

Social Care Wales



PRIFYSGO, 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)

Learner's name: Sioned Ypres Vaughan Jones

**Learner's University Registration Number:
1604946**

**WALES INSTITUTE for WORK-BASED LEARNING
2016-2017**

Portfolio Guidance

Please read these notes carefully. They provide essential information. The documents you will use in developing your portfolio are on the following pages.

What is the portfolio for?

The purpose of this portfolio is to enable learners to demonstrate and provide evidence of how they meet the learning outcomes set by the Social Care Wales, for the Consolidation programme, including:

- Applying analysis in assessment to inform intervention;
- Intervention and application of professional judgement in increasingly complex situations;
- Working collaboratively with service users, carers and other professionals.

Learner and employer learning agreement

At Section 9 of the Portfolio, you will find a blank copy of a learning agreement that you need to read, discuss and agree with your mentor, manager and training manager/coordinator. Once the agreement has been signed replace it in Section 9 of the portfolio.

How should the Portfolio be presented?

The material you write to include in the portfolio must be typed. Information about this can be found in the Programme Handbook. The whole portfolio must be submitted electronically. Portfolios must be complete at the point of submission.

How is the Portfolio assessed?

During the programme, advice and support about the development of your portfolio will be provided as part of four, mandatory Consolidation workshops, and by your mentor. Feedback on all aspects of the work you are undertaking to develop the portfolio will be provided as part of these workshops. Neither your mentor nor training staff you may have seen as part of the Consolidation workshops will be involved in marking your portfolio after submission. Portfolios are marked by appropriately qualified staff outside of your own employing organisation.

Dates of portfolio submission will normally be made available at induction, at consolidation workshop meetings and posted on Moodle.

Confidentiality

It is important that no individual can be identified either directly or indirectly from the information in the portfolio. You must:

- adhere to guidance in the Programme Handbook about confidentiality;
- not identify your Local Authority/employer by name or by associating any geographical, physical or other feature which might enable it to be identified. This includes reference in the bibliography to policies e.g. please use 'xxx authority policy';
- not identify any individual using services, their family or carers by name. Instead you must use numbers e.g. 1, 2, 3 etc. and **not** letters;
- not write information that enables any individual using services, their family or carers to be identified indirectly through the description you provide. This includes references to names, colleagues, places (including hospitals, schools, town, villages, streets) specific incidents which might enable identification due to past publicity, other professionals or any other personal information including medical or other conditions;
- take personal responsibility for adhering to confidentiality rules. Although consolidation workshops and feedback about your portfolio will provide guidance and feedback, it is the learner's responsibility to ensure the portfolio adheres to the confidentiality requirements stated in the handbook and above.

Remember that the Portfolio is YOUR responsibility you must not rely on anyone else to pick up any confidentiality breaches as this is your work. You must accept full responsibility for confidentiality. Meeting all the confidentiality requirements is very important. Breaches of the confidentiality rules may incur a penalty including a deduction of marks or a fail, please see handbook for details.

Dyslexia and other special circumstances

If you have any condition that you feel may affect your ability to deal with any part of the programme, please contact your training department immediately to discuss any additional support that may be needed. The University has a Student Services Unit that may be able to help but **it is the learner's individual responsibility to contact them.**

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

- Your portfolio must contain items 1 - 9 below (in the order given);
- You should use this pro-forma to insert your text within each section;
- Please make sure the Signatures page at Section 8 is fully completed before submission

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Section 2

Developmental review (a)

Guidance: This section should be completed by taking into account the work that you will have done since qualifying, and discussions with your mentor and supervisor/line manager as part of your First Three Years of Practice Individual Plan.

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

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

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

The Mental Health (Wales) Measure, 2010 is the main framework that forms the work of the community mental health team. It provides guidance and structure for professional practice, which the work of the community mental health team is based on. It focuses on the support that should be available for people with mental health problems in Wales wherever they may be living, focusing also on the needs of their families or carers. The measure ties in closely to the requirements of the Social Services and Well Being Wales Act, 2014 with equal focus of the Measure and the Act being placed on the rights of the individual, families and carers.

The measure reflects the personalisation of the service provision ensuring that professional practice is person centred (*Rogers, 1940*). However, I will research how the Measure and the Act intertwine and the impact that this will have on service delivery. This will be done through informal peer supervision as well as formal discussions within scheduled supervisions with my line manager. I will also attend any specific communication training that will support me in developing these skills further and will look in to the availability of this via the local authority.

To develop my skills working collaboratively with other professionals from different backgrounds, I will aim to observe multi disciplinary meetings as well as attend multi disciplinary ward rounds regarding clients that are detained in hospital. I will also contribute to the clinical meetings that are held weekly with a number of different professionals from different organisations in order to promote collaborative working and develop professional relationships. This is vital in my role as Care Co-ordinator and formulating a service user Care and Treatment Plan under the Measure. Continuous reflection will be important to achieve this outcome and my own professional development. The clinical meeting will allow me to do this as well as

formal and informal supervision. I believe this will also support me in developing my confidence further in my practice, which at times I feel is lacking in challenging situations with other professionals.

I would also like to develop my assessment and analytical skills further within my role. I was able to do this as a student however I would now like to develop my skills further and adapt these to the various different individuals I will be working with. It was highlighted during my interview that I would need to conduct both primary and secondary care assessments in my role, depending on the severity of the mental illness and the level of risk the service user presented. To do this, I will spend time shadowing other workers formulating different assessments, as well as participating in duty activities. The aim of shadowing various assessments will be to strengthen my professional judgment skills and develop my analytical skills, which have been identified as an area to improve from my feedback as a Social Work student. This opportunity will also aid me in creating court reports for a Mental Health Tribunal hearing, where I will need to evidence clearly my professional judgement and opinion.

Section 3

Observation from an individual using services, their family and carers

*Guidance: A learner must choose an observation of **direct social work practice** with an individual using services, families and carers, and record it on the following pro-forma. The observation cannot be from giving evidence in court, contributing to strategy group meetings, case conferences or tribunals or any other indirect activity. The permission of the individual using services, their families and/or their carers must be sought before the observation is undertaken. The observation must be undertaken by an observer who is social work qualified and has at least 3 years experience (criteria set out in the Programme Handbook). The observation must be a minimum of 30 minutes long. The observer will gain feedback from the individual using services, their families and/or their carers using the pro forma below at the end of the visit.*

Although the learner can choose to use the proforma provided for gathering feedback, they are encouraged to make this as in-depth as possible, and to use a range of ways to gather it, depending on age, ability, and the needs of the individuals using services, their families or carers.

In completing this section, you should watch the 4 video clips of 'More than just words' on Moodle as these should help you think about your own experiences and to reflect on why language should be an integral part of assessment and service provision.

Observation Summary

Please include name of the expert witness observing in section 8.

Date of observation: 01.02.2018 _ _

To be completed by learner

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)

2 is a middle aged male with a diagnosis of Bipolar type 2. He is well known to mental health and substance misuse services due to suicidal ideation and alcohol misuse. Following a period of high-risk presentation and verbalising thoughts and plans of committing suicide, 2 was admitted to the local psychiatric inpatient unit on a voluntary basis.

The death of 2's mother has caused a significant impact on his mental health, as he was her main carer. 2 shared a property with his mother however had to seek accommodation in another area following her death. All of these factors greatly affected 2, as his social network was diminished which contributed to his feelings of loss and abandonment.

Whilst an inpatient, 2's presentation fluctuated raising concerns with the multi disciplinary team supporting him. It was agreed that a clear discharge plan would need to be formulated in order to appropriately support 2 in the community.

The purpose of this meeting was to formulate a structured and robust Secondary Care and Treatment Plan under Section 2 of the Mental Health Wales Measure, 2010. The objective was to fully assess 2's current needs and what service provisions and support would need to be in place leading up to the discharge date in order to ensure that the transition back to the community was as successful as possible to avoid further hospital admissions.

2 has lived in Wales for a significant period and is able to understand some words from the Welsh language. He identifies himself as a 'Welsh learner'. The opportunity for the assessment to be conducted through the Welsh language was offered to 2, however he declined as he stated he felt most comfortable communicating in English. 2 has the right to communicate in the language of his choice and this decision was respected.

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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)

Prior to the observation taking place, consent was gained via a telephone conversation with 2. I was initially wary making the telephone call, as I felt explaining to 2 that my practice would be observed would make him lose confidence in me as a worker and ultimately impact our future working relationship. However, I was aware that this was a reflection of my own fears of what may happen. 2 confirmed that 2 was happy for the observation to take place during the formulation of his Care and Treatment Plan (CTP).

As 2 was still an inpatient in the psychiatric unit, the formulation of the CTP would take place on the ward so as all necessary agreed outcomes that needed to be put in place prior to his discharge could be completed. This in itself had its own barriers, as I needed to ensure a quiet room would be available on the ward in order to be able to maintain his dignity and fully engage with 2 in the process with no distractions. Therefore, the purpose of the task was explained to the ward staff and a private room was requested to ensure 2 felt comfortable and at ease in formulating the plan.

When we arrived at the unit, I explained clearly to 2 that the focus of the observation was on my practice and not the content that was discussed. I ensured I was sat opposite 2 and within close range so I was able to fully concentrate on him and maintain eye contact, whilst also being mindful not to invade his personal space. This enabled me to fully engage with 2 throughout the process and demonstrate that he was the focus of my attention. My communication was clear and my body language was open which aided me in building trust with 2 and ensuring my practice was as person centred as possible.

Within mental health care, 'person centeredness' has been generally interpreted to convey a holistic approach with an attitude of respect for the individual and their own unique experience and needs', (Freeth, 2007, cited by Coventry and Gask 2012). It was important to keep this in mind whilst working with 2 and place emphasis on my active listening skills to ensure that 2 could identify that his contribution to the CTP was valued.

During the CTP formulation, it was important for me to be empathic and understanding when communicating with 2 and recognize the difficulty being an inpatient on a psychiatric ward posed for him. The review did not take place in the environment of 2's choice, which may have contributed to 2 feeling uncomfortable and powerless. I needed to ensure that 2 felt in control of this process whilst respecting his wishes.

I also had to respect that 2 was nervous about returning home to the community and fearful how he would manage his symptoms without the structure and security of a hospital setting and the unlimited support and supervision. However, if this process had taken place in the community rather than a hospital setting, it can be argued that the outcome would have been different as possibly other objectives would have been identified depending on his needs whilst in his own home. Completing this in the hospital setting added restraints to the process as I felt the level of 2's engagement in the process was to evidence his progress to support discharge rather than identify needs to aid his recovery. Being observed also added to this, as it was evident that 2 was promoting his recovery rather than focusing on the specific outcomes that needed to be met.

The model that guided my communication with 2 in this task was that of Egan (2006) which highlights the application of counselling skills to social work interviewing. This model balances that of both person-centred theory and behavioural ideas. Coulshed and Orme (2006) further develops this model by listing qualities that counsellors in the context of social work should have which was evident in my practice. It was important to follow the model so as to encourage 2 to communicate with me openly in order to assess the level of need and the potential risk he may pose to himself and others.

2 spoke openly about his difficulties, his recovery and the outcomes that he wanted to achieve both prior to and after discharge. However, I had to use clear verbal communication to aid 2 in setting realistic goals and time frames for these outcomes. This was a challenge as it was a balance between promoting and praising 2 for what he had identified whilst also ensuring that his mental health and well-being remained the focus.

At times it was difficult to follow the structure of the conversation. 2 would often discuss matters beyond the agreed purpose of the task and I had to utilize my skills to bring the focus back to the topic. This was difficult and created a power struggle between 2 and myself. Although I wanted to empower 2 to communicate freely, the relevant information needed to be documented, as this was vital to his discharge planning and what had been agreed on prior to the meeting.

Guidelines attached to the CTP state that the plan can be completed in English, Welsh or a mixture of both depending on the language preference of the individual. 2 is English speaking however identifies as a Welsh learner. Following the 'Active Offer', the language choice was given to 2. However, he stated that he felt more comfortable communicating in English, as he did not feel confident speaking in Welsh. I respected this decision, however encouraged 2 to communicate in Welsh at any time if he wanted to. The CTP documentation that was completed was in English, as there were no bilingual copies available in the office. In this instance it did not affect the completion of the plan with 2, as his preferred means of communication was in English. However, the agency has a bilingual policy that must be adhered to which the pro forma does not follow. This also does not conform to the '*Implementing the Mental Health (Wales) Measure, 2010*' (2011) guidance, which clearly states that the Welsh and English language must be equal within Mental Health services in Wales.

To ensure I had an accurate understanding of 2's situation, I was mindful to give him enough time to answer the questions and relayed the information back to him. This was in order to confirm that I had processed the information correctly before noting it on the plan. It was important to support and encourage 2 in the decision making process. As 2 does not have any immediate family in the local area and due to time constraints of the set discharge date, the perspective of family members and carers

could not be taken in to consideration. In reflection, it would have been best practice to facilitate the appointment where family members and other professionals could have been present as it would encourage 2 to become a co-producer in his own care through shared decision making alongside professionals (Coventry and Gask, 2012).

The positive aspect of the CTP formulation was the ability to focus on a number of social aspects that can have a negative impact on 2's mental state. This moves away from placing the emphasis on 2's diagnosis and the medical treatment that he was receiving in the hospital, as social factors can play an enabling part in recovery (Bird et al, 2011). I felt this was appropriate in 2's case and it enabled me to practice in an anti-oppressive and anti-discriminatory way, as I was looking beyond the label of 2's diagnosis and focusing on his needs as a person rather than on the 'illness'. The CTP aided me in having this open conversation with 2 and avoiding medical 'jargon'.

This argument is strengthened by Thompson (1997), who states that people who are defined as having a mental illness face areas of discrimination and oppression specifically as a result of being labeled (Thompson, 1997). Peyser (2001 cited in Frese et al (2001)) identifies this with the argument that 'psychotic and similar illnesses can subvert the thinking process to the point that the individuals self is taken over by the diagnosis'. Therefore, by adapting active listening skills and following a social work counseling model throughout the process, it aided me in ensuring to 2 that I was looking beyond his medical difficulties but focusing on him as a person. This was significant in this case due to the location of the task and the impact this had on 2 as a person and the process.

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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?	No problems with timing and not put to any inconvenience
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Permission sought before observer attended the interview. An explanation was provided as to why and in a satisfactory manner.
Were you clear why the social worker met with you today?	Yes. Task was to put together the care and Treatment Plan in readiness for discharge.
How well prepared do you think, the social worker was for his or her meeting with you?	The Social worker was fully prepared bringing relevant paperwork which allowed for discussion of needs and concerns and decisions and plans to meet these.
How has the social worker listened to you and respected your views and wishes?	Also brought a weekly planner to allow client the opportunity to be proactive and organised. • Friendliness and openness allowed the discussion to flow.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	• Everything was explained clearly and precisely with all the issues covered. • Had a clear idea of what was expected both from the client and the social worker.

How has the social worker's involvement met your expectations for this visit?	• This was the first experience the client had of a care and treatment plan and wasn't sure what to expect. • Once completed the client expects to find its contents helpful as both a means of reflection, focus and direction.
Are there any other comments or suggestions that you would like to make?	• The client recognises that at times when attempting to provide the best possible service there may be a gap between what's available and what's achievable. • There would need to be more of an understanding and clarity within multi-disciplinary discussions and planning.

Anne St Paul
 ANNE ST. PAUL
 Team Manager
 1.2.18.

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)

3 is a woman who is in her 60's and has lived in a local rural area all her life. She lives independently and has a minimal support network besides, contact from various services. 3 has been known to the local community mental health team for a number of years and unfortunately has had several different workers from the team over this time. This factor has had a negative affect on 3, as it has not provided a consistent and long-term relationship with one specific worker, which is an important factor to those who are in receipt of services (Winter, 2009).

3 has a long-standing diagnosis of Schizophrenia and suffers from audio and visual hallucinations. There is a perception of dangerousness that is closely associated with this diagnosis and it can be argued that this is often fuelled by the negative media portrayal of individuals with this diagnoses, as they are considered to be dangerous and unpredictable. The common view of danger associated with a mental disorder makes individuals in the community that have a mental illness more vulnerable, which can lead to false association between Schizophrenia and violence in the public's imagination. However, research has shown that it is social factors such as substance misuse, unemployment, unstable family circumstances and/or poor education that correlate more closely with risks of violence rather than any categories of psychiatric diagnosis (Taylor & Gunn, 1999).

3 has had numerous psychiatric hospital admissions in the past under the Mental Health Act (MHA)(1983). Because of this, 3 is subject to Section 117 aftercare under the MHA (1983) which states that it is the duty of the local authority to provide and/or arrange the provision of after care services for any person who the section applies. Therefore, a part of my role is to determine whether 3 is receiving appropriate care and support in the community. It is important to note that 3 had been receiving a support package from a private care agency previously, however due to a recent change in organizational structure and funding, the care was transferred to local authority support services. The impact of the change in service providers from private to public sector greatly affected 3 and the continuity of the service delivery. This added to 3's already existing feelings of insecurity and distrust. It can be argued that the service delivery was disempowering 3, by taking away her

choice regarding the providers of her own care. This is due to 3 living in a high poverty, rural area where service provision is limited.

My role consisted of regularly monitoring 3's mental state, her medication compliance and other factors which may contribute to causing 3 distress or affect her daily living routine which would have a great impact on her recovery. A person centred approach (Rogers, 1940) has always been adapted when working with 3, involving her in the assessment and evaluation of need and actively putting her at the centre of her care. This was to enable 3 to feel empowered in the process in order to achieve her full potential. However this would often depend on 3's engagement with me, as it would vary and in turn impact my assessment of her needs and risk management. 3 would often perceive professionals to be a threat to her life and her home. However, 3 would engage well with support services and this aided me in monitoring 3's mental state and any concerns as they would regularly feedback to me.

Gibbs' (1988) cycle of reflection guided me throughout this case in fully understanding the procedures and the impact these had on 3 and myself. As we know, reflective practice is a way of developing an understanding of practice events (*Oelofsen, 2012*). It is by reflecting on this case and my time working with 3 that I am able to analyse the effectiveness of the interventions applied in the safeguarding process and what I would have done differently, as there are often limitations in what can be achieved when working with vulnerable people (*Oelofsen, 2012*). It also highlighted the impact social factors can have on an individual. I will break down Gibbs' (1988) model below to highlight how directed my reflective process.

Step 1: Description

Concerns were initially raised regarding 3's living conditions by support staff that had access to the property. 3 hoarded items and clutter, which affected the condition of the property and posed a risk to herself as well as a fire hazard. They attempted to prompt 3 to clean the property, however 3 would often decline stating it was her choice to live this way. It is agreed that this is 3's personal choice and this needs to be respected as per Article 8 of the Human Rights Act, 1998 which protects the right to respect for private and family life.

Following a review of 3's Care and Treatment Plan (CTP) under the Mental Health (Wales) Measure, 2010, it was deemed that 3 required further support in completing activities of daily living. 3 agreed to this and therefore the support package was increased to hour calls daily. There were increasing concerns for 3's mental health and well being as signs of relapse were evident therefore the added support was crucial in maintaining and supporting 3 to remain in the community.

During this time, support workers had noticed that various drivers from a local taxi firm were attending 3's home address with shopping for her. It later came to light that 3 was asking the drivers to retrieve items for her from the supermarket and was giving them her bank card and pin number to do so. The support workers shared

these concerns and in the first instance I decided to have a conversation with 3 regarding this matter and the level of risk her actions presented. This was a sensitive subject matter and it was difficult to determine what would be the best way to approach this with 3, whilst maintaining the little trust and confidence in the service I represented and in me. I was aware that this needed to be handled sensitively, as 3 is socially isolated and deemed vulnerable due to her level of understanding and limited support network.

Studies surrounding mental health issues in rural communities in Wales have identified the following difficulties for individuals: public attitudes and ignorance about mental health, strong feelings of stigma associated with mental health problems, isolation and reluctance to seek help, greater vulnerability of women and members of ethnic minority groups and difficulty in accessing services as well as lack of information about what is available (Pugh, 2000). Therefore, I needed to be aware of these contributing factors during my conversation.

I decided that the conversation would take place in 3's home address, as it was important that 3 was comfortable in her own environment. As well as this, the conversation was conducted in the language of 3's choice. 3 often preferred to communicate in English, however at times would often switch to Welsh. I promoted 3 to take the lead of the conversation in her preferred language and was happy to switch depending on 3's preference. Language plays an important role in building professional relationships with service users. It is evident that language sensitive practice is firmly in the context of empowerment and this means recognizing the role, not only of Welsh speaking practitioners but also non Welsh speaking practitioners in the task of furthering language choice for bilingual users (Williams, 2011). It is argued that emotion and expression are often shaped by the social and cultural context in which they are experienced. Research conducted has found that in assessment 'a bilingual may appear to present him or herself in different ways depending on the language used' (Altarriba & Morier, 2008). As I was a Welsh speaker, 3 was able to communicate openly in the language of her choice however, if I was not a Welsh speaker then this may have caused significant implications to 3's communication due to translation. The context of the information that is translated by individuals from their first language to English can often be lost and can lead to different outcomes in assessment. It is evident that 3 was able to communicate more openly and clearly when conversing in the language of her choice. This was positive as the subject matter was personal and a difficult topic to address, therefore 3 had the option of communicating in the language she was most comfortable in.

During the discussion, 3 stated that she was happy giving her bankcard and pin number to the taxi drivers and was going to continue to do this, despite professional's concerns. Although this is an unwise decision, it is 3's to make as she has been assessed as having full capacity regarding her decisions in this specific matter and it is her choice albeit an unwise one (Mental Capacity Act, 2005). Vulnerable adults with capacity to understand abuse and the risk of the abuse have the right to refuse intervention according to the local authority adult safeguarding policy, even if this leaves them at risk of significant harm. Unlike the procedures in

safeguarding children, the lines are blurred when working with adults and the same importance is not placed on the needs of the adult. Therefore at this time, I had to respect what 3 was telling me at face value. However, this did not sit well with me, as I felt torn that I was unable to do more to prevent this from happening.

The 'Wales Interim Policy and Procedures for the protection of Vulnerable Adults from abuse, 2011' underpin the way vulnerable adults should be supported and cared for where they live. Therefore 3 evidently has the right to:

- Independence: to think, act and make decisions, even when this involves a level of risk
- Privacy: the right to be left alone or undisturbed and free from intrusion or public attention in her affairs, and
- Choice: the right to make choices and to have the alternatives and information that enables choices to be made.

During extensive discussions with 3, she was able to identify the possible risks to herself by sharing her bank information and the possible threat from others in doing this, however she remained adamant that this was her choice. It was difficult not to coerce 3 during this discussion to highlight the level of risk and threat that this action posed. However, this was her choice and I needed to respect it. I felt that this went against my values of wanting to protect individuals from harm, but was aware that a process needed to be followed in order to ensure 3's safety.

Not to take away from 3's choice, a suggestion was made whether it would be a better idea to manage all shopping and bank activity via the support worker service that was already in place. 3 was clear that she was reluctant to do this and therefore her decision had to be respected as she has capacity. Although it seemed as an unwise decision, a further conversation was had with 3 on other ways this could be managed whilst ensuring her safety. However, 3 was reluctant and again highlighted that this was her decision and that she would continue to give her bank card and pin number to the taxi drivers. However, 3's deterioration in mental state was making her increasingly vulnerable in the community and this required her to be monitored further by the service.

Another suggestion was made to 3 that if she insisted on using the taxi service to retrieve items for her from the supermarket, then to give him a specific amount of money and ask for a receipt on return to monitor the amount that was being spent. This discussion was a difficult one to have with 3, as my initial instinct was to stop this from taking place in any form as I could see that she was putting herself in vulnerable position. 3 stated that she would think about this option, however I wondered whether she was saying this as a way of terminating the conversation and putting my concerns at ease rather than that of her own choice.

Under Part 7 of the Social Services and Well Being (Wales) Act, 2014 an 'adult at risk' is defined as someone 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 themselves against the abuse or neglect or the risk of it

It is clear following these definitions, that 3 is deemed an adult at risk and therefore the case was discussed with my manager and a Safeguarding referral was completed immediately and forwarded on to the local authority's relevant department. In the meantime, it was agreed that the team and myself would continue to monitor and discuss the situation with 3. Prior to this, numerous attempts had been made to liaise with her family members regarding the situation however this was unsuccessful due to the limited information we had on file about them.

Step 2: Feelings

Following another home visit to further assess the situation, 3's home was very cold. 3 stated that she did not have any money until today to put towards heating the property. She then proceeded to say that a taxi driver had her bankcard and she would ask him to return it to her later today. At this stage, all services involved were growing increasingly concerned regarding the state of the property, 3's living conditions and her financial situation. The risks of sharing her personal bank information was again brought to 3's attention however, she dismissed these. This led to a further discussion regarding the on going risks of these actions which 3 was aware of, but responded with 'this is my house, my choice and nobody's business'. When 3 said this I felt frustrated, as 3 could not see that others were taking advantage of her. I also felt sad that someone would treat 3 this way and deprive her of the basic things that she needed to live comfortably such as heat etc. It was a difficult situation as I could see 3's point of view that it was her choice and wanted to respect her decision but the situation was concerning. 3 was reluctant to tell us whom specifically the taxi driver was or from which firm, as 3 was known to use various local firms in the area. I was aware that these concerns were also affecting the community support workers and how they worked with 3, as she 3 was growing suspicious of them. I felt it had more of an impact on the support workers, as they had a closer working relationship with 3 as she engaged well with them. 3 was always wary of me and this, at times made our working relationship strenuous.

I began to wonder whether 3 lacked insight in to what was happening and the effect this was having on her however, I was unsure whether this was due to a deterioration in her mental state or that she was in denial. Following the Safeguarding referral I had completed, no further information was received therefore I telephoned the relevant local authority department to follow up. I was later informed that the referral had been passed back to my manager as the mental health safeguarding lead. However, a significant amount of time had now passed from the date of the referral. Due to the growing concerns regarding 3, I felt that action needed to be taken to ensure 3's safety. As I felt that this needed to be discussed with relevant different agencies as a matter of urgency, I requested a multi-disciplinary meeting to be arranged as soon as possible. I did not feel

supported by the local authority or management at this point. I felt helpless and frustrated that these concerns were not being acted upon and decided to take control and organise a multi-disciplinary meeting myself. This allowed me to gain some control over the situation and enabled me to feel empowered.

The Social Services and Well Being Act (Wales), 2014 imposes a duty on relevant partners if it suspects that an adult is an adult at risk. Under Section 126 (2) of the act, the local authority has a duty to make enquiries where there is reasonable suspicion that an adult is 'at risk' of abuse. If the abuse is reported, there is a duty to make further enquiries. This will involve multi-agency collaboration and response to safeguard the individual or persons considered to be 'at risk'. Besides the enquiries I had made with 3 and community support workers, no further enquiries had been made. I felt let down by the process and also overwhelmed, that if 3 continued to be financially abused then the sole responsibility would fall on me.

A number of different agencies attended the meeting and the concerns shared by all were discussed at length. Further to this, additional information was shared that £1,000 had been withdrawn from 3's bank account over three days, over £300 at a time. Due to the severity of the case and the large amounts of money that had been withdrawn making 3 a victim of financial abuse, the information was shared urgently with the Vulnerable Adult's Police Officer. I was unable to do this previously, as the information was not known. A plan was formulated jointly with the police, that we would try and establish whether 3 was aware of the large amounts of money withdrawn from her bank account and further action would be dependant on her response. It was decided that it would be best if I addressed this with 3, as introducing the police may make her feel scared and overwhelmed.

I visited 3's home address again and questioned her about the large money withdrawals. 3 appeared visibly shocked and upset when I spoke of this. Surprisingly following her reaction, 3 stated that she was aware that a large amount of money had been withdrawn but only on one occasion. 3 stated that it was the bank manager that had taken money from her bank account and was adamant of this. At this point, it was difficult to ascertain whether the accusation was a delusional belief, or 3 attempting to rationalise the information. 3 was adamant that it was not the taxi drivers who had withdrawn the money as she protested that they 'look after' her.

I wanted to encourage 3 to feel and suggested phoning the police to inform them. However, following this suggestion 3 began shouting and became verbally abusive and distressed. 3 stated that it was none of my business and that 'every time I make a new friend, social services ruin it for me'. This statement alone highlighted 3's vulnerability and that she has been a victim of abuse in the past. I asked 3 to take some time and to think about phoning the police, however she was very reluctant to do so and declined.

I feel all was done in the first instance to keep 3 safe as well as respecting her decisions and maintaining her independence. However, the initial stages of the

process seemed lengthy. The feeling of helplessness that I possessed at that time is something that is still prominent when reflecting on this case. Due to 3 having capacity, no clear evidence of the abuse and her unwillingness to identify the perpetrator, no further actions were able to take place regarding this case. Again, I felt let down by the Safeguarding system as I feel that the length of time the process took greatly impacted 3.

Step 3: Evaluation

Reflecting on this case enabled me to highlight the positive as well as the negative aspects of the process. The positive aspects of this case were that we were able to utilise the limited services that were available in a rural area to provide extensive support to 3 during the process. However, I unfortunately feel that the negative elements are the main focus. One of the main negatives is that the safeguarding procedure was a lengthy one, which was not fully beneficial to 3. Following the safeguarding referral, there was a lack of communication and follow up from the local authority. I feel that this was because 3 was known to mental health services and she was being stigmatised because of this. They were not looking at her situation holistically, merely focusing on the diagnosis and not the person.

Services came together to support 3 in the community and this was beneficial. It was important for me to keep a distance from the service that 3 was engaging with, as I did not want the process to affect her positive working relationship with them. The support that she was receiving was crucial in maintaining her in her own property and avoiding deterioration in mental state. Again, I feel that the process following the completion of the safeguarding referral did not go as well as I had hoped. Although the safeguarding meeting with numerous professionals went well and vital information was shared, I was frustrated that this information had not come to my attention sooner. If it had, it may have guided my practice further and the outcome would have been different. To the situation, I feel I contributed my professional skills in managing the risk and fully involving 3 in all aspects, although 3 would become verbally aggressive when her statements were challenged. I tried to explain to 3 the purpose of this, however she may have felt that I was interrogating her rather than asking questions to determine the level of risk. This is partly due to the short time I had been working with 3 beforehand and her feelings of abandonment by the community mental health team in the past, which has had an impact on her.

Step 4: Conclusions

This could have been a more positive experience for 3 if a solid working relationship between her and myself could have been developed prior to the safeguarding procedure. This may have guided me in being able to discuss the difficult situation and accusations with 3 in a more effective manner. I feel I may have pressured 3 at times due to the severity of the situation and the risk it was placing 3 in and feel I should have been more patient rather than asking questions. However, this was also difficult to do, as 3 did not identify that she was being financially abused and was very reluctant to share information. I do not feel that 3 benefited from this process,

as it made her suspicious of the service, which ultimately led to a deterioration in mental state and later hospital admission under the MHA. It can be argued that a contributing factor to this was the stress of the enquiries that were conducted by myself which further affected her engagement with the service.

Policies clearly state that a concern is classed as a suspicion or allegation of abuse and should be raised with the local authority, regardless of evidence. However, in 3's case this was done with minimal action following the referral. I feel I was not supported enough by management in regards to my concerns and that the referral was not acted upon appropriately. This contributed to my concerns, frustrations and feelings of helplessness that the local authority was not acting in accordance to safeguarding policies and procedures.

Step 5: Action

In order to deal with a similar situation in the future in an affective and timely way, further clarification is needed regarding safeguarding referrals and the appropriate procedures and this should be addressed by managers to further inform the team. The battle between departments and whether 3 fit a specific criterion due to the label or diagnosis that she possessed prolonged the safeguarding process, which ultimately led to the outcome being of no action. I felt that I personally had to manage a lot of the concerns raised independently, with no support or guidance from management.

Following the multi-disciplinary meeting I was able to share the outcome with 3's niece, which I had found contact information for. The niece stated that she had been supporting 3 in the community and visiting the property weekly. She also stated that she was concerned for 3's welfare as the home was cold and there was no food there. I informed her of the team's concerns and that 3 was refusing to engage with the service. The niece feedback that she had a 3's finances with her and that 3 had had given consent for her to manage them on her behalf. This action plan ensured that 3 had money to pay for her utility bills, which she was unable to do previously. The niece also set up a daily 'meals on wheels' delivery and ensured that 3 had enough food and essentials in the home. This prevented 3 from sharing her bankcard and pin number with others and reduced the risk of 3 being further financially abused.

The niece played an active role in the safeguarding procedures, as 3 would not have agreed to these steps if professionals had suggested these. It is evident that 3 trusts her niece and values her support and therefore was happy for her to take the lead. Therefore, the safeguarding actions were ultimately completed by 3's niece, rather than as an outcome of the local authority Safeguarding referral.

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Section 5

Safeguarding

*Guidance: Social Care Wales require newly qualified social workers to provide evidence of their understanding of safeguarding work with adults **and** children. The assignment below will enable you to show this. **N.B.** if your normal area of work is with children please write about adult safeguarding. If you normally work with adults then write about child safeguarding.*

In an area **that is not your main focus of work** (see guidance above), 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)

The procedures for safeguarding children in Wales have changed significantly following the implementation of new legislation. The Children Act, 1989 continues to apply to both England and Wales, however Part 3 of this Act which relates to support for children and families provided by local authorities, including 'children in need' has now been replaced in Wales by Part 6 of the Social Services and Wellbeing (Wales) Act, 2014. Part 7 of the act focuses on safeguarding children and highlights what should be done if there are concerns.

Key principles that continue to be covered by the Children Act, 1989 in Wales include the local authority's duty to consider whether action should be taken to safeguard a child or promote their welfare, as well as when to initiate care proceedings.

Under the Social Services and Well-being (Wales) Act, 2014, Section 130 (Part 7) clearly states that if a 'relevant partner of a local authority has reasonable cause to suspect that a child is a child at risk and is within the authority's area', then they must inform the local authority of this fact.

The Act describes a 'child at risk' as a child who:

- Is experiencing or is at risk of abuse, neglect or other kinds of harm, and
- Has needs for care and support

Therefore, any concerns that any individual or professional may have regarding the welfare of a child must be brought to the local authority's attention via the appropriate local authority children's social care service.

When a child has been reported under Section 130 of the Act, the local authority Social Worker will gather information as part of an assessment of the child's needs. If there are concerns that a child may be suffering, or is likely to suffer significant harm, then the local authority is required by Section 47 of the Children Act, 1989 to make further enquires. This would be a multi agency enquiry and assessment to

enable agencies to determine whether they should take any further action to safeguard the child or promote the child's welfare.

However, any decision to conduct such an enquiry and assessment must be taken following a Strategy Meeting. A Section 47 enquiry must always commence immediately following a Strategy Meeting when:

- There is reasonable cause to suspect a child is suffering, or likely to suffer significant harm from physical, sexual, emotional abuse or neglect
- Following an Emergency Protection Order of the use of Police Powers of protection is initiated

(Children Act, 1989)

The responsibility for undertaking a Section 47 enquiry lies with the Children's Social Care Services in the area the child lives or has been found. The term 'found' is that of the physical location where the child has suffered, or is identified as likely to suffer, harm or neglect such as the home address, nursery or school etc.

Where there is a risk to the life of a child or the possibility of immediate harm, an agency with statutory child protection powers should act quickly to secure the safety of the child.

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)

It is clear that the needs of children and adults are different. However, in regards to the safeguarding procedures, the same importance should be placed on both, which currently is not evident.

The safeguarding procedures for both adults and children are now highlighted in one piece of legislations following the implementation of the Social Services & Well-being (Wales) Act, 2014, which is a positive change. However the processes, specifically for adults are unclear.

The Act reinforces existing safeguarding arrangements for children and has introduced a duty to report to the local authority any 'child at risk'. It has also introduced new powers regarding the safeguarding of adults; however the efficiency of these is debatable.

Local authorities are now required to investigate where they suspect that an adult with care and support needs is at risk of abuse or neglect and take action where appropriate. The Act also states that abuse or neglect can trigger 'eligibility' and support services can be provided when deemed necessary to protect people from abuse or neglect. Therefore, individuals who are considered to be at risk are legally eligible for care and support which is positive.

Regarding children, the Act places a duty on all to inform the local authority if there is 'reasonable cause to suspect' that a child is at risk. However, the same emphasis is not placed on adults, as the Act only identifies the safeguarding procedures if the 'local authority has reasonable cause to suspect' that an adult is at risk. This highlights the difference between adult and children safeguarding concerns and that it do not appear to hold the same importance.

We are aware that matters differ in regards to adult safeguarding concerns, as there are often more complexities involved such as issues regarding capacity. However, this does not mean that the process of safeguarding adults should be deemed as less important or unclear than those relating to safeguarding children.

The implementation of the Act has not provided new powers to intervene if an adult is found to be 'at risk'. It actually repeals the one possible option that exists, which was the power of removal under the National Assistance Act, 1948 (Section 47).

Specific time schedules regarding safeguarding children are not present in the

matter of safeguarding adults. The processes of safeguarding adults often appear ambiguous and do not hold the same precedence as that of children. Therefore, the processes and implications of safeguarding adults who are deemed to be 'at risk' remain unclear, even though all the information is now in one legislation.

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)

To support me in reflecting on my development throughout this portfolio, I will use Rolfe et al.'s (2001) reflective model. This guided me in being able to fully reflect on the outcomes that I have achieved throughout this process and future learning needs.

What?

I have had numerous opportunities to develop my professional practice further since starting in the community mental health team. I feel I have established my role, as a professional within the team and amongst other services, however undoubtedly there is still a long way to go. I actively sought training opportunities to further develop my knowledge and skills within the team, however availability of relevant training has often been scarce. My knowledge of the Mental Health (Wales) Measure, 2010 and its processes have expanded significantly since starting with the team. This has been an important learning outcome for me as the Measure is core to the structure and framework of the team and guides its services delivery. Attending a four-day workshop on the Social Services and Well Being (Wales) Act, 2014 highlighted to me the importance of incorporating this piece of legislation, as well as the Measure in to my practice. The ethos of both the Measure and the Act are similar and focuses on personalisation, independence and meeting the care and support needs of service users, families and carers. Further research of the Act has enabled me to expand my understanding and knowledge of the Act.

I attended a two-day training course on 'Collaborative Communication', which I feel supported me to develop these skills further, and how to affectively communicate with individuals. This training also gave me further knowledge on 'Active listening skills' and the importance of this when working with individuals who suffer from a mental illness. This has also aided me when completing Care and Treatment Plan's (CTP) with individuals. I feel the benefits of attending this training has been highlighted in the feedback I received from a service user which is documented in this portfolio, as well as other feedback received from individuals and professionals. It has also supported me in managing risk when assessing individuals who often feel

low, hopeless and suicidal. By breaking down what is said at these times and personalising my response to the individual and their needs, I feel I am able to connect with them on a different level in order to determine the presenting risk and the intent. This has been vital in developing my confidence and professional judgement. Opportunities of being placed on the Duty rota dealing with immediate crises has also enabled me to develop these further.

My analytical skills have developed following completing assessments and Mental Health Tribunal hearings. Completing funding applications has also enabled me to incorporate these skills further in to the process. This has been a positive, although at times daunting experience which has contributed to improving confidence in my practice and in working with other professionals. I have benefited from team support and this has led me to utilise informal supervision opportunities with various peers. My skills of working collaboratively with others have also developed, as my care co-ordinating role relies heavily on working with different professionals and organisations.

So what?

I feel I have been treated as a valued team member and the shift from student to qualified Social Worker has been a positive one, although difficult at times. Receiving feedback from the service user following formulating a CTP, was very positive and I was happy with the outcome of the session, as it was a particularly complex case. It has also increased my confidence in my practice and the effective way I am able to communicate with service users and others.

I do feel I would have benefitted from further training regarding the Mental Capacity Act (2005) as well as specific training regarding safeguarding adults with a mental health illness. Although this was identified as a learning need during formal supervision with my manager, work demand and time pressures prevented me from exploring these further.

I would have also benefited from further time shadowing different professionals within the team completing assessments and their different perspectives. Some opportunities of observing Mental Health Act assessments were available, however they were not as frequently available as I had hoped. Again this was due to other work demands and time pressures.

Now What?

Future learning outcomes have been identified in developing my skills and knowledge within the mental health field. I plan on attending training regarding the Mental Capacity Act (2005) and the Deprivation of Liberty safeguards to further expand my knowledge on this legislation and the implications. This will also further my assessment and analytical skills.

I also plan on completing the Approved Mental Health Professional training which will expand my working knowledge of the Mental Health Act (1983), the legal frameworks and demands and the formal assessment process.

Following this I aim to enrol on the Best Interest Assessor training programme to further my knowledge regarding an individual's capacity and the process and structure of this assessment. This will also further my knowledge on the procedures of the Deprivation of Liberty safeguarding process.

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

Consolidation workshop	Date Attended
1 Outline of Programme	03.05.2017
2 Collaborating and Coproduction	28.06.2017
3 Safeguarding	21.09.2017
4 Personal Development Planning	22.02.2018

Notes

The fourth workshop date differs to the cohort 9 date for my area of practice and Local Authority as I was unable to attend due to other training commitments. A one to one session was arranged with my tutor to discuss the contents and this took place on the 22.02.2018.

Mentor's comments
Please comment fully on the learner's development over the duration of the whole programme. Reflect on information provided by the learner in section 2 at the outset of the programme and the later perspective given at section 6. Where you have seen or discussed feedback from individuals using services, families or carers, you are encouraged to comment on this with regard to the learner's development.

Sioned was known to the Mental Health Team as a trainee/student prior to qualifying. She was keen to pursue a career in the field of mental health and, when one became available, eagerly took up a post in the team.

The Ynys Mon Mental Health Service works and delivers a service within the framework of the Mental Health (Wales) Measure 2010, and being cognizant of the Social Services and Well-being (Wales) Act 2014

By its nature, it has afforded Sioned the experience of working in a multi-disciplinary team (of nurses, social workers, doctors, psychologists, occupational therapists) holding a demanding caseload with complex mental health cases, involving families and carers, and having to negotiate and collaborate with other agencies, services and disciplines.

This has proved challenging at times and Sioned has risen to the task, gaining confidence along the way.

She has wanted to enhance her practice and personal development both within the CPEL framework and embarking on training to become an Approved Mental Health Professional under the Mental Health Act 1983 (amended 2007).

Part way through the three years personal commitments reduced some of Sioned's work time but she has worked hard to meet CPEL requirements.

Sioned has been a willing and supportive member of the team, actively engaging in all aspects of its service provision and applying herself enthusiastically.

Report writing, Care and treatment planning, risk assessment and formulation have all demonstrated Sioned's communication and analytical skills, showing them to be purposeful and relevant to the task.

Throughout, Sioned has taken up training, both required and of her choosing, and sees this as a means of being more effective in her role and enhancing her practice competence. Equally with supervision, both formal and informal.

For the future, Sioned continues to have plans to improve her practice with opportunities for further skills learning and other qualifications such as becoming a best interest assessor.

Having completed her CPEL Sioned will need to devote her energy to becoming an Approved Mental Health Professional, for which the discipline of the CPEL will have been a valuable foundation.

Anne St. Paul
Team Manager.
14.3.18

Section 7

Bibliography

Information about referencing in written assignments and how to avoid plagiarism can be found on Moodle. It is important that you are aware of the importance of ensuring that the work submitted is your original work.

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Section 8

Learner details, Signatures and Line manager verification

It is the learner's responsibility to ensure that their university learner number is correctly inserted wherever requested within the portfolio

Learner Details

(NB it is essential that you inform your Workforce Development/Training Unit **and** the University of Wales Trinity Saint David if your name or your address for correspondence changes).

1. Name of Learner: Sioned Ypres Vaughan Jones

2. Learner's University Number: 1604946

Address for Correspondence:

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Telephone: 07794396044

E-mail: sioned_jones89@hotmail.com

Date of Professional Qualification: 01/12/2015

Date of registration with Social Care Wales: 14/01/2016

3. Name of Learner's Agency:

Agency Contact details: Community Mental Health Team

Name: Anne StPaul

Address: Ysbyty Cefni, Llangefni, Ynys Mon, LL77 7PP

Telephone Number: 01248 363475

E-Mail address: AnneSt.Paul@ynysmon.gov.uk

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

Welsh only ☐

Welsh and English ☐

English only ☒

Mentor's details

5. Mentor's details:

Name: Anne St.Paul

Address: Ysbyty Cefni, Llangefni, Ynys Mon, LL77 7PP

Telephone Number: 01248 363 475

E-Mail address: AnneSt.Paul@ynysmon.gov.uk

6. Observer details

Name: Anne St.Paul

Work Address: Ysbyty Cefni, Llangefni, Ynys Mon, LL77 7PP

Professional Qualification and date of qualification: DipPSW & CASW 1978

Email and telephone number: 01248 363 475 AnneSt.Paul@ynysmon.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: 14.03.2018

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: 14.03.2018

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: ANNE STPAUL

SIGNATURE OF LINE MANAGER.: Anne St Paul

DATE: 14.03.2018

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	Sioned Ypres Vaughan Jones
Name of Team/Agency	Community Mental Health Team
Name of Mentor	Anne StPaul
Name of Line Manager	Anne StPaul

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

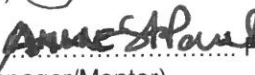
Learners are expected to complete the Graduate Certificate and will normally submit their portfolio within 12 months of attending induction to the programme. Any Learner anticipating any difficulty in meeting this requirement should immediately discuss the matter with their Training Manager/Co-Ordinator

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: Sioned Ypres Vaughan Clark Date: 10.05.2017
(Learner)

Signed:  Print Name: Anne StPaul Date: 10.05.2017
(Line Manager/Mentor)

Signed:..... Print Name:..... Date:.....
(Mentor, if different to above)

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