 'whistleblowing' or making a disclosure, which can be done [through the website](#).

[SCIE has resources](#) about raising concerns about your own or someone else's safety.

This scenario highlights the importance of a positive and open culture where:

- everyone understands that challenging poor practice is part of their role
- workers feel empowered and supported to speak up without fear of repercussions
- leaders actively promote zero tolerance of harm and respond decisively to concerns
- teams foster an environment of learning, accountability, and continuous improvement

A positive culture is one where raising concerns is seen as a strength, not a risk, and is essential to protecting individuals like Mary from harm. The [Positive cultures guide](#) provides further information on how values and behaviours support a positive culture.

There are further resources in the [practice guidance](#).

Scenario 4: Positive risks and independence

Background

Dafydd is a young adult with a learning disability living in supported shared accommodation. He receives daily support but is encouraged to develop independence and life skills. He has recently expressed an interest in forming a romantic relationship.

What happened?

Dafydd met someone at a local social event for young adults with learning disabilities and would like to take them out for dinner in town. He wants to travel independently by bus for the first time and pay for the meal himself, despite not usually carrying money or travelling alone.

Key issues

- Balancing independence vs safety
- Positive risk management vs restriction

Decision points

- Level of support needed
- How to enable safe independence

Key questions

- What is a proportionate response to risk?
- How do we avoid being overly risk-averse?

Link to [Code of Professional Practice](#)

- Promote choice and control (3.3)
- Support communication and decisions (1.4)
- Balance risk and rights (4.1, 4.3)
- Support well-being and safety (3.1)

Link to practice guidance

- 1.1 Person-centred practice
- 3.1 Understanding well-being
- 3.2 Strengths-based and co-produced practice
- 3.4 Collaborative working



- 4.1 Positive risk-taking
- 4.2 Safeguarding
- 5.4 Avoiding unnecessary risk

Learning and reflection points

- How can you balance promoting independence with keeping someone safe?
- What level of risk is acceptable when supporting choice and control?
- How can you support someone to make informed decisions?
- What steps can reduce risk while still encouraging independence?
- When might being overly risk-averse negatively affect well-being?

Resources

Resources about balancing risks, rights and responsibilities can be found [here](#). The [practice guidance](#) has further information and resources.

Scenario 5: Behaviour impacting on work

Background

You work as a residential childcare worker supporting four young people between the ages of 9 and 15, who live in the home. You've worked at the home for several years and have developed close working relationships with your co-workers, the young people and their families.

Your sister Carys has recently started working at the home.

What happened?

Carys comes into work on the Monday morning appearing tired and jokes that she's still recovering after a weekend of partying and drinking alcohol.

Later in the day, Carys pulls you and another co-worker to one side and tells you in detail about what happened at the party. She shows you a video that she has posted on social media where you can clearly hear her swearing in the background.

Carys then goes on to tell you both about someone she met at the party and the sexually explicit messages they've exchanged since.

These conversations take place in front of the young people living at the home. A visiting family member is also there, who overhears the conversation. The family member is shocked and reports their concern to the care home manager.

Key issues

- Inappropriate behaviour in workplace
- Safeguarding concerns
- Conflict of interest

Decision points

- Challenge behaviour
- Managing personal/professional boundaries

Key questions

- How does personal behaviour affect professional role?
- What are your responsibilities as a colleague?

Link to [Code of Professional Practice](#)

- Maintain professional boundaries (5.2)
- Declare conflicts of interest (5.4)
- Act appropriately at all times (5.8)
- Protect individuals from harm (5.1)

Link to practice guidance:

- 2.3 Professional boundaries
- 2.4 Conflict of interest
- 4.2 Safeguarding
- 5.1 Professional conduct
- 5.2 Fitness to practise
- 5.3 Working with colleagues

Learning and reflection points

This scenario supports reflection on:

- How do you maintain boundaries between your personal and social life and your work life?
- How would you respond if you were concerned about a co-worker's behaviour?
- Why is it important to let your employer know if there are conflicts of interest that could potentially influence your practice and decisions?

Scenario 6: Inappropriate professional relationships

*Guidance for managers

Background

You're the registered manager of a small domiciliary care provider. The service is popular with individuals and the social care staff provide high quality personalised care.

Gethin is 45 and has been a team leader for just over a year, although has worked for the provider for nearly 20 years. He started out at the company as a social care worker and over the years has made friendships with co-workers. In the last six months the service has expanded, and you've recruited two new social care workers to Gethin's team, Angharad and Maya, who are both in their early twenties.

What happened?

One of your members of staff tells you that Angharad and Maya have mentioned they feel uncomfortable when they're in the office, as Gethin makes over-familiar remarks about their personal appearance. He also asks questions about their life outside of work, such as 'do you have a boyfriend?'

They say that Gethin sometimes sends work-related WhatsApp messages but includes 'xx' after his name, or he sends messages through WhatsApp that are nothing to do with work. He follows their personal accounts on social media, and they both feel this is "creepy" and wrong.

They've asked their co-workers for advice about whether they should report it, as Gethin is their line manager, he's been with the organisation a long time, and they're new staff. Some of the co-workers say "oh, that's just Gethin's way, take no notice."

Both Angharad and Maya are considering leaving their jobs because of the impact of Gethin's behaviour on their ability to do their work.

Key issues

- Harassment / power imbalance
- Unsafe culture
- Lack of reporting confidence

Decision points

- Reporting concerns
- Manager response

Key questions



- Why might staff not speak up?
- What is leadership responsibility?

Link to [Code of Professional Practice](#)

- Maintain professional boundaries (5.2, 5.3)
- Don't exploit colleagues (5.1)
- Create safe, open culture (7.1)
- Act on concerns promptly (7.6)

Link to practice guidance

- 2.3 Professional boundaries
- 5.1 Professional conduct
- 5.2 Fitness to practise
- 5.3 Working with colleagues
- 7.1 Compassionate leadership

Learning and reflection points

- What action would you take if you were aware of this behaviour towards staff in your organisation?
- What are your organisation's policies and procedures in relation to this situation?
- How do you support an open, safe and inclusive culture where staff can raise concerns?

Resources

Your [well-being matters](#), and the social care workforce should have safe working environments with fair treatment, dignity and respect for all. This includes not being subject to harassment, abuse or inhuman degrading treatment. You can find more information about sexual harassment at work [here](#).

Scenario 7: Avoiding unnecessary risk

Background

Ieuan works in a domiciliary care team supporting Alex, who lives alone and values their independence. They often express frustration about not being able to maintain

their home and garden because of mobility issues. The service is under pressure, and there are limited formal support options readily available.

What happened?

Alex asks for help arranging someone to tidy their garden and do small repairs. Wanting to help quickly, leuan suggests Gareth, a handyman known informally through a family connection. leuan gives Gareth the key safe code so he can access the property. Gareth completes the work, takes Alex to withdraw cash for payment, and later contacts leuan directly asking if there's "more work going".

Key issues

- Unverified person in home
- Safeguarding and financial risk
- Conflict of interest

Decision points

- Using informal solutions
- Sharing personal/security information

Key questions

- When does helping become unsafe?
- What are safer alternatives?

Link to [Code of Professional Practice](#)

- Maintain trust and confidentiality (2.3, 2.4)
- Manage risk appropriately (4.1–4.4)
- Raise concerns (3.5, 4.5)
- Avoid conflicts of interest (2.7, 5.4)

Link to practice guidance

- 2.1 Honesty, reliability, integrity
- 2.3 Professional boundaries
- 4.0 Balancing risk and safety
- 5.1 Professional conduct
- 5.2 Fitness to practise
- 5.3 Working with colleagues

Learning and reflection points

- When does trying to help someone quickly become unsafe or outside your professional role?
- What risks arise from involving unverified individuals or sharing information such as key safe codes?
- How could personal relationships or informal arrangements lead to conflicts of interest?
- What safer, more appropriate options could you use to support the individual's needs?
- How would you recognise and respond to potential safeguarding or financial risks in this situation?

Resources

You can find resources about balancing risks, rights and responsibilities [here](#). The [practice guidance](#) has further information and resources.

Scenario 8: Recording practice, pressure and shared responsibility

Background

You work as part of a domiciliary care team supporting Mr Hughes, who lives with chronic pain and reduced mobility. He receives regular visits for support with medication, personal care and meals. The service has been short-staffed for several weeks, and visits are often tightly scheduled with little flexibility.

The team relies on an electronic care recording system. Staff often complete records at the end of visits or afterwards if they're running behind.

What happened?

During a morning visit, a care worker (Sam) offers Mr Hughes his prescribed pain medication. Mr Hughes refuses, saying he feels sick and doesn't want to take tablets at that moment. Sam encourages him briefly but is aware they're already running late for their next call. Sam leaves the medication on the table, intending that Mr Hughes may take it later. When completing the electronic record, Sam selects "medication administered" rather than "refused", telling themselves this is acceptable as the medication has been given and may still be taken.

Later that day, another worker (Leanne) visits and notices the medication still untouched. The recording shows it was administered earlier. Leanne is unsure what has happened.

At the same time, a third colleague mentions that Sam asked them earlier to "quickly log the visit" on the system because their phone battery had died. It's not clear whether the record was completed by Sam or by someone else on their behalf. When the manager reviews the notes, they identify inconsistencies. Sam explains they were under pressure and didn't want to "make a big issue" of one missed dose. They also say this kind of "flexibility" happens sometimes when staff are busy.

Key issues

- Inaccurate records
- Pressure influencing decisions
- Shared accountability confusion

Decision points

- Recording information accurately vs quickly
- Delegating recording



Key questions

- What are risks of inaccurate records?
- Who's responsible for entries?

Link to [Code of Professional Practice](#)

- Be honest and trustworthy (2.1)
- Keep accurate records (6.3)
- Raise concerns about unsafe practice (3.5)
- Take responsibility for delegated work (6.10)

Link to practice guidance

- 2.2 Confidentiality and handling information
- 2.3 Professional boundaries
- 3.5 Assessment, planning and providing care
- 3.7 Raising concerns and complaints
- 5.1 Professional conduct
- 6.1 Safe and effective practice

Learning and reflection points

This scenario supports reflection on:

- What are the risks of inaccurate or incomplete record-keeping?
- How does pressure influence decision-making and professional judgement?
- Who is accountable for care records, especially when tasks are shared or delegated?
- How should medication refusals or changes be recorded and communicated?
- When should concerns about recording practices be raised?

Scenario 9: Welsh language

Background

You work in a residential care home supporting older adults, including individuals living with dementia. Gwen has recently moved into the home, after becoming increasingly isolated at home. Gwen's first language is Welsh. As her dementia progressed, she found it more difficult to communicate in English and became quieter and less engaged with others. Most staff within the care home speak English as their first language, although some have basic Welsh language skills and the service has access to Welsh language resources.

What happened?

When Gwen first moved into the home, you noticed that she rarely joined conversations or activities and often appeared anxious or frustrated. Some staff initially believed Gwen's withdrawal was related to her dementia and didn't know how best to support her communication and well-being needs.

During a visit, Gwen's daughter explains that Gwen's preferred language is Welsh, and she often reverts to Welsh when feeling distressed, confused or emotional.

You and the team reflect on how you could better support Gwen's communication and well-being through the Welsh language active offer. Staff begin using simple Welsh greetings and phrases, bilingual signage, Welsh music and Welsh language activities to help Gwen feel more comfortable and included.

Over time, Gwen becomes more engaged in conversations and activities and appears more relaxed and confident. Her family also notice improvements in her mood, communication and overall well-being.

Key issues

- Communication barriers
- Risk of isolation
- Cultural needs not met

Decision points

- Identifying communication needs
- Adapting care approach

Key questions

- How does language affect well-being?

- What is the active offer in practice?

Link to [Code of Professional Practice](#)

- Deliver person-centred care (1.1)
- Promote equality and inclusion (1.2)
- Support communication (1.4)
- Promote well-being (3.1)

Link to practice guidance

- 1.1 Person-centred practice
- 1.2 Equality, diversity and inclusion
- 1.3 Discrimination
- 1.4 Supporting communication

Learning and reflection points

- How did language barriers impact Gwen's well-being and behaviour?
- What assumptions were made, and how could they have been challenged earlier?
- How does using a person's preferred language support dignity and person-centred care?
- What practical steps can demonstrate the Welsh Language Active Offer in care settings?
- How can staff better identify and respond to communication needs from the outset?

Scenario 10: Discrimination, stigma and professional boundaries in the workforce

Background

You're part of a multidisciplinary social care team working across community services. The team includes people from a range of backgrounds and roles, and like many teams, staff sometimes connect through informal social media groups as well as formal communication channels.

A colleague, Aisha, has recently joined the team. She's an experienced worker and has shared that her faith, cultural background, and identity are important parts of her life. She's well-regarded by individuals she supports but is still building relationships with colleagues.

What happened?

Over time, you notice subtle differences in how Aisha is treated. Some colleagues make comments about her dress and ask questions about her beliefs in ways that feel intrusive or stereotyping. Others exclude her from informal conversations or social plans.

More recently, a meme is shared in a team social media chat group that appears to reference a stereotype linked to Aisha's background. While no one is named directly, several people respond with laughing emojis. Aisha doesn't respond.

Later, Aisha posts on her personal social media account about feeling "othered" and isolated at work, without naming the organisation or individuals. Another colleague sees the post and raises it informally with a manager, suggesting Aisha is being "unprofessional" by discussing workplace issues online. Aisha hasn't raised a formal concern but has become quieter in team meetings. She continues to carry out her role, but you notice she appears less confident to contribute.

Key issues

- Microaggressions and exclusion
- Unsafe team culture
- Social media complexities

Different perspectives are likely:

- Aisha may feel marginalised and unsure of how safe it is to speak up
- Colleagues may not recognise the impact of their behaviour

- Managers may focus on professionalism and reputation rather than underlying culture

Decision points

For the worker:

- To challenge behaviour or not
- Raise concerns formally/informally

For the manager:

- How to respond — whether to focus on the social media post, the team culture, or both.

Key questions

- What's the impact of subtle discrimination?
- What are colleagues' responsibilities?
- What are the risks if this situation isn't addressed - for Aisha, the team, and the people they support?
- How does social media use complicate this situation?
- What would help create a more inclusive and psychologically safe team environment?

Link to [Code of Professional Practice](#)

- Promote equality and challenge discrimination (1.2, 1.3)
- Communicate respectfully (2.2)
- Raise concerns about unsafe practice (3.5)
- Maintain professionalism (including online) (5.2, 5.8)

Link to practice guidance

- 1.2 Equality, diversity and inclusion
- 1.3 Discrimination
- 2.2 Confidentiality and handling information (digital context)
- 2.3 Professional boundaries
- 3.7 Raising concerns and complaints
- 5.1 Professional conduct (including social media)
- 5.3 Working with colleagues
- 7.1 Compassionate leadership and inclusive culture

Learning and reflection points

This scenario encourages reflection on:

- What does subtle discrimination or “othering” look like in practice?
- How might seemingly small behaviours impact individuals and team culture?
- What responsibility do you have to challenge discrimination or exclusion?
- How should social media be used in a way that maintains professionalism?
- What can be done to create a more inclusive and psychologically safe team environment?