

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

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

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**WALES INSTITUTE for WORK-BASED LEARNING
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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**

Using Gibbs' (1998) Reflective Cycle as a model throughout, this Developmental Review will detail key learning objectives as discussed in supervision within the identified areas for the coming year of the Porth Agored programme. As a student, I undertook my final Practice Learning Opportunity in the adult services team and, following a short break, returned to the team before qualifying as a Social Worker in September 2015.

Working collaboratively with service users, carers and other professionals is an integral part of social work as evidenced by the focus on these skills throughout the National Occupational Standards (NOS) (2015), the Social Services and Well-being (Wales) Act 2014, the Codes of Professional Practice for Social Care Workers (CoPP) (2010) and the Code of Ethics for Social Work (CoE) (2014). I have identified two key learning needs in this area. Firstly, I appreciate the significance of the Welsh language to many individuals (British Association of Social Workers, 2011) and the statutory requirements on myself as a practitioner, particularly in respect of making the Active Offer (Welsh Government, 2012, Welsh Government, 2015) and I acknowledge that my confidence and skills in Welsh are poor. Secondly, I need to develop my knowledge and understanding of the roles of a wide range of professionals to build on and compliment my hospital-based work and joint-working to inform and enhance risk assessment and management in the community.

Undertaking assessments is fundamental to social work practice (O'Hagan, 2007) but it is the analysis of this information that informs and evaluates interventions (Adams, 2002). I need to develop the way that I have and record the 'what matters' conversations with individuals (Welsh Government, 2013) and to further embed person-centred practice across all aspects of my work, particularly when a person lacks capacity or has communication difficulties. The introduction of the Social Services and Well-being (Wales) Act 2014 involved attending a number of key training sessions and rapid absorption and assimilation of new information and new assessment frameworks. The Act represents a significant shift in the focus and approach of social services to: conversations with individuals; assessments and duties, in particular to carers; the nature and development of partnerships and the way needs may be

met (Clements, 2016). I need to continue to broaden and deepen my knowledge and understanding of the legislation and use this to enhance analysis in assessment.

Increasingly, my caseload has become more complex, including more capacity assessments on multiple key questions and issues around safeguarding. Often the two overlap and it is in this area of intervention and professional judgement that I really need to strengthen and progress my practice and incorporates much of the elements discussed above: developing greater collaboration through knowledge, understanding and conversations; applying and recording thorough analysis to assessments; greater depth of understanding and incorporation of legislation, guidance, roles and responsibilities of others and myself underpinned by the NOS, the CoPP and CoE (Banks, 2012). The identified learning needs will be met through a combination of supervision and mentoring, attending training, taking advantage of shadowing and joint-working opportunities with colleagues and with other teams and research and will be reviewed and reflected upon in the second part of the Developmental Review in Section 6 of the Portfolio.

Word count: 535

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: **10/11/2017**

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.

The individuals involved in this case study will be referred to as Service User (SU) followed by a number for identification. SU1 is a 75 year old woman who was referred to Social Services for assessment and support on discharge by the General Hospital where she was admitted following a fall at home and a hip fracture. SU1 has two sons, SU2 and SU3. She lives with SU2 in a detached small-holding situated in an isolated hamlet on a rural road in the centre of the predominantly Welsh-speaking County in West Wales.

The family originated from England and have lived in Wales for 25 years. The family's first language and language of choice is English; they do not speak any Welsh. SU2 and SU3 are previously known to local Mental Health Services. SU3 also has a complex physical health history and is currently being

supported by another Social Worker in the Adult Team.

Following hospital admission and recovery from the hip fracture, SU1 continued to present as confused and disorientated in hospital and she was requiring supervision, support and prompting to manage all self-care needs. SU1 was assessed as lacking capacity to make decisions regarding her care needs and where these could be met. SU1 wished to return home. Following an interim best interest decision, SU1 was discharged to a Residential Care Home 15 miles from the family home. Following a period in the Home, it became apparent that SU1's cognitive impairment and the level of support required to maintain wellbeing and safety was significantly greater than anticipated on the ward. Disagreements and animosity between the sons emerged and arose and concerns for SU2's capacity to provide appropriate support at home led to a further best interest decision: that SU1 remain at the Home temporarily with SU2 commencing regular support to SU1 with home visits with a view to establishing whether a return home was appropriate and sustainable.

This observation took place during a further best interest meeting at the family home with SU2, SU3 and the Independent Mental Capacity Advocate (IMCA) to discuss the progress of the previous best interest decision.

Word count: 352

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.

This second part will provide a reflection on my communication skills during the observation. It will expand further, as necessary, on the particular circumstances and the people involved in the observation as these are key to how I felt the meeting went, the challenges I encountered and what I have learnt from it, including how this impacts on my future practice.

The central role and importance of communication in social work is widely acknowledged both in texts (Moss, 2012) and in the National Occupational Standards for Social Work (NOS) (Care Council for Wales, 2011) and the Codes of Professional Practice (CoPP) (Social Care Wales, 2017). Communication involves a complex set of skills and methods but is also firmly rooted and directed by our own experiences and values (O'Hagan, 2007). It is also recognised that good practice is grounded in critical reflection on events and self-awareness, looking at what happened, the significance or impact of what happened, what went well and what needs to change or develop as a result (Rolfe, 2001). Schön (1983) argues that effective communication also relies significantly on reflection-in-action whereby we are able to recognise, respond and change the way we are communicating in the moment (Bassot, 2013). The social work role often involves complex decision-making, conflicts, tensions and ethical dilemmas (Banks, 2012). Reflective practice, along with continuous development of knowledge, skills and experience form the basis for professional development and communication skills in the social work role (Adams, 2002).

Having previously met both SU2 and SU3, I was already aware that their primary language and language of choice is English, so it was not necessary to address language choice or make the ‘active offer’ of a service through the medium of Welsh (Welsh Government, 2015). Similarly, having previously working with the IMCA, I was also aware of her primary language of English. However, the principles behind the ‘active offer’, whereby service users and their families are offered services that are sensitive to their language and cultural needs, which also take into account their health and social care histories and needs to provide rights-based and inclusive services, remain relevant nonetheless (British Association of Social Workers, 2011).

On initial reflection of the meeting and discussion, I felt that generally, it went well. The main purpose of the meeting was to further discuss long-term plans for SU1, taking into account her wishes and feelings and the views of SU2 and SU3, and with a consideration of the comments and observations of the Best Interests Assessor (BIA) for the Deprivation of Liberty Safeguards Authorisation. Some progress was made in agreeing plans for supporting SU2 to visit the Home and bring SU1 back to the family home for an afternoon visit. At this point SU2 had not visited since SU1 was admitted to the Home.

The main challenges that I encountered during the observation were managing misunderstandings

and making myself clear; managing the personality and relationship dynamics between SU2 and SU3; managing to keep the discussion focused on making progress in SU1's best interests.

From the outset, it was immediately obvious that SU2 had misunderstood what had been discussed and agreed at the previous best interests meeting. SU1 had been at the Care Home for 4 weeks and SU2 had not as yet visited her there. SU2 was also adamant that he was able to provide the support and supervision, in conjunction with formal services, to meet SU1's needs at home. It had been agreed that SU2 would visit SU1 and would support her for short visits home. SU2 had not managed to do either and displayed some antagonism towards me at first, raising his voice, becoming more excitable and attributing this to: me not telling him when he could do the visits home; his dislike of care homes and being around people; his difficulties with going out and leaving the home. At first, I felt really frustrated and unfortunately this probably came across in my immediate manner and reaction. My understanding is that SU2's feedback included stating that he felt I had been 'challenging' towards him and he had joked that I was the 'bossy' one. By the end of the meeting, a plan had been agreed whereby I would meet SU2 at the Home to collect SU1 and then travel back with them to the family home for the afternoon. I took great pains to repeat and reiterate the plan which probably did feel like I was being 'bossy' but felt that this was the only way to move forward as SU2 appeared unable to take full personal responsibility for making it happen.

Managing the tensions, dynamics and personal relationship between SU2 and SU3 was also very challenging. SU3 had made me aware before the meeting that their relationship could be troubled at times. He had made his negative views regarding a return home known to me but had also made it clear that he was unwilling to present his views at the meeting for fear of retaliation by SU2. It was difficult to draw SU3 into the discussion as he deliberately busied himself making a sandwich, insisting that we continue to talk despite an offer to pause whilst he finished what he was doing. He then physically positioned himself in a chair behind me. I realised that SU3 was feeling a level of anxiety about the meeting and was clearly demonstrating this by his physical activity and positioning. I was able to move my chair slightly which meant that he was no longer directly behind me and so include him to a greater extent in the conversation but without being directly confrontational face to face.

Lastly, I found it particularly demanding to try to keep the conversation focused on discussing and coming to decisions regarding SU1's best interests on the question of home visits as opposed to looking at the wider picture of longer term residency plans for her. This was for a number of reasons: I was conscious of the risk of the meeting extending for too long a period which was emotionally strenuous for both SU2 and SU3; I didn't want to attempt, at this point, to extend the discussion into the longer term plans which were still contentious and undecided. SU2 presents as socially isolated and, mostly likely due to a combination of both his personality and mental health difficulties, displays difficulties with empathising with others and digressed frequently into nervously excitable discussions about himself. SU3, on the other hand, when he did feel able to express his thoughts openly, was quite forceful and impatient in stating that we should be moving SU1 to another Home straight away rather than considering trying to facilitate home visits for her. All of these discussions did provide valuable insight into and understanding of both SU2 and SU3's personalities and their capacity to sustain both support and contact with SU1. I was conscious as SU1's social worker and the decision

maker that her needs and best interests were my priority but that I needed to respect the rights and interests of SU2 and SU3 as her family (Social Care Wales, 2017).

I am frequently involved with individuals who lack capacity to make decisions regarding care and residency and whose needs can no longer be met at home. Drawing primarily on a systems theory approach (Teater, 2010), I work with their families and carers to make best interests decisions. Often, carers have difficulty understanding and accepting cognitive and physical decline in their family member and I have encountered and managed disagreements before. In this observation, however, the challenges I faced were compounded by my lack of personal and professional experience of communicating and working with individuals with complex mental health difficulties.

Through this reflection, in supervision with the expert witness and in on-going involvement with the family I feel that my understanding of this family's circumstances and dynamics has developed and that the way I communicate with them has developed and improved. I have also been able to draw on this experience to develop and enhance my practice with other service users and their families.

Word count: 1,345

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?	Emile was on time for the prearranged visit.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Emile had contacted both Brothers prior to the visit to advise that I would be accompanying her and had advised the purpose of me accompanying was to observe Emilie.
Were you clear why the social worker met with you today?	Emilie had spoken to both Brothers individually by phone to advise that the purpose of my visit was to discuss their Mother future care provision which would be formulated under the Best interest process. Both Brothers who have Mental Health needs advised me and explained the purpose of the meeting was due to the fact their Mother lacked Mental capacity to make the decision herself and that is why Emilie had asked to meet them that day with their Mothers advocate. This demonstrated that Emilie had been explained the purpose of the visit adequately to the Brothers ensuring that they understood the Best interest process.
How well prepared do you think, the social worker was for his or her meeting with you?	The Brothers felt that Emilie was well prepared for the meeting as she had visited their Mother prior to the meeting and had up to date information regarding their Mothers care needs. Emilie had also liaised with the IMCA prior to the meeting and had an understanding of her views and wishes. The Brothers advised that they felt comfortable and were able to discuss the misunderstandings from Emilie previous visits regarding Son brining his Mother home for short trial visits.

How has the social worker listened to you and respected your views and wishes?	One of the Brothers advised that he felt that Emilie communication skills had improved from when he had first met her 6 months previously. He felt that Emilie had listened to his perspective and had taken his wishes in to account regarding his Mother future care and the impact that this would have on him. He felt that the meeting had achieved a lot and that they had made a clear plan regarding his Mother.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	The Discussion around mental capacity and Best Interest process can be a complex area for people to understand. The Brothers advised me following Emilie leaving that they had understood Emilie as she had explained it well without using complex Jargon.
How has the social worker's involvement met your expectations for this visit?	The Brothers advised that they felt that they today's visit had achieved a lot that they had been able to agree on a clear plan with Emilie for further involvement surrounding their Mother care. They had been able to ask the questions they had regarding financial implications that would impact on one of the sons as he lived with his Mother and had felt reassured by the visit.
Are there any other comments or suggestions that you would like to make?	The Brothers who both have Mental Health needs advised that during their life time they have been involved with many Social Workers. The Brothers felt that they had seen Emilie progress and become more skilled during her time of working with the family. The Brothers felt that Emilie was a very good Social worker who had supported them well during her involvement

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.

This case study will provide a critically reflective account of my experiences working with an individual and his informal carers within a safeguarding context. The case study will identify the area of social work and the legislative context for safeguarding. The social, cultural and geographical context across the local authority will be explored along with a comprehensive picture of the circumstances of the individuals involved. Lastly, each of the core learning outcomes for the portfolio will be critically reflected upon in the context of the work undertaken: working collaboratively with service users, carers and other professionals, applying analysis in assessment to inform interventions and intervention and application of professional judgement in increasingly complex situations.

The local authority (LA) is situated in Wales and has a large geographical spread. The two main towns of the county are situated to the very north and south with a number of smaller towns in-between, many of which are divided by county borders. The LA is classified by the Welsh Government as rural (Joseph Rowntree Foundation, 2008) with pre-dominantly rural or village-based populations (Local Authority, 2013a). Due to a poor road network and the rail network only available in the north, the LA is isolated from the rest of Wales and the UK as a whole (Local Authority, 2013b). The rurality of the LA, the road network and limited public transport have implications for staff in terms of travel times and distances but also for service users and service providers in the access to, availability and delivery of services. Like many rural communities, the LA experiences high outward migration of younger people, a low wage economy, poor housing provision and an ageing population (Local Authority, 2013a). Following the 2011 Census, the Office for National Statistics (2013) reports that there has been a slight decrease in Welsh speakers in the LA since 2001 to 47.3%, but this is considerably higher than the national average of 19%. The Welsh Language (Wales) Measure 2011 provides the legislative basis for the status, use and promotion of the Welsh language in Wales including upholding the right to access services in Welsh (Williams, 2011). 'More than just words' (Welsh Government, 2012) is the strategic framework for Welsh Language services across health and social care with the main focus within this being the 'active offer'. This aims to strengthen both the recording of language preference and meeting of service users' language preferences during assessment, in correspondence and in service provision, with the onus on professionals to actively make the offer of contact through the medium of Welsh rather than waiting for the service user to request it or state their preference (Welsh Government, 2012).

The area of practice is the generic adult team (AT) that works with individuals over the age of 18, their

families and carers. The LA maintains a separate specialist team working with adults with learning disabilities that works independently of the AT. The majority of service users of the AT are older adults who, due to general frailty and poor physical or mental health may be in need of support. Services and support may be arranged via statutory services, the third sector or by informal means at home, in the community or in more supportive, care environments. Services are intended to support individuals to meet their self-care needs and activities of daily living, their personal outcomes and to promote and maintain independence, wellbeing and safety. The Social Services and Well-being (Wales) Act 2014 (SSWBA) has consolidated, under one Act, the duties and responsibilities of local authorities and their relevant partners towards both children and adults in regards to assessment and support. For adults, this has provided one legal and policy framework for social care which had previously been fragmented and piece-meal across a number of Acts (Law Commission, 2008). The Welsh Government set out its agenda and vision for social services in the future with the emphasis on sustainability, prevention and early-intervention with enablement and rights-based services, focusing on increased user voice and control which has now been translated into statute in the SSWBA (Welsh Assembly Government, 2011).

The SSWBA has also, for the first time, brought the law, policies and practice guidance for the safeguarding of adults in better alignment with the arrangements for the safeguarding of children (Brammer, 2014). Prior to this, statutory guidance for the protection of vulnerable adults had been detailed by *In Safe Hands* (National Assembly for Wales, 2000), supported later in 2010 (revised 2013) by the publication of the *Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse* (Adult Protection Fora, 2013). In England, similar statutory guidance for safeguarding was detailed in *No Secrets* (Department of Health, 2000). *No Secrets* and *In Safe Hands* were both reviewed in 2008 (Department of Health, 2008) and 2010 (Welsh Institute for Health and Social Care, 2010) respectively. Both reviews found weaknesses and inconsistencies in practice and identified the need to consider a new legislative basis for safeguarding adults (Brammer, 2015). In Scotland, the Adult Support and Protection (Scotland) Act 2007 had created the first adult safeguarding legislation in the UK with 'duties' as opposed to just 'powers' to make enquiries where an adult is deemed to be at risk along with powers to exercise Assessment, Removal or Banning Orders (Scottish Government, 2008). In the context of broader shifts in the focus and future of adult social care generally, including a rights-based approach to increasing choice, control and self-directed support, the SSWBA in Wales and the Care Act 2014 in England now provide the statutory framework for adult safeguarding.

The overarching theme of the SSWBA is to promote wellbeing with Part 7 specifically covering safeguarding for both children and adults. The term 'vulnerable adult' as used in *In Safe Hands* (National Assembly for Wales, 2000) is replaced by the term 'adult at risk'. An 'adult at risk' is defined as a person who has or appears to have needs for care and support, is experiencing or at risk of experiencing abuse or neglect and who is unable to protect themselves from abuse and neglect, or the risk of it, due to their needs. The SSWBA imposes a duty on local authorities to make enquiries to establish whether an adult is at risk and to decide whether action should be taken, what action and by whom (Welsh Government, 2016b). The Act also makes provision for Adult Protection and Support Orders (APSO) with detailed guidance and regulations as to who can enact an APSO and the associated limitations and protocols (Welsh Government, 2016c, Welsh Government, 2015b).

Relevant parties, which include, but are not limited to, Local Health Boards, NHS trusts and local police forces have a duty to report adults at risk to the relevant local authority who also have a duty to inform other relevant local authorities dependent on where the adult at risk was when identified and where they are ordinarily resident or may be in the future (Welsh Government, 2016b). Prior to the introduction of SSWBA, the establishment of Local and Regional Safeguarding Boards were not statutorily required, unlike the provisions in the Children Act 2004 for Local Safeguarding Children Boards (Brammer, 2014). The SSWBA makes detailed provision and guidance for the establishment of a National Independent Safeguarding Board and Regional Safeguarding Adult Boards and details the roles and responsibilities of each. A key function of the 6 Regional Boards in Wales is to undertake adult practice reviews. These aim to promote multi-agency learning to inform and improve future practice in adult safeguarding and to co-ordinate strategic plans between agencies and partners to monitor and ensure best practice (Welsh Government, 2016d).

The regulations accompanying the SSWBA contain the more detailed definitions and descriptions of the categories of abuse: physical, sexual, psychological, neglect and financial abuse. Non-exhaustive examples are included within each category along with a broad range of possible indicators of financial abuse (Welsh Government, 2016b). Unlike the SSWBA, The Care Act 2014 also includes self-neglect as a category for adult safeguarding although there is acknowledgement of the potential limitations, dilemmas and conflicts in this as well as the benefits of addressing issues of self-neglect within a multi-disciplinary safeguarding context (Carter, 2016). Both Acts repealed the provisions under section 47 of the National Assistance Act 1948 which enabled local authorities to remove a person in need of care and support to a Home or hospital (Welsh Government, 2016b). Adult safeguarding practice has to be regarded in conjunction with other legislation including criminal law and the Human Rights Acts 1998 and within the wider context of mental capacity and the presumed ability of adults to make decisions and take risks against local authorities and practitioners' duties to protect (Kemshall and Pritchard, 1997).

An understanding of the context and circumstances for the involvement in this adult safeguarding case is now required, to set the scene for the reflection. The individuals involved in this case study will be referred to as Service User (SU) followed by a number for identification. The individuals involved will also be referred to as the 'family' as a whole when appropriate.

SU1 is a 78 year old man, originally from the North of England. Approximately 10 years ago he was visiting with his close friends SU2 and SU3, also originally from the same area. Whilst staying with his friends, SU1 had a stroke, was admitted to the local hospital and as a result of his significant care needs following the stroke, remained living with and cared-for by SU2 and SU3. SU2 is male and is the main informal carer, supporting with the majority of personal care for SU1. SU3 is female and the partner of SU2. SU1 has significant dysphasia, one-sided weakness and a urethral catheter in situ and requires support to mobilise, toilet, with personal care and all activities of daily living. SU1's English local authority of origin made arrangements for a package of care to support him with his self-care needs in SU2 and SU3's home with a view to responsibility and funding for the continuation of this support to then be transferred to the local authority of SU2 and SU3's residence. After six weeks, the care agency gave notice that they were unable to continue with the package of care and the local

authority was unable to re-source the package due to the capacity of providers compounded by the isolated and rural location of the property but also the condition of the access track. It is understood that SU2 and SU3 felt able to provide the necessary support and all involvement with the local authority ended and they continued to care for SU1 for approximately 5 years.

A referral for assessment and support was received in June via the District Nurse who had been called to the property to change the catheter as SU1 was unable to stand and transfer out of bed and travel to the surgery for this due to a decline in mobility. The initial support requested was to make arrangements for respite whilst SU2 and SU3 travelled back to England to visit and undertake repairs to SU1's house. However, it became immediately apparent that the equipment available in the home and the manual handling techniques used by SU2 were wholly inappropriate and were putting SU1 at risk of injury and falls. The Occupational Therapist (OT) and Physio began to work with SU1 to establish what equipment was required and worked with SU2 to demonstrate and advise on safe manual handling. At the same time, with the agreement of all parties, a package of care was agreed, but not yet sourced, to support SU1 with his care needs and to support SU2 in his caring role. During a follow-up visit from the OT, despite clear recommendations and demonstrations, it became apparent that SU2 was continuing to use manual handling techniques which included drag-lifts in the bed and manual body-lifts to transfer SU1 without proper use of recommended equipment. It was at this point that the OT made a referral to the safeguarding team under the category of neglect.

This was a complex case that involved a further safeguarding referral from myself a month after the first one which then proceeded through a series of Strategy Meetings. A number of different professionals were involved both directly and indirectly: myself, a senior colleague, as I wanted a second opinion regarding SU1's capacity to make decisions regarding moving and handling, an Independent Mental Capacity Advocate (IMCA), OT, Physio, District Nurses and General Practitioner. SU1 was also cared for in respite by a local nursing home, the enablement team, two different care providers and a third sector agency. My involvement with the case lasted approximately eighteen months. Using Gibbs' (1998) Reflective Cycle I will focus on and critically reflect upon one particular aspect within each learning outcome that arose in my involvement in this case.

Firstly, in applying analysis to inform intervention, I found that it was necessary and useful to draw on a number of theoretical models to understand and make better sense of the situation and issues and how, perhaps, to resolve them (Maclean, 2011). Broadly, I find that psychosocial theories that seek to understand the psychological processes, the nature of relationships and the environment of the individual, useful frameworks for analysis (Teater, 2010). Under this umbrella of psychosocial theories are a number of social work theories and practice models that I have found helpful. For example, using an ecological approach was a useful tool to understand SU1's circumstances and background, giving insight into the challenges and barriers present to change and improve the person:environment fit for him (Teater, 2010). The ecological approach is also valuable in exploring the inter-relatedness, complexity and even potential conflicts and dilemmas between assessment and analysis of the cared-for and the carer (Gorman, 2005, 2009). An added challenge in this case was SU1's very poor communication ability: he was mostly limited in his responses to 'yes', 'no' and 'ok'. These responses were not always reliable or contextual and SU1 demonstrated a high level of

passivity to his informal carers. It was necessary to rely on SU2 and SU3 for the majority of information and I was aware of the potential for bias in perspectives and reporting (Teater, 2010) and the difficulties in empowering SU1 to have a voice, choice and control (Parker & Bradley, 2010) to achieve person centred support (Social Care Wales, 2017). In this respect, it was also useful to consider SU1's circumstances in the context of Bowlby's (1988) attachment theory to provide analysis and understanding of his relationship with and dependency on his informal carers (Teater, 2010).

SU2 and SU3 proved to be quite challenging to work with at times due to their personalities and communication and some workers involved found SU3, in particular, brusque and intimidating at times which subsequently impacted on the provision of support to SU1. I didn't particularly feel this, but then I have, perhaps, greater familiarity with and experience of the family's social and cultural background because of my own. Being aware of, understanding and being sensitive to diversity and difference is central in trying to establish positive relationships and effecting change and in achieving anti-discriminatory and anti-oppressive practice (Dominelli, 2002). I found it useful to have consideration of each SU as an individual but also the family as a whole in the context of Thompson's (2006) PCS model, their personal, cultural and societal context, with awareness of the impact that my own values, experiences and perceptions could bring to the case.

SU2 was fairly entrenched in the way that he provided care to SU1 and I feel that it would have been beneficial to have been more open and specific in my use of theories and practice models beyond analysis and understanding. Using task-centred or solution-focused approaches to work with SU2 regarding the specific safeguarding concerns about moving and handling and the more general concerns regarding care, support and wellbeing may have proved more effective. Howe (1987) cited in Payne (2005) suggests that 'theories' inform our thinking and decision-making but that there can be an extent to which we 'hide' it from ourselves. I feel that during my involvement in this case and at other times that I need to develop my *explicit* use of theories beyond those that aide analysis and assessment to those that may support achieving effective change and better outcomes.

This now leads in to a focus on the second learning outcome: my experiences of intervention and application of professional judgement in an increasingly complex situation. Following the first safeguarding referral by the OT, I asked for support from a senior colleague to establish SU1's decision-making ability. He was assessed as lacking capacity to make decisions regarding moving and handling but his wishes and feelings, explored in more depth by the IMCA, were clear about remaining cared-for at home by SU2 and SU3. It was felt that this was in SU's best interests to support this and it was also the least restrictive option (The Department for Constitutional Affairs, 2007). The interventions that both the OT and I deemed to be appropriate were based on our professional judgement of the circumstances and what we felt would be of benefit to all the family: SU1 needed support with all self-care needs to maintain wellbeing and safety; SU2 and SU3 needed to be supported in their caring role. However, it proved incredibly challenging to achieve the desired and agreed interventions, in part due to SU2's beliefs and practices but also due to wider, systemic issues. Sourcing care was problematic due to the rurality of and access to the property. The first care agency involved withdrew after two care calls due to 'intimidation' by SU3 and following alternative sourcing, the new agency were unable to provide the full package requested due to lack of availability

of carers. SU2 was also reluctant to engage in respite planning, which did eventually go ahead to allow for installation of equipment.

It is not unusual for carers or individuals to request support but then present numerous barriers to achieving that support. I often find that there can also be a difficult balance between meeting the needs of each individual which may or may not be in congruence with each other. Similarly, there is also a balancing act to be achieved around the nature and extent to which I apply my own, or others' professional judgement which may be harder to negotiate and make agreements on because they may conflict with the individual's perspective (Rogers et al, 2015). As the case developed in complexity I became more mindful of my responsibilities but also of the power that I and my colleagues held that could easily move from a person-centred, empowering 'power to' approach, to a 'power over' stance, impacting on how and what was achieved (Stepney & Ford, 2000). For example, during the initial assessment, direct payments were explored as a means to achieving support. As the case developed in complexity, bringing in both the safeguarding and capacity aspects, it became necessary to re-negotiate and agree new support arrangements based on mine and other's professional judgement about what was appropriate under the circumstances. I believe that much of the difficulties encountered in effecting change were primarily due to SU2 and SU3's past experience with social care, the 'failures' of the previous support provided and the feeling that they had been left to get on with it by themselves. Trying to achieve a balance between respecting the rights, voice and maintaining trust with each individual involved was challenging and also a source of frustration for me. It was noticeable that SU2 and SU3's openness and willingness to co-operate did vary at times and I feel that I could have achieved more at times by employing a more direct and structured approach to assessment of risk and clarity and assertiveness in best interest decision-making.

Finally, I want to explore and reflect on how I worked collaboratively with the service users, both cared-for and carer and with other professionals. A number of issues with regards to working collaboratively with SU1, SU2 and SU3 have already been explored above under the other two learning outcomes. Here, I want to focus the reflection on how I worked in collaboration with other professionals. I worked particularly closely and in conjunction with the OT and it was by following her advice that I identified the need to make a second safeguarding referral regarding manual handling after the first had been concluded. This then led to further concerns being identified around SU2's care of SU1's catheter. The District Nurses were alerted and this referral then proceeded on to a number of strategy discussions and meetings. As the case worker, it became increasingly complex and more problematic to liaise and co-ordinate with an increasing number of different professionals in a timely manner and to establish and agree how concerns were to be addressed and resolved. This was further complicated by needing to convey and justify concerns to other professionals and to rely on their professional judgement as to what was appropriate and safe practice.

I used supervision, both formal and informal to discuss issues relating to the case and it was beneficial that my supervisor was also acting as the Designated Lead Manager for the strategy meetings, so her awareness, understanding and involvement in the case was already substantial. It was difficult at times to maintain clarity around specific roles and areas of responsibility and it was often daunting to have the responsibility as the case worker to feedback to the family which often involved having to

give 'bad news' (Hothersall & Maas-Lowit, 2010).

Understanding the responsibilities and roles of the different professionals involved is pivotal in establishing effective partnerships, particularly with older people whose needs may arise due to both health and social reasons (Littlechild, 2008). Very often, however, I can feel that the role of some professionals, particularly those from a 'health' perspective are very clear cut and have firm boundaries, yet the role of the social worker can be less clear and concrete with more fluidity and uncertainty at times (Parker & Bradley, 2010). I find that this uncertainty, which can include conflicts and dilemmas when working with multiple service users, become more evident when safeguarding concerns are raised. Good, collaborative relationships are needed as the case manager with responsibility for arranging support but it can become harder to maintain positive relationships when your role is perceived as moving from a 'caring' to a more 'controlling' one. I need to remain mindful of the National Occupational Standards (2015) and the Codes of Professional Practice for Social Care Workers (2010) and use these as a guide for myself when looking to resolve conflicts and dilemmas. Parker & Bradley (2010), drawing together the work of Carkhuff (1987) and Egan (2001), identify that being able to effectively challenge or confront services users are core skills required in developing helping relationships. Particularly in cases where safeguarding concerns are raised, I feel that I need to develop my structured approach to resolving issues to maintain clarity and provide the basis for effective challenges where needed.

It was a challenge to reflect on this case as it spanned a long time frame and had multiple service users and professionals involved. I do feel, however that it has served to highlight some of the strengths in my practice, but also the areas I need to continue to develop. I have drawn attention to my need to be more structured in my approach at times to maintain clarity in both my role and my purpose. Very recently, I attended a three day Signs of Safety training event. The model is specifically designed for working with children and families but has a great deal to offer in assessing and managing risk with adults, not only in safeguarding, but also in working towards improving wellbeing. The model sits comfortably within the ethos of the SSWBA in exploring what's working well, what's not and where a person or family want to aim for in terms of outcomes. It also draws on a number of the practice models and tools, like scaling questions and task-centred work, that I have already identified as needing to incorporate more to improve my practice.

Word count: 4,040

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.

This section will give an overview of the legislation, policies and procedures with regards to the safeguarding of children in Wales.

Prior to the introduction of the Social Services and Wellbeing (Wales) Act 2014 (SSWBA), legislation governing child protection was contained predominantly in the Children Act 1989 and 2004 along with associated protocols and procedures, notably, the *All Wales Child Protection Procedures 2008* (AWCPP). In 2004, the Welsh Government adopted the United Nations Convention on the Rights of the Child as the principle foundation of associated legislation and policy, agreed and formalised later in the Rights of the Children and Young Persons (Wales) Measure 2011 (Welsh Government, 2015).

The Children Act 1989 introduced the concept of 'significant harm' as the indicator for intervention along with specifying the duties of Local Authorities with regards to enquiries in Section 47 of the Act. Following the death of Victoria Climbié in 2000 and the subsequent inquiry (Laming, 2003), the Children Act 2004 along with *Safeguarding Children: Working Together under the Children Act 2004* made provision for the creation of Local and Regional Safeguarding Children Boards. The Boards had responsibility for the co-ordination of and monitoring of effectiveness of local inter-agency safeguarding provision (Welsh Assembly Government, 2006), augmented later in the SSWBA with the creation of a National Safeguarding Board. The AWCPP is a public document designed to guide and support Safeguarding Boards in exercising their duties and to provide detailed procedural information to relevant agencies and organisations to promote best practice and provide a coherent and effective approach to safeguarding children (All Wales Child Protection Procedures Review Group, 2008).

The overarching theme of the SSWBA is wellbeing with the underlying principles of choice, voice, co-production, prevention and early intervention (Social Care Wales, 2017). Alongside and supporting the legislative framework are regulations, codes of practice and statutory guidance (Welsh Government, 2015) (Welsh Government, 2016 (a)) (Social Care Wales, 2017). The SSWBA, most notably, disappplies the concept of the 'child in need' contained in the Children Act 1989 with the concept of children who are, or who appear to be, in need of care and support (Social Care Wales (b), 2017).

Part 7 of the SSWBA clearly defines the 'child at risk' along with the duties and responsibilities of

relevant partners and organisations to report concerns. The link remains to Section 47 of the Children Act 1989 with regards to Local Authorities' duties, powers and responsibilities to make enquiries with regards to safeguarding children. A number of powers are held by the Police and Local Authorities, via the courts, to remove or assess children or to remove the abuser where children are believed to be in immediate danger.

Within 15 days of the start of a Section 47 assessment, a Case Conference is held bringing together the relevant professionals including Social Services, the Police, health and education, the family and child, where appropriate. If, at this stage, a child is deemed to be at risk of significant harm then they will be placed on the child protection register and a child protection plan will be drawn up. At any point in this process, care proceedings may be initiated to remove the child from the home either voluntarily or via the courts.

Word count: 536

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

This section will reflect on the differences between safeguarding in adult and children's work.

The legislative framework governing adult protection and social care has been described as fragmented, complex and outdated (The Law Commission, 2011), whereas the law with regards to child protection has been firmly established and directed by the Children Act 1989 and continues to be so. With the introduction of the Care Act 2014 in England and Social Services and Wellbeing (Wales) Act 2014, adult social care and the statutory duties, powers and protocols with regards to protecting adults at risk have been consolidated and simplified in alignment with the already established arrangements for children at risk.

There are two key differences between safeguarding with adults and with children. Firstly, the definition of who is regarded as 'at risk' and secondly, mental capacity, decision-making and taking risks. A child is deemed at risk if they are experiencing or at risk of experiencing harm or abuse *and* have needs for care and support. However, the definition of an adult at risk requires the above *and* that they are unable to protect themselves from abuse, or the risk of abuse, as a result of those needs for care and support (Welsh Government, 2016 (b)). As a result, the scope of safeguarding arrangements to protect adults is generally more restricted than that for children, as adults, are deemed to be able to protect themselves under normal circumstances. This is also the point at which safeguarding law intersects with the Mental Capacity Act 2005 (MCA) applying to both adults over 18 and young people aged 16-17 years old. The MCA holds as its guiding principles and codes of practice, primarily, a presumption of capacity and that individuals with capacity should be free to make unwise decisions (The Department for Constitutional Affairs, 2007) which may then conflict or undermine safeguarding measures.

Statutory measures to make enquiries into safeguarding concerns also remain more robust and comprehensive for children under Section 47 of the Children Act 1989 as well as the powers to remove

either the child or the abuser than measures in place for adults with recourse to, in exceptional circumstances only, an Adult Protection and Support Order (Welsh Government, 2016 (b)). Issues around consent and confidentiality also differ for adults and children, with the primary aim, with adults, to gain consent with regards to sharing information related to safeguarding concerns and with interventions designed to promote wellbeing, reduce or remove risk (Social Care Institute for Excellence, 2015).

Despite differences, adult safeguarding arrangements now have greater parity with that of children and both are firmly underpinned by the principles of human rights (UNICEF, 1989; United Nations, 1948) and consolidated within and guided by the Social Services and Wellbeing (Wales) Act 2014.

Word count: 458

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.

Using the framework of Gibbs' (1998) Reflective Cycle, the Developmental Review Part Two will reflect on the learning and development needs outlined in Section Two to evaluate my experiences and progress and aide in identifying areas for further development and enhancement of practice (Maclean, 2010).

I had identified that I needed to develop my confidence in using Welsh including better understanding of my role and responsibilities with regards to the 'Active Offer' (Welsh Government, 2015). I attended a 'More than just words' workshop where we were encouraged to share our thoughts and reflect on the influence of language and culture on ourselves and others. Gwenan Prysor's video (Welsh Government, 2012) was particularly poignant for me, highlighting that the issue is not the insecurities of the person with limited Welsh language skills but that the focus needs to be on the vulnerable person they are working with; that even limited use can be of positive benefit.

I also identified that I needed to strengthen my understanding of the Mental Capacity Act 2005 (MCA) and the associated Codes of Professional Practice (The Department for Constitutional Affairs, 2007) and have had the opportunity to attend MCA and best interest workshops. This reinforced the use of the framework for undertaking capacity assessments and thoroughly clarified and reiterated the processes required when considering decisions in a person's best interest. At around this time, I was involved with a family where there was disagreement around decision-making and this training aided me in understanding and being able to convey protocols to the family and other professionals involved and negotiating a resolution to the disagreements.

I have also now completed the Best Interest Assessor (BIA) for Deprivation of Liberty Safeguards (DoLS) training. The additional responsibilities and workload feel daunting, but it has served to further strengthen my appreciation and understanding of the care management role at the best interest decision stage. The BIA requires thorough documentation and evidencing of rationales and decisions because these feed forward to inform and assist the BIA in undertaking their role.

Drawing together these two elements, Welsh language and cultural sensitivity and best interest decision-making and being mindful of the challenges with communication highlighted in the Observation Summary in Part Three: I feel I was able to draw on these experiences during a best interest meeting in the local General Hospital. The family and service user were first language Welsh

speakers, there were disagreement and reservations voiced regarding decisions including change of circumstance and residence which would amount to a DoLS and where complex financial information was required to be put forward to the family in a comprehensive but understandable way. The feedback received by this family following the meeting was positive in that they all felt their views had been heard and considered and they felt they had a thorough understanding of the financial implications of any decision and the next steps. The family were offered a transfer back to a Welsh – speaker worker for follow-up in the community but declined it as they felt confident and comfortable to continue working with me.

In conclusion, reflecting on the learning needs identified in Part One, I feel that I have made progress in my knowledge, understanding and practice towards developing and extending these areas of learning through training, experience and reflection. Through increasing complexity in my caseload, particularly with a number of older adult psychiatric ward admissions, I have had more opportunities to work with a variety of health professionals in the hospitals and the community. These cases have also entailed involved best interest decisions with more complex risk assessments of the less restrictive options.

I feel that I have had access to good, regular supervision and there are always informal opportunities within the team to discuss and reflect on issues or to seek guidance and support. It has not been possible to arrange opportunities for shadowing with other workers or other teams due to time constraints and caseload pressures. However, I have observed the Consultant Psychiatrist undertaking a capacity assessment for DoLS and it was useful to observe the manner and nature of the questions asked. This, along with the MCA workshops, reiterated the benefits of keeping things simple and straightforward and the advantages of allowing pauses and silences in conversations. On a number of occasions, it has been necessary to joint-visit with colleagues and this has been valuable to be able to observe their different approaches and communication styles but also to reflect on how we both experienced the visit and viewed the outcome.

Since qualifying, the pressures of work and managing multiple cases can feel overwhelming at times and leave little room for thorough reflection or conscious identification of and incorporation of theories and models. Continuing on from this consolidation program, I will be first shadowing then undertaking regular BIA work and have attended the Signs of Safety training that is being rolled out as a practice model across the local authority which I feel will provide a fresh approach to and direction of assessments that supports the outcome-focused Social Services and Wellbeing (Wales) Act 2014. I also want to take more time to read further texts and journals as I know that this keeps things fresh in the mind, opens up new ideas and approaches but also helps me to identify and better articulate and understand what I may be experiencing or feeling, increasing and improving my self-awareness in practice.

Words count: 901

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

Consolidation workshop	Date Attended
1	27/03/2017
2	04/07/2017
3	13/09/2017
4	24/01/2018

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 with regard to the learner's development.

Emilie's last Student Placement was with the Adult Team that she is currently employed in. Emile's current role involves working in a hospital setting, arranging hospital discharges from general wards and psychiatric wards which is one of multidisciplinary working. This has been a challenging and demanding role as it has been one of working with different professionals perspectives whilst ensuring what matters to the person, within tight time frames due to the need to prevent delayed hospital discharges.

It was identified at the start of the course that Emile had three areas that required further development.

Working collaborative with service users and other professionals.

Emilie identified two areas of further learning the first being working in the context of the welsh language. Emilie has adapted well to working in a rural welsh setting and has an understanding of the challenges this can pose due to language barriers and the difficulty that rural areas can pose due to resources available when coordinating care. Emilie has undertaken the "More than Words" course and has reflected and identified the importance of the service user being able to communicate in their first language when undertaking complex assessments such as a capacity assessment. Emilie has requested support from a Welsh speaking workers when needed and has also identified that she may not be the most appropriate worker for the case when she has encountered possible difficulties due to the need for a Welsh speaking Social Worker. Emilie has also identified even though her Welsh language skills are minimal that using some welsh words can have a positive effect when

working with the person. Emilie has also had further experience with regards to overcoming language barriers; Emilie has worked with a Polish family who were unable to understand English. Emilie used a translator when assessing the needs of the service user to ensure their participation when care planning for positive outcomes. For further development in this area with regards to improving her welsh language skills Emilie will need to undertake welsh language course that the department currently holds.

The second area that Emilie identified was to develop her knowledge and understanding of the roles of different professionals. As Emilie has worked mainly in a hospital setting Emilie has gained experience with working with a wide range of different professionals such as Psychiatric nurses, occupational Therapists, Nurses and Doctors. Emilie has developed an understanding of the different roles and responsibilities of other professionals which has enabled her to become more confident in her role when challenging other professional's opinions thus ensuring a positive outcome for the person. Through working with service users who have been detained under the Mental Health Act 1983, Emilie has increased her knowledge surrounding this area and the duties of the Local Authority.

Applying analysis in assessment to inform intervention.

Emilie has attended action sets learning workshops held by the team surrounding the new assessment documentation and has contributed constructively to the discussion within the team. Emilie assessments are detailed and are person centred clearly showing the matters conversation with the person. Emilie also regularly completes capacity assessments and will seek other professionals support and guidance when required to form a second opinion. Emilie has a clear understanding of the principals of the Mental Capacity 2005 and the best interest process and has become confident in this area to the extent she has supported unqualified workers in the team with the Best Interest process. Emilie has recently completed the Best Interest assessor's course and is due to start shadowing more competent workers. Emilie will need to continue to develop the skills and knowledgebase surrounding this area in order to continue with her professional development.

Intervention and application of professional judgement in increasingly complex situations.

As demonstrated in her case study Emilie has gained experience of working with person and their families who are deemed an Adult at Risk. Through her work with this family Emilie has an understanding and gained experience of managing risk whilst respecting the rights and wishes of those she works with. Emilie herself has identified individuals who she feels may be at risk and has also referred appropriately to the safeguarding team. Emilie had gradually increased her knowledge in this area by attending appropriate training and participating in Strategy meeting for those she is case managing. To further develop her skills and knowledge in this area Emilie will need to attend the Safeguarding investigation training.

As Emilie's Supervisor I have attended many joints visits with Emilie to provide support and guidance. I have observed Emilie's interaction with those she works with and found that the relationships she has formed with others has been based on trust and confidence in her work. Emilie has received many written compliments from the person and their family thanking her for her support. Following her observation the Brothers I spoke to where positive about Emilie

support, and commented on how they felt her skills and professional development had continued to improve during her time of working with the family.

Since starting with the team Emilie has become a more confident experienced social worker who is able to critically reflect when working with the person and their families. Emilie recognizes the importance of continuous professional development and has identified further areas of learning following completing her consolidation of Social Work Practice.

Section 7

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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: Emilie Crees

2. Learner's University Number: 1604957

Address for Correspondence:

Adult Team South

Council Offices

Morgan Street

Cardigan

SA43 1DG

Telephone: 01545 572640

E-mail: Emilie.Crees3@ceredigion.gov.uk

Date of Professional Qualification: September 2015

Date of registration with Social Care Wales: September 2013

3. Name of Learner's Agency: Adult Team South

Agency Contact details: Ceredigion County Council

Name: Taniya Jarrams

Address: Council Offices, Morgan Street, Cardigan SA43 1DG

Telephone Number: 01545 572640

E-Mail address: Taniya.Jarrams@ceredigion.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: Taniya Jarrams

Address: Council Offices, Morgan Street, Cardigan, SA43 1DG

Telephone Number: 01545 572640

E-Mail address: Taniya.Jarrams@ceredigion.gov.uk

6. Observer details

Name: Taniya Jarrams

Work Address: Council Offices, Morgan Street, Cardigan, SA43 1DG

Professional Qualification and date of qualification:

Email and telephone number: 01545 572640

Taniya.Jarrams@ceredigion.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: 13/3/18

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 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: 13.3.18

Line manager verification

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

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

- level of supervision and mentoring support received by the learner

- learning and development undertaken
- reading and personal research undertaken
- level of knowledge and skills demonstrated
- understanding shown of the Code of Practice and National Occupational Standards
- core values of the learner
- content of the development plan within the portfolio
- work and commentary referred to within the portfolio, that it is the learner's own work and based on current practice

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

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: TANIYA JARRAMS

SIGNATURE OF LINE MANAGER.:

T Jarrams

DATE:

13.3.18

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	Emilie Crees
Name of Team/Agency	Ceredigion County Council Adult Team South
Name of Mentor	Taniya Jarrams
Name of Line Manager	Taniya Jarrams

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 as 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.

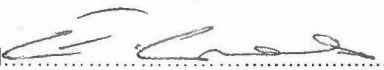
Completion and submission of portfolio

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: Emile Cates Date: 29/8/17
(Learner)

Signed:  Print Name: Tanja Sarrao Date: 29.3.17
(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