



**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).

The case study involves the assessment undertaken with an 89 year old man, for the purpose of anonymity will be referred to as Mr 2. Mr 2 is an English speaking white male who is currently in hospital due to dehydration, a fall within his home and confusion. Mr 2 lives alone and has no living family members and no close friends, it is also known from previous assessments that Mr 2 resides in a home that is labelled as 'unkempt' and 'unsafe' due to the home conditions being poor. The hospital staff had concerns about Mr 2 returning to his home alone, mainly due to his age and frailty, and the falls risk given his home conditions. Therefore, Mr 2 is undergoing social work assessment regarding his care and support needs to determine the discharge plan and destination after hospital. The legislation to be discussed is in relation to the Mental Capacity Act 2005, the Equality Act 2010, the Social Services and Well-being (Wales) (SSWBA) Act 2014 and the Wales Safeguarding Procedures 2019. Social workers are expected to uphold equality law, this is statutory framework developed to eliminate discrimination and disadvantage in areas of social life (Brayne & Carr, 2010). To ensure that my practice was carried out in an anti-oppressive way, I structured some assessment sessions to specifically address the concerns raised by the hospital staff. I wanted to gauge Mr 2's views of his home conditions and assess his understanding of the risk of falls within this.

Within the Welsh Assembly, the definition of a vulnerable adult is described as "a person over 18 years of age who is / may be in need of community care services by reason of mental or other disability, age or illness and who is/ may be unable to take care of him/herself, or unable to protect him/herself against harm or serious exploitation..." (Welsh Assembly Government (WAG), 2013). The definition of abuse for an adult is a "violation of an individual's human and

civil right by another person's which results in significant harm" (WAG, 2013). The harm that I suffered is categorised in five different ways, physical, sexual, emotional/psychological, neglect and financial. When there are safeguarding concerns for an adult, we practitioners are required to consider the rights and entitlements of those adults who are vulnerable due to having lost or have fluctuating capacity, as outlined within the Mental Capacity Act (MCA, 2005).

The Wales Safeguarding Procedures (WSP) (2019) detail the essential roles and responsibilities for practitioners to ensure that they safeguard both children and adults who are at risk of abuse and neglect. The procedures help practitioners apply the legislation from the SSWBA (2014) as well as statutory safeguarding guidance Working Together to Safeguard People, which is safeguarding guidance published by the Welsh Government in 2012. What's helpful for practitioners is that throughout the safeguarding procedures are 'pointers for practice', which help by providing information as to how to complete a task. These pointers are reliable as they draw on the latest research and practice developments.

As well as pointers for practice, the WSP give due regard to other important legislation, for example the MCA (2005), ensuring that the spirit of this Act is embedded within practice for all adults at risk. The importance of holistic working is highlighted, stating that individuals must feel they are an equal partner in their relationship with professionals. The code of practice under part 10 of the SSWBA (2014) sets out the functions in relation to how local authorities in partnership with the individual, must reach a judgement on how advocacy could support individuals to meet their personal outcomes. This function is pertinent to the case study here, as Mr 2 engaged in a mental capacity assessment with me to determine his abilities to make his own decisions in relation to his care and support needs. Following this assessment and evidence that Mr 2 did not have the capacity to make these decisions for himself, I made a referral to the local advocacy service whereby an Independent Mental Capacity Advocate (IMCA) was allocated to Mr 2 for the duration of my time working with him, ensuring that his voice was heard correctly and his views and wishes represented throughout his assessment period.

To gather the necessary information for the assessment, I utilised a system's theory approach (Friedman and Neuman Allen, no date) with the aim to empower Mr 2 to overcome any challenges that emerge and with the aim of Mr 2 living a fulfilling life. Systems theory posits that behaviour is influenced by a variety of factors that work together and form a system, including an individual's familial and social relationships, their environment, economic status or sexual orientation. By observing and analysing the systems that contribute to a person's behaviour and welfare, a social worker can work to improve those systems according to the individual's unique situation. I used a strategic approach, which is the type of intervention that focuses on daily problematic interactions and solves them with correct application of cognitive thinking. This approach leverages a culturally relevant solution that focuses on the client's perception within a system instead of imposing strictly external perceptions (Treater, 2010). This was very important to me and my values as I wanted to be able to understand the situation from Mr 2's perspective rather than the systems around him.

The more I learnt about Mr 2, I came to understand Mr 2 is a very proud Welshman, who enjoys talking about his connections to Wales and his love of the music and poetry. At the very start of my assessment, I ensured to ask Mr 2 what would be his preferred method of communication and language used, and although Mr 2 stated he is English speaking only, I advised that we do have Welsh speaking practitioners within our teams should anyone feel more comfortable completing their assessment in Welsh, in line with the 'More than just words' strategic framework for Welsh language services (2016).

As well as the local legislation, it's important to be working in line with legislation outside of Wales, such as the European Convention on Human Rights (ECHR), which is also encouraged from WSP with a focus on Articles 2,3,5,6 and 8. Interestingly, Wales was the first country within the UK to embed the principles of the UN Convention into its laws (WG, 2008a). The WSP also evidences links to the Human Rights Act (HRA) 1988 and is evident throughout UK law (Brayne & Carr, 2010).

Focussing on the WSP (2019), I was able to focus on the signs and indicators of possible abuse /or neglect. In the case of Mr 2, the signs and indicators were in the form of Mr 2's neighbour who was visiting him in hospital and putting Mr 2 in compromising situations regarding his finances. I would visit Mr 2 regularly at the hospital to discuss his ongoing assessment and to establish his care needs, in line with learning outcome one, and within these visits he would chat at ease with me and would tell me about this neighbour that had been to visit. Mr 2 explained that he doesn't know this neighbour well, to the extend he didn't even know her name, although having lived in the same street for thirteen years. Mr 2 would tell me that this neighbour was coming to the hospital to take his clothes home to wash and then returning them to the hospital after being cleaned, however, hospital staff already confirmed with me that this was a lie the neighbour was telling Mr 2 as she never came or went with any bags or items and in fact the hospital were cleaning Mr 2's clothes. These signs were my first gut feeling that something wasn't right, and I kept questioning Mr 2 each time I saw him regarding this neighbour, trying to find out any information about her or any such motive to why she was suddenly so interested in Mr 2, considering she had not interacted much with him prior to his hospital admission. I tried to put as many preventative measures in place as possible to ensure there was no risk of abuse, such as visiting regularly during the standard hospital visiting times (presuming this would be the best time to catch the neighbour visiting), asking the ward staff to inform me when the neighbour is attending the ward and for them to gather contact information from the neighbour, and then contacting the housing officer where Mr 2 resides to ask if he is aware of any connections between Mr 2 and this neighbour. Upon reflection, I see that I was working collaboratively with professionals as well as Mr 2 and therefore meet the second learning outcome.

The concerns for Mr 2 started increasing as I was learning more about him, he started to tell me that there was a large sum of cash, over six thousand pound in his home and that he strongly believed it was stolen (without Mr 2 being able to rationalise or evidence why this was stolen regardless of multiple questions from myself and police). This information led me to believe that the neighbour had motive to be forming a relationship with Mr 2, and so I discussed my concerns immediately with Mr 2 and made sure to be transparent and clear that I believed Mr 2 to be at risk of financial abuse. Mr 2 did not share my concerns and was of the

view that this neighbour didn't know about his 'stolen money', but that she was helping him with his laundry, which again is something I continually tried to explain to Mr 2 was a false statement from the neighbour.

I felt uneasy about the situation with Mr 2, and had several discussions with my mentor about this, to which I was advised to utilise the local authorities safeguarding team. After speaking to someone in the team, I felt reassured that my concerns were valid and was provided with suggestions on how to further protect Mr 2. I contacted Mr 2's housing officer again to make him aware of the apparent 'missing money' and my concerns regarding the neighbour. I feel my actions here are in line with learning outcome three as I used intervention and application of professional judgment during what I felt was an increasingly complex situation. The following day, the situation escalated when the hospital notified me of a strange visit from the neighbour, whereby the neighbour brought in some sort of paperwork and Mr 2 was observed by staff to sign this piece of paper and hand over his bank card before the neighbour swiftly left. Thankfully, the hospital had followed my previous request of gathering contact information and provided me with a phone number for the neighbour. Before I could phone the neighbour, I received a call from the housing officer explaining the neighbour had just approached him with a handwritten letter, signed by Mr 2, and was requesting access to Mr 2's property. The neighbour wrote the letter and stated that Mr 2 was allowing full access to his property for the neighbour to manage it while he was in hospital. Being aware of the safeguarding concerns, the housing officer refused access to Mr 2's home address and immediately contacted me to address the situation. I then spoke to the neighbour on the phone, and queried this letter, as well as the new and sudden relationship the neighbour was forming with Mr 2, and most concerning, why the neighbour was interfering in Mr 2's finances when she has no legal or family connections to Mr 2.

I then took actions following the events, which were influenced from my own experience, the research I had taken, the discussions with my senior management and the safeguarding leads. Firstly, I requested the neighbour return Mr 2's bank card to me immediately and ensured that Mr 2's bank card and cash was handed into the hospital safe during his stay. I then had discussions with the hospital staff where I used respectful challenge to query why Mr 2 was not supported by staff during his visit with the neighbour and why staff did not intervene or question when observing Mr 2 signing a document for the neighbour. It is through such respectful challenge that we can ensure effective multi-agency partnership working and adhere to safeguarding procedures (Robinson and Cottrell, 2005).

Up until this point, my assessment with Mr 2 had been more about the current events happening rather than gathering information regarding Mr 2's care and support needs, which is a requirement of the assessment to determine the personal outcomes for the individual (SSWBA, 2014). I went back to my systems theory to approach the situation holistically and use the theory to understand how a variety of factors may be influencing Mr 2's thoughts and actions regarding the way he lives and cares for himself. Part of systems theory is developing tailored interventions (Friedman and Neuman Allen, no date). The first part of the theory is assessing a person's needs, so I held a Best Interests Meeting (BIM) as part of the MCA (2005) legislation given that Mr 2 was failing capacity regarding his discharge planning. The BIM was a multi-agency collaborative meeting including myself as the social worker, the staff

nurse in charge of Mr 2, the IMCA, the Physio Therapist (PT) and the Occupational Therapist (OT), and gave opportunity for all professionals to discuss Mr 2's strengths and challenges so that we could collectively discuss interventions to improve Mr 2's situation and agree on a best interest decision for discharge destination. I ensured to speak to Mr 2 following the meeting allowing with his advocate, so we could inform him of the discussions and seek Mr 2's views as part of the meeting. As previously experienced with Mr 2, he was unable to discuss his care and support needs and continued to be fixated on only one conversation- the apparent stolen money from his home. At this point I identified there was a pattern forming, as per guidance from the elements in Systems Theory, Mr 2's conversations with me were circulating back to the same issue. This, according to Systems Theory, assumes that problematic conduct is part of a circular flow of things, and due to this, finding a constructive path ahead requires both recognising and correcting this pattern. I sought advice from my senior management as well as my safeguarding team, and with the help of police was able to have access to Mr 2's property to determine if his money had been stolen. The result was positive in that Mr 2's money was found where he described safely within his home and was handed to our finance team with Mr 2's permission to protect his finances whilst he was away from his home. Not only was task an important event as it was preventing Mr 2 from focussing on the assessment, it was also important as it was something Mr 2 greatly wanted achieved, and by listening to his voice I was working in line with the SSWBA (2014).

Now that the money issue had been resolved, I believed the assessment with Mr 2 would start to flow with more conversations about his care and support needs, and whilst this was true to a degree, it also brought to surface further issues. I had the advantage of having now been inside Mr 2's property, which meant I could discuss the home conditions from an observational perspective as well as information provided from a long-standing housing officer and a previous social work assessment available to me on Mr 2's social services historical referral records. I explained to Mr 2 that I was able to access and read this previous social work assessment that was undertaken in the community around ten years previously, and the contents showed another pattern within Mr 2's life, circling to the same issues presented today, namely self-neglect. As written from SCIE (2024), self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues. The inclusion of self-neglect in chapter 14 of the Care Act (CA) (2014) statutory guidance means that safeguarding duties apply where the adult has care and support needs and is at risk of self-neglect which they are unable to protect themselves from (SCIE, 2024). Research shows us that adults who self-neglect struggle to recognise the risks they are living with and may lack the mental capacity in relation to the care needs. The most effective approach to assess a person who is self-neglecting is to work alongside the adult to truly understand their wishes and feelings and to build a relationship of trust (NHS, 2024). A multi-agency approach to risk assessment and risk management in partnership with the adult is likely to be most effective, which lead to the outcome of the BIM decision which was that Mr 2 be discharged from hospital into an assessment bed in a local authority care home for a period of time, allowing a further period of assessment to take place, providing an insight into Mr 2's daily living before then reviewing Mr 2's situation again and determining a further discharge plan that is safe and appropriate.

Mr 2 agreed with this outcome and was moved to the assessment bed within the care home, where our assessment continued, and further multi-agency working was required.

The more feedback I was getting from the care staff at the care home, the more I felt the need to lean on the theory from Maslow, and the hierarchy of needs. This theory is a motivational theory in psychology and comprises of a five-tier model of human needs, often depicted as hierarchical levels within a pyramid (McLeod, 2024). The five levels of the hierarchy are physiological, safety, love/belonging, esteem and self-actualization. Lower-level basic needs like food, water, and safety must be met first before higher needs can be fulfilled. The reason I felt this theory was relevant was because Mr 2 was self-neglecting and as a result was not meeting his basic physiological needs such as food and water (evident as Mr 2 came into hospital with dehydration and was observed to need extensive prompting in hospital for nutritional input), and does not present as though he is meeting the needs of his health and his property, which covers the safety and security part of the hierarchy. I feel that for Mr 2, his self-actualization (being the thing that Mr 2 wants most of all) is to be free and accepted to return home and live in a way that he is familiar and comfortable with. At this point, it's important to be mindful of guidance and legislation, whereby we practitioners are required to consider the rights and entitlements of those adults who are vulnerable due to having lost or have fluctuating capacity (MCA, 2005). Mr 2's wish was to return to an environment and living style that is a risk to his health and his well-being, meaning that the BIM was required to safeguard Mr 2 and plan on his behalf that was in his best interest.

Now that legislation, policy and procedure, collaborative working and theory had been utilised for Mr 2's assessment, and the outcome was for further assessment in an assessment bed care home facility, there are new parts of the assessment to explore with Mr 2. These new assessment parts are based on review, which is policy within the local authority framework and the SSWBA (2014) assessment guidance, whereby Mr 2 will undergo review of his new environment and set new personal outcomes within his assessment for his next discharge plan. To aid this further assessment period, a second theoretical perspective from Maslow is utilised, namely the motivational theory, which explored factors driving human behaviour, focusing on intrinsic motivation, needs fulfilment and goal setting (Fisher, 2009). In social work, understanding this theory is vital for engaging individuals and fostering positive change. By assessing a person's motivations and aspirations, social workers can tailor interventions to align with the person's values (Gomez, 2024). Motivational interviewing techniques derived from this theory enhance collaboration and empowerment, and I was eager to use these in a positive way whilst working with Mr 2. It was important to me that Mr 2 felt that he was not being judged or unequally treated due to his lifestyle choices (Equality Act, 2010). During Mr 2's time at the assessment bed, where I would visit frequently and speak with staff, I ensured that professionals were working in a way that was anti-oppressive, and not judging Mr 2's lifestyle due to his capacity. As outlined within the social work code of ethics (1975), it's vital that we as practitioners should be aware of our own prejudices and consider how these could be experienced as oppressive by the people with whom they are working (BASW, 2023). I wanted to ensure that Mr 2 was not made to feel embarrassed or ashamed of the way he had been living, and that practitioners focussed on the safety element of his home environment rather than the presentation and their own views. Motivational theory is a practice that helps practitioners understand what drives people to change, and how to help them achieve their

goals. With Mr 2, his drive for change was his motivation to want to return to his home, and so discussions regarding this being a realisation was a huge part of the assessment. The first part of tailoring Mr 2's social work assessment was the step of going into an assessment bed within the care home, this gave opportunity for Mr 2 to have further period of assessment and to work towards his goal of returning home. Mr 2 identified his goal which was to live at home with a package of care, and so with the motivational theory, we developed strategies that would help aid this goal.

During his time in the assessment bed, Mr 2 was supported with interprofessional working between he, the staff and myself. Mr 2 had a thorough social work assessment and further BIM as required from the MCA (2005) and SSWBA (2014) to determine his next discharge plans. The theories that led Mr 2's social work assessment and collaborative working were systems theory, Maslow's hierarchy of needs and a motivational theory. It was evident that understanding the way Mr 2 lives and carries out his daily tasks were not meeting his basic physiological needs (required in Maslow's hierarchy to reach self-actualisation). With this being embedded into Mr 2's care plan within the assessment bed, strategies were put in place where carers could prompt and encourage Mr 2 with his nutritional intake and the cleanliness of his room, which was something I wrote stringently within his care and support plan ahead of his discharge. With Mr 2 now understanding that to be able to reach his goal of living in his own home he would need to engage with a package of care in his home environment so that he may be supported to meet his care and support needs and be safe from harm.

Upon reflection, there are many professional skills that I feel were vital during the assessment period and most importantly, were vital to ensure that Mr 2 was continually involved and protected throughout. Recording all the information even down to phone conversations, requests from staff members, collaborative discussions and discussions with safeguarding team was important to ensure that Mr 2's assessment would be thorough and available for any future social work involvement. It was a pleasure working with Mr 2 and being able to support him on the journey to his goal of returning home.

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