



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

LEARNER PORTFOLIO (PORTH AGORED and UWTSD)

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Learner's University Registration Number:

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**WALES INSTITUTE for WORK-BASED LEARNING
2017-2018**

Portfolio Guidance

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

What is the portfolio for?

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

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

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Section 2

Developmental review (a)

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

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

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

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

My first year in practice has been a steep learning curve as I have no previous experience in adult disabilities social work and limited knowledge of Welsh and U.K. adult law and policy. It became apparent to my managers in my first year that I can demonstrate autistic traits within my practice. I am very verbal with a strong memory. I can accumulate information without properly assimilating it. This means that I struggle to process and translate it meaningfully causing difficulties when I communicate with my clients and colleagues. I can shrink my world to me and my client and fail to understand the importance of involving different professional bodies such as housing and education. My thinking can be rigid and black and white, and I can struggle to engage with other professionals if I don't understand their approach or I feel my approach would be more appropriate. This has led to the identification and justification of development within critical analysis, communication, critical reflection and collaborative working. (Lawson, 2001)

Collaborative working is difficult for me as I need to balance different viewpoints, agendas and department policies objectively and without prejudice and bias. Critical analysis gathers

resources, information, skills and knowledge from a range of professionals, the client, their carers and their family members, and analyses it to inform strengths-based outcomes; it is a fundamental part of collaborative working. By critically analysing my work, it should be easier for me to identify what information I have, what information I need and what information is not relevant. Once I have a clearer picture of what information I need and why I need it, I should be able to communicate more effectively with my clients and colleagues. Critical reflection on this process should enable me to identify any learning needs or areas of practice I need to strengthen. It informs my understanding of my client and myself, enabling me to deconstruct my world view in order to better understand my client's worldview and the impact of their lived experiences. These skills will enable me to develop my professional judgement and intervention in increasingly complex cases (Littlechild B & Smith R, 2013; Wilkins D & Boahen G.2013; Open University, n.d.)

My learning world is primarily verbal. I struggle to see the bigger picture and new or interesting words will distract me. I find visual aids invaluable in supporting my interventions and understanding so I will be addressing my learning needs through case studies in mentoring and supervision and using visual aids such as mind maps and Collingwood's (2005) Kit model. I have adapted Boud, Keogh and Walker's (1985) reflective model into a therapeutic letter writing format. This helps me to organise my thoughts, develop my understanding of my practice and understand my personal values base, I am undertaking an Open University Course on Critical Analysis in Social Work to help build my knowledge base. and a course on the Welsh Context in order to understand the culture of my clients. (Open University, n.d.; Wilkins & Boahen, 2013; Collingwood, 2005; Maclean, 2010).

507 words.

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: 31.01.2020

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)

My client, 2, is a co-tenant within a supported tenancy in a rural location in Wales. Her care providers contract is being re-tendered and 2 needs her assessment and care plan updated.

There has been concerns raised by the District Nurses over some small bruises and clarification is required by the Safeguarding Officer around whether 2 is able to say what caused them.

My primary objective in my assessment is to provide 2 with a voice and a presence within her assessment and care plan. I will achieve this through The Mental Capacity Act, 2005; The Social Services and Well-Being Act (Wales) 2014 and the Active Offer. The Active Offer encourages Welsh language and culture and promotes Welsh as a first language and English as a second language. Although 2 may not be able to accept the Active Offer, I can offer it to her care providers as I am aware that her care manager has strong links to the local farming community. The Mental Capacity Act (2005) will support me in assessing whether 2 has the capacity to agree to her assessment. (The Social Services and Well-Being Act (Wales) 2014; Association of Directors of Social Services (ADSS) Cymru, 2015; Davies, n.d.; The Mental Capacity Act 2005)

There is a query around 2's capacity and communication style so I have asked her care staff to ask 2 who she would like to attend her assessment with her. I have worked collaboratively with them to ensure that the time, date and place of 2's assessment are the most beneficial for her and I have enquired as to the best way to communicate with 2. I have not met 2 before so I have used theories, previous assessments, reviews and case notes in order to understand her world. (Maclean & Harrison R, 2015; Collingwood, 2005; Payne, 2014; Roscoe & Madoc, 2009)

309 words

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

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

My client 2 was a new allocation whom I haven't met. She lives in a very rural community with 3 other tenants in a supported tenancy. 2 has an informal diagnosis of learning disability and I was aware that for some decisions, she needs a Mental Capacity Assessment and best interest decision. 2's care providers are re-tendering so 2 needs a re-assessment and an updated care and support plan. (The Mental Capacity Act, 2005; The Social Services and Well-Being (Wales) Act 2014)

As I hadn't yet met 2, I built an initial picture of her through her case notes and previous assessments, mapping my knowledge to Bowen Family Systems Theory (2000), Karpman's Drama Triangle (1968), Narrative Theory (1996) and Collingwood's Kit model (2005) to gain a sense of her lived experiences. (Kerr 2000, Maclean 2015, Mushins 2018; Collingwood, 2005) 2 has a supported verbal communication style so I checked with her care staff as to the best time and place for her review, whom she wanted inviting and her preferred communication style.

On arrival, I was invited into the property by 2's care manager who informed me that 2 was using the bathroom. I went into the kitchen/dining room where 2 joined us. I crouched down by 2's chair to make sure on her level and introduced myself as her new social worker. I introduced my observer explaining to 2 why she was with me.

Initially I sat across the table from 2, however I became aware that this gave a power imbalance as the interaction began to feel more like an interview. Anti-discriminatory and anti-oppressive practice is at the core of social work practice and forms part of the National Occupational Standards and the British Association of Social Worker's values and ethics. 2 is the expert in her journey and, with a supported communication style, my original seat would disempower her. I asked 2 if she would like me to sit next to her and she agreed. I moved so that I was sitting next to 2 and she could see me which helped 2 to relax and focus on me. 2's preferred communication style was repeated, relevant one word sentences. By saying "panto" to 2, she was able to say "cow." I could then say to 2, "was there a cow at the panto" and she laughed, nodded her head and told me "funny." In this manner, I could tell 2 that I was there to make sure she was "happy" and 2 laughed and said "happy" and I could ask her about the accident with the ball. (Cocker, & Hafford-Letchfield, 2014; British Association of Social Workers, 2014; Northern Ireland SocialCare Council, 2003)

I was unsure of 2's capacity as she appeared to understand with support why I was there but not the finer details. Mental Capacity is time and decision specific and is based on the person's ability to understand what is happening. 2 would not have the capacity to understand that I was a social worker assessing her care and support needs in order to write an accurate care and support plan, but when I said I had come to see if she was happy, she was able to understand me and agree to talk to me. (Bond Solon Wilmington Professional, 2018; The Mental Capacity Act, 2005; Barcham and Bogg, 2019)

Part of my dilemma in understanding whether 2 had capacity to agree to the assessment was that her care manager appeared to be giving her leading questions. Prior to my visit, the Safeguarding Manager had requested that I assessed whether 2 was able to understand and explain how she acquired four small bruises on her inner thigh. 2's care manager gave 2 encouraged, supported prompts saying, "hurt, ball." 2 agreed and was able to show me what happened and that it was "robics", but my concern was whether 2 did know what happened or if she was being told what happened. In this case, without further prompting, 2 was able to tell me and show me what happened.

A learning need has been identified around my ability to process and translate information into appropriate meaningful communication. Ferguson (2018) posits that reflection in practice is sometimes not practical due to the nature and intensity of the intervention. He argues that a better use of reflection is on the "defended self," which is a form of "internal supervision" whereby the social worker can critically analyse their intervention, but also protect themselves from any emotional impact. While I was aware of Ferguson's (2018) argument, as this was a straightforward assessment, I used Schon's Reflection in Practice and Reflection on Practice (1991) to monitor my communication during the intervention. Schon described reflection in action as the ability to critically reflect on behaviours and interventions as they occur and reflection on action as the more indepth reflection after an intervention. (Reamer 2013; Ferguson, 2018) I listened to myself speaking to 2 and her care providers and noticed that I was quite repetitive in what I said. Several times I asked the care manager if she needed any support from me and during the discussion around the bruising on 2's thighs, I repeated the reason why I had been asked to collect the information. I noticed that as I repeated myself, so the care

manager repeated herself and we appeared to become stuck in a cycle of unnecessary reassurance. Reflecting on practice after the assessment, I could identify that, had I had been slower to speak and left pauses for the care manager to think through her concerns and my responses, our conversation would have been more meaningful and concise and there would have been less room for confusion. A critical analysis of this interaction has identified that some of it is learned behaviour, some it is a translation/processing difficulty. Clearer communication builds trust as everyone knows and understands their role and what is expected of them. It forms part of the National Occupational Standards and the British Association of Social Workers (BASW) code of values and ethics and it is an essential part of collaborative working and forming a team around the client. Through the identified learning from reflection, I have started an online communication course with Reed Global. (British Association of Social Workers, 2014; Northern Ireland SocialCare Council, 2003)

A key part of my role as a Welsh social worker is the need to support the Welsh language and culture. Wales has its own identity and heritage which is protected by The Well-Being of Future Generations (Wales) Act 2015 and guidance such as The Active Offer. The onus is on the social worker to provide a Welsh medium without the service user having to ask. A benefit to me from the Active Offer has been the realisation that everybody has a unique comfortable communication style. Some older people may need Welsh; continental care workers may need their own language. Tellingly, crucial information can be lost if someone is thinking in their own language while hearing a second language being spoken. The deeper meaning of words can be lost and there is a restriction on how well a person is able to communicate their feelings. Likewise, some people may be more comfortable with visual aids, some may need to hear it

spoken and others may like it written down. By ensuring that people are supported to use the communication style they are comfortable with, I am empowering them to have a voice and a presence in their assessment. 2 did not have the capacity to understand the Active Offer and I judged that it would not be appropriate to suggest it to her. I spoke to the care manager later around the use of the Welsh Language for 2's carers. Association of Directors of Social Services (ADSS) Cymru, 2015; The Well-Being of Future Generations (Wales) Act, 2015).

1307 words.

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?	Yes, Rosie 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, Rosie explained what the observation was about and made sure that the service user and all present at the review were in agreement.
Were you clear why the social worker met with you today?	Client 2 does not have capacity to understand the concept of a review however her support worker 3 understood the process of a review and why this was being held.
How well prepared do you think, the social worker was for his or her meeting with you?	Rosie was very prepared, had all the relevant information to hand and had clearly read previous documentation as Rosie had a good understanding of Client 2.
How has the social worker listened to you and respected your views and wishes?	3 said that she felt Rosie was 'very good, as she was clearly speaking directly to Client 2' even though at times 3 had to try and answer for client 2, Rosie always addressed her questions and paraphrased back directly to client 2.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	3 said that she thought Rosie was very good at communicating to client 2. 3 advised that client 2 may not understand the finer detail of the conversation but Rosie was able to reframe the words used so that client 2 may have a better understanding.

How has the social worker's involvement met your expectations for this visit?	3 advised that she was aware that the visit would be to review client 2's care and support plan and this is what happened. Rosie explained that the review form would be completed based on information gained during the meeting with both 3 and client 2 and would be sent out for them to read and sign if they agreed this was accurate.
Are there any other comments or suggestions that you would like to make?	3 felt that Rosie had a really 'nice way about her'. 3 said that even though client 2 does not always understand the smaller details of things Rosie was able to change the way she spoke to client 2 to promote client 2's understanding. Rosie was able to simplify her language and words used so that client 2 could be included fully in her review. 3 thinks that Rosie is a very approachable person who had obviously 'done her homework prior to the meeting'.

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)

Safeguarding is a process whereby a person is supported to, live a life free from “harm, abuse and neglect”; to protect their health and wellbeing; maintain their human rights; and to make “safe and manageable risks if doing so improves the quality of their life” (Bond Solon Wilmington Professional, 2019; Lawson et al, 2014; Munby Lord J 2010)

This essay will explore this definition through a person’s journey through a Safeguarding Enquiry case study. It will evidence the progress I have made within my identified learning needs.

My client, 1, has Down's Syndrome and a learning disability. She lives in Wales in a supported tenancy with 3 other tenants who are much younger than her. 1 enjoys accessing her local community and visiting her family at weekends. She is close to her family and has regular visits from her mother. 1's home is in an isolated, rural area with busy main roads and few amenities. Recently 1 has begun leaving her home unsupported without the staff's knowledge. She has a previous history of this behaviour, but she is vulnerable due to her learning disability. 1 is unable to manage her money, cross roads safely or recognise when another person might be a threat.

My identified, justified learning from my first year was the need for critical analysis of my practice and interventions and effective communication through collaborative working. Collaborative working would be a crucial aspect of the enquiry as I would need to identify the skills, knowledge and resources held by 1's family, her advocate, her care providers, the Safeguarding Manager, 1's Learning Disabilities Nurse and the Commissioning team and incorporate them into 1's assessment. Good collaborative working and effective communication was especially necessary as I was inexperienced in the application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). and would need to rely on my colleagues' expertise. (Littlechild B & Smith R, 2013; Wilkins D & Boahen G.2013;)

At this point I felt proud of the work I had undertaken for 1. On the three occasions 1 had left her home unsupported, I had worked collaboratively with the care providers supporting them to raise a Multi-Agency Referral Form (MARF) and update 1's risk assessments. I worked collaboratively with senior social workers, 1's learning disability nurse, the care providers and the family, following up on the MARF and checking that there was a Deprivation of Liberty and it's safeguards in place each time. The care provider worked with Commissioning and Safeguarding around adding restrictions to the doors, gates and 1's bedroom window. Regular meetings were set up between my client's mother and the care provider to ensure that there was good communication and support was given to the family. I worked with 1's mother and care providers to ensure that 1 had a wide range of activities suitable for her ability without unnecessarily impacting her co-tenants. After 1 had left her home unsupported for the third time, the Safeguarding Manager called a Safeguarding Enquiry under Section 7:126 of the Social Services and Wellbeing (Wales) Act 2014 and the All Wales Interim Policy and

Procedures for the Protection of Vulnerable Adults from Abuse, 2013. This policy has now been replaced by the Regional Adult Safeguarding Threshold Guidance 2014. (Social Services and Well-Being Act (Wales) 2014; Cwmpas: Mid & West Wales Safeguarding Adults Board, 2018)

During the first of three meetings forming the Safeguarding Enquiry, I was asked to provide an overview of the current situation with 1 and her care providers around the work that was being undertaken to keep her safe. I explained the work I had completed with other professionals, 1's family and her care providers to the Safeguarding Manager describing the restrictions on the front door, garden gates and 1's bedroom window. The Safeguarding Manager asked me for the Mental Capacity Assessments for 1 and, as I did not understand what she meant, I explained this to her. The Safeguarding Manager stated that the process for Deprivation of Liberty is to have a Mental Capacity assessment and a Best Interest meeting if 1 was felt to lack capacity. If 1 did lack capacity, then the information gathered through the assessment and meeting would initiate the Deprivation of Liberty and its safeguards; Deprivation of Liberty Safeguards. Without this all the work that I had done and was proud of was at best meaningless and at worst illegal. Without the Mental Capacity Assessment, there was no legal right to detain 1 or to stop her from leaving her home or accessing her community unsupported. I apologised and explained that as an inexperienced social worker, I hadn't fully understood the process of decision making. The Safeguarding Manager explained the process to me, outlining it and setting down outcomes to be achieved by the next meeting. This included 1's General Protection Plan which the manager made sure was understood by the care providers. (Barcham & Bogg, 2019; Bond Solon Wilmington Professional, 2019)

I was deeply disappointed in myself and decided to begin with a critical reflection of my practice. I adapted Boud, Keogh, and Walker (1985) reflective model to write myself a therapeutic letter critically reflecting on my practice. This method of reflection enabled me to address my emotional health, identify my reasoning behind my actions, identify what I would do differently, the learning I needed to carry forward and a reflection on where I, and the situation, were left after the intervention. It enabled me to identify theories and models that would support my ongoing work with 1 and areas of practice that I needed to strengthen. (Roscoe & Marlow, 2013; Maclean, 2010) On reflection, I felt that I had betrayed my core personal and professional values. Basic human decency should have ensured that 1 was a key participant in the restrictions put in place and the decisions made on her behalf. It was a direct violation of her human rights and against the ethos of the Mental Capacity Act 2005, The Social Services and Well-being (Wales) Act 2014, the Human Rights Act, 1998 and the Equality Act 2010. I had disempowered and deskilled the care provider by not providing the correct information or offering them support in achieving the necessary Mental Capacity assessments and Best Interest meetings. (Mental Capacity Act, 2005; The Social Services and Well-being (Wales) Act 2014; The Human Rights Act, 1998; The Equality Act 2010)

As a Welsh social worker, belonging to the British Association of Social Workers (B.A.S.W.), it is my responsibility to ensure that my practice compiles with B.A.S.W.'s and the Welsh Government's values, ethics and codes of practice. These codes of practice govern all aspects of social work and the behaviour expected of social workers. I spent time reflecting on the codes of practice and identifying where I was not fully compliant with them. (Northern Ireland

SocialCare Council, 2003; British Association of Social Workers, 2014; SocialCare Wales, 2017)

The codes of practice and Welsh legislation arose from Welsh devolution from the U.K. Government. Devolution is the transfer of power and funding from national to local government. In the United Kingdom, this has meant the transference of legislative powers from Parliament to Welsh, Scottish and Irish local Governments. Wales' journey to devolution first began in 1886 and was enshrined in UK law under The Wales Act 2017 making it a "a permanent part of the UK's constitutional arrangements." This has meant that Wales has a Reserved Powers model of law and can legislate on all matters of law except those which are reserved by Parliament for England to make on behalf of Wales. (Gov. U.K. 2018)

Devolution and the subsequent right to legislate has meant that the new laws and measures set out by the National Assembly of Wales are designed to promote, maintain and protect Welsh culture, heritage and language. Key new legislation includes The Social Services and Wellbeing (Wales) Act 2014, The Well-being of Future Generations (Wales) Act 2015 and the All Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse, 2013; now known as the Regional Adult Safeguarding Threshold Guidance 2014. The Active Offer Guidance, More Than Just Words, seeks to fully establish Welsh language and culture in an everyday context. Greetings to clients are automatically given in Welsh and English and there is an automatic assumption of right for the person to have full and immediate access to both Welsh and English language. (The Social Services and Wellbeing (Wales) Act 2014; The Well-being of Future Generations (Wales) Act 2015; Welsh Language Policy Unit, 2015;) Knowing

this legislation and guidance means that I can work in a culturally aware and sensitive manner to those whose heritage is native Welsh and that I am working to the National Occupational Standards.

Safeguarding includes the correct care and support provision for 1. The Social Services and Well-Being Act (Wales) 2014; Section 47 and the Coughlan caselaw is clear that the provision of a Primary Health Need must be met by The National Health Service to ensure safe, appropriate care. I employed the N.H.S. Continuing Health Care Funding guidelines and the Coughlan case law to identify that 1's behaviour was not medical in its origin and to ensure that there was no need for medical intervention. This intervention supported my learning around the parameters of my role as a social worker. (Bond Solon Wilmington Professional, 2018; Welsh Government, 2015; Social Services and Well-Being Act (Wales) 2014; Coughlan & Ors, R (on the application of) v North & East Devon Health Authority, 1999)

I began my intervention from an assumption of capacity (Mental Capacity Act, 2005) and a Strengths based Perspective. This promoted the holistic wellbeing of 1 and sought to empower her to build on her potential for independence. Once I suspected I did not have capacity, I used Narrative Theory to gain a more meaningful understanding of 1 by listening to the perspective of her care providers, learning disability nurse, mother and advocate, Narrative theory strengthened my collaborative working as it developed my skills to listen to a wider range of people, understanding their perspectives, agendas and concerns. Critically analysing my use of Narrative theory highlighted an ethical dilemma in that 1 has several carers who have recently moved to Wales from outside the UK for employment. These carers are supported to be English

speaking rather than Welsh speaking and they were not supported to understand Welsh culture or language. It meant that the carers were more conversant with English law rather than Welsh law and did not realise that Wales has its own legal, health and education systems, and its own culture and language. It was agreed in discussion with the care providers that Welsh is a difficult language to learn, but a simple "Hello," "Goodbye" and "thank you" would help facilitate the language. More importantly it highlighted the need for the care providers to support their continental workers to understand the difference between English and Welsh legislation, language and culture. People will think in the language they are most familiar with so key information, reflection and emotions can be overlooked when people are trying to translate what they are hearing into an unfamiliar language. This is especially true in safeguarding where vital information could be lost or mis-communicated due to a language and culture barrier. Due to her lack of capacity, 1 was not able to take up the Welsh Active Offer and some of her care providers were neither first language Welsh nor English speakers. This meant that I continued with my assessments in English but utilised the Welsh Active Offer and The Well-being of Future Generations (Wales) Act 2015 to develop my understanding of 1's home and care environment and to support her care provider and care staff with an understanding of the language, law and culture of Wales. (Maclean and Harrison, 2015; Cocker and Hafford-Letchfield, 2014; Mushins 2018; Association of Directors of Social Services, 2015; The Well-Being of Future Generations Act, 2015; Davies, n.d.)

My critical analysis of Narrative Theory enabled me to identify difficulties in the relationship between the involved parties. I employed Conflict Theory and Karpman's Triangle with its persecutor, victim and rescuer and its counterpart The Empowerment Dynamic (TED) with its

coach, creator and challenger to identify the different relationships between the care provider, learning disability nurse, myself, 1, her advocate and her mother. This allowed me to work to minimise any power imbalances and to work more effectively and collaboratively. I was able to maintain safe and appropriate personal and professional boundaries, (Emerald D, 2019; Maclean, 2010) The use of Systems Theory helped me understand the different layers that made up 1's environment. She has a very different living environment and expectations at home with mum than at her supported tenancies and this made settling back with her care providers difficult at times. I developed an understanding of the family dynamics and how they interrelated with 1's supported living environment. This gave me a greater insight into some of the difficulties mum had in building a positive relationship with her daughter's care providers. I mapped my findings into Collingwood's (2005) Kit Model so that I could gain a holistic picture of 1 in her home and care environment and with her different relationships and environments. (Payne, M, 2014, Mclean, 2015, Collingwood, 2005)

The care providers asked for support with the findings and identified outcomes of the Safeguarding Enquiry meetings, so I used Crisis Intervention and Task Centred Practice to enable me to engage them with the changes they needed to make and to involve them in the capacity assessment and best interest meeting for 1. It provided us with a structured, planned way forward that would meet the outcomes of the Safeguarding Enquiry, clarify their understanding and identify any specific actions or learning around the Mental Capacity Act 2005, Social Services and Well-Being Act (Wales) Act 2014, Deprivation of Liberty and the safeguards around it. (Payne, M, 2014, Social Services and Well-Being Act (Wales) Act 2014; Future Generations of Wales Act 2014; Bond Solon Wilmington Professionals, 2016: 2018) This

caused a personal conflict for me as the care providers appeared to be apathetic towards making the necessary changes. I worried that I might be disempowering them by not allowing them to work on their own initiative. However, a week after the first meeting, I attended 1's home with a colleague to continue with her Mental Capacity Assessment. During my visit, it became clear that the outcomes of the Enquiry were not being passed onto 1's carers nor was her risk assessment updated as required. A discussion with her care providers ensued and they were clear that, although they were following the initial outcomes from the Safeguarding Enquiry, they had not yet completed their paperwork. I explained that the paperwork was their evidence trail and it needed to be robust and explicit as it would form part of the enquiry. On reflection, I found I was frustrated by their apparent lack of concern and engagement as I couldn't understand why they were not more proactive. A large part of my frustration stemmed from the fact that we were all fully supported by the Chair of the Safeguarding Enquiry who was clear as to the outcomes she expected to see and ensured our understanding of them. She was very patient with any question asked of her to clarify points we weren't clear on. My learning was that while I can support my clients and care providers, I cannot make them engage with interventions and I cannot rescue them from the consequences of their choices and decisions. (Ferguson, 2018; Maclean, 2010; Reamer, 2013)

Mental capacity always begins with the assumption of capacity and it is my responsibility to prove lack of capacity, not 1. As the assessment was carried out as part of the Safeguarding Enquiry, an Independent Mental Capacity Advocate (IMCA) was instructed. The instruction of an independent advocate provides verification for the assessment and gives a stronger voice to 1 (Barcham & Bogg, 2019) As a disabled person 1 has a specific convention of Human Rights

and her disability is a protected characteristic of the Equality Act 2010. (Equality and Human Rights Commission, 2016); She had a right to be seen as 1 and not as her disability, to not be discriminated against and to be given every possible opportunity to demonstrate her capacity. (Cocker and Hafford-Letchfield, 2014) Case law helped me to identify whether 1 was being deprived of her liberty and whether this was the least restrictive option in her best interest. (PC & Anor v City of York Council, 2013; P & Q v Surrey County Council & Ors, 2011) I met with 1 on three occasions; once with a more experienced colleague. I spoke with 1's carers to find the best time to visit 1 and to identify where she would like the meeting held. 1's engagement changed significantly throughout the three visits. She became less engaged and her replies to me identified her lack of understanding. It was evident during my assessment that 1 lacked capacity to understand the risk of leaving her home unaccompanied, she was unable to keep herself safe if she was alone in her community and did not understand the need to remain with her carers when she was out with them. A decision regarding the restrictions placed on her had to be made for 1 and as she lacked capacity to make these decisions, a decision would have to be made on her behalf. 1 was clearly under continuous supervision and control and was not free to leave of her own accord which met the Acid Test of the Cheshire West Ruling. What I needed to be clear about was that 1 was not being discriminated against because of her disability and that the deprivation of her liberty was in her best interest. I assessed that 1 was not being unduly over supervised and she was allowed to develop her potential through safe risk taking. This meant that where safe and appropriate 1 could go out with one carer rather than two carers. (Disability Wales, 2013; Department of Constitutional Affairs, 2007; Cheshire West and Chester Council v P, 2011; Coughlan & Ors, R (on the application of) v North & East Devon Health Authority, 1999)

The causative nexus was that 1 had a learning disability which was permanent. This meant the functioning of her brain was permanently impaired and because of this, 1 lacked capacity to decide if she wanted her current restraints or not. (Ministry of Justice, 2008; Department of Constitutional Affairs, 2007; Barcham & Bogg 2019; Bond Solon Wilmington Professional, 2016:2018)

As 1 had an assessed lack of capacity as detailed in the Mental Capacity Act 2005 and its accompanying Code of Practice, I would need to hold a Best Interest meeting for 1. This would involve her mother, advocate, Independent Mental Capacity Advocate (IMCA) and her care providers. The IMCA and the advocate were on annual leave and they agreed the meeting needed to continue to be timely for the Safeguarding Enquiry and they would meet with me afterwards to discuss the work completed for 1. Best Interest Decisions must always be based on the person's best interest, including where possible their previously expressed wishes and feelings. It must not be based on the person's age, appearance or behaviours. There are three main decision making models contained in the Mental Capacity Act 2005. These are Advanced Decisions, Substituted Judgement and Best Interest Decision Making where the decision is made for the person as laid down in Principles 4 and 5 of the Mental Capacity Act 2005. These principles state that decisions must be made in the person's best interest and be the least restrictive option. A substituted judgement could have been considered if 1 had expressed previous opinions regarding the restrictions placed upon her. As 1 had a lifelong learning disability, she had not made any advanced directives, nor had she ever expressed any previous opinions on having restrictions to her liberty. (Bond Solon Wilmington Professional, 2016:2018;

Coventry City Council, n.d.; Department of Constitutional Affairs, 2007; Ministry of Justice, 2008)

To facilitate the best decision for 1, I carefully recorded everyone's concerns and we explored the reasons for the restrictions, the impact they had on 1's current home and lifestyle and whether some of the restrictions could be lifted. While 1 had her own advocate, I was very aware that I needed to present everyone's viewpoint for 1 in an objective, dispassionate manner that allowed their voice on 1's behalf to be heard equally. I also needed 1's voice to be heard. While she lacked capacity, she was able to express her views and to take a full part in her meetings. 1 had been very clear with me in the beginning that the locks on the doors made her feel safe and that she wanted to remain living in her current home. It was clear through the Mental Capacity Assessment and the Best Interest Decision meeting that 1 was not able to leave her home unsupervised. It was agreed that it was in her best interests to reduce some of the restrictions on the doors and garden gates, but to keep some restrictions to safeguard 1 at home. Where safe and appropriate, 1 would go out with one carer, otherwise it would be two carers. The Safeguarding Enquiry agreed with my findings and the Enquiry was closed and returned to me as the social worker. This decision assessment and the Mental Capacity Assessment will go to the Court of Protection to form part of the Deprivation of Liberty process.

In conclusion, while I initially lacked experience and knowledge in Safeguarding and the appropriate application of the Mental Capacity Act 2005 and DoLS, I was able to access a wealth of information and support that promoted my professional and personal development. I am not a visual person and I have learned that the appropriate use of theories and models gives

me a more three dimensional picture of the person I am supporting. I can see them in their environment and better understand the world they live in. I have been able to carry forward into my second year in practice a greater understanding of the application of the Mental Capacity Act 2005 linking into the Human Rights Act 1998 and The Equality Act 2010 and underpinning rulings such as the Cheshire West Acid Ruling, Coughlan and other relevant caselaw, and the Deprivation of Liberty and its Safeguards and to see where my role is. More importantly I have learned that in order to be the therapeutic social worker I want to be, I need to see the bigger picture around my clients, including safeguarding, mental capacity and appropriate care providers as part of their integral journey. I was aware that making a fundamental error at the beginning affected my confidence, so I contacted the Safeguarding Manager and asked for support in identifying learning and good practice from the Enquiry. She was willing to support my learning and we built a good working relationship together. The Learning Disability Nurse and I have found it difficult to work effectively together and we have struggled to resolve our difficulties. I made sure that I contacted her personally where possible, practised active listening when I was with her and accessed support through supervision and mentoring to make sure there was no adverse impact on my client, her family and care staff and other professionals within the Enquiry. I have carried forward into my second year in practice the need to embed this ethos into my practice with my other clients, to revisit my personal and professional values and ethics and to take responsibility for ensuring my practice follows the National Occupational Standards, the Welsh Code of Practice and the British Association of Social Worker's ethics and values.

3975 words

Section 5

Safeguarding

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

In an area **that is not your main focus of work** (see guidance above), explain the relevant legislation, and the national, local and organisational policies and procedures for Safeguarding.

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

In a similar manner to adult safeguarding, children's safeguarding is primarily the promotion and protection of their human rights and their physical, mental and emotional wellbeing.

Safeguarding children should be an integral part of their life journey and one they are encouraged to fully participate in. Children's safeguarding is upheld by the Local Authority's Pledge for all Young People and Children, and the Children's Safeguarding Board. (The United Nations Convention on the Rights of the Child, 1989; Local Authority's Children's Pledge H.M. Government 2018; Mid & West Wales Safeguarding Board, 2019)

A child's safeguarding journey begins with a referral to children's social services following a concern. This may be something the child said, or an adult has witnessed. The referral will trigger a Section 47 (The Children's Act 1989) Enquiry within Part 7; Section 130, Social Services and Well-Being (Wales) Act 2014. This is the Local Authority's duty to investigate if a child is felt to be at risk. If the risk is immediate, then an Emergency Protection Order can be sought. This will last for 8 days with a possible extension of a further 7 days. Sometimes the children can be accommodated by family on a Family Arrangement Order or a Section 20 (The Children's Act 1989; The Social Services and Well-Being Act, 2014; H.M. Government 2018).

These orders are voluntary and there is no restriction on a care giver contacting or visiting the child.

Initial enquiries will be held, and this may include housing, school, police, and health officials. Sometimes the caregiver will be allocated an adult social worker to support them in making necessary changes. If the concerns are serious then a Child Protection Conference will be set up to which the children, caregiver and all involved parties will be invited. The Child Protection Conference will be chaired by an Independent Reviewing Officer (IRO). Following the Child Protection Conference, the children may be placed on the Child Protection Register. This will necessitate the children's social worker visiting the children every 10 days. (Welsh Government, 2019; The Children's Act, 1989)

There will be Core Group meetings to which the children, care giver and all involved parties will be involved. This will either lead to an Interim Care Order giving the Local Authority shared parental responsibility with the caregiver. The Care Order will last for 8 weeks and can be extended to 28 days indefinitely. If the concerns are grave enough, a Full Care Order may be sought terminating the responsibilities and rights of the care giver and giving full Parental Responsibility to the Council. (H.M. Government, 2018)

Section 31 (The Children's Act 1989) is the threshold criteria for seeking the removal of a child from its caregiver and it is the responsibility of the Council to meet the criteria. During the Court proceedings the child will be represented by a Guardian Ad Litem who will ensure the child's

voice, wishes and feelings are heard. The child will also have their own solicitor. (CAFCASS, 2017; The Children's Act 1989)

500 words

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

While there are key differences in policy, legislation and consent, children and adult's safeguarding are mapped within the Social Services and Well-Being Act (Wales) 2014. Children's Safeguarding still follows the Children's Act 1989 which sits within Part 7 Section 130, Social Services and Well-Being (Wales) Act 2014 and Welsh social workers follow the United Kingdom's time scales for enquiries and Court intervention. Both children and adults safeguarding have a shared Regional Safeguarding Board and they are monitored within the Local Authority by the Corporate Safeguarding Group who meet quarterly. There is different legislation and guidance; children's safeguarding follows the Working Together to Safeguard Children, and adult's safeguarding follows the Regional Adult Safeguarding Threshold Guidance 2014. Mid & West Wales Safeguarding, 2019; The Children's Act, 1989; The Social Services and Well-Being Act (Wales) 2014; H.M. Government, 2018; Cheshire East Safeguarding Children's Partnership, n.d.)

A key difference between adults and children's safeguarding is consent. For adults over 18, their right to autonomy is given through the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. For children under 18, The Fraser Guidelines and Gillick Competency gives them autonomy. Primarily, The Fraser Guidelines and Gillick Competency were for medical reasons arising from case law in respect of contraception, however they are recognised as a means of

identifying a child's capacity to understand their decision making and its consequences. (Gillick v West Norfolk and Wisbech AHA, 1985; The Mental Capacity Act, 2005) The Mental Capacity Act (Amendment) Act 2019 and its accompanying Liberty Protection Safeguards reduces the age for children who are considered to lack capacity and are deprived of their liberty to sixteen years old. The Law Society (2019) argues that this may potentially lead to weaker protection from The Children's Act, (1989).

As a devolved country, Wales has developed its own legislation including The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 to protect the most vulnerable members of its society by seeking to prevent, support and protect people affected by domestic abuse, gender-based violence and sexual violence. Although carrying the word "women" in its title, the Local Authorities Safeguarding Conference was clear in its message that it crosses all gender and age groups.

In conclusion, while there are significant differences in policies, procedures and some legislation, adult and children safeguarding in Wales is largely cohesive and easily accessible by either adult or children social workers. It is a strengths based journey following Signs of Safety for children and Person Centred Care for adults. (Cheshire East Safeguarding Children's Partnership, n.d; Social Services and Well-being (Wales) Act, 2014)

429 words

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

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.

Since joining my team in June 2018, my practice has been a steep learning curve which has highlighted difficulties around the way I view my world, translate and process information and communicate with people. These concerns were highlighted in a series of complaints which identified a theme around my role boundaries, communication, fixation and drift. I tend to be risk adverse and will take on unnecessary work so that clients, colleagues and other involved parties are "safe." This blurs my understanding of my role and means I disempower and de-skill them, not allowing them to either take risks or learn from consequences of their actions. Critical reflection on the Safeguarding Enquiry highlighted this as I "spoon fed" the care providers with the information they needed instead of letting them do their own learning and take the consequences of not following through on their actions. By taking on work that is not within my remit, I overload myself, becoming fixated on the one task and details instead of seeing the bigger picture and as a result I fail to communicate clearly what is expected of myself, my clients and other professionals. During this time, my other work drifts, emails are not responded to and my clients are left unsupported. This is still causing difficulties so to support me my team manager and my line manager are following the Capability Process with me to identify whether I am in the correct social work role. My managers have approached my work from a strengths based perspective, reassuring me that a lot of my work is "top notch" and I am a "valued team

member." This has built confidence in me and was supported by a client who informed me that "I am glad you're our social worker. I don't know what we would have done without you. I can talk to you and I trust you." I am also fully supported by my team.

While my collaborative skills have improved; feedback from a children's social worker has said I am "proactive and committed to mum," I have become aware that much of collaborative working is about trust. I need to be able to trust my colleagues and clients to do the work I have asked of them and to communicate with me if there are any difficulties. Trust works both ways and my clients and colleagues need to be able to trust me that I will complete work when I say I am going to do it. Good communication builds this trust and it can be as simple as a phone call or email to say I haven't had time to complete the work I need to do, I have done it, or I need more information. Trust and good communication are a key part of social work values as laid down in the National Occupational Standards and the British Association of Social Work Values and Ethics. I am well supported in my learning needs and I have identified learning around good communication.

Critical analysis and critical reflection have been crucial in enabling me to ensure that all parties involved in my interventions have a voice and a presence and I am learning where my role boundaries are so that I do not de-skill or disempower my colleagues or clients by preventing them from achieving work that I have done for them. Schon (1991) talks about reflecting in your practice during an intervention and reflecting on the intervention afterwards. This is forming an important part of my social work journey as I am learning to listen to myself and understand the mechanics of my communication.

Collaborative working is still challenging for me as communication is difficult for me at times. I assume people know what I am thinking and what I expect them to do. The use of theories and models such as Boud, Keogh and Walker and case law such as Coughlan have helped me identify the parameters of my role and to work in a more timely, effective and appropriate manner. (Maclean and Harrison, 2015; Maclean, 2010)

In conclusion, I have grown professionally and personally, and I am proud of what I am achieving. I am aware, however that, while my work is generally very good, the way I process and translate my world and the information I gather is still not fully developed. This is causing difficulties for myself, my colleagues and my clients. Currently I am meeting my line manager weekly and my mentor regularly as part of the Capability Process to see if I can develop the necessary translation skills and to identify whether this is the correct social work role for me. I can see where the difficulties lie; my problem is I don't always identify it as a difficulty so learning to correct it is problematic.

800 words.

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

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

Consolidation workshop	Date Attended
1	12.02.2019
2	28.03.2019
3	17.09.2019
4	04.12.2019

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.

Over the duration of her Porth Agored, Rosie has developed her skills in relation to professional writing and completion of assessments and support plans. Rosie has also been recognised for her panel applications. Rosie has been pro-active in attending training events to develop her skills and knowledge relevant to her role.

Rosie is committed to her role as a Social Worker and is a hard worker. She continues to try and work hard to overcome the issues that have recently been identified. As her mentor I do believe that these issues are exacerbated by her informal diagnosis of autism.

Moving forward Rosie needs support to critically reflect on her communication skills and her ability to see the 'wider picture'.

Section 7

Bibliography

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

REFERENCES

Local Authority (2019) *A Pledge to All Children and Young People in xxxx*. Available at: <file:///C:/Users/jayr/AppData/Local/Microsoft/Windows/INetCache/IE/LY0MPZ7T/childrensPledgeEN.pdf> (Accessed: 11 February 2020)

Association of Directors of Social Services (ADSS) Cymru. (2015) *Delivering the 'Active Offer' Information Pack – Social Services and Social Care*. Available at: https://socialcare.wales/cms_assets/file-uploads/150928activeoffersocialservicesen.pdf (Accessed: 01 March 2019).

Barcham, C & Bogg, D. (2019) *The Pocketbook Guide to Mental Capacity Assessments*. London: Open University Press.

Bond Solon Wilmington Professional. (2019) *Advanced Best Practice in Safeguarding Adult Enquiries (Wales)*. London: Bond Solon Training.

Bond Solon Wilmington Professional. (2019) *Continuing NHS Healthcare Wales*. London: Bond Solon Training.

Bond Solon Wilmington Professional. (2016) *Deprivation of Liberty Safeguards*. London: Bond Solon Training.

Bond Solon Wilmington Professional. (2018) *Mental Capacity Act*. London: Bond Solon Training.

British Association of Social Workers. (2014) *The Code of Ethics for Social Work*. Birmingham: British Association of Social Workers.

CAFCASS. (2017) *Care proceedings; When will a local authority make an application to take children into care?* Available from: <https://www.cafcass.gov.uk/grown-ups/parents-and-carers/care-proceedings/> (Accessed 03 November 2019)

Cheshire East Safeguarding Children's Partnership. (n.d.) *Guidance on using Signs of Safety*. Available at: <http://www.cheshireeastlscb.org.uk/professionals/guidance-on-using-signs-of-safety.aspx> (Accessed: 07 January 2020)

Cheshire West and Chester Council v P [2011] EWCA Civ 1257 (IN THE COURT OF APPEAL (CIVIL DIVISION)).

Children Act 1989. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/contents> (Accessed: 01 August 2019).

Cocker, C. and Hafford-Letchfield, T. (2014) *Introduction: Rethinking Anti-Discriminatory and Anti-Oppressive Practice in Social Work; Time for New Paradigms?* Available at: <https://www.researchgate.net/publication/279974094>. (Accessed: 01 February 2020).

Collingwood, P. (2005) Integrating theory and practice: The Three-Stage Theory Framework. *Journal of Practice Teaching*. 6(1), 6-23.

Coughlan & Ors, R (on the application of) v North & East Devon Health Authority [1999]EWCA Civ 1871 (IN THE COURT OF APPEAL (CIVIL DIVISION).

Coventry City Council. (n.d.) *Best Interests Decision Making: Guidance for Staff*. Available at: <http://www.umccoventry.co.uk/best-interests-decision-making-guidance-for-staff/>. (Accessed: 08 February 2020)

Davies, E. (n.d.). *Different Words Different Worlds? The concept of language choice in social work and social care*. Available at: https://socialcare.wales/cms_assets/file-uploads/Different-Words-Different-Worlds.pdf (Accessed: 15.08.2019)

Department of Constitutional Affairs. (2007) *Mental Health Act 2005, Code of Practice, 2007*. (Issued by Lord Chancellor on 23 April 2007 in accordance with sections 42 and 43 of the Act) London: TSO.

Disability Wales. (2013) *Know your rights Live your rights! Use your rights*. Caerphilly:

Disability Wales.

Emerald, D. (2019). *TED; The Empowerment Dynamic*. Available at:

<https://powerofted.com/the-drama-triangle/> (Accessed: 08.02.2020).

Equality and Human Rights Commission. (2016) *Bournemouth Case*. Available at:

<https://www.equalityhumanrights.com/en/what-are-human-rights/human-rights-stories/bournemouth-case> (Accessed: 08.02.2020).

Ferguson, H. (2018) How social workers reflect in action and when and why they don't: the possibilities and limits to reflective practice in social work. *Social Work Education*, 37 (4), 415-427.

Four Adult Protection Fora. (2013) *All Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse, 2013* Available at:

<http://www.wales.nhs.uk/sitesplus/documents/972/QS%2010%20Pova%20Policy.pdf>
(Accessed: 01 March 2019).

Gillick v West Norfolk and Wisbech AHA [1985] UKHL 7 (The House of Lords)

Gov. U.K., (2018) *Devolution Settlement Wales*. Available at:

<https://www.gov.uk/guidance/devolution-settlement-wales>. (Accessed: 01 September 2019).

Gov.U.K., (2018) *New law introduced to protect vulnerable people in care*. Available at: <https://www.gov.uk/government/news/new-law-introduced-to-protect-vulnerable-people-in-care>. (Accessed: 07 February 2020).

Henke, R., Shepherd, L., and O'Callaghan, A. (2018) *A Practitioner's Guide Basic Legal Principles*. National Wales Safeguarding Board: Welsh Government.

H.M. Government. (2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*: Government Publications.

Kerr, Michael E. (2000) "One Family's Story: A Primer on Bowen Theory." The Bowen Center for the Study of the Family. Available at: <http://www.thebowncenter.org> (Accessed 31 January 2020).

Lawson, W. (2001) *Understanding and Working with the Spectrum of Autism; An Insider's View*. Philadelphia: Jessica Kingsley Publishers.

Littlechild B, and Smith, R. (2013) *A handbook for interprofessional practice in the human services: learning to work together*. England: Routledge.

Maclean, S. (2010) *The Social Work Pocket Guide to ... Reflective Practice*. Staffordshire: Kirwin Maclean Associates.

Maclean S., and Harrison R. (2015) *Social Work Theory; A Straightforward Guide for Practice Educators and Placement Supervisors*. 2nd ed. Staffordshire: Kirwin Maclean Associates Ltd.

Mid & West Wales Safeguarding Board Safeguarding children & adults. (2019) Available at: <https://www.cysur.wales/> (Accessed: 09 February 2020).

Ministry of Justice. (2008) *Deprivation of liberty safeguards; Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*. London: TSO.

Munby, Lord Justice. (2010) 'What price dignity?', *keynote address at LAG Community Care Conference: Protecting liberties*. London. 14 July.

Mushins, D. (2018) *Using narrative theory in practice*. Available at: <https://www.communitycare.co.uk/2018/04/13/using-narrative-theory-practice/>. (Accessed: 31 January 2020).

N.S.P.C.C. (2019) *Gillick competency and Fraser guidelines; Balancing children's rights with the responsibility to keep them safe from harm*. Available at: <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf> (Accessed: 09 February 2020)

National Institute for Health and Care Excellence. (NICE) (2018) *Decision-making and mental capacity – NICE Guidelines*. Available at:
 file:///C:/Users/danci/OneDrive/Mental%20Capacity/Nice%20guidelines%20Best%20Interest.pdf (Accessed: 02.11.2020)

National Safeguarding Boards Wales (n.d.) *The legal background to Safeguarding*. Available at: <http://safeguardingboard.wales/2018/01/30/legal-background-safeguarding/> (Accessed: 09.02.2020)

Northern Ireland SocialCare Council. (2003) *The National Occupational Standards for Social Work*. Available at: https://www.basw.co.uk/system/files/resources/basw_32232-7_0.pdf

Open University. (n.d.) *Becoming a critical social work practitioner*. Available at:
<https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/becoming-critical-social-work-practitioner/content-section-0?active-tab=description-tab> (Accessed 12 December 2019).

Payne, M. (2014) *Modern Social Work Theory*. 4th ed. Basingstoke: Palgrave Macmillan.

PC & Anor v City of York Council [2013] EWCA Civ 478 (THE COURT OF APPEAL (CIVIL DIVISION)).

P & Q v Surrey County Council & Ors [2011] EWCA Civ 190 (IN THE COURT OF APPEAL (CIVIL DIVISION)).

Reamer, Frederic, G. (2013) Eye on Ethics; Reflective Practice in Social Work — The Ethical Dimension. *Social Work Today* [online] Retrieved from:
https://www.socialworktoday.com/news/eoe_042513.shtml.

Roscoe, K., and Marlow, M. (2013) Case work in social work; exploring the use of reflective letters in the intensive family support services. *Journal of Social Work Practice*, 27 (4), 423-440.

Roscoe, K. D. & Madoc, I. (2009) 'Critical social work practice a narrative approach'. *International Journal of Narrative Practice*, 1(1), 9-18

SocialCare Wales. (2017) *Code of Professional Practice for Social Care*. Cardiff: Welsh Government.

Social Care Institute for Excellence. (2008) *Communication skills e-learning course*. Available at: <https://www.scie.org.uk/e-learning/communication-skills> (Accessed: 09 February 2020).

Social Services and Well-Being (Wales) Act (2014). Available at:
<https://www.legislation.gov.uk/anaw/2014/4/section/47> (Accessed: 07 February 2020).

The Equality Act 2010. Available at: <http://www.legislation.gov.uk/ukpga/2010/15/contents>
(Accessed: 08 February 2020).

The Law Society. (2019) *Mental Capacity (Amendment) Act 2019*. Available at:
<https://www.lawsociety.org.uk/practice-areas/p/private-client/articles/mental-capacity-amendment-act-2019/> (Accessed: 12 October 2019)

The Mental Capacity Act 2005. Available at:
<http://www.legislation.gov.uk/ukpga/2005/9/contents> (Accessed: 01 August 2019).

The Mental Capacity (Amendment) Act 2019. Available at:
<http://www.legislation.gov.uk/ukpga/2019/18> (Accessed 07 February 2020).

The Human Rights Act 1998. Available at:
<http://www.legislation.gov.uk/ukpga/1998/42/contents> (Accessed: 01 August 2019).

The United Nations Convention on the Rights of the Child. (1989) *Convention on the Rights of the Child Adopted and opened for signature, ratification and accession by General Assembly Resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with Article 49* London: Unicef.

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. Available at: <http://www.legislation.gov.uk/anaw/2015/3/section/2/enacted> (Accessed: 09 February 2020)

Wales Safeguarding Procedures. (n.d.) Available at: <https://www.safeguarding.wales/>
(Accessed: 30 November 2019)

Well-being of Future Generations (Wales) Act (2015). Available at:
<https://www.legislation.gov.uk/anaw/2015/2/contents> (Accessed: 01 March 2019).

Welsh Government. (2019) *Social Services and Well-being (Wales) Act 2014; Working Together to Safeguard People, Information sharing to safeguard children; Non-statutory guide for practitioners* Available from: <https://gov.wales/sites/default/files/publications/2019-07/working-together-to-safeguard-people-information-sharing-to-safeguard-children.pdf>
(Accessed: 07 January 2020)

Wilkins, D. and Boahen, G. (2013) *Critical Analysis Skills for Social Workers*. Open University Press: Berkshire.

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 Rosie Jay

2. Learner's University Number: 1815034

Address for Correspondence:

1 Temple Close
Craig Road
Llandrindod Wells
Powys, LD1 5HS

Telephone: 07803 483 299

E-mail: dancingwarrior@mail.com

Date of Professional Qualification: 29.07.16

Date of registration with Social Care Wales: 29.07.16

3. Name of Learner's Agency: Powys County Council

Agency Contact details:

Name: Adults Disability Team - South

Address: The Gwalia
Ithon Road
Llandrindod Wells
Powys LD1 6AA

Telephone Number: 01597 826 299

E-Mail address: rosie.jay1@powys.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: Haf Jones

Address: Robert Owen House
Park Lane
Newtown
SY16 1EN

Telephone Number: 01686 617717

E-Mail address: elliw.haf.jones@powys.gov.uk

6. Observer details

Name: Sarah Davies

Work Address: The Gwalia, Ithon Road, Llandrindod Wells, Powys, LD1 6AA

Professional Qualification and date of qualification: 15.03.2010

Email and telephone number: sarah.j.davies@powys.gov.uk

01597 827180

Signatures and Line Manager Verification

CONFIDENTIALITY and PLAGIARISM – to be completed by the learner

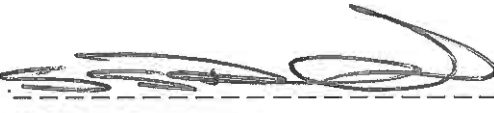
All information provided in this portfolio complies with guidance on confidentiality. I confirm that all work apart from comments by others (e.g. mentor, an individual using services, their family or carers) is all my original work and has not been copied. I understand that plagiarism is taken very seriously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

Signed:  (Learner)

Date: 13.02.2020

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: 13-2-20

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: Please see page 50^A + 50^B

SIGNATURE OF LINE MANAGER.: _____

DATE: _____

Cyfarwyddwr Gwasanaethau Cymdeithasol
Director of Social Services
Alison Bulman

Pennaeth Gweithrediadau ar gyfer Gwasanaethau
Cymdeithasol
Head of Adult Services
Michael Gray

Gwasanaethau Cymdeithasol/
Social Services
Pobl/People
Neuadd y Sir / County Hall
Llandrindod Wells
Powys
LD1 5LG

Ffôn / Tel: 01874 615921
Ffacs / Fax:
E-bost / E-mail: elaine.denley@powys.gov.uk
Eich cyf / Your ref:
Dyddiad / Date: 17th February 2020
Os yn galw gofynnwch am /
If calling please ask for: **Elaine Denley**

Dear Carol

Re: Rosie Jay Registration number 1815034

I am writing in my capacity of Line Manager for the above student Rosie Jay. I have been requested to confirm that I am content with the:

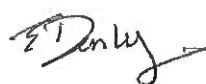
- level of supervision and mentoring support received by the learner
- learning and development undertaken
- reading and personal research undertaken
- level of knowledge and skills demonstrated
- understanding shown of the Code of Practice and National Occupational Standards
- core values of the learner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

Unfortunately, due to an ongoing need for additional support around learning and development I feel unable to confirm that Rosie has achieved an appropriate level of professional practice in all of the above areas at this time.

As part of an action plan to support development, I currently provide additional weekly supervision where we look at Rosie's development needs in relation to her professional practice; Rosie has identified additional on-line learning relating to communication skills and styles and she also actively participates in team Reflective Practice session on a regular basis.

The action plan will be in place for 3 months and the process is being overseen by the Disabilities team manager Pat Downes.

Yours Sincerely



Yn agored a blaengar - Open and enterprising
www.powys.gov.uk

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	Rosie Jay
Name of Team/Agency	Adults Disability Team - South
Name of Mentor	Haf Jones
Name of Line Manager	Elaine Denley

Study Duty

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

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

Study Leave

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

Resources

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

The employer's training department agrees to:

- Arrange for eligible staff to join the programme
- pay course fees directly to the University
- provide additional guidance and support by:
 - a) facilitating access to existing learning materials or library resources
 - b) providing appropriate training opportunities from existing internal training programmes as agreed with the learner and mentor
 - c) providing programme induction and Consolidation Workshops
 - d) providing learners' with guidance and support about programme requirements and portfolio completion
 - e) helping to resolve any programme difficulties encountered by the learner, mentor or service managers

The learner agrees to:

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

Line Manager/Mentor agrees to:

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

- 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: *[Signature]* Print Name: *ROSE MAY* Date: *14.02.2020*
(Learner)

Signed: *[Signature]* Print Name: *ELAINE DENLEY* Date: *18/02/2020*
(Line Manager/Mentor)

Signed: *[Signature]* Print Name: *ELI W. HNF JONES* Date: *14-2-2020*
(Mentor, if different to above)

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