Social Care Wales

PRIFYSGOL CYMRU
Y Drindod Dewi Sant
UNIVERSITY OF WALES
Trinity Saint David

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

LEARNER PORTFOLIO
(PORTH AGORED and UWTSD)

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Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

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Section 2

Developmental review (a)

Based on your experience in practice identify and justify your agreed learning needs for the following outcomes:

1) Working Collaboratively with service users & carers
2) Working Collaboratively with Other Professionals
3) Applying analysis in assessment to inform interventions
4) Intervention and application of professional judgement in increasingly complex situations

500 words (+/- 10%: include your actual word count at the end of each section)

During my first year in practice (supporting Older People), my Team Manager, Mentor and I have identified my lack of knowledge regarding dementia, mental capacity, safeguarding, direct payments and other pertinent areas which, following relevant training, will enable me to deliver a more knowledgeable person-centred practice. We have constructed a list of training required and have notified the XXX's Authority training department.

I also plan to attend training for Continuing HealthCare to gain a better understanding of health professional's perspective compared to social services and, how positive outcomes can be agreed for the service user. Also by working closely with other professionals, I hope to gain an insight and understanding of their expertise, good practice regarding information sharing and the impact on the service user, therefore, delivering a holistic and integrated service as recommended by SCIE (2010b).

Alongside appropriate courses, I will continue reviewing evidence based practice, research and guidance to help develop my knowledge, skills and confidence to make informed decisions and work in an anti-oppressive and anti-discriminatory manner (BASW, 2014; SCW, 2017; Thompson, 2012).

There have also been changes within the legislative framework due, in 2016, to the introduction of the Social Services & Well-Being (Wales) Act 2014 (WG, 2014a) which has led to amendments to processes and paperwork e.g. 'What Matters' documentation. I have attended mandatory training regarding the new legislation and this has now to be transferred into my practice supporting my knowledge and legal responsibilities (Brammer, 2015).

I feel due to my lack of experience and confidence, my communication and negotiation skills require developing. Hepworth et al (2010:46) state an effective social work interview and assessment can only be produced once a positive rapport is established and maintained, therefore, by gaining more experience, observing colleagues and researching communication and negotiation skills, I hope to improve my competency to provide a better outcome for service users (SCIE, 2010a). Lester (1995, cited in Rutter & Brown, 2015)

advises practitioners to *'construct and reconstruct the knowledge and skills needed to respond intelligently to unknown situations'*.

Subsequently, by following Gibbs' reflective cycle (1988), I hope to improve my practice by honing my reflective skills during supervision on a one-to-one basis with my Manager and CPEL Mentor, but also with colleagues in Group Supervision where procedures, practice, policies etc are discussed in an informal and protected environment. I have found this extremely informative regarding differing approaches and responses to case dilemmas and, as my caseload increases in quantity and complexity, I intend to utilise supervision fully to support my learning and develop my social work skills (SCW, 2017; Revell & Burton, 2015). During my period as a student on placement, I wrote a reflective diary, based on Kolb's cycle, which I found beneficial in deconstructing my actions and thought processes enabling me to justify my decisions. As a result, I plan to resume my diary throughout my CPEL year. Greer (2016) states social workers need to reflect and self-regulate their feelings to provide non-judgmental and empathic support where they disagree with service user's decisions / behaviours or where they feel frustration at not being able to 'fix' problems. Emotional intelligence, resilience and coping skills are areas I feel I need to understand more as I become involved in more complex and demanding cases.

Word count = 543

Section 3

Observation from an individual using services, their family and carers

Observation Summary

Date of observation: 13th December, 2017

Set out the social work objectives and give a brief description of the situation including geographical and legislative contexts and any relevant cultural, ethnicity and language issues. *300 words (+/- 10%: include your actual word count at the end of each section)*

The purpose of this intervention was to review the home situation with '1' and his wife '3' (couple over 65 years old) following '1's recent hospital discharge. Initial intervention was via a Reablement Team recently followed by a new care package.
'1' had been in hospital for approximately six months following a fall at home which resulted in significant bone fractures. Due to considerable historical cardiac complications and previous stroke, surgery had been rejected and '1' had been advised no further medical involvement was appropriate - long term support would be required due to reduced mobility (assistance of one to transfer and wheelchair to mobilise).
Whilst in hospital, I completed an assessment of needs with '1' in accordance with the Social Services & Well-Being (Wales) Act 2014 (WG, 2014a: Pt 3; s.19), followed by Pt 4; s.35 'Duty to meet care and support needs of an adult'.
I had no concerns regarding '1' to make decisions under the Mental Capacity Act 2005 (Crown Copyright, 2005) (although hospital staff had questioned his ability to make decisions). '1' requested to return home. '3' concurred with full support.

'1' was born in Wales but is of Mediterranean origin and is, as '3' explained, by nature, a quiet and reserved character. Following his stroke, '1' had difficulty with word-finding and became increasingly withdrawn, however '3' provided speech therapy at home and '1's verbal communication improved.
'1's first language is English which, as the Office for National Statistics report, is representative of 1 out of 10 people living in the area (WG, 2012b) however he is also fluent in his mother's language.
He and '3' live in a Welsh town with close access to local amenities and good transport links. They have a child and adult grandchild who are very supportive.
'1' has always focused on his family and business and states he is not a sociable person with few links to the community.

Word count = 319

Critically reflect on your communication methods and skills during the observation including how you identified whether you had the necessary communication skills to work with the individual using services, their family or carers. Show how you adhered to social work values using a person centred approach, Code of Professional Practice for Social Care Workers, cultural sensitive practice, language preference including the "Active Offer" principle, and ethical practice.

1300 (+/- 10%: include your actual word count at the end of each section)

In adherence to XXX's Welsh Language Scheme (2015b) and the Welsh Government's Welsh Language (Wales) Measure 2011, I had previously offered '1' the choice of a Welsh speaking social worker - one of the key principles of the '*More than just words*' strategic framework (WG, 2016a) is the 'Active Offer' which involves service providers offering the service in Welsh as opposed to the service user identifying the need (SCW, 2017: 6).

Upon meeting '1', and discussing further with '3', it was brought to my attention that, although '1' was born in Wales, he did not speak Welsh. However, my awareness of the Active Offer has informed me to understand the importance of language sensitive practice and how it relates to any language (Thomas, 1994: 2). Therefore, once I was aware of '1's parental / cultural background and his ability to speak their language fluently, I offered the services of a translator. Research has identified when an individual has experienced a traumatic event (such as hospitalisation) or is in a position where they feel disempowered and vulnerable, it is critical they are able to communicate in the language of their choice – this demonstrates empathy and anti-oppressive practice and can often rebalance the feelings of powerlessness (Davies & Grist, 2006: 12; Davies, 2009: 4; Thompson, 2012: 84).
'1' declined a translator and stated a preference for speaking English.

I reintroduced myself to '1' and '3' and, prior to continuing, confirmed they were both still fully agreeable with giving consent for the observation to commence ensuring they understood the choices available to them and under no pressure to continue. This demonstrated my consideration of the power imbalance and allows the service user to feel a degree of control however, I am fully aware of the continual disparity of power due to my position as service provider (Dominelli, 2009: 28). By working in a non-judgemental and empathic manner, Courneyor indicates the outcomes are liable to be a collaborative partnership as opposed to a hierarchical partnership (2011: 262).

For any evaluation to be effective, Hepworth et al stipulate a positive rapport where open and free communication must be established (2010: 44). I need to exhibit congruence and be authentic and genuine in my desire to support '1'. To ensure this success, an anti-oppressive approach and person-centred practice is paramount ensuring the service user and their carer remain the focus at all times (Parker & Bradley, 2010: 129). I endeavoured to achieve this by various communication and meta-communication skills.

'1' was sitting in his chair in the living room and invited me to sit next to him. I was aware '1' has a hearing impairment and historically, has struggled wearing hearing aids. Middleton et

al (2010) report individuals experiencing hearing loss are at risk of withdrawing or even being excluded from discussions relating to critical decisions about their care. Their ability to communicate is affected and it may contribute to depression, anxiety, loneliness, and social withdrawal.

As a result, I utilised Egan's SOLER technique – **S**quarely facing the individual, adopt an **O**pen body position, **L**eaned slightly forward toward '1', retained **E**ye contact and behaved in a **R**elaxed, informal manner (2009: 63). This demonstrated my micro skills of being visibly tuned into everything '1' was relating with a respectful, genuine and caring mind-set. However, I continued to observe '1's own body language to detect any distress or uneasiness but was aware of my mirroring '1's posture, as Lakin reports *'imitation results in smoother interactions and the development of liking'* (2006 cited in Koprowska, 2014: 50).

Due to '1's hearing impairment and the effect a stroke had previously had on '1's word-finding abilities, I was mindful to speak clearly using plain language (avoiding jargon) but not too simple to appear patronising (Allen & Langford, 2008: 159). Paralanguage, such as voice pitch / volume / speed / tone, is also an important element of communication, so I spoke in a calm, relaxing style providing a composed, respectful approach to the service user (Hanna & Nash, 2011).

By using open questions, Trevithick states service users are enabled to convey their thoughts and feelings in their own words and at their own pace (2012: 160) providing more informative and subjective answers thus allowing '1' to focus on his concerns and what matters to him (Allen & Langford, 2008: 114). I had discussed '1's communication difficulties with the Observer prior to our visit and ensured we had enough time allocated for the visit.

On occasions, '1' would pause and appear to struggle to find a word. I reassured '1' advising to take his time and waited for him to finish his sentence, or provided support if he motioned he wanted help e.g. hand gestures. This evidenced a relaxed environment with no urgency which reinforced my person-centred approach and allowed '1' to feel unhurried and valued (Stroke Association, 2012).

There were also silences where '1' and '3' were considering their responses to questions. Koprowska states silence allows space for people to reflect whilst maintaining the focus on them (2014: 80). This is an area, on occasions, I have found disconcerting as I feel the silence needs to be filled however, during interventions with other service users over the last twelve months, I have witnessed how important a pause can be for people to gather their thoughts and feel they have not been rushed and, with the use of open questions, they have been able to answer expansively and extensively.

During the meeting I paused and paraphrased the conversation. This evidenced my active listening skills and verified all attendees understanding of the situation. It also provides an opportunity for participants to question or clarify any confusion (Koprowska, 2014: 126).

'1' and '3' have been married for many years and I observed '3' overcompensating for '1's communication difficulties by answering the questions for him even when they were directed at '1'. By acknowledging '3's answers but then redirecting the question back to '1' in a respectful approach, I was able to gain insight into both their viewpoints and discuss compromises and resolutions ('1' had previously declined my offer of a 1-1 meeting).

Once we completed the review, I summarised the findings, again as with paraphrasing, to determine everyone's understanding and agreement of our discussion and any plans going forward (Trevithick, 2012: 88). This created a natural ending to the meeting and we discussed arranging a formal review in the future to include the care agency and, dependent on outcomes of that review, the end of my intervention due to '1' and '3's needs being identified and met (within my agency's remit).

Throughout my intervention with '1' I have applied Saleeby's Strength's perspective (1998) concentrating on '1' and '3's inherent personal qualities, strengths and resilience to aid transition, recovery and empowerment. However, upon reflection with my involvement with '1', I recognise how careful I have been with my word choice and approach. '1' was a very successful businessman, breadwinner of the family and patriarchal figure (intrinsic within his parent's heritage) and now, due to life changing events and unwanted complex health issues, he requires carers to support with all daily tasks and relies on '3' and other family members for emotional / psychological support. '1' has mentioned in previous meetings how low his mood is and how he feels he has lost all choice and control over his life. I requested a psychiatric assessment which diagnosed depression, and, since returning home, '1' states his mood has improved with medication and support from family and friends. I have tried to recognise his negative emotions and him being an expert in his own life. We have discussed his feelings of hopelessness but I continue to apply the strengths theory, highlighting '1's abilities and the continuing support systems in situ focussing on the counteraction of any difficulty to overcome and attain achievable outcomes.

Word count = 1, 303

Feedback and comments from an individual using services, their family or carers

This section of the Observation should not be done in the presence of the learner.

Some or all of these questions may be used by the observer (who should re-phrase and add explanations and prompts as required). Alternatively, the learner is able to design their own method of obtaining information for the Observer to use if this is more suited to the needs of the individual. The observer should record responses below or by using the alternative method from the individual using services, their family or carers.

Before asking the questions, the observer must explain to the individual using services that their comments will be shared with the learner. It may be useful to explain that it is used as a learning tool for the learner to develop their own practice.

If the observer is unable to gain feedback, they should briefly say why.

Was the social worker on time? Or if delayed did he or she contact you?	Came at the time expected
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Tracy explained the purpose of the observer & asked permission to attend
Were you clear why the social worker met with you today?	Tracy explained the purpose of the visit initially by phone & then face to face
How well prepared do you think, the social worker was for his or her meeting with you?	She is good & thorough - is very informative
How has the social worker listened to you and respected your views and wishes?	She always listens & does take our views on board
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Yes I understood everything

How has the social worker's involvement met your expectations for this visit?	Yes she did e explained what it is and gave ideas
Are there any other comments or suggestions that you would like to make?	She has been spot on with everything from the first day I have met her. She is just brilliant Always helpful. She does listen e takes on board my views She is a nice person e does her job well

I feel comfortable with her very much
I feel she is approachable e I can go to talk to.
Checked with me how I like to communicate etc I can Understand but my first language is english

Section 4

Safeguarding and working in complex situations – Case Study

Complete a critically reflective case study based on an assessment, undertaken with others (**in your own area of work)** concerning the safeguarding of either an adult or a child. Demonstrate how the case relates to safeguarding legislation and your Safeguarding Boards safeguarding policies, strategies and procedures. Ensure that you cover the learning outcomes, National Occupational Standards, legislation (domestic and international), the specific dimensions of working in Wales and relevant social work theories. Please find list of learning outcomes in the handbook

4000 words (+/- 10%: include your actual word count at the end of each section)

This summary details my involvement with '2' (female over 65 years old) following a referral from the Manager of the care home where '2' has lived for numerous years.

'2' moved to the care home following a dense stroke which severely affected her mobility and speech (dysphasia). Due to this physical change, '2' had requested her only child - '3' - become Lasting Power of Attorney (LPA) for her Finance & Property and manage her affairs on her behalf. '2' has a husband who lives in another care home due to advanced dementia. He no longer recognises '2' and she has stopped visiting due to the distress it causes her. She has no other family.

'2' had been self-funding her placement (finances managed by '3') since arriving at the care home however '3' recently contacted the care home manager and advised '2's funds had depleted and, to enable her to remain at the home, she would now require financing from an alternative source. Thus, the case was referred to XXX and allocated to a social worker. I was requested to undertake an assessment of need / eligibility as stipulated by Social Services & Well-being (Wales) Act 2014 (SS&WBA) (WG, 2014a: Pt 3).

As Kadushin (1983 cited in Cournoyer, 2011: 214) advises, I collated information from various sources such as Local Authority (LA) case files and discussions with colleagues with previous interventions with '2' to ensure I had a better understanding of '2's situation prior to visiting her. I contacted the care home to speak to '2' and arrange a convenient time to visit. Staff reported:

'2' continues to experience difficulties with her speech and agreed to pass my messages to her. I enquired '2's language preference recognising the importance of an individual being able to communicate in the language of their choice to enable empowerment and effective assessment (WG, 2012a). The Welsh Governments' 'Active Offer' (ibid) follows The Welsh Language (Wales) Measure 2011 identifying the immense importance language has on individuals and how, a person should not have to ask to be addressed in the language of their choice but be offered it (WG, 2011). Staff advised '2' originates from Liverpool and does not speak Welsh.

'2' prefers 'picture cards' to assist with communication especially when tired in the afternoons;

'2' has capacity to make decisions and is aware of her financial situation.

As I had no history of assessing an individual with dysphasia, once a meeting had been agreed (morning when '2' feels most congruent), I researched various methods of visual aids for communication to provide a more positive and fluid experience for '2' (Stroke Association, 2016) but also, to try to reduce the possibility of miscommunication and misunderstanding between myself and '2'. I again discussed with other professionals (speech & language therapists / colleagues) for their input (SCW, 2017).

Upon meeting '2' alone in her room, I explained the reason for my visit. Following Koprowska's recommendations regarding working with people with special communication needs, I adjusted my pace to that of '2' and allowed plenty of time for her to formulate her answers verbally or with the picture cards (2014: 139). It was evident '2' had capacity to understand her situation, retain and consider that information, then communicate her decisions to me (Crown Copyright, 2005). Her responses to all my questions were considered and appropriate.
However, '2' explained she estimated should have enough funds to pay her placement for another two years. (As '2' has self-funded her placement, the Local Authority (LA) has had very little intervention therefore, this information was unexpected). '2' continued: her son, '3' (LPA), manages her funds but lives away, visits twice a year and never rings (due to '2's dysphasia). Research indicates declines in job security and poor employment prospects in Wales have increased pressure on children to relocate for work purposes moving away from their parents and family homes (WRVS, 2012; National Assembly for Wales, 2017).
I requested permission from '2' to contact '3' and other relevant bodies (i.e. LA Finance dept) to assist with completing further enquiries. '2' agreed.

Returning to the office, I telephoned '3' introducing myself and the reason for my intervention with his mother. '3' advised he had been unable to work due to sickness and had used his mother's money to pay his rent. I identified this as a risk factor of elder abuse and explained this was mismanagement of his mother's funds and he was not acting in his mother's best interests as stipulated in the duties of LPA (OPG, 2015: LP11), to which '3' became verbally aggressive and promptly ended the call.
I considered whether '3' would have responded differently if I had approached the situation in an alternative way and demonstrated more empathy to *his* circumstances. I realised I may have appeared accusatory and officious by quoting duties and legislation and was not actively listening to his narrative therefore, as McCluskey identifies, '3' became a 'closed system' to whom I may now struggle to build a relationship (2005: 75). It became clear to me how much I relied on visual and non-verbal behaviour such as facial expressions, posture etc to understand messages and how, as Egan advises, micro-communication skills need to be learnt to enable the social worker support people through the distressing problems of life (2014: 63).

I sought guidance from my Team Manager (SCW, 2017) who advised, as '2' is in a safe place and in no immediate danger, I follow procedures as detailed by Part 7 (Safeguarding) of the SS&WBA and the guidance issued under sections 131 (duty to report and enquire) of the SS&WBA (WG, 2014a). I also recorded '3's behaviour in a case note on the LA's database as an indicator to other professionals involved, of possible hostility issues thus enabling them to pre-empt and approach in a more thoughtful manner than I did (SCW, 2017).

I contacted our Finance department who agreed to request copies of statements for '2's bank accounts from '3' for which he was responsible, to review all activity over a recent period. I arranged to revisit '2' to make further enquiries (WG, 2014a:s.126.2.a) and, as I deemed '2' as having capacity to understand the situation, explain the LA's safeguarding procedures:

Part 7 of the SS&WBA focuses on Safeguarding and the legal duties and procedures LA's and their Safeguarding Boards must adhere to. Under the Act, regard to the United Nations Principles for Older Persons must be observed. This includes respect for older people's dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Firstly, there has been a change to the previous definition of 'vulnerable adult' (WG, 2000) which has now been replaced with 'adults at risk':

An "adult at risk", is an adult who:
(a) is experiencing or is at risk of abuse or neglect,
(b) has needs for care and support (whether or not the authority is meeting any of those needs), and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(WG, 2014a: s.126).

Due to '2' requiring substantial support with mobilising / carers to assist with all personal care and daily tasks (e.g. dressing / toileting etc) / skilled staff to pre-empt her needs due to communication issues, I assessed her as an 'adult at risk'.

Secondly, 'abuse' is defined as a list of physical, sexual, psychological, emotional or financial. Financial abuse is defined as illegal or unauthorised theft or use of a person's property, money, or other assets or possessions. It could involve:

- Taking charge of a person's accounts / benefits and not giving them all their money;
- Taking money without permission.

(Age Cymru, 2017).

Abuse can occur in any relationship and fundamentally is an abuse of trust, including failure to meet a duty of care (as in Power of Attorney).

Following '3's assertion regarding his unauthorised use of his mother's funds, I suspected '2' at risk of financial abuse.

I revisited '2' and informed her of my conversation with '3' and his admission of spending her funds. '2' appeared surprised and advised she had not given her permission for '3' to use her funds in this way.
I considered the imbalance of power involved as I, a stranger, was informing '2' of the undesirable behaviour of her only child and the emotions she may be feeling toward myself and her son. I remained calm, silent and composed whilst keeping my attention focused on '2' as Koprowska considers, allowing '2' time to gather her thoughts (2014: 81).

I reassured '2' regarding her remaining at the care home (as per her wish) with financial support from the LA however, I explained the LA's safeguarding procedures due to '3's

apparent mismanagement of her funds and, as '2' is capable of giving consent, I sought her consent to complete a referral to the LA safeguarding team to investigate further (Crown Copyright, 2010: 6.3). '2' agreed. I also explained how information sharing between agencies is crucial in adult protection to gain an overall collation of data (WG, 2014b), how the information gained would be used and who would have access to it in relation to Data Protection / European Convention of Human Rights / Confidentiality (Crown Copyright, 1998 a / b) (XXX, 2016) enabling '2' to feel reassured in the sharing of sensitive information.

I returned to the office and completed a referral in accordance to LA's safeguarding procedures and SS&WBA requirements. Once a referral has been submitted to the LA they have a duty to make enquiries which should normally be completed within seven days from receipt of the referral (WG, 2014c: 126 (2a)).
There are generally three phases involved with enquiries:

1. Screening: to check general factual accuracy of any referral;
2. Initial Evaluation: collecting, reviewing and collating information;
3. Determination: given the outcome of the screening/initial evaluation what, if anything, should be done?

The referral was screened by a Safeguarding Officer (SO) and was assessed as meeting the criteria for action to be taken under Part 7, SS&WBA. Therefore, the initial evaluation needed to be completed within 7 days and a meeting arranged to determine any actions (WG, 2014c: 35).

It was agreed:

- The Team Manager from the LA Finance department would be invited to the meeting to attempt clarification of '2's financial position;
- I would gather further information regarding '2's accounts and her wishes in relation to her son's handling of her monies;
- It was unnecessary for a representative from the care home to attend as they had no association with '2's finances at that time;
- No other professional need attend at this stage.

I also completed my case-notes on the LA's database as an account of my intervention and justification for my decisions / actions. Trevithick reports the poor quality of professionals recording skills being highlighted in numerous serious case reviews over the past 2 decades and how mistakes could have been avoided had the recording skills of the professionals involved been of a higher standard (2012: 293). She goes on to argue how quality recording can provide opportunities for analytical reflection and evaluation to support with decision-making and devising hypotheses (ibid: 294).

I again visited '2' to gather information, however, prior to seeing her, the care home manager informed me of '2's low mood and decreased appetite following the recent revelation regarding her financial situation. '2' was very distressed and explained how she felt betrayed by her son and no longer wanted any association with him. I had not anticipated such a significant reaction as I had previously reassured '2' of her placement and how the LA would now manage the risk involved. However, due to my recent attendance of 'Loss and Grief' training, I recognised '2' was experiencing similar emotions to bereavement as Ross' Model of Grief (2014) details as five stages of grief following a significant loss or incident. I considered my lack of knowledge about '2's previous

relationship with her son and how this could impact on her current emotions. I also considered '2's feeling of powerlessness due to her (unwanted) disabilities and her significant reliance on others to provide all her needs and how this could affect her mood and resilience.
Schön (1983) describes 'reflection-in-action' as *'reflecting on the incident whilst it can still benefit that situation rather than reflecting on how you would do things differently in the future'* so I tried to attune my empathic responses accordingly to '2's emotions in order to convey understanding verbally and non-verbally (McClusky et al, 1999) by actively listening, being patient and responding with empathy (Kadushin & Kadushin, 1997:124). This enabled '2' to feel reassured and once I felt her anxiety reduced, I explained the process of removing '3' as Power of Attorney from the register held with the Office of Public Guardian and withdrawing his access to his mother's accounts, at all times being self-aware of my communication skills and monitoring '2's responses. I suggested a Deputy from the LA assume control over '2's accounts (as '2' had no other family) thus ensuring her receipt of benefits and any monies due (Crown Copyright, 2005: c9: Pt 1: s.19) and relinquishing '3' of his financial responsibilities. '2' agreed.

Although I assessed '2' as having capacity to make decisions, I recognised her vulnerability due to her disability and communication issues, and the lack of supportive networks which, Fenge et al suggest, can protect individuals at times of susceptibility (2017: 4), therefore I offered an independent advocacy service to support and represent her interests during the safeguarding process (WG, 2014c: 18). Furthermore, due to my being employed by the Local Authority, who would now be responsible for funding '2's placement and proceeding with a safeguarding investigation, I felt my interactions with her, however impartial or non-judgmental, could be viewed as a conflict of interest whereas an independent advocate would be unbiased (Hardy, 2017). '2' declined stating she felt able to convey her wishes if given appropriate time and support from staff at the care home.
Prior to leaving, I discussed my concerns regarding '2's isolation and low mood with the care home manager who advised '2' had a key worker whom she agreed, could spend additional time with '2', as Gulbendoglu (2007) discusses, to support her during this traumatic period and provide reassurance and address any fears and anxieties she may have.

I returned to the office and submitted a referral for a LA Deputy to be allocated to '2' and contacted XXX's Legal department regarding drafting letters to be forwarded to '2's accounts denying '3' access and transferring management to the LA Deputy (SCW, 2017).

A Strategy Meeting was held 2 days later.
My role within the meeting was to present my findings, advocate on behalf of '2' and present her wishes e.g. LA Deputy to manage finances ongoing / revocation of Attorney.
A financial report noted additional discrepancies were apparent regarding '2's finances and attendees agreed criminal prosecution against '3' and police involvement would be applicable however, as I had assessed '2' as having capacity to make decisions regarding her money, it would be her choice.
The discussion continued regarding '2's decision and if she chose ***not*** to prosecute, the LA would have to invoice ***her*** for the misappropriated funds due to her having capacity and it being her decision to authorise '3' to manage her accounts. Although I drew attention to '2's physical / communication issues and how difficult it would be for her to confer with banks, the Safeguarding Officer highlighted '2's capacity and the ultimate responsibility to manage her funds would be hers. I explained '2' has no other income to pay this outstanding

amount, to which the finance department representative advised, an invoice would be sent to '2' as a 'formality' but the LA would not pursue (due to lack of funds) and, any monies left from '2's estate following her death, would be used as a nominal repayment.
I felt this would distress '2' further however agreed to visit her and explain the situation. A further Strategy Meeting was arranged to be held within a two week period to discuss '2's decision.

Later that day I received a call from the care home advising '3' had contacted his mother and stated he planned to visit the following day. '2' had agreed the visit however requested my presence also. I agreed and, due to the verbally aggressive nature of my last encounter with '3', assessed any risks I may be exposed to with my Team Manager. We discussed the Lone Worker Policy (XXX, 2015a) and Health & Safety Policy (XXX, 2016) and devised a structure to the meeting to discuss '3's actions regarding his mother's finances (WG, 2014c: 5.31). We identified topics which '3' may find as triggers to his behaviour which enabled me to plan my approach for the encounter (Allen & Langford, 2008: 79). I am also aware of how body language can be used to de-escalate aggression in others via posturing / eye contact / positive use of space, as Braithwaite (2001: 82) discusses. I would also request an appropriate care home staff member be available should '3' indicate signs of possible aggression and the meeting be ended.

The next day, I prepared documentation for '2' to sign e.g. revocation of LPA / cancellation of '3's access to relevant accounts, I then visited '2' at the care home.
She again, appeared emotional and staff reported her mood and appetite remained poor. I advised she did not have to meet with '3' however she stated she wished to see and discuss the situation with him.
'3' entered, greeted me and apologised for his previous behaviour toward me. He explained his situation regarding his deterioration in health / subsequent loss of job / using his mother's funds to pay his outgoings / no longer wanted the responsibility of an Attorney. I listened carefully appearing assertive and confident, as Kerr recommends, to prevent escalation of a difficult situation (2010: 129), and reflected whether '3' considered himself a victim as Desson (2000) argues, perpetrators can feel an entitlement to their relatives' money and therefore feel able to justify their actions. I found it extremely difficult to remain non-judgemental toward '3' and appear calm and non-accusatory toward his actions and the subsequent negative effect on his mother. I maintained my professional approach by focusing on the agenda I had prepared with my Team Manager the previous day. I explained the safeguarding referral and ensuing procedure discussing '3's responsibilities as an Attorney and how he had not adhered to these responsibilities as specified by the Office of Public Guardian (OPG, 2015: LP11). However, during this encounter with '3' I used defusion techniques as recommended by Braithwaite (2001: 99) by being less bureaucratic, using less officious language and appearing more sympathetic to *his* situation but ensuring he understood '2' was my priority and I was always acting in her best interests.

This approach appeared to be successful as '3' remained calm and was repeatedly apologetic toward his mother. He then produced bank statements detailing his withdrawals from '2's accounts and highlighted other transgressions including withdrawing money whilst holidaying abroad – all without '2's consent. '2' appeared visibly shaken at this admission and, at this point, informed her son she was revoking his position of Attorney and cancelling his access to her accounts. '3' admitted he had not realised the level of responsibility involved with being an Attorney and signed all paperwork rescinding his

involvement without argument or further discussion. At this point '2' became distressed and asked '3' to leave and not return. He duly left.

I remained with '2' for a while longer providing reassurances but also sitting in silence allowing her time to compose herself and gather her thoughts (Koprowska, 2014: 81). I reflected on my task assigned during the Strategy Meeting regarding police involvement and, due to a relationship based approach, I considered it's impact on '2' if discussed now, and concluded it was not appropriate to discuss such a sensitive issue until a later date. Phung (2014 cited in Ingram, 2015: 63) suggests it is the development of the relationship between service user and worker which provides 'individual decisions' to issues rather than an 'off the shelf' remedy. However, this resulted in my feeling anxious at not achieving my designated goals and, as a newly qualified social worker, questioning my autonomy and responsibility toward '2' but simultaneously being aware of the fear associated with the managerialist working culture of 'getting it wrong' as highlighted by Stanford (2011 ibid: 38). I recalled Principle 2 of the Code of Professional Practice (SCW, 2017) stipulating:

> *'Strive to establish and maintain the trust and confidence of individuals and carer'*

and was satisfied I could justify my decision however, resolved to discuss further with my Manager in supervision. Trevithick (2012: 297; Carpenter et al, 2012) maintains social work supervision is to facilitate professional development and ensure our work is effective, efficient, accountable and undertaken in ways that sensitively address the needs of the service user.
I arranged with '2' to return in a few days.

During this time I requested supervision with my Manager to discuss my feelings of uncertainty regarding my role and priorities. My Manager highlighted how the development of my professional identity will progress with increasingly complex cases and my ability to justify my decisions and actions as valid will improve with more experience and reflective practice. As Webb affirms:

> *'Professional identity does not come ready-made but is continually fashioned in the movements along ways of organisational and professional life'*
>
> (2015: 3)

I also discussed '2's low mood and the overall effect the situation has had on her. Whilst a student I was introduced to Erikson's Ages of Man (1950: 269) and considered whether '2' was reflecting on Erikson's eighth stage – 'Integrity vs Despair' – and how, as we grow older, we look retrospectively on our lives and accomplishments resulting in feelings of contentment or despair dependent on whether the individual has led a happy, productive life or one of disappointments and unfulfilled goals. As '2' had no network of support other than the care home staff, I resolved to discuss '2's feelings with them and suggest ways of focusing on her strengths and re-establishing a sense of hope (Saleebey, 1996: 298).

I revisited '2' and again, staff updated me on '2's apparent decline mentally and her insistence in remaining in her room (irregular behaviour for '2'). I inquired whether '2's key worker could spend additional 'quality' time with her to strengthen her support system and but also explore new experiences for '2' to acquire new skills and meet new people. The manager agreed.
I went to '2's room and prepared myself for a difficult conversation. Stone (2012) advises even the most experienced social workers can struggle with broaching sensitive topics and needs to consider a number of issues including the emotional response of the individual. I discussed the options available to '2' which included police involvement and possible

prosecution against '3' following his admission of knowingly spending '2's money. '2' immediately advised she did not want to prosecute her son and wanted the incident to be forgotten. I explained the LA could not allow that and someone must be held responsible and, as she had capacity to make decisions, that responsibility was hers and she will be billed by the LA for the outstanding amount. I imagined how I would feel in this situation and tried to reassure '2' by responding with empathic understanding and focussing on '2's strengths and possible actions she could take to enable her to move forward (Egan: 2014: 111).
I discussed again with staff and requested they focus on positive interventions and experiences as research shows positive psychology interventions do indeed significantly enhance well-being and decrease depressive symptoms (Seligman et al, 2005; Sin & Lyubomirsky, 2009; Bolier et al, 2013)

A second safeguarding meeting was held where I provided feedback regarding '2's decision not to proceed with a police prosecution. The Finance Manager agreed to send an invoice to '2' stating no further action to be taken. All attendees agreed the safeguarding referral to be closed and our decision to be documented as guidance stipulates (WG, 2014c:11.58).

After a few days I revisited '2' and found her sitting in the lounge area of the home. This indicated to me an improvement in her well-being. Staff explained they had been spending time with '2' focussing on positive interventions and experiences as we had discussed and, gradually, her mental health and well-being appeared to be improving.

Although '2' was not in immediate risk to her health as with other instances of safeguarding referrals such as physical abuse, she experienced profound emotional upset which would remain with her for a considerable time which I had not anticipated. There were a number of instances within this case where I felt my communication (with '2') and negotiation skills (with '3') were challenged, where I struggled morally with policies (invoicing '2' for son's misdemeanour) and felt frustration at not being able to provide a better outcome for '2'. However, I believe I have learnt a great deal about my emotional intelligence and my increasing resilience but primarily how varied a social workers knowledge must be and how practice development is an ongoing process.

Word count = 4,226

Section 5

Safeguarding

In an area **that is not your main focus of work** explain the relevant legislation, and the national, local and organisational policies and procedures for safeguarding. *500 words* (+/- 10%: include your actual word count at the end of each section)

In April, 2016, The Social Services & Well-Being (Wales) Act (2014) (SS&WBA) came into force providing the legal framework for social provision in Wales replacing many previous laws and amalgamating children's and adults legislation.

Part 7 of the Act relates to Safeguarding and introduces a Children's Pathway which is a 'strengthened, robust and effective partnership approach' (WG, 2017). The principles underpinning the new framework are in accord with the Articles of the United Nations Convention on the Rights of the Child (1989) (OHCHR) and continuing duties to enquire under s.47 of The Children Act 1989 (Crown Copyright, 1989).

One of the most important principles of safeguarding is that it is everyone's responsibility and now a duty to inform the Local Authority if there is reasonable cause to suspect a child is a 'child at risk' (WG, 2014a: s.130). The SS&WBA provides a new definition of 'a child at risk'—

> (a) is experiencing or is at risk of abuse, neglect or other kinds of harm, and
> (b) has needs for care and support (whether or not the authority is meeting any of those needs).
>
> (ibid)

There is now one set of regulations for the functions and procedures of both Safeguarding Adults Boards and Safeguarding Children Boards. The Welsh Government is focussed on improving safeguarding procedures for every individual irrelevant of age and consistent practice throughout Wales can be implemented (WG, 2014c: Para 111).

At the local level, six new regional safeguarding children boards co-ordinate, and ensure the effectiveness of policy and procedure, working to protect and promote the welfare of children. The North Wales Safeguarding Children's Board (NWSCB) is a statutory body which co-ordinates, monitors and challenges its partner agencies in safeguarding children in North Wales.

It partners all six local authorities across the North Wales region and each board has a multi-agency approach which has been highlighted as absent in many Serious Case Reviews, principally in The Munro Review of Child Protection (Crown Copyright, 2011). The focus throughout the SS&WBA is agencies working together to identify and prevent harm where possible (WG, 2014a: Pt 2; 15(e)) in addition, personal information should be shared in order to prevent abuse or serious harm as directed by WASPI (WG, 2014d).

The boards are responsible for local child protection policy, procedure and guidance and the criteria for child practice reviews are laid down in the Safeguarding Boards (Functions and Procedures) (Wales) Regulations 2015 (WG, 2015a).

The objectives of a Safeguarding Children Board are identified in s.135, SS&WBA:

> a) to protect children within its area who are experiencing, or are at risk of abuse, neglect or other kinds of harm, and
> b) to prevent children within its area from becoming at risk of abuse, neglect or other kinds of harm.
>
> (WG, 2014a)

A National Independent Safeguarding Board has been established for both children and adults to provide support and advice to ensure the effectiveness of the regional safeguarding boards but also be accountable to Assembly Ministers (WG, 2014a: s. 132/133). Research, training, evidence based practice and thorough reviews are expected to generate new learning which can support continuous improvement in inter-agency child protection practice (WG, 2016: 1.3).

Word count = 522

Reflect on the difference between safeguarding in adult and children's work

400 words (+/- 10%: include your actual word count at the end of each section)

Following the implementation of The Social Services & Well-Being (Wales) Act 2014 (SS&WBA), safeguarding for both adults and children has now been unified in Part 7 of the legislation (WG, 2014a).

However, there are fundamental differences between the two, commencing with definitions and terminology, fundamentally of "child / adult at risk". Both identify abuse and neglect s.126: 1: (c) states, *'as a result of those needs (i.e. care and support – (b)) the adult is unable to protect himself or herself against the abuse or neglect or the risk of it'.* However 'harm' is added to The Children's Pathway to highlight the *'ill-treatment or impairment of a child's health or development'* (ibid: s.130: 4: (a)).

It is a parent's responsibility to ensure a child is kept safe and protected (Crown Copyright, 2017) whereas an adult is assumed to be able to protect themselves (Chisnell & Kelly, 2016: 12), and has the right to self-determination and make, what may be deemed, unwise decisions. Those adults who have been assessed under The Mental Capacity Act 2005 (Crown Copyright, 2005) as *not* having capacity to make decisions for themselves must have a decision made on their behalf and in their best interest. This may involve an Independent Mental Capacity Advocate (IMCA) to support them in decision making (Crown Copyright, 2007: 178). Dependant on location, an application for Deprivation of Liberty Safeguards (DoLS) may be required ensuring an individual's liberty is deprived in a safe and correct manner (Crown Copyright, 2007: 6.52).

Location and types of abuse varies also. Research ascertains children (under 18's) are at far more risk of abuse in their own homes than anywhere else (Pengaly, 2016: 11). In March 2017, there were over 3,000 children identified in Wales as needing protection from abuse (WG, 2017b) with neglect and emotional/psychological abuse the categories being the highest quota (79 per cent) (WG, 2017c: 5).

In the same period, 5,603 enquiries concluded action was required where alleged abuse or neglect occurred with adults 18 years and older. Of these, 2,118 (37.8 per cent) involved adults 65 years and older and took place within a care home setting (WG, 2017d: 6). There are additional categories of abuse such as sexual and physical for both categories but also financial abuse for adults, and types of abuse can be combined for example physical and sexual abuse (ibid: 5).

Communication skills are essential to gain a representation of any alleged abuse and various approaches must be considered depending on age such as creative play with young children or an understanding of dementia symptoms with adults (Koprowska, 2014: 99).

Word count = 430

Section 6

Developmental Review (b)

Critically reflect on your development including reference to the training, learning, research and use of supervision since completing section 2. Consider in discussion with your mentor/ supervisor/line manager the extent to which those learning needs have been achieved. Identify additional learning needs to support your development in the transition to becoming an experienced practitioner. You will consider here, the feedback you have received from individuals using services, their families and carers, and how this has impacted on your practice.

800 words (+/- 10%: include your actual word count at the end of each section)

Since qualifying as a Social Worker I have experienced confidence issues and questioned my abilities however, by utilising Broadwell's theory of conscious competence (1969), I have a better understanding of my position in learning new skills which has empowered me to be less self-critical and more reflective of the strengths and skills I possess and feel I am moving forward from conscious incompetence (aware of my weaknesses) toward conscious competence (reliable performance).

Following feedback from service user's, their families, my Manager and colleagues, I have been able to identify my strengths (honesty / non-judgemental) and weaknesses (lack of confidence and self-belief) and focus on establishing specific goals to improve my practice.

Over the last year, I have undertaken further learning by attending training sessions that have enhanced my understanding in respect of adult and children's safeguarding interventions, legislative frameworks, Continuing HealthCare and The Mental Capacity Act 2005. I have also attended training that has developed my problem solving skills, critical / analytical thinking and systematic practice, enabling me to identify priorities, aspirations, strengths and goals when I am working with individuals.

I feel I have developed my reflective practice with support from my Manager and Mentor through Supervision and with colleagues via Group Supervision. I have maintained a reflective diary and, by using Gibbs reflective cycle (1998), I have been analysing my approach and practice. For example, I often found the hierarchical power imbalance of medical staff intimidating, Koubel (1998) argues, in a medical environment, health professionals are deemed the highest authority and may implicitly set an agenda leading to potentially oppressive decisions made for, rather than by the service user. On occasions, I have experienced professional conflict over contested decisions regarding (what I considered) the inappropriate discharge of patients and applied Gibbs cycle:

- **Description**:
  - Service User (SU) hospital admission / non-cooperative / challenging with staff / capacity questioned / staff overrule SU's wishes;
- **Feelings**:

- I was surprised at staff's apparent lack of empathy / frustrated by their attitudes / disempowered by their actions / felt inexperienced / inadequate / challenged;

- **Evaluation**:
  - Positive = it highlighted areas where my knowledge and experience were lacking / my confidence improved following research, training and discussion with my Manager and peers / I developed better negotiating and communication skills with SU's, carers and professionals;
  - Negative = highlighted discriminatory and oppressive practice applied by some professionals / negative differences between Medical & Social Model Theory;
- **Analysis**:
  - Emphasised the importance of listening to the SU's wishes and advocating on their behalf when in a position of acute vulnerability / crisis / institutionalisation;
- **Conclusion**:
  - I feel I now have a good knowledge and some experience to challenge professional's decisions without feeling intimidated and disempowered / I feel my competence to support the SU has improved and I feel more confident to follow my instincts and be able to justify my actions;
- **Action plan**:
  - Request advice and support from professionals and colleagues when feeling challenged / recognise lack of knowledge and undertake research at an earlier stage.

I have also recognised my limited awareness of the multiple oppressions older people can encounter. Previously I would identify a 'specific' category such as a dementia diagnosis however, following my experiences over the past year, I now mindful of a variety of multi-faceted complexities as Thompson ascertains, such as sensory impairment / physical issues / dementia and/or mental health / ageism / bereavement / financial struggles etc (2012: 116).

Additionally, I feel, on occasions, I overlook external factors which can impact an individual so I have now initiated applying the SWOT (Strengths, Weaknesses, Opportunities, Threats) and PESTLE (Political, Economic, Social, Technological, Legal, Environmental) strategy tools which provides a comprehensive and holistic overview of the individual and their situation (Quincy et al, 2012) incorporating micro social work (SW) (involving the individual), mezzo SW (the community), & macro SW (national policies and legislation).

I believe my knowledge, negotiation and meta-communication skills have developed significantly over the last twelve months as I have collaborated with many different disciplines. I have also attended (and arranged) numerous Multi-Disciplinary Team meetings, Decision Support Tool meetings and Protection of Vulnerable Adults investigations. Reflecting on my current involvement and presentation at these meetings compared to twelve months ago, I am able to identify a substantial increase in my knowledge and confidence which I have been able to project when supporting outcomes for service users. I believe this has enhanced my relationship with many of the service users and their carers by initially providing empathy and active listening, progressing to knowledge, competence and reliability resulting in their engagement and trust.

Whilst I recognise my professional development over the last twelve months, I appreciate social work is a continual and fluid process with ever changing dynamic forces which requires awareness of new concepts and theories constructed on nationally and internationally evidence based practice - I revert to conscious incompetence once again.

Word count = 818

Please record in the table below the dates of each consolidation programme workshop you attended.

Consolidation workshop	Date Attended
1	24/04/17
2	11/07/17
3	Annual Leave
4	17/01/18

Notes

3rd workshop was held 20/09/17 however I was on annual leave at that time and unable to attend (holiday was booked prior to commencement of CPEL).
I notified all relevant people once I was aware of workshop dates.

Alongside formal Supervision with my Line Manager, Group Supervision is held once a month where colleagues discuss issues / debates with current cases. I have found this very beneficial and learnt a great deal regarding various approaches and theories.

Formal Supervision with Mentor:
23rd August, 2017
8th December, 2017

In addition to the formal dates arranged, my Mentor was always available to approach for informal discussions re: cases / queries / concerns. He has been very supportive and provided constructive direction and guidance throughout.

Mentor's comments
As Tracy's mentor I have found it interesting to observe how she has developed and grown as a social worker during this period. I note from her first Developmental Review that she states she felt, at that time, she had a "lack of knowledge" in order to "deliver a more knowledgeable person-centred practice". I have also noted that in that same Review she states "I feel that due to my lack of experience and confidence, my communication and negotiation skills require developing". In order to try "to improve my competency" she outlines the areas that she felt needed to be bolstered through formal training and observation of practice as well as good use of the supervision process and closely working with colleagues. During the time I have known Tracy I have always been impressed by her professionalism and how she deals sensitively and empathetically with people - including service users, their carers, and colleagues both inside and outside of the organization she works for. I am aware that Tracy has undertaken training to help 'plug' the gaps that she felt existed in her knowledge at the outset and she has also sought out the advice and support of colleagues when she felt it appropriate. Indeed, as part of this training she has

accompanied me when I undertook an assessment under the Mental Health Act. I was impressed in how she approached and spoke with the service user who was being assessed and how she dealt with colleagues from the health service who dealt with the situation in a very different way; in a very medical way.

At the start of this CPEL process there were some signs of a lack of confidence, which was to be expected, as entering an established and experienced team can be bewildering and overawing. There are some 'big characters' in the team and someone coming into it could feel rather intimidated. However, Tracy dealt with this scenario in an extremely positive way and has not be afraid to play a full role in the team and I can honestly say that she is a total team player, a person who now feels confident enough to support team members who have been Social Workers and Occupational Therapists for some considerable years, and I include myself in that.

I have been present when Tracy has had to deal with some difficult situations on the phone and she has done that with tact, diplomacy and some not inconsiderable skill. By using these skills she has managed to diffuse the situation and has managed to obtain the person's perspective which was delivered in a calm and measured way.

Tracy uses her mentoring sessions appropriately and also attends the Social Work Group Supervision sessions on a regular basis, during which she will support other colleagues with the situations that they present and willingly gives her views on the issues. Tracy has presented cases at these sessions and willingly takes on the suggestions, advice and support in order to inform her approach to a case.

She will also seek feedback and support in informal sessions and is willing to use reflective practice as a developmental aid. It is also important to state that Tracy will, when entirely appropriate, challenge discriminatory practice or views but she does not do so in a confrontational way.

I also note that Tracy states in her second Developmental Review that she lists as weaknesses a lack of confidence and self-belief. During my time as her Mentor I can testify to witnessing someone who has grown in confidence and exhibits more self-belief that she possibly realizes.

Tracy's development has been a joy to behold as she has grown, from what she saw as someone lacking in confidence and self-belief, to a Social Worker who through hard work, an ability to approach team colleagues for support at appropriate times, utilizing reflective practice and the appropriate use of formal and informal supervision, has become a valued team member.

I have no doubt that she has already become a Social Worker I could turn to for support and guidance on issues knowing that any advice and help she may give would be based on very sound social work principles, a firm knowledge base and good practice.

Rae Hughes

Dip. S. W. and AMHP

Senior Practitioner – Social Worker

Section 7

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Section 8

Learner details, Signatures and Line manager verification

Learner Details

1. Name of Learner:	**Tracy Jane Jones**
2. Learner's University Number:	**1502722**
Address for Correspondence:	**29 Lôn Hafren The Oaks, Rhyl, Denbighshire. LL18 4FE**
Telephone:	**01745 343528**
E-mail:	**tracy.jones@northwales.f9.co.uk**
Date of Professional Qualification:	**17th July, 2014**
Date of registration with Social Care Wales:	**19th February, 2017**

3. Name of Learner's Agency:	**Flintshire County Council**
Agency Contact details:	**Social Work Dept (Adults)**
Name:	**Jo Thomas (Team Manager)**
Address:	**Holywell Community Hospital, Halkyn Road, Holywell, Flintshire. CH8 7TZ**
Telephone Number:	**01352 701366**
E-Mail address:	**jo.thomas@flintshire.gov.uk**

4. The evidence I have provided within this portfolio is in:

Welsh only ☐ Welsh and English ☐ English only ✓

5. Mentor's details:	**Senior Practitioner**
Name:	**Rae Hughes**

Address:	**Holywell Community Hospital, Halkyn Road, Holywell, Flintshire. CH8 7TZ**
Telephone Number:	**01352 701366**
E-Mail address:	**rae.hughes@flintshire.gov.uk**

6. Observer details:	**Social Worker**
Name:	**Sue Howells**
Address:	**Holywell Community Hospital, Halkyn Road, Holywell, Flintshire. CH8 7TZ**
Date of qualification:	**03/05/06**
Telephone Number:	**01352 701366**
E-Mail address:	**sue.howells@flintshire.gov.uk**

Signatures and Line Manager Verification

CONFIDENTIALITY and PLAGIARISM – to be completed by the learner

All information provided in this portfolio complies with guidance on confidentiality. I confirm that all work apart from comments by others (e.g. mentor, an individual using services, their family or carers) is all my original work and has not been copied. I understand that plagiarism is taken very seriously by the University and the programme.

Signed: _____ (Learner)

Date: 07/03/18

Feedback and comments from an individual using services, their family or carers (Section 3} - to be completed by the Observer

I confirm that I am a registered social worker with knowledge of the learner's area of practice and that the observation summary and the comments from the individual using services, their family or carers and/or carers above are about the same piece of practice that I observed on the date given.

Signed: _____ (Observer)

Date: 09/3/18

Line manager verification

Guidance: This section must be completed and signed by the learner's line manager or senior practitioner. He/she should be a registered social worker who is familiar with safeguarding work, can verify that the learner has been involved with the case evidenced in section 4 of the portfolio, and has also met all other required criteria listed.

In this section, please confirm that you have seen sufficient of the learner's work during the period they have been undertaking the Consolidation programme. If necessary, please consult with other managers that the learner has worked for. In signing this section, you are confirming that you are content with the:

- level of supervision and mentoring support received by the learner
- learning and development undertaken
- reading and personal research undertaken
- level of knowledge and skills demonstrated
- understanding shown of the Code of Practice and National Occupational Standards

- core values of the learner
- content of the development plan within the portfolio
- work and commentary referred to within the portfolio, that it is the learner's own work and based on current practice

I confirm that this learner has achieved an appropriate level of professional practice.

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: JO THOMAS

SIGNATURE OF LINE MANAGER: JThomas

DATE: 09/03/2018

Section 9

PORTH AGORED and UNIVERSITY OF WALES, TRINITY SAINT DAVID

GRADUATE CERTIFICATE IN CONSOLIDATION OF SOCIAL WORK PRACTICE

LEARNER AND EMPLOYER'S LEARNING AGREEMENT

Name of Learner	Tracy Jane Jones
Name of Team/Agency	North West Locality Team / FCC
Name of Mentor	Rae Hughes
Name of Line Manager	Jo Thomas

Study Duty

The learner will undertake all elements of the Graduate Certificate programme diligently, including mandatory attendance at induction, 4 Consolidation workshops, and participation in an evaluation survey or focus group on completion of the programme.

The learner's full and effective participation on the Graduate Certificate is mandatory given that Social Care Wales has made completion of the programme a requirement within the first (three year) period of registration as a Social Worker. **(Qualifying after April 2016)**

Study Leave

The employer undertakes to support the learner by providing paid leave in full to attend all agreed induction, Consolidation Workshops, programme evaluation meetings or training agreed as required during the programme. In addition, three additional paid days can be approved by managers as a contribution towards the time involved in personal research and developing the portfolio for submission. It is for learners to open a discussion with their manager about when they want to take this leave. The study days can be taken on any week-day (or combination of days) as long this is (i) appropriate to the stage of portfolio preparation at the time, and (ii) agreed with the Team Manager who will take into account team and service needs. The level of paid leave described here assumes that the learner works full-time hours. Where the learner works less than 37 hours a week paid time will be approved in accordance with the employer's local policies.

Resources

Learners are able to access learning and library materials from their employer's existing resources or as described in the Programme Handbook from the University. The employer understands that the Graduate Certificate is to be completed by newly qualified Social Workers in their first period of registration and will support this timescale. But there is also an expectation that as a professional development programme, Learners take responsibility for their own learning and will also use their own time for personal study and portfolio preparation.

The employer's training department agrees to:

- Arrange for eligible staff to join the programme
- pay course fees directly to the University
- provide additional guidance and support by:

    a) facilitating access to existing learning materials or library resources
    b) providing appropriate training opportunities from existing internal training programmes as agreed with the learner and mentor
    c) providing programme induction and Consolidation Workshops
    d) providing learners' with guidance and support about programme requirements and portfolio completion
    e) helping to resolve any programme difficulties encountered by the learner, mentor or service managers

The learner agrees to:

- work actively towards completing the qualification within the agreed timescale of 12 months from the date of registration on the programme
- Identify with manager/mentor appropriate internal training and arrange to attend these courses
- Identify with manager/mentor and Training Manager any special requirements e.g. dyslexia and contact the University's Student Services office directly about additional support that may be required
- attend induction and 4 Consolidation Workshops. These are mandatory components of the programme
- produce work and evidence appropriate to the portfolio and learning outcomes within agreed timescales
- make and keep agreed appointments with mentor/line manager
- ensure they are prepared adequately and obtain all necessary consent for observed practice
- inform mentor/line manager and training department immediately of any problems or changes in circumstances while undertaking the programme, especially where this may affect completion of the programme by the agreed deadline or ability to attend a mandatory workshop.
- liaise with their line manager/mentor to confirm study days and use their own time for self - study research and portfolio preparation
- take personal responsibility for preparing and completing all work necessary to submit their portfolio
- act at all times in accordance with the Code of Practice, the employer's and University's policies, procedures and processes
- ensure they understand the need to complete the programme within the first (three year) period of registration with Social Care Wales.(Qualifying after April 2016)

Line Manager/Mentor agrees to:

- attend an induction meeting to become familiar with the requirements of the programme
- provide or arrange to provide sufficient assessment opportunities in order for the learner to evidence competency and undertake required observations. Where opportunities may not be immediately available within the team, arrange to provide these elsewhere within the Service,
- guide and support the learner for the duration of the programme
- release the learner for programme induction and Consolidation Workshops, and any internal training courses agreed as being appropriate to meeting agreed learning needs.
- agree with the learner, use of up to 3 additional paid leave days over the whole duration of the programme, as a contribution towards time needed for personal study, research or portfolio development
- Hold supervision with the learner, ideally monthly, and ensure this incorporates mentoring support and monitoring of the work undertaken and still outstanding. Maintain a full record of supervision dates and record discussions and agreements.

Completion and submission of portfolio

Learners are expected to complete the Graduate Certificate and will normally submit their portfolio within 12 months of attending induction to the programme. Any Learner anticipating any difficulty in meeting this requirement should immediately discuss the matter with their Training Manager/Co-Ordinator

The portfolio submission process and dates for each programme cohort will be published on Moodle. Once registered on a programme, **learners CANNOT change the due submission date without gaining agreement from the employer and University.**

Pressure of work is not regarded as a reason for non-attendance at any Consolidation Workshop.

I understand and accept the terms and conditions of this learning agreement as stated above.

Signed: ..... Print Name: TRACY JONES Date: 25/06/17
(Learner)

Signed: ..... Print Name: JO THOMAS Date: 30/06/17
(Line Manager)

Signed: ..... Print Name: RAE HUGHES Date 26/06/17
(Mentor, if different to above)

PLEASE PLACE THE SIGNED COPY OF THIS LEARNING AGREEMENT IN SECTION 9 OF THE PORTFOLIO