

**GRADUATE CERTIFICATE in
Consolidation of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044**

**LEARNER PORTFOLIO
(PORTH AGORED and UNIVERSITY OF
WALES TRINITY SAINT DAVID)**

Learner's name: Karen Lander

Email address: karen.lander@swansea.gov.uk

Learner's University Registration Number: 2320475

Cohort: 21 onwards

Task 1

Part a

Developmental review

Guidance:

Task 1 part a asks you to use a model of reflection to reflect on your past practice and future developmental needs. It should be completed by taking into account the work you have undertaken since qualifying. In discussions with your mentor and/or supervisor/line manager identify your future developmental needs as part of your First Three Years of Practice Individual Plan under each of the 3 learning outcomes below. You must meet the Learning Outcomes for this task (see appendix 4 of the handbook).

Please answer all elements of the question below.

Question:

Using a reflective model critically reflect on your professional development since qualifying as a social worker. Based on this and in discussion with your mentor/supervisor/line manager go on to identify and justify your future developmental needs over the coming 12 months under each of the 3 Social Care Wales (SCW) learning outcomes listed below providing at least one developmental need for each of the learning outcome below:

1. Applying analysis in assessment to inform interventions.
2. Working collaboratively with people in need of care and support, their carers and other professionals.
3. Intervention and application of professional judgement in increasingly complex situations.

This task must make reference to how the supervision, training, learning and research has and will inform your practice.

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

I have found using Gibbs Reflective Cycle (Gibbs, 1988) a useful model in my professional development since qualifying. Since moving into a hospital discharge role, I have experienced different patients with varying levels of need. One recent case was for a patient (1) who was referred for a Mental Capacity Assessment and Best Interest Meeting due to safeguarding concerns to returning home, however there were also cautions on the referral about aggression and occasions of violence from 1. I tried to remain professional and was conscious not to let any bias affect my role. My first meeting, 1 was verbally offensive and did not want to engage with me. Asking questions and trying to engage 1 in conversation was only adding to 1's frustration and 1 quickly became distressed and verbally aggressive.

Referring to Gibbs' second stage of the cycle; I reflected on my feelings during the interaction. I was nervous, and I don't think I instilled much confidence in 1 who evidently couldn't understand why they weren't allowed to go home. I left this initial interaction quite deflated and perplexed as to what to do since I wanted to give 1 the best opportunity to contribute to the assessment and discharge process. Stage three of the cycle; I evaluated the experience. I

spent some time going over the conversation, how I was speaking, my body language, tone of voice and my general approach to 1. Following this, the fourth stage of the cycle; tied in with the evaluation. I was able to analyse what factors could have contributed to how the interaction went; time of day, did I check if there was medication due, or if 1 had much sleep or if there was a preferred time of day (Alzheimers Society, 2021). This helped me move onto the fifth stage of the cycle; I reached a conclusion about what other actions I could have taken that may have resulted in a more positive interaction for 1. Taking each step of my visit I looked at how this could be improved; sit next to 1, rather than stand over the bed while talking, not have 3 other people in the room with me as this may have seemed intimidating, made an attempt to speak to 1 conversationally rather than ask questions in addition to my own feeling of being defensive because I knew 1 had previously been aggressive. From this account I reached Gibbs' final stage in the cycle; I devised an Action Plan to revisit 1. I wrote down a list of things that I would need to check, time of day, any preference or dislike to particular staff, what 1 likes to eat or drink. I also noted to be more mindful of my body language and tone of voice. From this experience I learned to research a bit more about a person and any medical conditions they have or are being treated for, while being mindful not to develop any misconceptions about a person based on diagnosis.

I identified with my supervisor, a need to develop professional and personal judgement - addressing biases and practising equality. I had judged 1 on the referral I had and this led me to behave in a certain way that was not treating 1 as an individual. I didn't take notice of any bias I may have had when I read the cautions on the case file. I will work on this over the coming 12 months and make note of when I feel I may have a bias opinion and I will work on my professional judgement when needed rather than letting my personal judgement rule my actions.

I also identified with my mentor that being more organised would help with my assessment and analysis. If I had taken more person-centred approach, this may have contributed to a more successful assessment. This would contribute to meeting the learning outcome of analysis in assessment. I aim to work on ways I can be more person centred and considerate of needs, during assessments.

Another learning need that I identified was learning how to communicate in a variety of ways, including with people with ill mental health & cognitive impairment. I feel that this experience with 1 helped me identify that I should have gathered more information before going to assess 1. I acknowledge my professional accountability (COPP, 2017) in how a situation escalated because I wasn't adequately prepared or self-aware. This includes working with other professionals not only when gathering information, but in supporting the assessment either by being part of the assessment or informing the assessment. I am more mindful that Ward staff know the patients better than I do so going forward I will make a point of gathering further information from other professionals who work with patients and ensure I communicate openly with other professionals and patients.

Word Count 808

Task 1
Part b
Developmental Review

Guidance:

Task 1 part b is a 2-part question and a continuation of task 1 part a and you **must** refer to a reflective model in this task.

Please ensure that you meet the required learning outcomes for this task (See appendix 4 of the handbook) and that you answer both parts of the question.

Please answer all elements of the question below.

Question

Use a reflective model to critically reflect on the learning needs you identified in task 1 part a under each of the 3 SCW learning outcomes;

This must include reference to training, learning, research and supervision and reflection with your mentor/supervisor/line manager on the extent to which your learning outcomes has been achieved.

Identify your learning needs to support your development in the transition to becoming an experienced practitioner in your future career following the completion of this programme.

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

Mantell & Scragg (2023) state *“Reflective practice is at the heart of becoming a competent and confident social worker”*. I found that reflective practice can contribute to personal development, self-awareness, accountability, and can challenge experience.

In this reflection, I will use Kolb’s Learning Cycle (Kolb, 1984) to critically evaluate my learning needs, which include time management, developing professional judgment, and improving communication methods. Kolb’s model supports continuous learning by integrating concrete experience, reflective observation, abstract conceptualization, and active experimentation. This reflective approach aligns with the Social Care Wales (SCW) learning outcomes and helps identify areas for growth to improve my practice.

Time management has been a challenge in my role, with meeting demands from Health processes and tight deadlines. There have been situations where illness or personal circumstances hindered me from completing tasks on time. Mansell (2015) emphasizes that time management is vital in health and social care, particularly in fast-paced environments like hospitals. Here, quick documentation is essential, however, I tend to take time writing detailed assessments and haven’t mastered time efficiency.

Reflecting on this, I see that while I have improved somewhat, through advice and points from peers (Winstanley, 2010), I still need to balance these tasks better. Delays in documentation can negatively affect care delivery and communication

(Thompson, 2015). From this reflection, I recognize the importance of managing both direct work and documentation, ensuring care is both timely and well-recorded (Patterson, 2019). Moving forward, I will test new time management strategies, such as scheduling dedicated time for documentation after each interaction, in line with Kolb's "Active Experimentation" stage.

Initially, I had concerns about working with individuals with disabilities due to my lack of experience. Over time, I adapted to these situations and developed my collaboration skills with both individuals and multidisciplinary teams. Wilson et al. (2011) stress that collaboration across disciplines is essential in meeting individual needs in healthcare. Reflecting on my biases, I now see each case as an individual, where reflective practice has helped me grow (Trevithick, 2012). Overcoming these biases has built my confidence in providing unbiased care. Rogers (2010) highlights the need for continuous reflection on diverse interactions to ensure inclusive practice.

I will continue improving by seeking further training in working with individuals with disabilities and mental health issues, as well as gathering feedback from colleagues to refine my collaboration skills. Participation in interprofessional training will allow me to explore different professional perspectives, enhancing my professional judgment and teamwork.

In complex situations, I often exercise professional judgment, especially when dealing with incomplete information or uncertainty. Banks (2012) points out that professional judgment requires both ethical decision-making and reflective thinking. Reflecting on these cases, I realize that swift decisions are sometimes needed, but reflective practice helps ensure these decisions align with best practices (Thompson and Thompson, 2018). By seeking supervision and discussing cases with colleagues, my decision-making has improved, making me more accountable and confident in complex interventions. (COPP, 2017)

Schön (1983) introduces the concept of 2 types of reflection, "*in action*" & "*on action*" where professionals reflect not only after an event or decision making, but as the event or decision is happening. This has been crucial in my practice, allowing me to navigate rapidly changing scenarios. Moving forward, I will be mindful of UK Supervision Policy from British Association of Social Workers (BASW) that "*good quality supervision should improve social worker's capacity, confidence, competence and morale, leading to a better service for those who need social work*" (BASW, 2011) and use supervision to seek consultation and further training in decision-making under pressure. By actively reflecting on these interventions and improving my judgment, I aim to better balance quick decisions with thorough reflection.

In summary, using Kolb's Learning Cycle has allowed me to reflect critically on my key learning needs, particularly in time management, collaboration, and professional judgment. I have identified areas where I have made progress and those that require ongoing development. By continuing to reflect on my practice and seek guidance, I will further develop as a capable and reflective practitioner.

Word Count 671

Question

Reflect on feedback that you have received from individuals in need of care and support and/or their carers and explain how this information has helped shape your practice and future professional development.

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

I have received feedback from most of the carers and individuals I have worked with. Some of the feedback has been of gratitude and thanks for 'just listening' and other feedback I've received from individuals has been complimentary on my communication. On reflection, the majority of the feedback has been positive and highlighted strengths such as active listening skills and knowledge of processes. Several individuals have told me they appreciate being treated with respect and feeling acknowledged. This kind of feedback has encouraged me to continue to evolve my communication skills and learn about using empathy to relate and connect with individuals.

Word Count 102

Total task 1 part b 750 words (+/- 10%: include your actual word count at the end of each section).

Total Word Count for Task 1 part b 773