

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).

For the purpose of this task, I am going to reflect on a case that was allocated to me whilst in my current role in a Children's team, and it was in relation to safeguarding of a child (child 4). I will provide the background to the case and reflect on how legislation and theories informed my actions. I will also critically reflect on my values, and how I used my professional judgement in a complex safeguarding situation and identify any learning outcomes. Consideration will be given to legislation and policies that social workers in Wales adhere to, and the code of professional practice in social work.

I am a social worker in a Children's assessment team, whereby referrals are made to the department by professionals as well as members of the public. As a devolved nation, the main piece of legislation that we adhere to is the Social Services and Wellbeing (Wales) Act (SSWBA) (2014), which came into force in April 2016. Referrals, where needed, are allocated to a social worker to undertake an Assessment of Care and Support, as per Part 3 of the SSWBA (2014). The SSWBA Code of Practice (part 3) states that assessments are carried out either within 7 days (proportionate), or in a maximum of 42 working days for a complex assessment, and when a referral comes in, the child/ren have to be seen within 7 working days of a referral being received. According to Parker (2008, p.97) assessments include steps such as planning, preparation, preliminary analysis, and construction of an action plan. Milner (2015) states that an assessment must be child focussed. The Welsh language requirements are detailed in the Part 3 Code of Practice (SSWBA, 2014) and state that the Local Authority should be pro-active in offering an assessment in the Welsh language and that language is "integral" to the assessment of a child's care and support

needs. “More than just words” is the Welsh Government’s strategic framework that aims to meet the needs of all Welsh language speakers and ensure that language is seen as an important aspect of a person’s care and support needs and places the onus on service providers, not service users to actively offer a service in Welsh (Social Care Wales, 2022).

Assessments with children and their families need to be child centred, rooted in child development, and look at strengths as well as difficulties (Code of Practice, part 3, SSWBA, 2014). Locally, we use the “Signs of Safety” approach in our assessments, that was developed by Turnell and Edwards (Signs of Safety, 1999), that focusses on assessment and planning when working with children and families in a child protection process. This approach focusses on three key elements, what are we worried about, what is working well, and what needs to happen (Signs of Safety, 1999).

The statutory safeguarding guidance I follow is the Working Together to Safeguard People: code of safeguarding practice (2022) which reflect the same principles stated in the SSBWA (2014). In addition, the Wales Safeguarding Procedures (WSP, 2019) are in place to assist practitioners to apply the SSWBA (2014) legislation. The WSP (2019) state that “if a local authority receives a report of a child at risk of harm, abuse or neglect, it has a duty to respond”. In the Children Act (CA) (1989) significant harm is defined under S.31 (9) as meaning “harm” means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another”. In the CA, S.47 details that a Local Authority has a duty to investigate if it appears that a child is suffering or at risk of suffering significant harm.

NICE guidance (2017) indicates that maltreatment of children can be seen through physical features such as bruises, cuts or bites; clinical presentations e.g., frequent presentations at medical services, neglect meaning “the persistent failure to meet the child or young persons basic physical and physiological needs...” and can be seen when children are consistently dirty or smelly. Other factors include emotional and behavioural maltreatment, where a child’s behaviour is not consistent with their age and development milestones, is fearful, over friendly towards people they do not know, or persistently wetting or soiling (NICE, 2017).

Child safeguarding has undergone various changes over the last decade, including the newly formed National Independent Safeguarding Board Wales (NISBW), and the Safeguarding Children’s Boards (SCB). An SCB has the objective of protecting children who are at risk or experiencing abuse or neglect and preventing children from becoming at risk (NISBW, 2014). As at 31st March 2019 in Wales, there were 2,820 children on the Child Protection Register (CPR) because of experience or risk of abuse or neglect, and emotional abuse was the most common reason in Wales (ONS, 2019).

Children’s rights and the importance of family relationships are detailed in the United Nations Convention of the Rights of the Child (UNCRC), and include a child having a right to protection. In 2011, Wales was the first country in the United Kingdom to incorporate the UNCRC measures into its domestic law (Race and O’Keefe, 2017).

Other relevant legislation to consider is the Equality Act (2010) which replaced 116 other Acts in relation to discrimination against sex, race, equal pay, age and disability. Each adult in the UK has their human rights protected under the Human Rights Act (1998), and when working in children's services, I feel a particularly relevant right is Article 8, a "right to your private family life, home and correspondence", it is important to be mindful of this when working with children and their families.

In the UK the other nations adopt different legislation, in England, although CA (1989 and 2004) are followed, in addition, further frameworks were put in place in 2017, namely the Children and Social Act 2017, and a further interagency guide called "working together to safeguard children" (2018).

The case I am critically reflecting on was in relation to a referral from a Flying Start nursery that Child 4 attended. Nursery staff shared that child 4 had a bruise on his arm/elbow, knees, and across their right ear, which they were most concerned about. The nursery had submitted a Multi-agency Referral Form (MARF) to the department, and a strategy discussion was held by senior children's services managers and Police, it was agreed that the investigation would proceed as a Single agency S.47 investigation and was allocated to me to investigate. I was asked to attend the home as soon as possible, in order to see the injuries and speak to child 4 and their parents.

Initially I looked on the local authority social services system for the history of the children and parents and whether they had been known to services previously. I could see from checking records that Child 4 lived with their mother, mother's partner, and an older sibling (child 5) and younger half sibling (child 6) in a council rented home in a small rural town. Children's services records showed that the Flying Start team had supported the mother and child previously in relation to mum's mental health and housing issues. Flying Start is a Welsh Government funded service that supports children under 4 years of age, and their families by offering childcare, enhanced health visitor support, and parenting support (We care Wales, 2022). In addition, there was a police report that showed there was a domestic incident between child 4's maternal uncle and mums' partner over a year ago. Mum's ex-partner, (father to child 4 and child 5) was also noted on the system to be violent and not to have care of the child 4 and 5 unsupervised. This immediately raised my concerns that the mother may be developing a pattern of getting into relationships with partners who were violent and abusive towards others. Research shows that in homes where there is domestic violence, children are more likely to suffer abuse, be that physical or sexual (Humphreys and Davies Eds, 2017, p.28)

I carried out an unannounced home visit that day to see and speak to child 4 and its mother, who had parental responsibility. On my arrival the mother answered the door, and agreed to let me in, and was aware the nursery had made a referral. I was conscious of the fact that this family did not know me, and I was turning up and asking to enter their home and see and speak to their child due to a serious concern. I felt the difficulty in balancing my professional responsibility with my duties under the S.47 investigation

legislation and that of the Human Rights Act (1998), as in a family has a right to a private life, and live the way they want to, and I was enforcing a home visit, but understood that it had to be done to protect child 4 from potential abuse.

The mother's partner, and father to child 6, was from Ireland, and spent time between the two countries as had other children back in Ireland. This was a different family dynamic that I had not come across before and I did feel apprehensive about this situation and how this worked for a busy young family. The mother shared with me she had moved from northern England and her parents and siblings also lived close by, but that was the only support she had, and she did not have many friends. The mother appeared quite annoyed that the nursery had referred child 4 to social services and felt that it was not needed. I felt that I was able to communicate effectively with the mother and adopted an "open, accurate and straightforward" approach as per Code of professional practice (CoPP, 4.2). By considering the family's support network, I adopted the Systems theory approach as all interactions with others are important and form like a web structure, some are more positive than others (Maclean & Harrison, 2011). It appeared that the maternal grandmother was an important support for the mother and her children.

I interacted with Child 4, by getting down to their level, and they were able to say some words, but were not able to verbalise their thoughts and feelings as yet but was happy to show me their toys. I attempted to speak in Welsh to Child 4 as they attended a Welsh speaking nursery in the hope this would allow me to build a rapport with them. I observed that Child 4 had age-appropriate toys to play with, the home was of clean enough standard, and relatively tidy and I saw the child's bedroom which raised no concerns. Child 4 was seen to be clean and wearing clean and appropriate clothing. Whilst talking to child 4, I asked the mother to show me the injuries that were detailed in the referral and asked her how child 4 had sustained them. The mother was able to tell me that the weekend before, the weather had been nice, and they had been down the beach and child 4 had been climbing over rocks on the beach and bruised his legs and arms. The mother said that the bruise on the elbow was after he tripped over at home and banged it on the edge of the fireplace. When I asked about the bruise on child 4's ear, the mother said that child 4 often climbs up onto the bar stool in the kitchen, and even though she had not seen them do it, she thinks they must have banged their ear on the worktop whilst trying to climb up onto the bar stool and onto the worktop in the kitchen. The mother said child 4 tries to get to the snacks and biscuits in the cupboard and knows where they are. I asked how child 4 is able to climb without them seeing, mother explained that she is sometimes changing the nappy of child 6, or is in the living room, and child 4 will run into the kitchen and try to climb up onto the worktop despite her telling him not to. I observed during the visit child 4 trying to climb onto toys and was very busy running around. At this point, I was concerned hearing these explanations that parents were neglectful towards child 4 as in there was a lack of supervision at home and child 4 was able to climb up onto worktops and run around and come to harm without

them realising. In addition, I was concerned about possible physical abuse to the child, in relation to the bruises seen.

I felt I was interacting with the family in a non-judgemental way, and I took a chronological history of events that had happened over the past few weeks from the mother, Milner et al (2015) state that this forms part of a good assessment.

After I had gathered sufficient information about the events leading up to that day, and seen the injuries on child 4, it was agreed with my manager that a Child Protection (CP) Medical was needed. It was almost 4.30pm at this point, and it was not possible to arrange a Child Protection medical for that day, so a safeguarding plan was then needed. It was agreed that another member of the family, who had not been alone with child 4 in the past week, was able to supervise the mother and her partner with child 4, overnight, until the CP medical could be undertaken the next day. The mother phoned maternal grandmother who then attended the home to supervise overnight, both were very cooperative with this safety plan which I had not expected and felt that they may have refused. Leaving the child at the home, with parents that could have possibly physically abused child 4 did not feel right to me at all, although I had put a safety plan in place.

During the CP Medical I realised how important it was that I shared with Health staff, any background on the family that I had as this also had an impact on their judgment and analysis of the injuries and family situation. Lord Laming's report highlights the importance of exchanging relevant information between professionals when dealing with child protection cases (Laming, 2003). By working collaboratively with Health professionals, I was able to gather more information to inform my decision making and decide on next steps.

Although I felt the CP medical had to be done, child 4 was getting tired and bored by the end and due to their age, was not able to understand why it was being done. The mother handled it all very well, was patient, and I could see she had a good attachment with child 4 and comforted them when they needed it and child 4 seemed at ease with their mother. When the mother told child 4 off for doing something he should not, child 4 would not always listen and do it anyway, this led me to think that the mother was not always able to manage his behaviours.

A S.47 investigation is concluded when an informed decision is made, which takes all of the information gathered into account, and decides whether or not the child is, or is not at continuing risk of significant harm (WSP, 2019). The Consultant Paediatrician deemed that the injuries were accidental and recommended that we continue our assessment of care and support with child 4 and their family. On hearing this, I did not feel totally reassured that child 4 had not suffered some physical abuse but had to consider the CP medical outcome as part of the investigation and then make a professional judgement on safeguarding of child 4. The outcome of the S.47 investigation was concluded and deemed "concerns not substantiated" and that the child was not at risk of significant harm, so child 4 returned home with their mother, and her partner and siblings. A follow up visit was made in order to complete an assessment of care and support, which the family

cooperated with, and I offered the mother and partner additional parenting support through Flying Start, however mother declined this. Mother and partner agreed to minimise the risk of injury to child 4 around the home by installing a baby gate in the kitchen, a fireguard around the fireplace and hearth, and moving the chair away from the worktop so it could not be used to climb on.

The risk factors present for child 4 were that a previous domestic incident had occurred, the mother said she suffered with low mood at times and mum was struggling to manage on her own at times, and to look after her younger child 6, and older child 5. My professional judgment on the investigation was that I felt that the bruises I saw on child 4's elbows and legs were consistent with the explanation given by the mother, and as child 4 was mobile and active, it was not unreasonable to think these could have happened. The bruise on the ear, however I felt a lot more uneasy about and felt that it was very difficult to prove how this was done without a witness that could tell me, as the child was not able to. I felt that my own biases and value base, in relation to the family set up could have affected my judgement, as a mother myself with my own young family, I knew how busy it could get at home with a young toddler. Also, my assumptions on how as their family set up was different, in that the partner was only there some of the time, and that the mother clearly was struggling to manage. Akhtar (2012) explains that all value systems will at some point entwine impacting upon decision-making, and social workers need to consider the persons value base before undertaking any decisions. I felt that I was abiding by the legislation for S.47 investigations and recording of information as set by our local authority policies and procedures and typed up the notes and investigation soon after.

Up until fairly recently, mother had lived in a busy city in England, and shared that she was finding living in a smaller town in Wales, very different. The culture was different, she did not speak Welsh, and maybe she felt unnoticed in larger city but now in a smaller community problems and issues were harder to hide away from. The rural location and limited transport links, made the mother feel very isolated and as she did not drive, and she struggled to take her children places during weekends and school holidays. Williams (2011) states that poor public transport on rural areas of Wales hit poorer families more as they have to spend more on travel.

I felt that the mother appeared open and honest during my visits, and let me in the home, and agreed to maternal grandmother staying at the property overnight in order to safeguard child 4. I was aware of parents who use "disguised compliance", and seemingly agreeing to all suggestions I made, however it is suggested that this phrase does not improve a social workers ability to detect resistance, and can make concerns around risk and blame harder to detect (Leigh, Beddoe, and Keddell, 2022). The mother showed a warmth and care towards her children, in particular child 4 and this was evident at home and during the hospital visit. Attachment theory, promoted by Bowlby in 1969, considers that every child has a need to feel secure and loved, and if not, can develop insecure attachments (Macleane and Harrison, 2011). I felt that child 4 had a strong attachment to

their mother and she encouraged them to play and interact with others and offer reassurance at the right time. The maternal grandmother also showed care and attention towards all the children, but I did question whether she wanted to protect the mother, as she was her child too, and was possibly not aware of any issues at home.

I advised mother to seek GP support for her emotional wellbeing, or local mental health support groups, as it seemed she needed support with this, however she did not wish to be referred at this time. I felt this to be frustrating, as I felt she needed the help, however this was not a compulsory service, so could not be enforced. I felt more at ease knowing child 4 was attending nursery and that any other concerns could be brought to the social work teams' attention again.

Both parents were of a young age, they had three young children to care for at home, mother did not work, but her partner did, they did not report any financial difficulties. The Personal, Cultural, Structural (PCS) model by Thompson considers how oppression impacts on people and their families, and I feel that I maybe I did not sufficiently consider these elements and what their impact could be, during the assessment (Maclean and Harrison, 2010). Mother was clearly lonely, and child 4 was living in a busy household, and had little support around her and was used to living in a busy city and was feeling isolated. The PCS model also considers a person's spirituality, and this is not something I considered as part of my assessment. I realised that undertaking a S. 47 investigation such as this, does not allow the time to build up a relationship or rapport with a family or child or any continuity, and this is deemed a very valuable part of interactions with a social worker (Davies, 2008 pg. 211).

When I spoke to the mother's partner, he was not able to tell me about the injuries to child 4 and during the visit was very quiet, and I felt I could have been more assertive in these conversations. I did reflect whether this behaviour was normal for him, if he was just nervous that a social worker had turned up on his door, or whether he was withholding information. In addition, the partner was from Ireland, therefore his cultures and family lifestyle may be different, however the Lord Laming (2003) report stated that a different culture cannot be an excuse when there is abuse happening (Koubel, 2016).

I have learnt of the importance of gaining a full understanding of the timeline leading up to an event, to be clear and record all the information accurately. I felt this was difficult and often I found myself repeating questions to the family, to be sure I had the right day, and person, who was said to have spent time with the child, what happened, and was aware it may have felt like an interrogation for mother and partner. I have realised how much uncertainty there can be when dealing with risk and the protection of children, and it can be described as "messy" and complex to manage (Hothersall and Maas-Lowit, 2010, p.79). I felt that I worked in a multi-agency way, as I spoke to Health professionals, nursery staff and colleagues about the case to reach a conclusion.

The preferred outcome for a safeguarding intervention in a case like child 4 and their family, is that the parents recognise the impact of their parenting abilities, behaviours at

home, and how this can affect their child, and that they make changes so the child is not at risk of harm in future. I think about what would have happened if the injury was deemed to be non-accidental, what action would I have needed to take to protect child 4 and it would have been very different situation. I have learnt that I need to speak to the child as much as possible to gain their views and observe as much as possible in relation to how they interact with their caregivers. I felt like I could have tried to speak more to child 4 to give them more of an opportunity to show or tell me about their bruises and also that I could have asked more questions of the partner.

The power we have as social work professionals can be described as five different types, these are legitimate, expert, reward, referent and coercive power (Raven, 1993, cited by Maclean and Harrison, 2011). As a children's social worker I felt this power imbalance during this particular S.47 investigation, and believe that all families experience a certain amount of coercive power due to the fact that punishments for parents or caregivers can be court ordered, and police can also use their powers when needed (Raven, 1993, cited by Maclean and Harrison, 2011). Bassot (2016) describes how "reflexivity" in our practice is vital to ensure we are aware of power and any imbalances in these.

There is no denying that working in child protection and safeguarding children from significant harm is a very complex and challenging area of social work. I feel I am constantly learning and gaining confidence in this area and feel that the more investigations and assessments I undertake, my knowledge and skills will improve. I have found that undertaking S.47 investigations can be daunting and overwhelming, and there is a need to make difficult decisions and take actions within a small-time frame.

Reflecting on this case, I felt I met National Occupational Standard (NOS) 4, which is assessing the needs, risks and circumstances, and I felt that I handled most aspects well however I do not feel that I reflected enough in supervision at the time, and it would have been helpful for my learning and development to do so. I feel I will build on my own resilience and emotional literacy skills the more I manage complex cases, and these are crucial in social work (Knott & Scragg, 2011). Payne (2016, p.10) states that "...theory is about supporting reasonable judgements with thought-through arguments based on knowledge", and I feel that by working with complex situations my knowledge base will increase.

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