



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

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

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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).

I will be focusing on a piece of work that I completed with a 64 year old lady, who I shall be referring too as Individual 1. I have used Gibbs reflective model (1988), which includes six components: Description, Feelings, Evaluation, Analysis, Conclusion and Action Plan. I have woven together these components throughout this piece of work to provide a critically reflective account of my work with Individual 1

Individual 1 lived in her own accommodation provided by the local housing association, she is diagnosed with Schizophrenia and mild Learning disability, and she speaks both Welsh and English and was born and lived all her life in Wales. It was brought to my attention following leave that Individual 1 seemed to have a considerable amount of money missing following the sale of her family property a few years previously, that didn't weigh up to the amount of money she would have spent since moving into her current property.

Before starting my professional involvement with her, as I was aware she was of both English and Welsh speaking, I needed to offer the 'active offer' of Welsh (*More than just words, 2012*) to her. Banks, S. and Nohr, K. (2012) informs that there is often a presumption made by professionals that the Individuals needing support will speak English by default, and this perspective has caused discrimination historically.

This Welsh Government's (2012) policy places a professional duty to offer culturally and linguistically sensitive services, and SSWBA (2014) informs professionals to adapt and tailor services according to the individual's needs to promote equality (*The Equality Act, 2010*). So, during the initial stages, acknowledging my professional duty, I offered Individual 1 the choice of language that she would like to continue in, she chose to continue in English. On reflection this may have been to get a conversation that she wasn't looking forward too done and over with quickly, in future I will make sure that I offer up more time to be certain the choice they made it the right one for them.

The devolution process of Wales from the United Kingdom (UK) began in 1997. The National Assembly for Wales was established by passing the *Government of Wales Act (1998)*. Since devolution, the Welsh Government has been establishing their own national identity and legislation. Collective ambition and spirit of mutuality have been the driving force for Social Care legislation and guidance in Wales (*Drakeford and Gregory, 2011*). After this, informed by the *White Paper, Supportive Communities (2007)*, *Sustainable Social Services for Wales: A Framework for Action (2011)*, the Welsh Government developed the *Social Services and Well-being (Wales) Act (SSWBA)* in 2014. Before SSWBA 2014, The National Assembly of Wales issued strategic guidance to Welsh authorities called '*In Safe Hands, 2000*'. It was the national framework for developing local policies, procedures, guidance and protection of at risk adults. The 2000 policy advised each local authority to have its own written policy stating its responsibilities and how it intends to carry it out. The Local authority in which Individual 1 is living has its own set of procedural responses when abuse is identified or suspected.

Individual 1 is care coordinated by myself and has a care and treatment plan (CTP) under *The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulation (Regulations, 2011)*.

When I first started working with Individual 1 following this disclosure I was very anxious and overwhelmed by the situation, I was aware from reading previous assessments and case notes held on the health board and local authority's electronic databases, that Individual 1 had a history of being physically and physiologically abused in the past and I was worried that discussing this potential financial abuse was going to bring up some unhappy memories, resulting in her reliving past traumas. During conversations with Individual 1 following finding the evidence of what had been happening to her, I spoke with her about this money and whether she had knowingly passed/given it to someone.

Because of how I was feeling I needed to make sure that I was going into this interaction and piece of work with Individual 1 as best prepared as I could be, I took it upon myself to look into legislation, policies, research and other documents and any supporting records relevant to safeguarding a vulnerable adult. By ensuring my foundation was solid, I hoped that I would be able to offer Individual 1 the most appropriate and consistent support.

S5 of *SSWBA (2014)* imposes a duty on local authorities to 'seek to promote' the well-being of individuals and their carers who may need care and support (*Clements, 2016*). The term 'Well-being' refers to several factors listed in S.2 of the act, including physical, mental health and emotional well-being; protection from abuse and neglect; domestic, family and personal relationships; and securing rights and entitlements. S4 of the *Future Generations (Wales) Act, 2015* emphasises 'well-being' as one of the seven goals identified within the section to create a society where physical and mental well-being are optimised and where choices and behaviours that benefit future health are clearly understood. Individual 1 had in the past been subject to abuse and evidence here was indicating that she may well be again indicating I as a professional had a duty to investigate and implement safeguards should it be true.

SSWBA (2014) provides the legal framework for care and support provision for children and adults in Wales. Part 7 of the act relates explicitly to Safeguarding children and adults. This act is the statutory framework for formulating the *Wales Safeguarding Procedures (2019)*.

While researching Safeguarding I was able to look at the differences between England and Wales; specifically *SSWBA (2014)* and *The Care Act (2014)*, the most significant difference I found was that Welsh legislation has included adult protection and support orders (*Mitchel, 2013*). This allows professionals to talk to an adult suspected of being at risk (*S.127 of SSWBA, 2014; Law Wales, 2016*) following an application to magistrates.

Once I had done my research and was clear on the route in which I needed to take in order to best support Individual 1, I set myself some area in which to focus on; I needed to ensure that my intervention remained person – centred Individual 1 needed to remain at the centre of everything that was discussed and decision that was made. I also needed to ensure that I remained focused on the outcome, I was worried that there had potentially been a case of financial abuse that had taken place and that needed to remain at the forefront of my work. Multi-agency collaboration was going to be needed, I knew that this wasn't something that I would be able to manage on my own and I needed to make sure that the correct professionals were involved at the correct times.

The national prevalence study of elder abuse (*O'Keefe et al, 2007*) found that financial abuse was the second most common form of mistreatment and neglect reported.

I started initial conversations with Individual 1 by asking about her money, the money that she had from selling her property and what she believed she had left over, during these conversations I became more and more concerned that Individual 1 didn't appear to fully understand, I started to question her Capacity to manage her finances.

The Mental Capacity Act 2005 (*MCA*) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make the decisions for themselves. The same rules apply whether these decisions are that of a life-changing event or every day matters. I was aware that family members had a Lasting Power of Attorney (LPA) in place in principle; set up by her mother in the event that Individual 1 be deemed to lack capacity to manage their finances.

In order for me to fully ascertain whether Individual 1 had been a victim of financial abuse I needed to carry out a capacity assessment to determine whether Individual 1 had Capacity. Individual 1 needed to be able to understand the information I was giving her with regards to her money in the bank, retain the information long enough to make a decision, weigh up the information available and be able to communicate their decision. According to the MCA a *“person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning, of the mind or brain.”* Unfortunately using this assessment I found that Individual 1 was unable to make the decision asked of her and had no understanding of the way her money was managed or how she would know if the money he had was correct, therefore deeming she lacked capacity to manager her finances.

Following this capacity assessment I was able to inform her family members and instruct them to seek support from their solicitor to get the Lasting Power Of Attorney activated, by doing so I was able to ensure that she was safeguarded from this point onwards that no further money would be taken. On executing this power they were able to request bank statements dating back 2 years in order for me to support them in looking into the potential abuse she had faced. These bank statements unfortunately highlighted what we had been worried about and she had been financially abused and thousands of pounds had been taken from her account.

Previously a family member had been a known perpetrator of abuse she had suffered and it was likely that this same person was involved now, as she had no contact with anyone else other than professional's within the Community Mental health team. It appeared that she had willingly handed over her back card in order for this person to withdraw a certain amount weekly to cover fuel costs but he was without her knowledge taking a lot more, and often from more than one cash point without her knowledge.

I was taken aback by how she was most worried about what would happen to the perpetrator, rather than worrying about herself., she continued to remain loyal to him and had decided that ‘people will do what they want’, I took this to mean professionals would do what they wanted now we had found out about what had happened. I began to work with Individual 1 to change her thoughts around

professionals and us having all of the power, I needed her to see that out of everyone involved in her care and support she should be the one with all of the power, professionals are there to support her maintain this power.

Foucault, 1977 questions how power happens, how it operates and its strategies and techniques rather than who exercises power; that individual's stories reveal their lack of power and capacity to exercise power (Sanders and Sanders, 2013). Individual 1 has in the past experienced abuse for most of her young life where she was often removed from her home, this makes it understandable why she feels the way she does about professionals. I reflected on this using *Anti-Oppressive by Lena Dominelli, 1988*. Lena encourages social workers to challenge the systems and empower the individual in need of support as '*promoting social justice and human development in an unequal world provides the raison-d'être of social work practice*' (Dominelli, 2002). Burke (2009) informs that the concepts of 'power' and 'oppression' are crucial terms within anti-oppressive practice. However, they are contested, socially constructed and value-laden.

The International Federation of Social Workers (IFSW), 2000 informs the purpose of social work three terms: 'social change', 'empowerment' and 'liberation'. These terms indicate that social work aspires to be more than helping people adapt to their environments, but enabling them to take action for themselves (Banks, S. and Gallagher, A., 2008). IFSW, 2000 also outlines in its definition of social work practice that the 'Principles of human rights and social justice' are the fundamental principles of social work. This is what I utilised to address the problem or imbalance individual 1 saw with the professionals supporting her

The European convention for the Protection of Human Rights (ECHR) was drafted in 1950 by the United Kingdom. The Human Rights Act 1998 incorporated most of the ECHR into the United Kingdom law and brought about many changes for mental health patients. S3 of the Human Rights Act, 2008 states that individuals who feel their human rights have been infringed can appeal to the court, it is also unlawful for any public authority or person to carry out anything or act in a way incompatible with the ECHR.

Narrative theory (White and Epston, 1990) explains that the stories an Individual tells about their identity is evidence of how they are shaped socially and actively participate in the creation of their lives. Using this theory I attempted to build a trusting relationship with Individual 1 and allowed her to talk to me about her past which helped build a picture in my mind of how her past experiences have shaped how she lives and deals with things now. She has experienced abuse in the past, this behaviour has therefore become 'normalised' meaning that she may not recognise the signs of abuse in the same way someone who hasn't. I needed her to be open and honest with her experience by comparing past experiences to current I would be able to assess whether she was in fact experiencing something similar to before.

As part of wanting to understand Individual 1 better and why she feels/ acts the way she does I looked into her diagnosis of Schizophrenia. *The DSM-5 Criteria for Schizophrenia is that it is a psychiatric syndrome characterised by psychotic symptoms including negative symptoms such as decreased motivation and diminished expressiveness. (medicalcriteria.com)* This is a reflection of Individual 1's characteristic of not being able to speak up for herself in the past and potentially that following her through her life to present day.

Along with Individual 1's diagnosis of Schizophrenia she has mild learning difficulties, from speaking with Individual 1 it is apparent that she hasn't received any support for this and it has very noticeably been a part of who she is for all of her life. *Foundation for people with learning Disabilities (learningdisabilities.org)* states that many adults with (primarily mild) learning disabilities do not utilise learning disability services. I asked Individual 1 whether this was something she would like to look into and get some support with, she declined, explaining she had got so far in life now she didn't feel it would benefit her.

At the beginning of this process I gave individual 1 the details to contact her Independent Mental Health Advocate (IMHA) she was someone that Individual 1 had spoken to in the past when she was requiring some extra support in meetings. The Mental Health Act 1983 introduced the right an

individual has to a IMHA, I therefore encouraged Individual 1 to contact her and ensure that she was at all meetings/conversations moving forward, individual 1 was grateful for this support.

The importance of multidisciplinary working has been highlighted repeatedly in the safeguarding procedures and guidance (*Working together to Safeguard People*). The *Mental Health (Wales) Measure, 2010* reflects this as the Social worker is defined as the 'lead agency' and the care co-ordinator. Therefore it is the Social worker that needs to take the lead and oversee the plan, while accepting the support and guidance of the multi-disciplinary team that surrounds them. In the case of Individual 1 the MDT consisted of a Social worker, Safeguarding worker, Psychiatrist and Solicitor and advocate. Together we were all able to work together to formulate a evidence based plan using Wales Applied Risk Research Network (WARRN) which is used for the assessment and management of serious risk for users of Mental health services in Wales.

The *Strategy for Older People in Wales 2013-2023* includes 'zero tolerance' of abuse and disrespect of older people. *Working together to Safeguard People (Wales)*, which was issued under S131 of SSWBA (SSWBA, 2014) is what guides professionals to report the abuse to the police if there is a risk of imminent danger. Having completed a WARRN assessment I knew that Individual 1 wasn't in immediate danger but it was evident that she had been subject to abuse, I made the professional decision to report the safeguarding concern to the Local Authority's safeguarding team, I made sure that I informed Individual 1 at all stages as to what I was doing, I explained why I was doing it and gave her the chance to ask any questions with regards to my concerns or the process to follow.

Individual 1 and all individuals in this area are governed by the Mid and West Wales Adult Safeguarding board, *CWMPAS (Collaborative Working and Maintaining Partnership in Adult Safeguarding)*. S128 of SSWBA 2014 sets out the duty professionals have with regards to reporting any adult or child that they believe may be at risk of abuse. As was my duty, I submitted a MARF (Multi-Agency Referral Form) to the safeguarding team. The MARF was then looked at by a duty social worker within the Safeguarding team, from reading my referral form they decided it was appropriate

to open up a case and investigate Individual 1's case/situation, Individual 1 was then allocated a safeguarding Social worker.

From the very beginning of working with Individual 1 I have made sure that all interactions and information gathered has been recorded on the local Authority and local health boards' recording databases. The Safeguarding worker's first role was to talk with me, as I was the referrer she needed to gain as much information from me as possible, including when I had first been made aware of a potential Safeguarding concern the timeline of events following it. It was at this point that the Safeguarding worker came with me to visit Individual 1 in order to ask a few more questions, her Advocate was present throughout this conversation, the safeguarding social worker also went on to speak with the alleged perpetrator to gain their views.

While the safeguarding worker was investigating into this case I was able to meet with Individual 1 and her solicitor to implement the POA being put in place to safeguard her, through working with Individual 1 I was able to utilise feminist Theory. Beasley (1999) argues that women are seen in relation to men rather than looking at them in their own right, Hester (2009) argues that domestic violence and abuse is where feminist theories have the most impact, this is relevant to Individual 1 as she had been previously abused physically by family members within her own home. As stated by Milner (2001) as the majority of those at the end of social work involvement are women, it's not too much to expect social workers to have an awareness of where women place in today's society. I was shocked to find out that there are people in society that feel its ok to financially abuse anyone let alone a family member, because of these personal values and beliefs I had to ensure that Individual 1 wasn't made to feel anything other than supported.

The safeguarding officer had finished their investigations and as Individual 1 had only recently been deemed to lack capacity, as stated in the MCA 2005, a person must be assumed to have capacity unless it is established they lack capacity. We therefore need to assume that Individual 1 at the time in question had capacity to hand over her card to the person and allow him to withdraw money. She didn't however consent to the large amounts they had taken therefore meaning a criminal offence

had been committed. She was asked whether she would like to report it to the police as a crime had been committed but she declined to do this, she was aware that he had taken the money but the relationship she had was more important to her, she didn't have many family members and she didn't want to negatively effect this one, stating her life wouldn't have been any different should she have had the money.

Should Individual 1 have lacked Capacity at the time of the offence then the next stage of the Safeguarding investigation would be for it to proceed to a strategic meeting, this would have involved everyone that had a part in the investigation, and a safeguarding chair. Wales Safeguarding procedures (SCW, 2019) state that within seven days of the completion of the enquiry a multi-disciplinary team must agree on the response and action to be taken.

Throughout this intervention with Individual 1 I utilised Supervision to talk through any concerns, worries and to gain clarity and ultimately learn for future similar interactions. Task Centred Practice (Reid, 1963) was a theory that I used to understand the nature and cause of a problem and help provide solutions. Together with my supervisor I was able to separate the problem (what was wrong) from the goal (what was required) and then give both the problem and the goal equal consideration. With Individual 1 I was able to prioritise what I supported with first, and that was to ensure from this point onwards she was safeguarded from any further financial abuse and then support her with recognising unhealthy relationships.

Reflecting on Individual 1's case I feel the abuse was reported to the relevant agencies as soon as it came to the attention of the team, at the time I felt a sense of responsibility for not noticing this sooner, I felt as though it was because I wasn't working closely enough with her this individual was able to take the money from her. Through supervision and reflecting with my manager I was able to not to take it personally. It has however highlighted the challenging and often difficult situations that as a social worker you can find yourself in, on a personal level you like to think abuse is something you read about and not come into contact with, professionally we experience the opposite. It remains

highly important that we continue to exercise our right/duty as professionals to safeguard the individuals and carers in receipt of care and support.

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