



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044**

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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).

In this essay I will critically reflect on a case study based on an assessment that I have undertaken with others which concerns the safeguarding of a child. For confidentiality purposes I will refer to the child as 1 and his mother as 2.

The legislation I will be discussing will be the Social Services Wellbeing Act 2014, Children Act 1989, United Nations Conventions on the Rights of the child, The Mental Capacity Act 2005 and The Human Rights Act 1998. I will be referring to the Code of Professional Practice and the Wales Safeguarding Procedures. I will discuss the process that is followed in Initial Child Protection Conferences and the duties placed on the multi-agencies in attendance. The Active offer (morethanjustwords2013) was made in this case which is where it was identified that English was the preferred language of the family.

The brief history of the case is, 1 is 17 years of age, his pronouns are he/him and he identifies as male. 1's ethnicity is white British. His preferred language is English, although he has received his education bilingually and does understand Welsh, he lives at home with his mother and his stepfather. 1 was on a full care order under the Local Authority from birth but placed with mother until the care order was revoked in 2017. All of 1's siblings were removed from their parents care prior to his conception and birth due to the level of significant harm they had been subjected to. This was due to domestic abuse where 1's father was the perpetrator, and his mother was the victim and substance misuse where both parents abused substances. The care order was revoked,

and the case was then closed to the LA after significant improvement over a consistent period. 1 spent a period on the child protection register in 2019 when his risk-taking behaviour escalated and relationship with mother deteriorated, things improved and 1 was deregistered and the case was closed. 1's behaviour began to escalate again in 2022 and following a period of involvement 1 was registered on the child protection register again. The complexities within this case were that 1 was putting himself at risk, mother was working well with professionals but 1's actions and behaviours were continuously putting himself and other young people at risk. The lack of parental control was also a concern. 1 was staying out all night, being suspended from college for being under the influence of substances and there were concerns around child exploitation. 1's age caused further complexities as the age of mental capacity is 16 but parental responsibility is with 1's mother until he is 18.

I was required to undertake an assessment under part 3 section 21 of the social services wellbeing act 2014 (SSWBA2014). There is a duty placed upon the LA to assess where it appears that a child may need care and support in addition to, or instead of, the care and support provided by the child's family (SSWBA2014). During this time 1's behaviour escalated significantly, he continued to put himself at risk, his associates would vary between inappropriate family members, adults and other young people sometimes as young as twelve. These individuals would be considered inappropriate due to substance misuse and antisocial behaviour which led to criminality. I completed this assessment within the 42-day timescale placed upon the LA (SSWBA2014), the difficulty in assessing was that there were continuous incidents occurring and the issues were escalating. 1 was assessed as needing care and support, 1's mother agreed to work with the LA on a care and support plan to meet her desired outcomes. The duty to provide care and support is placed upon the LA through the SSWBA 2014 part 4 section 37 whereby a LA must meet a child's needs for care and support if the child is within the LA, the needs meet the eligibility criteria and or the LA considers it necessary to meet the needs in order to protect the child from abuse or neglect or risk of harm (SSWBA2014).

The All Wales safeguarding procedure states 'It may be useful to think of significant harm generally as a compilation of significant events, both acute and long-standing, which interact with the child's ongoing development, and interrupt, alter or impair physical and psychological development' (Bentovim,1998). During my involvement referrals from multi-agencies continued to be submitted, although not one referral on it's own met threshold, collectively it was considered that threshold for at risk of significant harm was being met. I completed a Multiagency Referral Form specific to the LA and in accordance with procedures a strategy discussion was held between police and social services and a strategy meeting with all agencies was arranged. During these meetings the Wales Safeguarding Procedures are followed and due to the concerns from every agency a decision was made that a Section 47 investigation under The Children Act 1989 (CA1989) needed to happen. S47 of the CA 1989 places a duty upon the LA to investigate if they suspect a child is at risk of significant harm, including physical and sexual abuse or treatment likely to damage a child's health or development (Children&youngpeoplenow2023). There is a then a duty for the LA to make such enquiries as they consider necessary to enable them to decide whether they should take any action

to safeguard or promote the child's welfare (CA1989). The outcome of this assessment was that 1 was suffering or likely to suffer significant harm and there was a need to escalate to initial child protection conference (ICPC) for safeguarding measures to be put in place. Concerns continued to be present around substance misuse, exploitation and antisocial behaviour. There was a significant lack of parental control as well as 1 refusing to engage with professionals and education.

All agencies must complete a report prior to the conference and the report must be shared with all agencies, the child if appropriate, those with parental responsibility and the conference chair. This was completed in the case of 1, the report was delivered to his mother in person and we read through the report and discussed the points together. It is important to remember that the ICPC process is stressful on families, and it is important to ensure that they have a full understanding of the report and the concerns outlined. 1's mother was anxious, and the process was one of distress for her, I was able to use my communication skills to put mother at ease through reading out the report to her and explaining my concerns in greater detail. Through doing so I was able to confirm mother's wishes and feeling and understand her own concerns fully, this enabled me to be able to amend my safety plan and what needed to happen next with 1 in accordance with mother's views. Since qualifying I have completed numerous reports for ICPC's and have found that my confidence within the process has grown which in turn has allowed me to adapt my practice and how I communicate from learned experience which has been beneficial for the families I work with.

The conference includes family members (and the child where appropriate), with the supporters, advocates and practitioners involved with the child and family, to make decisions about the child's future safety, well-being, and development (Wales safeguarding procedures 2019). During the ICPC process every agency involved has a duty to engage fully, the Wales Safeguarding Procedures outline the tasks for **all** agencies involved (Wales safeguarding procedures 2019). Every agency will be given a chance to share their report, at the end of their report the conference chair will allow any questions to be asked of the professional from other agencies as well as family and friends. The conference is child centred with the impact on the child being the focus during the meeting and in creating the plan. The conference is person centred with the families having a chance respond with their views to all reports but also the right to challenge professionals on the accuracy or their reports. Anti-oppressive practice is especially important but what I have recognised whilst working with children and families is that child protection will be oppressive towards the parents. It is the nature of the work when safeguarding children, but it is our role as professionals to ensure we minimise this when possible. The ICPC is a formal meeting where a confidentially statement is shared, the statement allows for information sharing between agencies but clearly outlines where the information cannot be shared. Professionals must be courteous to one another and respect professional boundaries even if their opinions differ. Professionals are asked to consider all the information presented and to make an informed decision based on this, exercising professional judgement is key as and places accountability not only on the professional but also the agency. If it is decided that the child is registered on the child protection register all professionals must work together to produce a safety plan and therefore co-production between professionals and the

families is key if we are to achieve the best outcome. Every agency will be responsible for ensuring the safety plan is followed with the social worker responsible for ensuring it is implemented. I have found this process difficult at times as it is the responsibility of the social worker/LA to ensure the plan is implemented and adhered to by all agencies. Although every agency has responsibilities it is often felt that social workers are held to a different level of accountability, this is an opinion from my own experience in practice but also from witnessing media coverage of safeguarding failings by professionals.

I found working with 1 difficult, due to his age it was harder to implement a strong safety plan as he had capacity and was unwilling to engage with the plan. This is an area of my practice I do wish to improve on, the ability to engage young adults who do not feel they are at risk and do not want intervention. I am aware that this will not be achievable with all citizens, but it is an area I feel I would benefit in focusing on and seeing if I can improve outcomes for young people. I recognise that is a balancing act as respect must be shown to the person who has capacity and the right to make unwise decisions but also the statutory duty placed upon the LA to ensure the welfare of the child is paramount. There is an overlap between the mental capacity age being lowered to 16 but the parental responsibility age remaining at 18. I did find this a challenge and am unsure how I will be able to overcome this in future practice as the challenges between the wishes and feelings of the child in contrast to those of the parents who will more than likely be sole providers for the child will continue. Social workers will always face challenges with differing views and there is a role for us to support individuals to recognise and manage realistic expectations. Once children reach the age of 16, they are presumed in law to be competent. They should be treated as adults and can give consent or refuse their own treatment, including admission to hospital. Parents cannot override the decision for treatment from a competent 16/17-year-old (carequalitycommission2023). This is the case for medical treatment, but it would be fair to assume that the same would apply to social situations. The challenge with 1 was that his mother was trying to exercise parental responsibility but there was a significant lack of parental control, 1 kept pushing boundaries and putting himself and others at risk. I do personally feel that the lowering of the mental capacity age was a positive step for young adults, allowing them to have their voice heard and have control over their own paths in life. The difficulty is when the young person places themselves at risk and the duty of the LA to safeguard.

I feel there were areas of good practice whereby we did do direct work and when it came to inappropriate associates, I do feel we were able to achieve some change in his way of thinking and his actions reflected this. I feel we as professionals worked well together and we utilised the strengths of each professional and the relationship they had with 1 to strengthen the engagement as much as possible. Moving forward to the future I would like to attend further training on working with young adults to enhance on my skills. Supervision with my senior and team manager were beneficial throughout the process as I was able to gain advice and support from those with many years of experience and knowledge. Through the years I can reflect that peer support and shadowing has been one of the best ways I learn and develop. I drew back on this whilst working

with 1 and took a lot from youth workers and those who worked in the college and mirrored and adapted some of their approaches as we could see this worked for 1.

Social workers need to understand the law and how to apply it to practice in the LA that they are working in. Power has been devolved from Parliament to new law-making bodies in three of those nations: Wales, Scotland and Northern Ireland. Devolution means that Wales, Scotland and Northern Ireland have been able to develop legislation with focus on their countries only and the needs of their residents. Personal outcomes have been the focus of all four nations who implemented new legislation in 2014, this is evidenced within SSWBA 2014 where personal outcomes are one of the five key principles of the act (SSWBA2014).

Devolution meant that powers from Parliament were transferred to the devolved law-making bodies, here in Wales the Welsh Government has control over health and social care. Parliament remains with overall control in the UK as limited powers were only granted Wales, Scotland and Northern Ireland (GOV.uk). Wales has taken full advantage of its new powers with key pieces of legislation created the enactment of the Well Being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 are considered significant pieces of legislation.

The Well-being of Future Generations Act 2015 requires public bodies in Wales to consider the long-term impact of decisions, work better with people, communities, and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. The Act is unique to Wales but has attracted interest from countries across the world as it offers the opportunity to make a long-lasting change to current and future generations (futuregenerationscommissionerforwales2015).

1 spent most of his life living in a city, he then moved back to a rural area. This has proved difficult for me as a social worker as 1's mother had different expectations of what could be provided from preventative services. From living in a higher populated area where there is more allocated funding which draws more voluntary agencies to set up services, the lack of services within this LA became more prominent. Statutory duties under SSWBA 2014 remained the same in both areas but it was clear that there were limited resources for a person 1's age within this area to support any safety plan in place and this was difficult to overcome. These were discussed within supervision and with other peers when trying to identify services to support, unfortunately it became clear that lack of resources is not something that practitioners can change but I felt it was important to raise the matter within formal supervision to be highlighted with senior management who may be able to achieve change.

The United Nations Convention on the Rights of the Child (UNCRC) applies to everyone under the age of 18. The UNCRC was drafted in 1989 its aim is to ensure that children grow up in a spirit of peace, dignity, tolerance, freedom, equality, and solidarity (togetherscotland2023). The Human Rights Act 1998 (HRA) is relevant to every individual referred into the LA for any kind of service, whether this be safeguarding or not. Article 8 of the HRA protects the right to private family life,

there are situations when public authorities can interfere with your right to respect for private and family life, home, and correspondence (Equalityandhumanrightscomission2023). The authority must be able to show that the actions is lawful, necessary, and proportionate to protect national security, public safety, the economy, health or morals, disorder or crime, or the rights and freedoms of other people (Equalityandhumanrightscomission2023). Safeguarding children would be considered lawful, necessary, and proportionate, as the CA 1989 states, the welfare of the child is paramount. This was evidenced in the case of 1, 1 did not want to engage and he had the right to privacy, but his actions required safeguarding measures.

The CA 1989 was a big a moment in legislation to safeguard the rights and welfare of children (children&youngpeoplenow2019). The aim of the act was to strengthen protections for children and simplify the existing legislation. The CA 1989 empowered families, the act centres on the idea that children are best cared for withing their own families and every effort should be made to support that, the act also established the principle of parental responsibility (children&youngpeoplenow2019). This CA 1989 was enacted 34 years ago and the legislation that has followed shows that the act was a key moment in the path forward for children and families and how the principles are child and family focused. For example, SSWBA 2014 heavily focuses on co-production and voice choice and control, empowering families to take control of their own lives. The CA 1989 is legislation used across the UK whereas SSWBA 2014 applies only to Wales, but it is evident to see the consideration given during the creation of SSWBA 2014. The main goal with 1 was to work with both him and his parent to stabilise things and create a healthier, safer environment.

By the time the ICPC was held bail conditions were in place as he had taken his mother's car without consent, had three other children in the car and made threats to kill, preventing him to go home and therefore the LA needed to support in accommodating him. This proved difficult due to lack of suitable foster placements, the police had imposed the bail conditions, but they were unwilling to review these despite several requests from myself, senior management, and his mother. I understood the pressures they faced as a service as 1 was continuously in contact with emergency services. This demonstrated competing objectives between agencies and although the police refused to review any conditions in place, I was able to challenge respectfully and ensure the voice of the LA was heard and considered in relation to decisions made. A Legal Case Planning Meeting was held where solicitors advised the LA of their options. I was required to be a highly active part of the meeting, as the case holder I had the most relevant information but also, I had the voice of the child. 1 had shared his views and wishes with me and I was able to voice these within the meeting, I did find this difficult as there was a need to balance the duties of the LA against the wishes of the child. Management wanted 1 to return to his elderly grandparents, I did not agree with this decision and informed management in an email to ensure written evidence of my objections. I feel this was an area of good practice on my part, I was able to identify that that decision would have not only put 1 at risk but also his grandparents. The LA had a duty of care to all individuals involved and I advocated this. I felt I needed to be assertive in this situation and I do feel this was achieved, I was able to practice effectively within the boundaries of my organisation but I was also able to hold my

own within complex meetings to reach decisions in line with the best interest of the child, meeting the national occupational standards required of us as social workers (socialcarewales2022). In reflection, I do feel the LA could have done more to support and prevent the circumstances which led to the bail conditions and I as a practitioner could have voiced this more effectively. With this experience in mind, I feel that I will be able to work on this which will strengthen my own practice in future.

During my work with 1 theory informed my practice, the three theories I found informed me best were, The Toxic Trio, Systems Theory and Adverse Childhood Experience (ACE) theory. The toxic trio had been a big part of 1's early years and were still present to this day. Research and case reviews do identify parental domestic abuse, substance misuse and parental mental illness as three factors that are frequently present in the lives of many children who experience abuse or neglect (NSPCC). During my intervention with 1 I was concerned in relation to substance misuse, his own mental health which led to self-harming and suicide attempts and child to parent abuse where he would threaten his mother with physical violence. Along with multi-agencies a plan was put together for 1, I identified that there was a need for 1 to work with choices who would support him with his substance misuse, I would refer to the Child and Adolescent Mental Health Service (CAMHS) to support with his mental health and a referral was submitted to Adult Safeguarding Services. I was a key part of devising the child protection plan put in place and reviewing this, I did find this difficult as the risks kept escalating and the plan needed to be amended often. When a case is allocated one of the first things I do is look at the chronology and the case history. This is where I began to use the systems theory. A social worker must look at a range of factors that shape a client's experience and personality. By using systems theory, they can understand issues like child abuse, family issues, and community dysfunction concerning a client's issues like mental health or relationship issues (Research.com). By looking into the family history, I gathered that three of 1's siblings had been removed by the LA prior to his birth, I was able to see the positive progress and engagement 1's mother had displayed, and this informed my practice going forward and improved communication. 1 and his mother had also moved back to the area of which they fled domestic abuse, this allowed me look at the community and the impact of society on their family life. Through systems theory I also realised the extent of the ACE's that 1 had been subjected to. ACE's can include Physical, emotional, or sexual abuse and/or neglect; Living within a household where there are issues, such as domestic abuse, mental illness and drug and alcohol misuse; Parental separation and family breakdown; Carer incarceration (AllWalesSafeguardingProcedures2019). 1 was presented with all of these during his early years, ACE's can have a lifelong effect on individuals. Researchers have found that those who had experienced four or more ACEs were more likely to have issues including, health-harming behaviours, poor mental health, chronic disease, and wider social problems such as unemployment, lower socio-economic status, and diminished social mobility (AllWalesSafeguardingProcedure2019). 1 has experienced many of these already, 1 is already known to the criminal justice system which is again linked to ACE's. Given the possible detrimental effects of abuse and neglect throughout life the most effective strategy is to prevent children from experiencing abuse, neglect and harm (AllWalesSafeguardingProcedures2019). Early intervention

prevention is one of the key principles of SSWBA 2014 and I can see from the limited experience that I have as a practising social worker that early intervention is beneficial, and the research concluded supports this (SSWBA2014).

In addition to the Wales Safeguarding Procedures the Code of Professional Practice (COPP) is followed by every practitioner. The COPP is a guideline for practitioners to follow when working with service users and their families, it safeguards citizens and professionals and ensures consistency of practice. Although all sections of the code are relevant in the case of 1 the two that were especially relevant were, Promote the well-being, voice and control of individuals and carers while supporting them to stay safe and respect the rights of individuals while seeking to ensure that their behaviour does not harm themselves or other people (SocialCareWales2017). The COPP is an extremely beneficial tool for newly qualified practitioners and I have found myself turning to the COPP more than once to gain clarity/ guidance.

Within Wales there are six regional safeguarding boards, the one relevant to myself and 1 is Mid and West Wales which is CYSUR. The regional arrangements were established to meet the requirements of the SSWBA 2014 (CYSUR 2019). The regional purpose is to co-ordinate the strategic direction, collaboration, consistency and improvement of practice across the region (CYSUR 2019). The local purpose which is the responsible of each LA is to co-ordinate local practice, and work towards ensuring effectiveness of local arrangements to safeguard and promote the wellbeing of adults at risk, children and young people (CYSUR 2019). Every safeguarding board is made up of chief officers from senior agencies who are involved in safeguarding, this would involve social services, health, police, education etc. Above the regional safeguarding board is the National Independent Safeguarding Board, the purpose of this board is to provide advice and guidance to regional safeguarding boards. The National board have no decision-making powers but they work with and have oversight of the regional board which enables them to provide feedback to Welsh Government on any safeguarding matters that arise (safeguardingwales.com).

To conclude, the assessment completed with 1 covered a range of issues from care and support needs to safeguarding which also required discussions of legal context. I was required to work in collaboratively whilst making professional judgments within increasingly complex situations. Although I have identified areas of good practice I have also identified areas in which I would like to gain further experience and plan to ensure future training and research to meet these needs.

Words: 4,380

