

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

**LEARNER PORTFOLIO
(PORTH AGORED and UWTSD)**

Learner's name: Beckie Thomas

Learner's University Registration Number: 160296

**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 Care Council for 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 individuals who are using services, their families and 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)

During my time at XXXX local authority in my role as a social worker for the Assessment and Intervention team I have completed my induction. Due to my early start with the team prior to my registration being completed I spent a significant amount of time shadowing experienced members of staff. This I believe helped me to gain the confidence as to what was expected of me in my role. It allowed me to experience good working practices and develop my own skills with guidance, to ensure that I had the confidence and ability to successfully complete my work with children and families. I felt that it was vital that I portrayed myself to families as confident and knowledgeable, which would hopefully allow them to feel that I could offer them the best service for their needs.

Initially I was given more low risk cases however as all social workers are aware a family's needs can change very quickly. I was encouraged by my manager, supervisor, and colleagues to seek informal supervision regularly. Which I found incredibly helpful and soon began to realise that this was part of our team's ethos. This continual informal supervision and discussion encouraged staff to continually reflect on their practice thus gaining knowledge and understanding from more experienced staff that may have worked in similar situations.

Through initial training that I received I understood that the implementation of the Social Services and Well-being (Wales) Act 2014 would require very significant changes in the way services are planned and delivered. My practice needed to ensure that the emphasis was on co-production – families and professionals sharing power, working together as equal partners and seeing people as assets. This would involve multi agency working and co-operation.

As I had completed my placements with the same local authority I had developed relationships with other professionals prior to my qualification and felt this was helpful when working with others. However, I understood that some professionals may view me in a different light to others. There was the possibility that they could still view me as a student. I combatted this by ensuring that I was always well prepared and confident, that I had answers to any issues that

may arise as much as was possible. I also had learnt during my placement that other professionals will have different viewpoints to me and that their views were no more or less important than mine, only different due to their training and professional role.

As my time in the team grew so did my case load and the expectations that I would manage increasingly more complex cases. I discussed through supervision my interest in new cases. During supervision, I was challenged to continuously reflect on my practice, methods and what theories were the basis for my decisions. This ensured that my practice was based on theory and that my interventions were always appropriate. I was encouraged to access training to gain further knowledge and skills. I have been continuously challenged during my time in my current team and have enjoyed the challenges. I firmly believe that by building my case load and experiences at a manageable pace I will become a capable resilient social worker in the future.

Word Count 536.

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: 21/9/17 _____

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)

The Social Services and Well-Being (Wales) Act was implemented from April 2016. The Act fundamentally changed the way social services work. Wellbeing underpins the whole system, linking through to the role that early intervention and prevention can play in promoting wellbeing, to how people can be empowered by information, advice and assistance. People will be able to get information, advice and assistance about different kinds of care and support when they need some extra help to carry on leading their lives. This service will be tailored to be more accessible and user-friendly for children and young people. (Drakeford, 2015).

I knew that I had to be make the visit as accessible as possible from the initial visit. I was aware from reading through the case notes that the family were Welsh but their first language was English. They lived in an urban area of the county and had good access to services. However as is recognised that we live in Wales and it is part of my daily practice to ensure that I offer the family the opportunity to communicate with me however they feel most comfortable. An 'Active Offer' simply means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language (Welsh Language Policy Unit, nd). I wanted to ensure that the family was as comfortable as possible and understood that people will always return to their first language to describe feelings and emotions. This was the initial visit to complete a Comprehensive Assessment. After reading the case notes I felt prepared to call the family. I felt that this would be a good opportunity to complete my observed practice. I approached my observer and after a discussion with observer it was agreed. I contacted the family and after a brief discussion I broached the subject of my manager attending the assessment with me, the family agreed to this.

Word count 323.

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 service user, families and/or carer. 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)

During my time in my journey to become a social worker I have learnt many skills that I feel are vital for my role with children and families. Good communication as a social worker requires the expertise to be both sensitive and understanding of the situation in order to build a rapport with the family members (Trevithick, 2005). The most important I believe is active listening. Active listening uses a combination of talking and listening skills to make the family member feel you understand their situation, and encourages them to place trust in the social worker (Cournoyer, 2011). Active listening is a way of listening and responding to another person that improves mutual understanding. Often when people talk to each other, they don't listen attentively. They are often distracted, half listening, half thinking about something else. When people are engaged in a conflict, they are often busy formulating a response to what is being said.

Active listening is a structured form of listening and responding that focuses the attention on the speaker. The listener must take care to attend to the speaker fully, and then repeats, in the listeners own words, what he or she thinks the speaker has said. Active listening has several benefits, it encourages people to listen attentively to others, it helps to avoid misunderstandings, as people have to confirm that they understand what another person has said and it can help to get people to open up (Trevethick, 2005)

Effective listening also involves paying attention to how I react as the person is speaking. This means avoiding giving signs that I agree or disagree with something a person has said. It is imperative that the person that you are working with does not feel judged by you, and body language and facial expressions can convey more than words (Griffith, 2010).

Language is an important issue that I am very conscious of when working with children and families. The language that I use is vital as language can make a person feel included or isolated. Eagleson (1990) stated that clear, straightforward expression, using only as many words as are necessary. Plain language means choosing a short word even if you know a long word that means the same thing. Plain language combines short words in short sentences that readers can easily follow. Plain language means avoiding acronyms. I also need to think of how the language that I use is heard and that communication between adults and young people is different.

Children and young people are competent and capable and will have a good understanding of their situation. They are vital in completing a thorough assessment with a family. Their wishes and feelings should be kept as paramount throughout the assessment process. With the right information children and young people can make informed decisions but they need time and explanations about what is happening and why. By providing as much information as possible so that children and young people can contribute meaningfully.

I have developed my communication skills, and have experimented with differing approaches in communicating with children of different ages and backgrounds. I try to use skills that show I am listening, I am interested and show empathetic concern (Hatton & Partridge,2016).

I believe that the person is the expert in their situation and that with the right support and guidance positive changes can be made for families. Carl Rogers person-centred theory suggests that we approach a family member first and foremost as a human being of infinite value, worth and potential. That as a Social Worker should not seek first not to fix them but to understand and accept them. In this context a social worker will listen actively to what the service user says in order ascertain what life is like for the person (Social Work Resources, nd). When applying person centred theory in social work practice the start point is the equal value and worth of all human beings. This I was aware may be difficult as I had knowledge of the family history and did not want to assign blame to one family member for the current situation. However, I put my personal feelings aside and I was able to understand how the family had arrived at this point. It was circumstance that had created the situation for the family, plus a person's behaviour that had created the incident that had ensured that the family became involved with Children's Services.

A person centred perspective is not simply a technique, but a genuine held belief. It can only be done well when you are sure you do separate people from their behaviour. A core belief in social work is that people can change. The social work code of practice states that Social Workers should respect the rights of individuals while seeking to ensure that their behaviour does not harm themselves or other people. This was particularly appropriate to this family as one family member's behaviour was having a direct effect on others, and should this continue this would be detrimental to their well-being. I knew that I needed to be honest with this family about my role for them and share the process of my work so they were clear of the outcomes that they could face in the future. I needed to convey this without coming across as threatening or aggressive, but as open as I could be. The Code of Practice also states that I should strive to establish and maintain the trust and confidence of individuals and carers. I believe that by being open with families and by treating them with respect and equal worth this will communicate empathy, and most people will be grateful for the honest approach.

The Code of Practice states that as a social worker I must be accountable for the quality of my work, and strive to establish and maintain the trust and confidence of individuals and carers. I felt that by doing research on the family prior to meeting them the family knew that I had a genuine interest in trying to help them to make positive changes within the family. I knew that the issue of substance misuse was a sensitive subject to broach with the family but by having a good knowledge of the family history. It allowed the family to discuss the family situation without having to go through their family history in detail which could be upsetting or traumatic. I was able to access my organisational systems case notes to read accurate information. This will also be how I will record the work that we will do together. It will be recorded in a way that distinguishes fact from opinion, it will be transparent and respects the views of those with whom I was working with. Records should be evidence-based, accessible and understandable to others. Poor case recording is often cited in cases where there have been poor outcomes (scie,2010).

The family live in an urban area of the county and would be able to access most services that the family may require. According to recent statistics from the World Health Organization (WHO), more than 50% of the world's population lives in an urban area, but this is predicted to

grow to 70% by the year 2050. With such densely populated areas, urban environments are more likely to experience large disparities in socioeconomic status, higher rates of violent crimes, and increased presence of marginalised populations. Urban communities are also associated with higher prevalence of psychological stressors that are the direct result of increased density in cities. I knew from reading case files that the family's first language was English, this made the assessment process easier as the family will be able to discuss their wishes and feelings with me in their primary language. Hardy (2017) states that it is well documented communication and sensitivity to other people's needs are fundamental to good social work practice. Considering the language needs of the families you work with is vital. The framework for the Welsh language in health and social care, More Than Just Words, recognises that, for many people, full participation in their care can only be achieved in their preferred language. The 'Active Offer' principle means that the onus is on service providers in Wales to provide Welsh medium services, rather than individuals having to ask for them. Indeed, people who use services often lack the confidence to proactively request Welsh medium services as they do not want to be perceived as a "nuisance", "demanding", or even as an "extremist" (Care Council for Wales, 2014; Davies, 2014; Beaufort Research Ltd, 2014).

Word Count 1430

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?	Beckie was on time
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes Yes
Were you clear why the social worker met with you today?	Yes, explained via telephone and again today during the visit.
How well prepared do you think, the social worker was for his or her meeting with you?	Read up on case knew what questions to ask.
How has the social worker listened to you and respected your views and wishes?	Beckie listened and was approachable.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Yes Yes

How has the social worker's involvement met your expectations for this visit?	Mother felt that Beckie may be nosey, but previous Social Worker was approachable. Beckie has met with expectations.
Are there any other comments or suggestions that you would like to make?	Young person asked how long Beckie would be involved.

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)

1 is the 13-18-year-old daughter of 2 and lives with 2 and her partner 3. The family live in a rural area of the county. The family moved to the county a few years ago they were previously from Europe. The family have a European language as their primary language, however they all speak English well and chose to have their assessment done in this language. 2 and 3 are struggling to keep 1 safe as her self-harming behaviours are escalating due to low mood.

The case initially came from our Initial Safeguarding Team (IST) Child 1, she had been admitted onto The Children's ward at the local hospital following taking an overdose. She had disclosed to a teacher that she had done this and was hospitalised shortly after.

The referral came from the hospital as staff there were concerned that Mother 2 and step Father 3 had not been acting appropriately towards 1 and 2 had been heard to say things like 'this is my day off and you've ruined it'. The colleague from IST felt that it was important that the child was seen that day. However, due to the duty worker having to prioritise tasks this may not have been possible. It was not a section 47 investigation (Childrens Act 1989). As it was deemed that the child was in a safe place and therefore a visit was not needed that day. It was then agreed by managers that I would visit due to having capacity.

I had limited information on the case prior to attending the Children's ward as IST had not received the written referral from the Children and Adolescent Mental Health Team (CAMHS). The CAMHS worker stated that he was particularly concerned for 1 and described her as at a 'high risk' for ongoing self-harm. She had tried to harm herself earlier in the year and had a particularly difficult relationship with 2 and 3. 1 described 2 and 3 as being punitive and challenging and uncaring of her mental health, she claimed that they would send her to her room and take away her phone as punishment for her self-harming behaviour. 1 informed the worker that when she was feeling low she needed support, and being alone in her room did not offer this. Especially if she did not have a phone with her to access social media and her circle of friends. The American Academy of Paediatrics has warned about the potential for negative effects of social media in young kids and teens, including cyber-bullying and "Facebook depression." (Walton, 2017). However, a new study from the Pew Research Centre has found that Social media is also helping people expand their social interaction. According to research, those who use the Internet frequently are much more likely to confide in someone (Reisinger, 2009). 1

was felt more isolated and 2 and 3 did not appear to understand the importance of her accessing social media. The initial thought was that 1 could not go home.

The CAMHS worker asked what support the local Authority (LA) could offer 1. We discussed parents' attitude to the child and were told that they were unsupportive again stating that they had been unemotional when the worker had spoken to them. The worker felt that 2 and 3 could communicate and understand their discussions. The worker felt that this may be a cultural difference and confirmed that the family were from Europe. People are extremely protective about their culture and religious beliefs. Most families have a belief system, but where that's harmful or destructive to children we need to deal with it and expose it (Dioum, nd). Social workers involved with families from ethnic minorities can be 'bamboozled by some of their customs' (Carson, 2011). Mor Dioum director of the Victoria Climbié Foundation suggests that Social workers are afraid of being labelled as racist. In a multicultural society, social workers are expected to recognise diversity in their practice and actively tackle oppression. Respect for diversity is a well-established tenet of social work practice, and its inclusion within the Code of Professional Practice (COPP, 2015) article 4.

The families cultural background was additional information to me. I confirmed that Children's Services were unaware of 1's attempted harm, and that the parents were from Europe. I confirmed that the LA would need to assess the family although this could not be done today due to the time. I shared the constraints of finding a foster placement and it was agreed by the worker that 1 would be best staying on the ward until Monday when a translator could be booked to gather information for an accurate assessment to be completed of the family to identify their needs. The CAMHS worker and I agreed that this was the best decision for the child.

Up to this point I had not yet met with 1 but was aware of the relevant legislation and safeguarding procedures that are central to child protection. The Childrens Act 1989/04 section 47 states it is the Local authority's responsibility to make 'such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare'. This ensured that I would be completing a comprehensive assessment with the family as 1 was currently in a place of safety (Childrens Act 89/04).

In the Social Services and Well-Being (Wales) Act 2014 (SSWBA, 2014) Section 21 states: 'That it is the local authority Duty to assess the needs of a child for care and support'.

1 had shared concerns about returning home to the care of 2 and 3. The concerns were that they may have further detrimental effects on her mental health and that she had a history of self-harm that had been escalated in concerns over the last year.

Section 37 of the SSWBA states that a local authority must meet a child's needs for care and support if the needs meet the eligibility criteria, it was felt by the CAMHS worker and myself that 1 may be at risk of ongoing harm (Childrens Act, 89/04). Clearly it was essential that the family have an assessment of their needs completed and that in the short term 1 was at risk of harm from herself and possible ongoing emotional harm (Childrens Act, 89/04) from 2 and 3.

Section 75 of the Childrens Act 89/04 states that it is the general duty of local authority to secure sufficient accommodation for looked after children and must take steps that secure, so far as reasonably practicable, that the local authority is able to provide the children with accommodation that meets the needs of those children. As there were no relatives or other appropriate adults who

could care for 1, circumstances are such that it would be consistent for 1's well-being for her to be provided with accommodation within the authority's area.

However, the issue at this pivotal point was that it was incredibly difficult to find a foster placement for teenagers and this is further compacted by teenagers with mental health issues. I knew at that time that two of my colleagues were also seeking foster placements that day for an emergency placement and were unsuccessful. I was also aware of the time of day, it was 4pm on a Friday afternoon, I knew that most services would be finishing for the weekend within the hour. This made it increasingly difficult to ascertain what services, if any would be available to 1 that evening.

After discussing the situation for 1 with medical staff and the CAMHS worker it was agreed that under normal circumstances a hospital bed is not seen as a place of safety. However, due to the current situation I secured an agreement that although 1 was deemed to be medically and psychologically fit for discharge at that time, she could remain on the ward for the weekend to ensure that her mental health did not deteriorate. This was a good example of co working and all professionals were acting appropriately and working together to ensure that 1's well-being was paramount. (Childrens Act, 1989/04)

I was able to reflect on all ways that this could have ended for 1 and advocate for her to get the best outcome for the family. I weighed up the risks between remaining in hospital and returning home. This could have ended differently should the medical professionals have disagreed with the decision to allow 1 to stay on the ward. CAMHS would have had to agree that mother could keep the child safe and that home was an appropriate place for 1 to be. This would place the responsibility for 1's well-being solely with CAMHS. Emergency Duty Team (EDT) would have been made aware of the situation and may have been asked to complete random welfare visits.

2 could also have refused to have 1 discharged to her care and as there are no close family members available a placement would need to have been found for 1. This may have been a foster placement or it could have been a hotel room with 2 social workers present. However, this would not be able to monitor 1 in an acceptable manner to ensure that she does not try to self-harm again.

Another option is that 1 could have absconded from the hospital if she was faced with the prospect of returning home. This would have put her at an increased risk of further harm as her location may be unknown. She could face the possibility of having no place of safety to go to.

Once I gained agreement that 1 could stay on the ward the next issue was discussing the ongoing situation at home within the family unit. On meeting 1 and 2 I was aware that the family were a little reluctant to engage with Children's services. I was aware that the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1992) states under article 18 the family had a right that the local authority must respect the rights and responsibilities of parents to provide guidance and direction to their child as they grow up. However, article 12 states that every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, with all decisions including, housing decisions or the child's day-to-day home life. This needs to be balanced with article 3 placing the best interests of the child must be paramount in all decisions and actions that affect children.

I was aware that the family had moved to the UK 4 years earlier from Europe and that English was not their first language. More than Just Words (2014) is a strategic framework for Welsh language services in health and social services, it provides a systematic approach to improve services for those who need or choose to receive their care and support in Welsh. The aim of the framework is to ensure that organisations and practitioners recognise that language is an intrinsic part of care and support, and that people who need services in Welsh get offered them. This is called the 'Active Offer' and means moving the responsibility from the person to ask for services through the medium of Welsh, to the service which must ensure it provides them. I was fully aware that his service needs to be not only a vital service to Welsh speakers but other whose first language was not the same as my own. According to 2011 Census data, 4.2 million people, 7.7 percent speak another main language besides English (Costa, et al., 2015).

I was mindful that this family's primary language was not English. I needed to ensure that I was clearly understanding the families own views. Various studies have indicated how minority ethnic people have experienced negative consequences, when their language needs are not respected (O'Neale, 2000). As professionals we are often aware of the need to offer language choice to families that we work with as part of good practice, but we are not always able to understand and analyse that choice. This in turn will have an impact on practice and service delivery (Davies, 2010). We need to consider that although bilingual individuals appear to be in a position of choice in relation to which language to use, the choice may not always be a free choice or even a conscious choice for the individual, especially when one of those languages is considered a minority language. It needs to be appreciated that language choice for bilingual individuals, regardless of which languages these may be, is a very complex process. This involves much wider influencing factors than political or legal ones (Anon., 1993) or emotional ones and can be argued to have more to do with themes of communication and human behaviour.

In order to gain the beginnings of a professional relationship De Boar and Coady (2007) define 2 approaches as advantageous, the first of which is 'the soft and judicious use of power'. It is important to understand the balance of power in the relationship'. It could be possible that I would be faced with hostility, but as a professional it was essential that I did not bring any preconceived judgements that may have been gleaned from previous conversations or research. By adopting an open exchange model similar to Fooks (2016) rather than a procedural or dominant way of working and focussing on 1 and 2 strengths this helped to reduce the power imbalance in the relationship. The second approach involves a more humanistic attitude. By utilising a more down to earth style as opposed to a more professional style of working a comfortable relationship can be maintained and encouraged with the use of small talk and setting realistic targets and goals (De Boar & Coady, 2007).

On meeting 1 and 2 both spoke English very well and declined the offer of a translator. I confirmed that if there was anything that she did not understand and needed explaining in more details just to ask. Or if at any time she felt that a translator would be beneficial to request one. I believe that following this conversation 1 & 2 understood that I knew there would be issues with translation but I was able to discuss them with the family, to enable them to engage with me in the easiest way possible. I was also accepting of their wishes.

On the initial discussion with 2 it was clear that her cultural background was important to her and she wanted to ensure that 1 grew up with these values. Social service agencies and practitioners are continually challenged to provide services that are effective for, and reflective of, cultural and religious diversity. Ongoing research enables social workers and the public to better appreciate how institutions such as social work can strive to reduce racism; how social service organisations can promote cross-cultural understanding; and where barriers, such as discrimination and social exclusion, can be challenged to promote inclusive social service and social development processes (Graham, et al., 2010). 2 explained that she wanted 1 to adhere to her traditional values from her place of birth she described a lifestyle that 1 disagreed with. 1 felt that this was restrictive and did not fit in with her lifestyle now she had moved to this country. 1 felt it was unreasonable to expect her to adhere to 2 wishes which resulted in conflict between 1, 2 and 3. 2 and 3 believed that where they were residing was a rural area and they were worried that 1 may be affected by the area where she was to become embroiled with the local culture. 2 and 3 were concerned that due to lack of organised activities available for 1 she would start 'hanging out on street corners, getting into trouble'. 1 felt that 2 and 3 were too quick to make judgements on her friendship groups without having any justification for their concerns. I shared that to intervene in the family successfully I would need to ensure that both 1, 2 & 3 could understand the wishes and feelings of all the family members and not see their way as the only way but to be able to compromise.

There has been long-standing interest in the challenges and unique qualities of social work practice in rural and remote areas (Turbett, 2004). Ongoing research has examined how social dynamics influence practice in such communities, as well as stressing the realities of resource deficiency, namely professional isolation, limited access to supervision and professional development, fewer referral resources and reduced availability of professional expertise (Pugh, 2003). Accordingly, social work has frequently debated what is meant by a rural community (Zapf, 2001). Some definitions favour population, while others consider density (Bealer, et al., 1965) (Heyman & Vandenbos, 1989). Defining communities by size alone overlooks how different similarly sized communities can be; a single-industry town may have a tightly clustered community whereas a mostly farming district could be quite dispersed, while many larger communities can experience the pressures of relative isolation (Brownlee, 2005). Heyman and Vandenbos (1989) have suggested that we define rural as a large geographic area with dispersed, low-density populations and fewer social services than would be found in densely populated urban areas. 2 and 3 wanted 1 to join in organised activities in the evening however due to location there was limited availability for this.

Rural areas frequently experience a scarcity of specialised professional resources and clinical services which has implications for both the client and the worker. It has often been reported how rural clients have been required to travel long distances to receive specialised services and that the resulting costs in time and expense lead to a postponement of accessing services or a decreased use of the services, despite the need (Philo, et al., 2003). For the workers, the scarcity of professional resources in rural and remote areas naturally means smaller professional networks in the local community with reduced opportunities for supervision and mutual support from similar professionals (Kowalenko, et al., 2003). It was clear from speaking to the CAMHS professional prior to meeting the family that 1 was due to engage with their service, however due to waiting list this had not yet occurred. 1 had a history of self-harm and this most recent episode was not an isolated incident. 1 stated that she felt trapped and due

to her parent's boundaries felt that she was marginalised from her peers. This 1 claimed was what led her to low moods and incidents of self-harm. This would need to be addressed by CAMHS professionals and in subsequent visits with the family to try to address the day to day issues that the family were struggling to manage.

I was mindful that my practice needed to have theory to back any intervention that would support the family moving forward. This would provide them with the greatest chance of making successful and sustainable changes within the family. I could see that the family was a close loving family, however they were struggling to ensure that they were all aware of this.

According to attachment theory, the quality of present attachment relationships with the parents, as well as skills acquired in a secure attachment relationship since childhood, are key features in solving developmental issues linked to adolescence. This theory focuses on individual and relational developmental processes (Weinfield, et al., 2008) However, these studies have mostly dealt with the infancy period. Thus, little information exists on the role of attachment, its assessment, and clinical application for adolescent populations. In adolescence, the parent's double role of ensuring comfort and protection and promoting exploration is still present, but must be carried out according to the child's current needs. Adolescent attachment is the result of both the adolescent and parent's capacity to redefine their attachment relationship by taking into consideration the individuation process, that is, developmental changes at the social, cognitive, and emotional levels (Scharf & Mayseless, 2007). This redefinition is mainly achieved through parent-adolescent exchanges that include the communication of emotional states and related thoughts of each member of the dyad. Co-construction of such relationships represents a key element in maintaining or developing a secure attachment at this age (Bowlby, 1998). 1 was clearly ready to push her boundaries and 2 & 3 were struggling to allow this to happen.

A striking aspect of the individuation process is the adolescent's increasing need for distance from the parent. Time spent with the parent becomes less important, as physical proximity is no longer necessary to ensure protection and comfort (Larson, et al., 1996). Adolescents' trust in their parent's availability and accessibility in times of need are key features of a secure attachment during this period (Gamble & Roberts, 2005). Parents remain accessible through verbal exchanges but gradually encourage the adolescent's inner movement of exploration at a greater physical distance. This not only allows adolescents to internalise a secure representation of their attachment figure, which they can refer to in their absence, it also promotes exploration outside their relationship. Indeed, in addition to the development of new social relationships with peers and/or romantic partner's exploration extends the physical environment to include exploration of personal ideas and emotional states (Markiewicz D, 2006). Given the access to symbolic rather than physical parental presence, attachment during adolescence becomes an individual rather than a relational characteristic. In other words, attachment becomes a state of mind which guides adolescents' behaviour and thoughts, as well as stress regulation strategies (Allen, 2008). It appeared that 2 and 3 were struggling to allow 1 the freedom to grow and develop and allow her the opportunities to understand her own sense of self that would be age appropriate to her development. By being restrictive, possibly controlling this was causing a challenge in their relationship. It would be advantageous for the family to try to get them to discuss this in the future to understand both 1 and 2 and 3 perspectives of the situation.

I was aware that the family had become stuck, neither 1,2 or 3 where willing to accept compromise and all seeing their views and opinions as right. What I needed to do was to ensure that the family could see the other family members concerns and worries and try to make them understand that change could be a positive action for the entire family. Strength based practice in social work is a philosophy and way of viewing families as resourceful and resilient in the face of adversity. It is also considered a method of practice (Corcoran, 2015)(CoPP 1) (SSWBA,2014).

It was essential that I used the family members as a resource. I would guide the family to see that positive changes could be made, by listening to others perspective and be prepared to compromise to reach a resolution. I had to ensure that each family member could identify the strengths in each other and allow them to realise that this would allow them to identify their problems and solve them as a family (Hammond, nd). If we ask people to look for the deficits they will usually find them, and their view of the situation will be coloured by this. If we ask people to look for the successes, they will usually find them and their view will be coloured by this (Kral, 1989). This in turn would improve the quality of life for all family members and empower them to address their issues as a family in the future. Hammond and Zimmerman (nd) stated that when professionals act as experts on resolving the problems of families we deny and limit them with the opportunity to explore what strengths and capabilities they might have in the process of exploring, participating, control and learning. SSWBA, 2014 confirms co-production is essential to working with children and families.

I had to try to get 2 and 3 to understand that 1 was not the problem but could be the solution to the issues (Corcoran, 2015). If they could grasp that the issues could be caused by external factors. That in many ways we are all affected by cultural, social political and economic forces and that by considering these factors could contribute to the problems they face and address debilitating blame (McCaskey, 2008).

The strengths approach reminds us that it is not our role to change families that we work with, and that we do not need to be experts as to the answers or solutions to the problems of others. Strengths perspective provides professionals with a framework and tools that enable us to take up the challenge of learning in partnership with others. It invites us to be facilitators of change and reminds us that anything is possible. In many ways, it is as liberating to professionals as it is to families (Hammond, nd).

This was a small snapshot of the work that I began with the family. As is written in the Children Act 89/04 the comprehensive assessment completed, it was completed within the 42 day timescale as is procedure as stipulated within the All Wales Child Protection Procedures 2008 (Welsh Assembly Government, 2008). Following the completion of the assessment that confirmed that the child concerned was not suffering, nor was likely to suffer, significant harm (Childrens Act 89/04). It was felt that the family's needs were able to be managed with Care and Support meetings. The family engaged well, the meetings were held every 4-6 weeks. All professionals and family members took an active role in making decisions how the family could move forward together (SSWBA,2014). The co-production with the family built relationships, working together rather than feeling that they were being told what they needed, seeing the family as experts (SSWBA. 2014)

During my time with the family I managed to keep my own wishes and feelings as separate from the case. It can be difficult to do this when the case is challenging or has aspects that can be likened to your personal life. I feel that to be an effective Social Worker I need to remember that I am my greatest tool. That by being able to empathise and understand families from a non-judgmental background this is the way to make families begin to trust in the work that we will achieve together in the future.

Word count 4395.

Section 5

Safeguarding

*Guidance: The Care Council for 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)

Xxxxxx local authority has an Adult at risk threshold document that is open to all to explain the process involved in decisions about adults at risk of harm or being harmed. Threshold decisions are crucial in ensuring that members of the population who meet the definition of "vulnerable adult / Adult at Risk" are able to receive the assistance they need. XXXX local authority has on their intranet an operational guide to give staff a step by step guide to referring to Adult Services. The new Social Services and Well-Being (Wales) Act 2014 made some changes in regards to adult safeguarding. The term vulnerable adult has changed to Adult at risk (s 126 (1) this also contains a new definition of Adult at Risk.

The Social Services and Well-Being (Wales) Act 2014 also gives a new duty for all partners to report any adults at risk. (s128(1). The act states that if a relevant partner of a local authority has reasonable cause to suspect that a person is an adult at risk and appears to be within the Local Authority's area, it must inform the local authority of that fact. This in turn gives the Local Authority a new duty (s126(2) to make enquiries if it has reason to suspect that an adult is at risk it should make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken. The act also abolished section 47 of the National Assistance Act (1948) this was replaced with Social Services and Well-Being (Wales) Act 2014 (s129(2).

The North Wales Regional Safeguarding Board policies and procedures state that Local Authorities as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take action. Instead, authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Social Services and Well Being Act 2014, the Mental Capacity Act (2005) and consideration should be given to the application of the Mental Health Act (1983) where appropriate. The Aim of the Local Authorities Policy and Procedures is to prevent serious injury or even death of individuals who appear to be self-neglecting, by ensuring that adults are empowered as far as possible, to understand the implications of their actions. Local authorities must work in co-production, in a shared, multi-

agency understanding and recognition of the issues. They must ensure that there is effective multi-agency working and practice. They also need to ensure that concerns receive appropriate prioritisation (North Wales Safeguarding Board, 2016).

Word Count 452.

Reflect on the difference between safeguarding in adult and childrens work

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

Safeguarding is about protecting children and adults from abuse or neglect and educating those around them to recognise the signs and dangers. The Social Services and Well-being (Wales) Act 2014 introduces a strengthened, robust, and effective partnership approach to safeguarding. One of the most important principles of safeguarding is that it is everyone's responsibility. Each professional and organisation must do everything they can, to ensure that children and adults at risk are protected from abuse.

A National Independent Safeguarding Board was established to work with the safeguarding adults boards and safeguarding children boards across Wales. This will provide support and advice to safeguarding boards with a view to ensuring that they are effective report on the adequacy and effectiveness of arrangements to safeguard children and adults in Wales make recommendations to the Welsh Ministers as to how those arrangements could be improved.

The considered difference between Adult and child safeguarding is about consent. Adults have the right to refuse support and if it is deemed that they have capacity to do so their wishes and feelings must be respected. The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions

for themselves, or have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. (North Wales Microsite, 2009)

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. It is a professional's role to ensure that parents and carers are protecting children from maltreatment, preventing impairment of children's health and development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes. If this is not the case for a child or young person local authorities and associated professionals can intervene. Within Children's social care Professionals can ensure that Children's well-being and care is placed as paramount and can intervene with families. This can be against the wishes of the child and the parent or carer, however this can be dependent on the age and capacity of the young person (Charity Commissioner for England and Wales, 2014).

Word Count 399.

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)

During my time within my team I have grown to become confident in my daily practice. Through supervision, formal and informal I have learnt to have a greater belief in my abilities. Initially I would double check my work worrying that assessments would not be suitable for families. I now feel that I have finally grasped the new assessment that was brought into the team this year. I now feel confident to write an assessment that is suitable for families and covers all areas of need. By being written with family's needs as paramount, documenting what is important to them. The language is accessible and I refrain from using acronyms or abbreviations This is something that I have learnt through my own experiences in the team. I read previous assessments that had number of abbreviations and worrying as I read them as I didn't understand the full story of the family's history. I didn't want to ask, even though I was told that there was no such thing a silly question. I believed that I should understand these. I reflected on this during my supervision, if I couldn't understand this, how would a family member that was clearly worried that Children's Services were involved with their family. Would they feel confident to ask, or would they just read the assessment and not question any of it, ignoring the fact that the assessment was written to help ameliorate the family situation.

In a report by Silman (2015) published on Community Care Inform it stated that a social worker had been strongly criticised for 'opaque' language in a court report which the family involved would struggle to understand. The judge questioned the social worker's written evidence and raised doubts over whether she was able to speak with the family on their "wavelength" while conducting the assessment. I try to ensure that I am as accessible to families as possible, and whether this is by phone, or regular visits and meetings. I try to ascertain this when completing the assessment. By trying to make the family comfortable with me and ensuring that they are as informed with the process as possible from the initial visit and that they feel comfortable to ask any questions. This is something that I regularly discuss in supervision as my own time management is an important part of my role

I was asked during supervision my plans for my future career and I was offered the opportunity to undertake the practice teacher role when I had completed my Consolidation. I felt that initially I may not be ready for this role but after encouragement from my manager and Head of Service I have agreed to do so. This I feel will be challenging and a great way to ensure that my own learning is ongoing. By sharing my experiences of practice and the work that I have

undertaken since joining the team this will allow me to continually reflect on my own good practices and areas where I feel that things could have been improved or done differently.

I will also be able to show methods that I have developed and share them with my student. I have developed consistent and simple ways of ensuring that my work is submitted in a timely fashion wherever possible. I have developed tick off sheets for myself that allow me to follow processes and a filing system that ensures I am able to keep a good knowledge of families and what is required of their case. I have received recognition from the head of Children's Services to compliment me on my performance within the team. This has helped me to feel that my knowledge of the role has grown since starting with the team.

The four stages of competence, or the "conscious competence" learning model, relates to the psychological states involved in the process of progressing from incompetence to competence in a skill. Unconscious incompetence, Conscious incompetence, Conscious competence, Unconscious competence (Changing Minds.Org, nd) I believe that I am in the Conscious competence phase. I understand what I am doing and why I am doing it and need to concentrate to complete tasks. I hope that as I am longer in the role in my current team I will progress but I believe that doing the job without concentration will not be possible as the job changes regularly as do people and their priorities. I understand now that my practice initially was a learning experience and I could shadow others in my team with differing experiences and strengths I have been able to nurture and develop my own. I have become able to reflect in practice and recognise that this is a vital skill that all new social workers need to develop. I have learnt to manage my time to ensure that I keep a good work life balance and that I do not feel overwhelmed. I understand that if this becomes apparent then I need to speak out, support can be given if you ask for it, and this is not a failing, but a sign of good practice as you are further safeguarding your families from possible bad practice.

Word Count 860.

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

Consolidation workshop	Date Attended
1 Introduction	10/11/16
2 Safeguarding	19/1/17
3 Collaborative Observation	12/4/17
4 Overview and Questions	16/8/17

Notes

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 regarding the learner's development.

The learner completed her final year placement within the LAC Team and applied and was successful in obtaining a full time post within the Assessment and Intervention Team following completion of placement. As a social work student, the learner had already familiarised herself with the local authority's policies and procedures and, as part of good practice, has shown commitment to and developed good working relationships with other agencies to enable her to identify appropriate needs.

Throughout the assessment process, the learner has developed her analytic skills, recognising the need to reflect and also underpin her practice with theory and research. The learner also recognises the importance of good and regular supervision and has developed the skills to maximise opportunities through informal and informal supervision.

Not only is the learner a valued member of the team, who recognises the support she receives from colleagues, but she is also an excellent team player who reciprocates this support to her colleagues.

There have been a lot of changes within the Team, both with management and also staff and this has impacted upon the Team's stability. However, the learner has always shown a positive attitude and taken responsibility to discuss appropriately with managers. The learner has contributed ideas at team meetings and has not only taken on the role as a mentor for a newly qualified social worker, has also contributed to the development of other colleagues and the Team as a whole.

The learner has, at times, experiences delays in intervention from other providers, but has also recognised the limitations agencies have and any identified gaps are discussed with managers who, in turn, have raised with the relevant providers.

The learner has clearly maximised all appropriate training and development opportunities regularly evidences her learning by reflecting and implementing learning with practice. The learner has developed extremely high standard of practice and has the ability to work well under pressure.

During her time as a qualified practitioner, the learner has developed into a valued and supportive member of the team, who displays a great deal of commitment to her role. She regularly reflects on her practice and has demonstrated her learning and commitment to continued learning development and, at the same time, recognises the significant demands on the role.

The learner always promotes the rights of individuals, and has clearly developed into a competent, reflective and person-centred practitioner

Section 7

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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).

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Name: Beckie Thomas

Address:
24 manor Crescent
Hawarden
Flintshire
CH5 3PS

Telephone Number: 07814 760856

E-Mail address: beckiethomas5@btinternet.com

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

Welsh only ☐

Welsh and English ☐

English only x☒

Mentor's details

5. Mentor's details:

Name: Julie Nichols

Address:
Lambpit Street
Wrexham
LL11 1AR

Telephone Number: 01978 292501

E-Mail address: Julie.nichols@wrexham.gov.uk

6. Observer details

Name: Julie Nichols

Work Address:
Lambpit Street
Wrexham
LL11 1AR

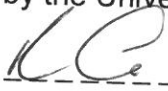
Professional Qualification and date of qualification:

Email and telephone number: Julie.nichols@wrexham.gov.uk 01978292501

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: R Thomas  (Learner)

Date: 14.3.18

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 service users and/or carers above are about the same piece of practice that I observed on the date given.

Signed: _____ (Observer)

Date: _____

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: _JULIE NICHOLS _

SIGNATURE OF LINE MANAGER.: _*Julie Nichols*_

DATE: _14-3-18 _

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	Beckie Thomas
Name of Team/Agency	Assessment and Intervention Team
Name of Mentor	Julie Nichols
Name of Line Manager	Julie Nichols

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 the Care Council for Wales has made completion of the programme a requirement within the first (three year) period of registration as a Social Worker.

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 the Care Council for Wales.

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.

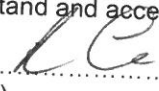
Completion and submission of portfolio

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: R Thomas Date: 14-3-18
(Learner)

Signed:  Print Name: J Nichols Date: 14-3-18
(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

