



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

**LEARNER PORTFOLIO
(PORTH AGORED and UNIVERSITY OF WALES
TRINITY SAINT DAVID)**

Learner's name:

Gemma Hammersley

Email address:

gem_smithy@hotmail.com

Learner's University Registration Number:

2320957

Cohort: 21 onwards

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).

Throughout this assignment I am going to critically reflect on an assessment that I completed within children's services; this assessment was to ensure the safeguarding of a young person (who I will refer to as 1 throughout this assignment). This assessment was completed in my role as a qualified social worker, working in an assessment team in childcare; I have worked within this assessment team since gaining my social work degree. The assessment team responds to multi agency referral forms being made, these referral forms are sent in by professionals and members of the public sharing safeguarding concerns for a child or young person residing in the local authority area; children and young people aged 0-18 years old. The local authority is based in a rural area in Wales with small communities throughout. I will be demonstrating how legislation, policies, strategies, and procedures underpin social work practice, and how collaborative working is central to assessments and making professionals judgments. I will be reflecting on the role of social work theories and the dimensions of working in Wales and how this impacts decision making whilst safeguarding children and young people. The individuals discussed within my chosen case study will be kept anonymous not to break confidentiality and to ensure they are not identifiable through name, name of any services they accessed or involved in the assessment or through locality (Data Protection Act 1998).

The case study I will reflect on is one where I was the allocated social worker to a young person in adolescence. 1 lived at home with his mother, father and two younger siblings of

mixed genders. 1 was attending collage where possible and both parents were working full time. The families first language was English but were able to speak some Welsh words; mainly the younger siblings from learning this in their primary school. The family lived in a very rural part of the local authority in a small community and were not known to social care previous to the multi-agency referral form being made to the assessment team.

1 was referred to the safeguarding team by their mental health nurse due to concerns that 1 was dependant on alcohol and was drinking 1litre of vodka a day. A further referral was received from the Police sharing a report of a domestic incident taking place in the home involving 1 and his parents. There had been several domestic incidents reported to the Police which included 1 as the victim, and as the violent individual. In all domestic incident reports made, they involved 1 and his parents only; and at times his father was reported to be aggressive and intoxicated. A comprehensive assessment was opened and allocated to myself; this meant I had up to 35 working days to assess the needs of 1 under the Social Services and Well-being (Wales) Act 2014. This assessment would look at 1's life as a whole, liaise with other professionals involved in 1's life and seek information from multi agency partners to form an analysis of 1's need's and if there is any safeguarding concern. Whilst the assessment was ongoing, a further domestic incident within the home resulted in the Police being called to the family home where 1 was arrested following assaulting his mother (who I will refer to as 2) whilst intoxicated, 1 was later bailed not to have any contact with his mother. 1's father (who I will refer to as 3) was also arrested for assaulting 1 and was bailed not to have any contact with 1. Additional factors within 1's life was he had periods of low mood which resulted in him self-harming and attempting to commit suicide on a number of times. Whilst 1 lived at home with his mother and father he had witnessed domestic abuse at home between his parents, there was concerns 1's father was also alcohol dependant which was also a significant concern. 1's mother also had mental health needs and was diagnosed with depression and there were concerns the relationship between 1's parents was not healthy.

During my first visit with the family, the family were asked if they would like to receive this assessment in the Welsh language, whilst this was declined, as a Welsh speaking professional I was able to reassure the family, should they wish to communicate in Welsh this could be done without delay or a need for a new social worker. The Welsh Government is striving to promote the Welsh Language within Wales, recognising its heritage to Welsh Culture. Withing The Well-being of Future Generations (Wales) Act 2015 (Welsh Government), one of the seven national wellbeing goals is to promote and protect the Welsh culture and heritage as well as the Welsh language. The Local Authority is a names body that the Act applies to putting a duty on social care (under the authority) to promote the Welsh language. The local authority is embedding this into its policies, procedures, and practice. Consent forms have been changed within the local authority to ensure that the active offer (Welsh Government) is discussed in the first visit and recorded on the consent form. The active offer is promoting practitioners to promote the Welsh Language and use it in line with English, not to make assumptions that all individuals speak English and would prefer not to speak Welsh. This promotes identity and culture which in turn strives for a person-centred approach. This is something I felt confident in doing as I am able to speak Welsh.

From my initial visit, it was clear 2 may benefit from speaking to me alone. This was arranged for her to share things in a safe space. 2 shared that she was in an abusive relationship and it was identified 2 wanted to seek help in secret away from 3 knowing; 2 shared how she has been in an abusive relationship. Due to this and the sensitivity of it, I recognised a multi-agency approach would be needed, not only for 1 but possibly for his mother; services that were identified were adult services and an Independent Domestic Abuse Advisors. Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 is the first piece of legislation in the UK to specifically recognise and address violence against Women as opposed to domestic violence; recognising women in its title (Jurasz, Olga, 2018). Whilst the Act does not bring in new statutory offences it places a duty on the Welsh Government to create, plan and deliver a national strategy to address violence against women, in turn placing a duty for local authorities to create local strategies to implement the national strategy (Jurasz, Olga, 2018). Knowing this as a professional empowered me to advocate for 2 to access services that I understand to be backed by legislation. Using Prochaska & DiClementa (1993) Cycle of change, 2 was in preparation. 2 has recognised that change is good and is intent on taking action. This theory recognises that within the cycle of change there is no end point or finish line, but an ever revolving circle of change. As practitioners we have the tools to support individuals in whatever stage they may be in at that time and help them understand that changing stages is a natural progression, whether is forwards or backwards.

Legislation, policies, procedures, and strategies underpin social work practice. It provides a legal framework to practice within; striving to keep children and young people safe. The Wales Safeguarding Procedures (2019), (replacing the All Wales Child Protection Procedures, 2008) enables registered social worker to apply and work within the legislative requirements from the Social Services and Wellbeing (Wales) Act 2014. This is now available in an App form enabling practitioners and families to access this with ease promoting effective social work. It enables practitioners to understand decision making, know their boundaries and guides them within their practice within the law.

Due to the safeguarding concerns of 1 following the safeguarding referral, under section 2, part 3 of Wales Safeguarding Procedures (2019) and Section 47 of the Children Act (1989), there was a multi-agency strategy discussion held between the Police and Social Care. Within this strategy discussion, managers from my team and a Sergeant from the Joint Investigation team with the Police discuss the referral and if threshold has been met to proceed with a Joint investigation under Section 47; this investigation is statutory if agreed and does not require consent from any adult holding parental responsibility. It was agreed a joint investigation with Police and Social care was needed to determine the outcome of the S47 enquiry. Out of the possible 3 determinations (Wales Safeguarding Procedures) it was agreed that determination 2 was met; *"concerns are substantiated but the child is not judged to be at continuing risk of significant harm although they may have care and support needs"*. Following 1 being spoken to by myself and a Police officer; a Detective Constable, it was agreed 1 was in need of a care and support plan. Due to ongoing safeguarding concerns and 1 not being able to return home because of the bail conditions, the Police used their powers under Section 46 (S46) to safeguard 1.

The Children Act (1989) sets out powers that Police can remove children in emergency situations where it is deemed the child is at significant risk of harm. Due to 1 being in the

Police station, it was agreed in a multi-agency strategy discussion (Children Act, 1989) that the S46 powers would be used to prevent 1 from leaving the Police Station until suitable accommodation was identified. This was agreed as it was identified 1 did not have a suitable place identified to stay and there was a risk of 1 harming himself. Whilst this was to safeguard 1, upon reflection I recognise that this process infringed on 1's human rights (Human Rights Act 1998) and the rights of the child under the United Nations Convention on the Rights of the Child (UNCRC). Although 1 was unable to leave the Police station and return home, impacting on his Article 8 rights (Human Rights Act, 1998) this was deemed necessary and appropriate as it was to safeguard him until a suitable placement could be identified. Thus causing a conflict, 1s safety is paramount therefore decisions were made within a multi agency platform to ensure 1 was safe. Section 6 (2a) Human Rights Act (1998) states that part 1 *"It is unlawful for a public authority to act in a way which is incompatible with a Convention right"* does not apply if as a result of one or more provisions of primary legislation being used and the local authority could not act in any other way. Legislation is in place to support professionals to know their boundaries within their role and the law. Whilst decisions are made within the law, these decisions are very difficult to make at times, particularly when the young person does not agree or see the risks that led to the decisions being made.

I felt that watching 1 be kept at the Police station and not be able to follow his recommended reduction plan as advised by his mental health and substance misuse worker very difficult. I felt that I struggled to separate my professional and personal beliefs and morals. To support with this, I used my supervision to reflect on my feelings in a safe space, used peer mentoring sessions to seek advice and found emotional support from my team and managers when I found things particularly difficult. Carpenter et al. (2012) stressed the importance of regular structured supervision for social care practitioners, enabling reflective practice, personal support, managing caseloads, discussing theories and legislation that applies to practice supporting development of skills and knowledge. Munro, E (2011) also emphasises the importance and the significant role supervision has to social work practitioners, their practice and ability to reflect on assessments and decisions.

Being aware of the legislations that apply to Europe, the UK and Wales itself ensures practitioners and partner agencies know what applies to their country and therefore their role in safeguarding children and young people and also to support us to explain decision making to the individuals and their families. Social Services and Health are devolved to Welsh government (Welsh Government); what applies to Wales does not necessarily apply to the rest of the UK. In 1's case, as a multi-agency approach professionals were aware and discussed legislation and policies that enabled a S47 to be convened, S46 powers to be applied and decision making in care plans. Whilst a care and support plan was initially identified, due to the barriers that prevented 1 from returning home this then developed quickly into a looked after young person plan as family and friends were not in a position to support 1, therefore the local authority then had a duty to accommodate 1. Under Part 6, section 75 of the Social Services and Wellbeing (Wales) Act 2014, local authorities have an overarching duty placed on them through legislation to secure sufficient accommodation for looked after children in their area. Whilst this was a duty placed on the local authority social care team, it

was a multi-agency approach to ensure all of 1's needs were identified to find a suitable and safe placement. Whilst this was in 1's best interest, there were barriers faced upon reflection.

Due to the complexities of 1's needs, there were barriers faced in identifying an appropriate action plan to meet 1's needs. Multiple multi-agency meetings were held with hospital staff, mental health practitioners, substance misuse practitioners and the Police, but due to no policies in health being written to manage a detox for an adolescent and 1 being too young to access a detox plan with the adult substance misuse team, this was very difficult to navigate ensuring 1 care needs were met. Understandably, some professionals felt out of their comfort zone as they had not supported a young person dependant on alcohol and therefore did not want to make decisions that would later be criticised, unfortunately this impacted on 1's care plan and ability to seek support to address his dependency on alcohol. Upon reflection I found this difficult, professionals from different agencies focussed on their own areas of practice, and this impacted the overall joint approach in ensuring 1 was safe and having all his needs met. I felt frustrated with this approach and felt that, I as 1's social worker was letting him down. I was shocked at the lack of options for 1 and questioned services being restricted by age.

Due to the complexities of 1 needs, his reduction plan and violent outbursts, it was very difficult to identify a placement close to home, because of this 1 was placed in a residential placement a significant distance away from home. This was to ensure he was able to continue to attend his health care appointments virtually, continue to access education and also have two to one workers with him supervising him due to the risk of self-harming. Although this was the best identified placement for 1 at the time within an emergency placement, this impacted his ability to have face to face contact with his family. Under Part6, Section95 of the Social Services and Well-being (Wales) Act 2014, *"Where a child is being looked after by a local authority, the authority must, unless it is not reasonably practicable or consistent with the child's well-being, promote contact between the child and the child's parents, any person who is who is not a parent of the child but who has parental responsibility for the child and any relative, friend who has a connection to the child"*. Due to bail conditions 1 wasn't able to have any contact with his mother or father, due to the impact of traveling a long distance on 1 younger sibling it was assessed with their parents that video contact would be appropriate at that time; video contact was facilitated by myself. This was managed in a particularly careful way not to break any bail conditions that had been placed by the Police, it had to be ensured that whilst 1's siblings were on video call their parents did not enter the room or communicate with 1 at any time. This was to ensure their bail conditions were not being broken whilst they remained in place.

Upon reflection, 1 has experienced significant issues throughout his adolescence, experiencing challenges with substance misuse, mental health and witnessing and being part of domestic abuse. The Toxic Trio Theory identifies mental health, substance misuse and domestic abuse as the three issues often present at the same time, co-existing posing significant risk to children, or were present when a child has been harmed. The Toxic Trio (Skinner et al, 2020) identifies how the risk of harm, abuse or neglect can significantly increase to children when present. Having this knowledge of other risks and complicating factors that are present within the family home enabled us to assess risk at home and how this may impact

the care plan and what 1 will require to support him. Whilst one of these issues being present does not result in a parent being unable to safeguard a child, in 1's case having all three present at home significantly increased the risk of further incidents taking place and 1 not being safeguarded.

1 has experienced different care plans very quickly throughout his involvement in the assessment team; a section 47 joint investigation was complete, he was then under an assessment for care and support; part 3, section 21 of the Social Services and Wellbeing (Wales) Act 2014. Due to 1 then being placed in local authority care he was a young person looked after under Part 6 of the Social Services and Wellbeing (Wales) Act 2014. Those different care plans placed different duties on the local authority to ensure the needs of the child were met and rights promoted. To ensure the local authorities' policies and procedures were followed under duties placed on them. Reflecting back on this quick progression and how I was overwhelmed at the speed of change as a professional, this would have been a very traumatic time for 1 who was experiencing it first-hand. I believe a strength-based approach supported me in my role of trying to promote positive change within 1's life and supported me to help 1 focus on positives and not only focus on the negatives; should 1 have only focussed on the negatives I believe he would have tried to harm himself. The Welsh Government have recognised the impact of a strength-based approach in social care and have created a strategic plan from 2022-2027 (Social Care Wales) to aim for positive changes within social care to aim for better outcomes. Eight National outcomes have been set out within the strategic plan, with number 7 being "*Social care services that embed and deliver strengths-based approaches to care and support*"; highlighting how the impact of a strengths-based approach can have on positive outcomes. Through supporting 1 to reflect on the positive changes he has already made, this empowered 1 to identify how he could continue to make positive changes and gave him hope and motivation to make more. It promoted 1 to build on his self determination and strength to help him navigate his experiences of adversity.

Upon reflection, 1 was in crisis. Due to their time being under a S46 and being placed into the care of the local authority with consent of 1's parent under Section 76 of the Social Services and Wellbeing (Wales) Act 2014, 1 wasn't able to follow the reduction plan and was being monitored to ensure he did not withdraw from alcohol. 1 was in crisis at this point and stated himself he did not feel things could get worse. Using Crisis theory (N. Sam, M.S 2013), 1 was experiencing change and an event in his life that he may have been perceiving as threatening or harmful to him. Sigmund Freud and later Erik Erikson (N. Sam, M.S 2013) defines crisis as turning points in an individual's development and mental health, where individuals are open to change and trying to achieve better outcomes to leave their point of crisis. 1 recognised during reflection with me that he was in crisis and because he felt he couldn't go on as he was he was more open to change. 1 felt this was a turning point in his choices and because of his experiences he wanted to make better changes to one, get out of the situation he found himself in and two, to make changes to make sure he did not return to the situation he was in at that time.

Having an understanding of theories is a significant tool for social work practitioners to have, it builds on their skills and knowledge to understand what an individual is going

through, enables them to understand what may have brought the individual to that point in their life and enables practitioners to have an understanding on how they can support them moving forward. It equips social care practitioners with knowledge to support the individual to make their own choices, understand behaviour where possible and allows individuals to make decisions (where safe to do so) on how their future may look. Reflecting on 1's experiences, he was the expert in this situation, and although he wasn't always able to explain the why's or how's, with practitioners surrounding him with support and different ways of communicating, he was able to identify what could help him moving forward. Further tools that enable me to ensure 1 was at the centre of planning and his voice was captured was using direct work tools such as the 3 houses and scaling (Signs of Safety). Due to 1's age, I adapted the 3 houses exercise to asking him what he would put in those categories rather than houses; the three houses are a tool created within the Signs of Safety approach to capture what a child is feeling. A child is asked what they would put in their *House of Worries*, *House of Good Things* and *House of Dreams* (Signs of Safety). This enables 1 to focus on one feeling at a time and he found he was able to express himself. Reflecting, I felt scaling worked more effectively given his age. Scaling is another tool created within the Signs of Safety, where an individual is asked to scale a particular topic, subject or situation from 0 to 10; 0 being low/not good and 10 being high/very good (Signs of safety). Giving individuals a safe space to think about scaling, then asking them specific questions on what would need to happen to move their score up by one number enables them to specifically identify a behaviour or change they wish to happen. This is also a visual aid for individuals to see visually if their score has changed. Using this with 1 allowed 1 to recognise the behaviour he wanted to change was his drinking and staying in education; this in turn supported myself to support 1 and his goals giving us direction.

From experiencing and managing 1 and his care plan, it is evident that there are a lot of external factors and changes in circumstances that impact a care plan and what direction it goes in, what has to be put in place within the law; what legislation, policies and procedures need to be followed to ensure that social work practitioners are working within their role ethically and morally. An understanding is needed of a social workers role, their duties, and expectations to enable them to fulfil their role and duty to safeguard children and young people. Without a knowledge of legislation, policies and procedures that apply to Wales specifically, a child and young person's rights could be infringed upon and result in them not receiving a service that they are legally entitled to. Social Care practitioners are part of a team and require ongoing support, supervision, and training to ensure that they are able to continue to learn and refresh their knowledge on their roles. Care planning is not a single agency responsibility, and whilst Social Care may lead and case manage, a multi-agency approach is required to bring skill, knowledge, and expertise to the forefront of planning and creating a person-centred care plan for individuals.

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