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Task: 3

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Safeguarding in Wales is underpinned by legislation, the Social Services and Well-Being (Wales) Act 2014 (SSWBA) is significant to social work practice in the Welsh context and informs the duties of the Local Authorities within Wales to support and protect children and young people at risk of harm. Wales has an independent safeguarding board and 6 Regional Safeguarding Boards whereby, their purpose is to protect children and adults from harm, these were established from the SSWBA (WSP, 2019).

The SSWBA embeds principles of The United Nations Convention on the Rights of the Child 1989 (UNCRC). Wales is the first and only country in UK to do this. Wales Safeguarding Procedures (WSP) (2019) standardise the safeguarding processes across Wales, it replaced the previous guidance and centralises the duties for both children and adults. The accompanying Statutory Guidance (Codes of Practice (CoP)) includes a number of volumes that relate to the parts within the Act and are a useful resource for professionals to inform their practice and carry out their duties in relation to the Act (Social Care Wales (SCW), 2017).

The SSWBA applies within Wales alone, it has replaced much of the legislation in relation to Children and Adults social care. There is still legislation within the United Kingdom that is important to safeguarding namely the Children Act 1989, this informs the duty to investigate where it suspects a child may be at risk of significant harm known as Section 47 enquiries.

The case study I will relate to is a single parent family with 4 children, living in a semi-urban area of Wales. They had assessed needs for care and support with varying complexities within the family, this assessment was completed in line with the Local Authorities duties in the SSWBA. During the period of working with them multiple theories and approaches have been utilised to support the family holistically and individually with their outcomes.

‘Outcomes’ as a theory and an approach is specified throughout the SSWBA, it is also how the local authority within which I work promotes the wellbeing of individuals in line with their statutory duties. Outcomes as described by SCW (2022) is an approach that acknowledges people as the experts in their lives, it stresses the importance of meaningful conversations and recognises the strengths within individuals and families. This allows people to be active participants within their plans and to feel more in control (SCW, 2019).

The principles of this approach are powerful for the families we work with however, there is a dichotomy within safeguarding with children and young people that requires their wellbeing and protection from harm to be at the forefront of any decisions, and this can be difficult if a family or parent shows little insight into their situation (Adams, Dominelli & Payne, 2017; Davies & Nora, 2016). There were concerns around Health needs of the children being met, lack of supervision in the home, disability and drug and alcohol use. The parent was not in a place to commit to changing their behaviour in relations to their drug and alcohol use and although this would be an outcome identified for the children, the parent needed to be on-board in understanding this. A theory I utilised at the time was 'the cycle of change' (Prochaska & Diclemente 1982), the parent was at pre-contemplation which meant they were not ready to accept their drinking and drug use was a problem. I was able to refer to a service within my Local Authority that would assess the impact of the parent's drug and alcohol use and their parenting capacity. Working together to identify the associated risks to the children we were able to co-produce a protective plan that would mitigate potential harm.

While continuing to work with the parent, motivational interviewing was utilised to progress any 'change talk', this meant acknowledging where the parent was on the cycle of change and also encouraging movement to progress to action (Miller & Rollnick 2013; Prochaska & Diclemente 1982). This progressed as we built on our relationship; relationship based practice (RBP) I feel is fundamental to my practice and to social work practice as a profession (Howe, 1998; Trevithick, 2003). Building trust was important for this parent, there were difficult conversations and our relationship was able to manage this due to consistently working in an open and honest way (SCW, 2017). Having good communication skills and utilising active listening within this can support building on the professional relationship with families. Accommodating our use of language within consideration to the age, ability and cultural differences of the individuals we work with are valuable communication skills (Bodie, 2011; Teater, 2014).

When working within Children's Services, it is widely assumed that parental change where there are concerns, will then lead to better outcomes for the children. What can be difficult is balancing the needs and barriers for parents against the changes needed for the children within their timescales in order to protect them from harm (Adams, Dominelli & Payne, 2017; Forrester, Westlake, & Glynn, 2012). There are overarching legislation that guides us with this

and thresholds to consider when analysing and assessing. There is still paradoxes within this that mean we need to prioritise certain rights, safeguarding often takes priority. If we consider capacity legislation where adults have the right to make unwise choices (Mental Health Act 2005) and human rights some of which are absolute such as the right to not be tortured; other rights are said to be limited as outlined in The Human Rights Act 1998. These limited Rights but Rights nevertheless, are sometimes breached when it comes to safeguarding children. Rights to privacy; there is an expectation that families work openly and honestly with us, we ask them personal and difficult questions which in nature can be oppressive. How we behave as practitioners is so important, to work in an anti-oppressive way with families, and the importance of being open and honest with them when we expect the same is crucial to build trust (Beckett, Maynard & Jordan, 2017; Thompson, 2010).

Despite my perseverance and good relationship with the family there was little change being achieved however, agreed protective plans remained in place. I feel it is important to acknowledge that families may not progress to set timescales however, part of analysing intervention and assessment is reviewing (Parker, Bradley & Bradley, 2017). There were multi-agency meetings held regularly to discuss the family's outcomes and plans. Education and health as well as other services would attend and the whole family invited to participate. I utilised supervision and formal consultations with my manager and mentor to seek support and advice to consider next steps. Supervision is important for social work practice it allows for reflection and opportunities for collaboration (Howe & Gray, 2013; Tsui, 2005).

Meetings can be daunting for families and advocacy services are encouraged for all children. Welsh Government have embedded advocacy within the SSWBA with a dedicated Code of Practice (CoP) on advocacy under Part 10 (SCW, 2017), this in part is due to children and young people having a right to be heard in matters affecting their futures, as enshrined within the UNCRC (Welsh Government, 2019) .

During my time working with the family there was an incident which led to the parent being arrested while intoxicated, the children were present during this time and s.47 enquiries initiated after a strategy meeting was held in line with safeguarding procedures (WSP, 2019). This requires analysis of the children's lived experience, the impacts to their health and wellbeing, the strengths and any adult-orientated issues impacting parenting capacity (not exhaustive, but salient) (Hothersall & Maas-Lowit, 2010; WSP, 2019). Views of other

professionals were sought to inform the assessment and analysis, this is something I aim to do well, and building relationships with professionals is part of the role and important for multi-agency working. Multi-agency working is significant across legislative and practice guidelines, it is incorporated within the National Occupational Standards (NOS) as part of key role 2 practice professional social work (NOS, 2011).

There are 3 determinations than can be made within s.47 enquiries; Concerns of significant harm are not substantiated, concerns of significant harm are substantiated, but the child is not at continuing risk of significant harm and concerns substantiated, and the child is judged to be experiencing or at risk of abuse, harm or neglect. If this related to an injury to a child a child protection medical would take place where the child would be assessed by a specialist paediatrician to identify the cause of injury (Morris, 2008; WSP, 2019).

If a child is judged to be experiencing or at risk of abuse, harm or neglect the s.47 enquiries will trigger an initial child protection conference this is a multi-agency approach to safeguarding where the family, health, education, police, children's services and other statutory or voluntary services involved with the family attend. As a group it is determined whether a child meets the threshold for being at risk of significant harm and will therefore be placed on the child protection register (CPR). This will mean there is further oversight of the children's plans with a reviewing procedure of child protection conferences (Crawford, 2012; Davies & Nora, 2016; WSP, 2019).

Where concerns remain and progress is limited or not at all, there are further mechanisms in place to escalate such as the Public Law Outline (PLO) this is where the Local Authority is pre-proceedings and making an application to the Court so that the Court may make an Order to protect a child, Orders the Court can make are Care Orders where the Local Authority maintains parental responsibility for the child and where foster care or adoption is needed to protect them (WSP, 2019). There have been recent guidance on this process that consider the timescales for the child to be very important further information available from; The Public Law Working Group's (2021) Final Report on Best Practice Guidance in respect of 'Support for and Work with Families Prior to Court Proceedings'.

Within the s.47 I completed I utilised past information that had been recorded on the server to inform my analysis, the importance of recording accurate information is outlined in the

national occupational standards and Code of Professional Practice (CoPP) (SCW, 2011; SCW, 2017). Where information is not recorded accurately it can have negative impacts for families and children we work with. There is also considerations for when workers go on leave or change positions not having information recorded can make transitioning to a new worker harder for families. Families' feel having to continually repeat their stories very difficult and consider this to be a barrier to them accessing support (Mantell, 2013; WSP, 2019).

The complexity of the case and the time line for the enquiries to be completed can add pressure. S.47 enquiries as with most assessment within social work are time sensitive and policy and guidelines state how this should be completed. WSP (2019) state expectation is 10 working days with the strategy discussion being held on the first working day. Urgency when a child is at risk is understandable. Multi-agency collaboration is vital when safeguarding children and is often something that is noted in serious case reviews, and within NOS (Horwath, 2019; NOS, 2011; WSP, 2019).

Within these specific s.47 enquiries I had discussed with management formerly in consultation and also in supervision to support coming to the analysis that the children had suffered significant harm and therefore it had been substantiated however, were not at continued risk. If the children were at continued risk of significant harm an Initial Child Protection Conference would be held within 15 days, whereby a multi-agency decision would be made on whether or not the children should be placed on the CPR (WSP, 2019). There was a need for contingency planning within this which is not unusual however was a prominent factor within how we managed this complex situation due to the parent potentially having a custodial sentence. Contingency planning and prevention planning can be an important element when working with families as it allows you to consider alternative ways of working (Howe & Gray, 2013; Teater, 2014).

The s.47 enquiries resulted in a new assessment being opened to comprehensively consider the needs and risks for the 4 children which needed to be completed within 45 days. When completing an assessment there are policies in place within the Local Authority that include the Active offer as described in the Welsh Language Measure 2011 this is to ensure the person has a choice in the language which services are delivered (WG, 2012), knowing who to turn to within my Local Authority for Welsh speakers is important within the legislation however, the 'active offer' is more than this, the 'more than just words' programme (Welsh

Government, 2012a) includes incorporating Welsh so it is as detectable as English and treating it as the official language it is (Welsh Government, 2012b).

The General Data Protection Regulation (GDPR) is a set of EU-wide data protection rules that have been brought into UK law as the Data Protection Act 2018. There are consent and confidentiality procedures in line with GDPR legislation that are considered and complaints procedures to ensure accountability. Following the procedures and legislation for assessments within Wales also allows social workers to encompass the codes of professional practice (SCW, 2017).

The eldest child within the family had several diagnoses. Disability is a protected characteristic as explained in the Equality Act 2010. The Act offers protection from discrimination within society, Equality is something enshrined in Social work principles and ethics (BASW, 2014; SCW, 2011; SCW2017). That the child had needs above what may be expected from another child his age informed his assessment it also put greater emphasis on the additional parenting capacity he may require. This also led me to ask about the parent as a carer and whether she was being supported in her own capacity. In Wales an identified carer has the right to a carer's assessment (SSWBA). This also led me to consider the United Nation Convention on the Rights of Disabled People; UNCRDP utilised in Wales to represent the social model of disability A systems approach while considering the Welsh context allowed me to consider the barriers to the child fulfilling his potential and achieving his outcomes (Disability Wales, 2022, SCW 2020).

The needs assessment considers the domains in which a child's needs are identified; health; education, social and emotional, this considers the development of the child and the parents capacity. There are also requirements as set out in Part 3 CoP SSWBA; Assessment requires the worker to consider an individual's circumstances, their own personal outcomes, analyse any barriers to them including within society to achieving those outcomes, assess and consider any risks to individuals and their families if those outcomes are not achieved this should be utilising the strengths based approach and model. It goes on to state when assessing children assessments must also be; child centred, have a foundation within "child development, be holistic in approach, ensure equality of opportunity, involve working with children and their families, build on strengths as well as identify difficulties, include an inter-agency approach to assessment and the provision of services, be a continuing process, not a

single event, be carried out in parallel with other action and providing services and be grounded in evidence based knowledge.” (SCW, 2020; Mathews & Crawford, 2011; WG, 2015 p18).

Some of the above is incorporated within the local authority’s policy and procedures including the design of their recording system. The way the assessment itself was conducted incorporates the elements of practice identified and the way the assessment is recorded structures around the requirements. What I feel is important when conducting assessments is to capture the voice of the child and family, this level of co-production empowers them and ensures that their outcomes are personal to them, I try to incorporate this in my practice however, there are times where this appears more difficult such as when you identify a risk that is contested by a parent, this is when being open and honest with them and acknowledging their disagreement within the assessment. Co-production is something I feel I do well within my practice and something I have continued to develop (Mantell, 2013; SCW, 2017; WSP, 2019).

Co-production and participation are important aspect within social work, I see them as emphasising the importance of ‘doing with, rather, than doing to’ this can also relate to the earlier discussed people being the experts of their own lives and the cycle of change (Prochaska & Diclemente, 1982; SCW, 2022). Within Social work practice we recognise that internal motivators are better able to support an individual to achieve and sustain change compared to external motivators, therefore, co-production and participation are all central to achieving outcomes. This correlates to motivational interviewing and outcomes it also links principles of the SSWBA the CoPP and the NOS. The intertwined nature of social work practice between legislation, theory, standards and policy (NOS, 2011; SCW, 2017; Teater, 2014).

An assessment requires the gathering of information (Martin, 2010). Throughout the assessment there are elements where I acknowledge the need for multi-agency partners to contribute, when we are considering the child’s development, health and education it is important to seek the information from education, health visitors and other professionals involved with the child to ensure we are capturing the needs holistically (Crawford, 2012; Morris, 2008; WSP, 2019). When we are recording this it is important to state where the information is coming from. I also recognise that the family are the experts of their own lives

and that it's important that this is not lost when gathering information (NOS, 2011; SCW, 2022).

The definition of social work as coined within BASWA from the International Federation of Social Workers (2014) "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing." The definition is further expanded but caveated with "Social work in the UK in the 21st century is dynamic and evolving, and therefore no definition should be regarded as exhaustive." (BASWA, 2012). The definition is incorporated within the social work role, and has been discussed throughout this case study, showing how it relates to safeguarding and to social work practice as a whole. Promoting social change, empowerment, human rights, Welsh context, Wellbeing and evidence-based practice have all been part of how I have worked with this family, assessed and safeguarded the children and discussed throughout.

Wales has embedded much of the values and ethics of social work within its legislation and guidelines, this has been in part, by embedding Human Rights and United Nation Conventions within its legislation. There are also aspects from CoPP within this, these are evident in voice and control and prevention and early intervention within the SSWBA (SCW, 2017). When considering the BASWA Code of Ethics (2014), these can also be found within the act, the focus of wellbeing, human rights and promoting the rights to participation. There is an enmeshed ethos throughout which supports Social Workers within their duties. Accepting that this is well incorporated and something that is strived for does not ignore the dichotomies between legislation, policy, practice and values and ethics at times which are also evident.

The struggle between supporting families or individuals to achieve outcomes and having the power to lift the barriers they face in order to achieve them. We acknowledge the oppression and environment that have contributed to the difficulties but what can be done to actively change this within the aspects of long-term social change (BASWA, 2012; Salas, Sen & Segal, 2010). We recognise the importance of RBP and working with families to build trust,

empowering them to achieve. We acknowledge the barriers that may be preventing them achieving, such as; poverty, lack of support networks, their own upbringing (Adverse Childhood Experiences; Felitti et al, 1998), systemic discrimination, disability (Howe, 1998; Thompson, 2010; Trevithick, 2003). There is no one route fits when we are working with complexities within families, person centred approaches and RBP help us at the family level but it is also important to consider mezzo and macro theories for longer term social change, utilising ecological systems theory can help us consider these influences and how this relates to the child and family (Bronfenbrenner, 1995; Teater, 2014).

Within my role and safeguarding as a whole resources can be the ultimate deciding factor; which goes against much of what is discussed within legislation, policy, values and ethics within social work practice. Resources can dictate a multitude of things; the amount of social workers or support workers available, the services that can be accessed, foster/respite placements, homes, specialist facilities, educational provisions, adaptations etc. These can make the difference between someone being able to improve on their wellbeing, achieve their outcomes and keep their children safe (Turner, 2020). Working within the community and with our multi-agency partners can support this at the micro level and is part of NOS 'the resources of different agencies must be pooled to maximise person centred outcomes'(Bronfenbrenner, 1995; NOS, SCDSW6, 2011).

Poverty and social work are intrinsically connected. It needs to be understood; poverty or a denial of resources correlates with individuals being unable to achieve positive wellbeing. Social work has been criticised over the years for laying insufficient emphasis on issues of poverty (Feldman, 2019). Within the Welsh Context this is more significant, Wales has the highest rate of child poverty within the UK, it also has the most disabled people and despite a growing economy is disadvantage comparative to its UK counterparts(BBC, 2021; Disability Wales,2022;). Within Wales there is a 'post code lottery' for resources within rural areas and areas featured within the Welsh index for multiple Deprivation. This has left families who are now also experiencing the rise in inflation/cost of living crisis needing more support (Bevan Foundation, 2023; Trussell Trust, 2023; Welsh Government, 2022).

This all became very relevant within this family, they moved to another area due to the bail conditions, into a hostel and lost their home. Multi-agency working, sharing information and resources is a different experience across borders and became a learning curve, I have sound

knowledge of what is available within the area I work and the role my multi-agency partners have within safeguarding, I was not equipped for the barriers to services and resources in another area when a family are considered 'temporary residents' which led me to seek support and supervision from managers and workers with experience of this (Howe & Gray, 2013; NOS, 2011; SCW, 2017).

The difficulties within the families situation caused an escalation within the identified risks and changes to the agreed plans and protective factors that were previously in place, this led to the children experiencing further harm and having their names placed on the CPR. This epitomises the fluidity of assessment, how it is ongoing and how my analysis and professional judgement within this complex situation needed to change to reflect the different circumstances and risks to the children, all while continuing to utilise the already discussed theories, models and methods within the legislative framework and guidance. (NOS, 2011; SCW, 2017; SSWBA, 2014; WSP, 2019).

With the children's names being placed on the CPR it felt even more important for them to have independent advocacy, this had been discussed previously but an 'Active offer' was initiated in line with part 10 of the SSWBA CoP (SCW, 2017; WSP, 2019) as I really thought they would benefit from this. The Active offer meant an independent advocate would speak to the children about advocacy and what this could mean for them individually. The purposes of advocacy are clear to me as a social worker, empowerment and their voices being heard and shared by someone independent however, families we work with can sometimes be dismissive of this, seeing it as an extra person they will have to speak to and engage with. The active offer can support them to see the benefits of advocacy from an independent person. They have the autonomy to refuse but this will then be a fully informed refusal or consent (Beckett, Maynard & Jordan, 2017; SCW, 2017; Teater, 2014; WSP, 2019).

The family will transfer to the new local authority who will take responsibility within the duties set out in the SSWBA and WSP (2019). Disengaging can be an emotive and difficult part of social work practice. When it is because a family has achieved their outcomes and children are no longer at risk it is positive and one of the best parts about the profession however, disengagement happens at many other times which can be more challenging. Nevertheless this is part of the role and part of effective social work practice. Utilising formal and informal

supervision can support within this aspect and continues to be imperative to good social work practice (NOS, 2011; Howe & Gray, 2013).

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