

REFLECTIVE PRACTICE CASE STUDY

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Module code: SJSI5022.

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INTRODUCTION

- Identifying potential risks and considerations.
- Exploring what policies and legislation have been used, and some that have not but should have been.
- Examples of good practice, policy and theory.



THE CASE STUDY – MRS A

- Visual impairment
 - Renal failure
 - Diabetes
 - Emotionally unstable personality disorder
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- Presented as stable, and has a good insight into her own health needs according to her designated social work.



EXAMPLES OF GOOD PRACTICE

- **Social worker involved** – ensuring **Mrs A** always had shelter in order to manage her care needs, and chairing safeguarding meetings to discuss a multi-disciplinary approach to deal with Mrs A's care needs, also involving family and other professionals.



EXAMPLES OF GOOD PRACTICE

Several health/social care professionals brought in by the social worker, these include:

- Community Mental Health Team (CMHT)
- Approved Mental Health Practitioner (AMHP)
- Child and Adolescent Mental Health Service (CAMHS)
- Social Services



WHAT POLICY AND LEGISLATION HAS BEEN CONSIDERED IN THE CASE STUDY?

- **Care Act 2015** (Gov, 2011)
- **Mental Health Act 1993** (Gov, 2011)



POTENTIAL RISKS

Rapid decline in Mrs A's mental health which resulted in:

- Financial abuse
- Sexual exploitation
- Regular police arrests for anti-social behaviour
- Intentional and unintentional homelessness
- Frequent hospital admissions due to non-compliance with receiving medication
- Family breakdown
- Threats to self harm and suicide



WHAT COULD HAVE BEEN DONE TO MINIMISE THESE RISKS?

- Although Mrs A was deemed as having the mental capacity to do this herself, more help from the social worker in regards to helping with applying for a council house of her own and being fast tracked would have potentially delayed or even halted the rapid decline of her mental health.
- Vulnerable Adults and Risk Management meeting (VARMM) – no clear outcome was achieved due to the conflict of interest and not agreeing when it comes to Mrs A's mental capacity, with some deeming her capable of making her own decisions in her best interest and no further action being taken. However, in reality she would have highly benefited from the further support, and concludes that it was poor practice, and the best outcome was not achieved in Mrs A's best interests.



CONFLICT OF INTEREST BETWEEN PROFESSIONALS REGARDING MRS A'S MENTAL CAPACITY

- Social worker
- Community Mental Health Team (CMHT)
- Approved Mental Health Practitioner (AMHP)
- Child and Adolescent Mental Health Service (CAMHS)



LEGISLATION THAT COULD HAVE BEEN USED IN THIS CASE

- Mental Capacity Act 2005
- The Equality Act 2010
- The Human Rights Act 1998
- Social Services and Well-being (Wales) Act 2015

(Gov, 2011)



MORE SAFEGUARDING PROCEDURES WERE NEEDED

A safeguarding enquiry consists of and aims to:

- Protecting the person in question from abuse and neglect
- Finding out the facts
- Making decisions about follow up action
- Assessing whether the person in question requires support, redress and protection
- Helping the person in question to come to terms with what has happened



MORE SAFEGUARDING PROCEDURES WERE NEEDED

Referral to Community Multi-Agency Risk Assessment Panel (CMARAP)

Although safeguarding procedures were needed more throughout the six months, eventually a referral was made by the social worker to the Community Multi-Agency Risk Assessment Panel, where more positive outcomes for Mrs A were achieved, which resulted in:

- A diagnosis of Mrs A's mental health
- Transfer between adult social services and CMHT – meaning Mrs A would have more suitable housing options and better services to meet her long-term needs.
- CMHT remain involved



WHAT SUPPORT IS AVAILABLE TO MRS A ONCE SHE LEAVES RESIDENTIAL HOUSING?

- **Community Mental Health Team (CHMT)** – this includes a community psychiatric nurse (CPN), an occupational therapist, a psychologist, a community support worker and a counsellor.
- **Social (or community) care** – help with carrying out daily tasks such as improving relationships, managing money, transport to attend appointments, assistance with housing or benefits applications.
- **Residential care** – hostels, residential care homes, therapeutic communities and supported housing schemes.

(Mind, 2013)



CONCLUSION

- It may be considered that an incorrect assessment was made of Mrs A's mental health
- Conflict of interest among professionals
- More legislation could have been used to give Mrs A the correct and most appropriate support
- More safeguarding procedures should have been put in place to support Mrs A throughout the 6 months
- The organisations/professionals involved let Mrs A down and neglected to acknowledge how much she needed the support



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