



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
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Portfolio Guidance

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

What is the portfolio for?

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

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

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Section 2

Developmental review (a)

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

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

- Working Collaboratively with individuals who are using services, their families and Carers
Working Collaboratively with Other Professionals
- Applying analysis in assessment to inform interventions
- Intervention and application of professional judgement in increasingly complex situations

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

I'm working in adult services. My main learning needs are gaining familiarity with the service user group and becoming more confident in what my role entails by gaining a clearer understanding of my duties and responsibilities and the support that is available in order that I can better work towards achieving a collaborative, relationship-based approach to practice to better work towards achieving outcomes that are important to the service users and their carers. This approach should assist me towards an anti-oppressive approach to practice. The new Social Services and Well-being (Wales) Act (SSWBA, 2014) highlights the importance of relationship-based practice that is person-centred and focussed on the strengths of an individual and achieving the outcomes that they want. To achieve this it is also necessary to apply analysis in my assessments to inform interventions and ensure there is a strong focus on "interconnectedness and partnership that recognises the uniqueness of each individual" which will include not only the service user but all those that impact upon their lives in order to recognise the interdependence that shapes their lives (Nolan et al., 2006: 123). Discussing my approach to cases in supervision and ensuring I am able to clearly state the outcomes that are the most important to the individual should, hopefully ensure I maintain a collaborative, relationship-based, person centred approach to practice. Also if in supervision I discuss my working relationships with other professionals and reflect upon whether myself and the other professional/s are working together effectively to support

an individual should help me progress towards effective collaborative working. My supervisor reads through all of my assessments to ensure that they are person-centred, provide a clear picture of the individual and have clear, understandable outcomes in line with my earlier written analysis to ensure that any recommended support is appropriate to their needs. I will also research relevant papers on outcome-focussed practice and effective analysis in social work interventions.

I need to ensure that I am fully aware of all available interventions which requires that I gain knowledge of all available statutory services, third sector services and community resources available in the geographical area and the eligibility criteria for access to these services. I also need to gain knowledge of support that I can offer via a person centred, outcome focussed, relationship based approach to practice such as motivational interviewing and preferred futures. This will initially require research and training and the contacting of various agencies for clarification on services offered, eligibility criteria and the referral process. In relation to ensuring an appropriate approach to practice by ensuring I abide by legal requirements of the new SSWBA 2014 and work in line with its ethos both research and training will be required. After I have gained appropriate knowledge I need to ensure I put this into practice ensuring that my approach to practice is appropriate by discussing this in supervision. Over time I will ask to be given more complex cases in order that I can apply professional judgement and make ethical decisions in order to provide appropriate support to individuals in these cases. I will highlight these cases in supervision to ensure I gain feedback on the application of my professional judgement and decision making skills to be able continually learn and develop my practice.

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: 25/07/17 _____

To be completed by learner

Set out the social work objectives and give a brief description of the situation including geographical and legislative contexts and any relevant cultural, ethnicity and language issues.

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

I am employed in an Adults Team in the statutory sector. The team is based in a mainly rural county which contains a large number of Welsh speakers (StatsWales, 2017). I will assess the capacity of an elderly lady (I1) with vascular dementia that has been residing in a care home since March 2017. Although she agreed to being placed in the Care Home her memory has deteriorated recently and

evidence indicates she may wish to return home. The assessment will be carried out in English as this is her first language. I1 is originally from the Midlands which is an area that I am familiar with as I was brought up there, this helped to provide a connection between myself and I1. The care home was selected as it is close to where she was living and she knows some of the residents. She decided to move into the care home when she felt it was unsafe for her to remain at home after having a fall. As her capacity to be able to decide where to live is now in question her capacity to make this decision must be assessed in line with the Mental Capacity Act 2005 (MCA, 2005). MCA, 2005, Section 1 sets out 5 principles that must be adhered to when carrying out Mental Capacity assessments. The test is in Section 2 and 3 of the Act. Whether or not she has capacity will be recorded and evidenced and if lacking capacity a best interests meeting would be held to decide the place that would be in her best interests to reside. There is a best interests checklist in Section 4 of MCA, 2005. As I1 can become frustrated that she cannot recall why she is in the Care Home, how she got there or what she does there I will also discuss the creation of memory jogging resources and life story work with her.

Critically reflect on your communication methods and skills during the observation including how you identified whether you had the necessary communication skills to work with the service user, families and/or carer. Show how you adhered to social work values using a person centred approach, Code of Professional Practice for Social Care Workers, cultural sensitive practice, language preference including the “Active Offer” principle, and ethical practice.

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

I made a concerted effort to approach the assessment in an anti-oppressive, person-centred manner employing the exchange model of communication and viewing I1 as the expert on her situation. However, I felt it was not a good idea to be too prescriptive regarding how to communicate as each person is different and the communicative approach should be tailored accordingly. Glaister, 2010 advises approaching social work communication in an open, not knowing manner. Theoretical approaches highlight the importance of trust, confidentiality, genuineness, active listening, empathic understanding, “unconditional positive regard” and a “non-judgemental attitude”. (Ray, M. and Phillips, J., 2012: 105).

As a Social Worker practicing in Wales I abide by the Welsh Language Act 1993 which gave Welsh equal status to the English language and placed a duty on public bodies to produce a Welsh language scheme. These schemes were implemented and after the Welsh Language Measure, 2011 the “Active Offer Principle” was created which moved “the responsibility from the user to ask for services through the medium of Welsh, to the service which must ensure it provides them” (Welsh Government, 2012: 12). Watching the four videos of More than just words (UWTSD, 2017) helped me to understand the importance of language as an integral part of service provision and assessment. If I1 had been a first language Welsh speaker she would have been offered the assessment in Welsh despite the authority having limited provision in this area. There is only one first language Welsh speaker in my Team.

What people do and say is influenced by their values. Therefore, a social workers values are important when communicating with older people. Congress (2010: 21-23) reviewed a variety of literature and codes and felt the core social work values are self-determination, respecting the individual, confidentiality, non-discrimination, cultural competence, human rights, social justice and professional integrity. As a social worker I ensure that I act in accordance with these professional values rather than

any personal values that may conflict with these. To achieve this it is necessary I do not act or speak prior to analysing and evaluating my thought processes (Osimo and Landau, 2001). I critically reflected employing Gibbs' (1988) model in order to effectively analyse and evaluate my thoughts. Employing Gibbs' reflective model supported me towards a strong focus on feelings and action planning which was essential for planning for a future capacity assessment that addressed the shortcomings of this one as detailed in the final paragraph.

To support I1 to feel at ease I sat quite close to her and felt it appropriate and necessary at times to place my hand on her shoulder to assist with calming and reassuring her when she became quite emotional. Emotional intelligence is important in this context as social workers are required "to be able to cope and manage the stresses associated with working with older people who are often in difficult, stressful and upsetting situations" and "must be able to reflect on their own communication" and develop and improve their practice as a result of these reflections (Ray, M. and Phillips, J., 2012: 106). As I1 has fluctuating capacity I contacted the care home on a number of days and at different times of the day in order to be able to assess I1 when her cognitive functioning was deemed to be at its best (MCA 2005: Principle 2).

As I1 has vascular dementia I researched around communicating with individuals with this form of dementia prior to carrying out the assessment. The main points highlighted by this research were the importance of relationship-building and achieving empathic engagement by having a good knowledge base regarding the individual (their present and past), finding things I have in common, being person-centred in approach and understanding the impact of anxiety, grief and loss. Understanding the impact of anxiety, grief and loss is very relevant to I1 as she feels she has lost her sense of self through her inability to recall what she feels are important pieces of information. Also, understanding I1's body language and understanding that I will be perceived via my own body language was very important for me to be aware of. Some individuals with dementia feel calmer and safer when they are touched such as when their hand is held. Tone, speed and voice inflection are important (Ray, M. and Phillips, J., 2012; SCIE 2015a; SCIE 2015b). There are also relevant non-dementia specific communication skills that are crucial to be aware of such as having an awareness of the multiple and complex individual, political, environmental, social, cultural, emotional and psychological factors that affect communication (Ray, M. and Phillips, J., 2012).

In addition to working under the new SSWBA 2014 which directs practitioners towards a person-centred, relationship-based, strengths perspective approach to practice I was also working under MCA, 2005. The assessment was very outcome focussed as mental capacity assessments are employed to determine which outcome is favoured by the service user. If the person being assessed is unable to understand and retain the information needed to make an informed decision the outcome is decided based upon the outcome that is in the person's best interests.

MCA's five principles "underpin all acts carried out and decisions taken in relation to the Act" (SCIE, 2016). The first three of the five principles were particularly relevant to this assessment: ensuring that I presumed I1 had capacity unless it was proved otherwise (Principle 1) and making sure that she was supported to make her own decisions (Principle 2) even if others would deem these to be unwise or eccentric (Principle 3). The last 2 of the 5 principles would come into play if I1 was assessed as lacking capacity ensuring any intervention was in I1's best interests (Principle 4) and the least restrictive intervention (Principle 5). MCA (2005) attempts to empower adults who may lack capacity by maximising their autonomy, providing protection for adults who lack capacity and making those who make decisions on behalf of an individual who lacks capacity accountable for their decisions.

During my assessment I made a concerted effort to empathise with I1 and view the world through her eyes including viewing any discriminatory or oppressive practices that were having a negative impact upon her in order that I could better advocate on her behalf. In order to achieve this a critical approach to practice was required which includes relationship-building and in-depth communication with individuals and the use of reflective frameworks and relevant theories (Adams, Dominelli and Payne, 2009; BASW, 2014; Burke & Dalrymple, 2009; SCW, Rogowski, 2013; 2011; SCW, 2017). I had built up a relationship with I1 through a series of meetings over a 19 month period prior to the mental capacity assessment. A person-centred, exchange model of communication employing exploratory talk (Wegerif, 2011) was used in these meetings in order that there could be genuine dialogue where communication is seen "as the very medium through which we construct our realities" (Escobar, 2011: 8). Attention was paid "not only to what is done through communication (what results are achieved), but also what is made by it (what contexts and relationships are created) and what is that made of (what

communication patterns are enacted)” (Escobar, 2011: 10). Exploratory rather than disputational or cumulative talk was employed as this ensures that everyone’s opinion is valued and people listen to each other and are open to changing their minds. I was assisted towards achieving this by following the ‘Seven Cs’ (Dewar and Nolan, 2013). I adhered to the Code of Professional Practice for Social Care (SCW, 2017), the National Occupational Standards (SCW, 2011) and the Human Rights Act 1998 by recognising the importance of social justice, respecting human rights and acting in a non-discriminatory, non-oppressive manner. I do not believe it is possible to meaningfully work in an anti-oppressive manner with an individual other than through the development of a meaningful human relationship and through recognition of the power of conversation and focussing on what matters to the individual (Hennessey, 2011). Anti-oppressive practice links in with approaches that are based on humanistic philosophies such as relationship-building, person-centred practice and a focus on an individual’s strengths.

During the capacity assessment I learnt amongst other things of the importance of family relationships to I1 and of her hope that she could rebuild her estranged relationship with her sister. I believe I was able to gain this information through elicitation, being attentive and non-judgemental and understanding the importance of the social worker-service user relationship “as the source of therapeutic power” (Howe, 2009: 169).

It was clear from the assessment that I1 started to retain important information the more that it was repeated. It was also evident that she lacked the necessary reference points to make an informed decision as she had forgotten her home and her life immediately prior to being placed in the care home. Therefore, after discussions with my team’s senior practitioner it was decided that the mental capacity assessment would be revisited at a later date and that photographs and other visual reminders would be employed to assist I1 to be able to compare and weigh up the positives and negatives of returning to live in her home in the community versus continuing to reside in the care home. In addition it was felt worth considering completing the next assessment in her own home as long as it was felt that this would likely help her recall her life at home prior to being placed in the care home and wouldn’t increase her distress or confusion. I will also discuss with her family about the likelihood of reconciliation between her and her sister.

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?	The social worker was on time as far as I can remember. I was told that someone was coming to see me and I remembered it was a social worker.	
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	I couldn't remember the names of the social workers but the gentleman sat with me and the lady sat near also .I was happy to speak to both of them but spoke to the man social worker. He told me his name but I am not good at remembering names but I remembered he came from Derby. I was happy that they came and the man did say why he had come and introduced the lady.	
Were you clear why the social worker met with you today?	I was not clear at first, but as time went by it became clearer and it helped me remember where I was and why I was there. I remember I had a fall but couldn't remember how or where. My mind goes blank, it's like a wall. I remember things from a long time ago but struggle with the now. He helped me remember where I am now and I felt better in myself at the end of our discussion.	
How well prepared do you think, the social worker was for his or her meeting with you?	Very well prepared, he knew all about me and what had happened to me. He put me at ease and was very kind. He helped me remember and is going to see me again.	
How has the social worker listened to you and respected your views and wishes?	He listened to me and I promised not to cry but I did. He was very kind and patient. He checked I was okay and I didn't feel rushed. I was able to tell him how frustrated I am with not remembering. It makes me very sad and upset as I know I cannot remember things that happened now.	
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Yes I understood, and I'm sure I had lots of things repeated as I forget very easily. He talked about pictures, to help me remember, I think that would be a good thing to try.	

How has the social worker's involvement met your expectations for this visit?	Yes I feel more calmer and can remember things more clearly, like where I am, why I am here and that I will be visited again. I just wish I could remember things when I am on my own.	
Are there any other comments or suggestions that you would like to make?	I would like to be able to remember. I am happy to see the social worker again as he is trying to help me and I have a good family.	

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)

This paper will focus on adult safeguarding. It is based upon an assessment carried out in a citizen's (I2) home in which she and her daughter and granddaughter were present. This will be discussed in relation to current safeguarding legislation and safeguarding policies, strategies and procedures. Welsh safeguarding legislation will be compared with safeguarding legislation in England. The context of carrying out social work practice in Wales will be highlighted as will the relevant theories linked to the assessment and intervention carried out.

I did not find any one particular model of reflection to be effective due to all having certain limitations such as not being enabling adequate critical reflection and/or not focussing sufficiently on wider organisational and societal factors. In relation to reflection for action which is conducted prior to the event I found 'embedded whys' to be highly effective in gaining a deeper understanding and getting to the heart of the problem/issue (Thompson, 2006) and I also found "emancipatory techniques" such as "visioning", "if I were..." and chunking up and down useful. These supported me to work "towards a positive future", "reflect on my role" as a social worker and what I "can bring to a situation" and focus on specific detail and the bigger picture such as "social structures and processes" (Thompson and Thompson, 2008: 85-86). This reflection was carried out based on the information I had access to and after having discussions with my colleagues. I developed an idea/vision of positive futures and how the situation could be improved. Prior to arriving at I2's home I contacted the LA's rapid response team regarding the earliest they would be able to support if required (SCW, 2011; SCW, 2017).

Whilst carrying out the assessment I employed reflection in action techniques such as “noticing” and paying attention “to key aspects of the situation”. This is a very observational approach and in order to be critically reflective this can be combined with “perspective transformation” which is a way to challenge stereotyping through a recognition of “constraints that socialisation into a particular culture tends to put on our thinking”. The goal being towards empowerment and freeing individuals from constraints and oppression. To achieve this it is essential to understand ageism and the medicalisation of inequality including the fact that our “very notions of health and disease are socially constructed” (Thompson, 2011: 121). It is common when assessing older people to focus on their welfare needs, pay little to no attention to their strengths and thus “exaggerate the extent of” an elderly person’s problems/difficulties (Thompson, 2012: 109). A person-centred, empathic approach focussing on I2’s strengths and contributions enabled me to work anti-oppressively with I2 and understand her distress with her current situation where she felt overly dependent on others for support and the importance that she placed on regaining her interdependence. Due to the current situation being a crisis for both I2 and her daughter crisis intervention was employed. This “is a general technique for dealing with people’s problems” (Payne, M., 2005: 101) that focusses on the achievement of tasks to be achieved within a certain timeframe. The presenting problem was I2 not managing at home, her goal was to be able to live interdependently again. She did not seek to live independently as she depended on her family and friends for companionship and to help out at times by doing certain things for her such as a weekly food shop. Humans are social creatures so it is rare for anyone to want complete independence, most people depend on others to meet some aspect of their wellbeing. This links in with SSWBA 2014 and the use of the term ‘citizen’ and a co-productive, communitarian approach to practice. After discussing all potential options: remain at home with support from carers, go into a temporary convalescent bed, return to hospital I2 selected to go into a convalescent bed as soon as possible and decided upon the goals/outcomes of making her own meals, taking her own medication, becoming independent with washing, dressing and toileting and mobilising and transferring independently with the aid of a walking stick. These were to be reviewed after 4 weeks (SCW, 2011; SCW, 2017).

After returning to the office I found mind mapping to be beneficial in helping me to reflect upon the event using the example provided by Maclean (2010: 78-79). This assisted me to focus upon the event holistically by focussing upon my feelings, the law and policies, theories and my actions and highlighted

that all of these are linked and impact upon one another. I collaborated with my colleagues pre and post assessment and this was highly beneficial towards gaining a greater understanding of the situation, interventions and how outcomes could be achieved (SCW, 2011; SCW, 2017).

My involvement in the case began following on from a phone call from I2's daughter requesting support for her mother. Current legislation in Wales states that a local authority (LA) has a "duty to assess the needs of an adult for care and support...where it appears to a LA that an adult may have needs for care and support" (SSWBA, 2014, s.19(1)). Her mother was discharged from hospital 4 days following on from an emergency admission. Her daughter, who lived and worked approximately 40 miles away felt she had to stop working to move in with her mother as although I2 was meeting her care and support needs prior to hospital admission she was currently not safe to be by herself due to heavy incontinence (seemingly a side effect of new medication she had been prescribed whilst in hospital) and too weak to manage her own personal care needs. The daughter was requesting support as soon as possible as she felt the current situation was unsustainable and she felt she would lose her job if she didn't return to work soon. Due to the urgency I went out to assess the following morning after the LA received the referral. All information required for the referral was received by 16:30. The case was then allocated to me and the referrer was contacted to state I would be out first thing the next morning which the referrer said she was very happy with.

When assessing a person under SSWBA 2014 it is essential to have knowledge of the principles of the Act. Prior to the Care Act 2014 which current practice in England is based upon and the SSWBA 2014 there was no single piece of legislation that underpinned Adult social work practice. Prior to these two new Acts social care law was still based upon the 1948 National Assistance Act alongside 39 other Acts. Obviously this required "radical streamlining" (Brindle, D., 2010) and the new Acts were introduced to simplify and reform the law. Many previous laws were repealed to be replaced by the new Acts. The Welsh Act has a strong focus on strengthening safeguarding through stressing the importance of following guidance, law, regulations, procedure and policy. This Act which was introduced in April 2016 built upon Sustainable Social Services for Wales: A Framework for Action (2011), often referred to as the White Paper. There are many similarities between adult legislation in England and Wales, both Acts have a strong focus on carers and their rights and recommend that support and services should meet

a person's wellbeing needs through a person-centred approach. The definition of wellbeing is very similar in both Acts. A person's wellbeing and outcomes are very unique to the individual however wellbeing is defined in both Acts ranging from most basic safety and physiological needs, protection from abuse and neglect to higher needs such as "contributions made to society" (SSWBA 2014, s.2(2)). An outcomes focus has as its aim achieving the goals, priorities and aspirations of its citizens and these can relate to change, maintenance or processes. "Change outcomes relate to improvements in physical, mental or emotional functioning". Maintenance relates to not deteriorating in regard to "health, wellbeing or quality of life" and process outcomes are those that "refer to the experience of seeking, obtaining and using services" including "feeling valued" and "having control over how and when services are provided". (Glendinning et al., 2008: 55).

Both Acts strongly focus upon people being empowered towards selecting the kind of support that they desire and working towards achieving outcomes that they themselves deem to be important. Both Acts are in line with social work values and principles of working in partnership, practice that is co-produced and person-centred and respecting individuals and their carers, ensuring they are involved fully in the process and empowered (BASW, 2012, SCW, 2017, IFSW, 2014). The key concept of building on people's strengths is explicit as a principle in the White Paper (2011) and the Strengths Perspective (Saleebey, 2013) assists social workers towards practice that focusses upon individual's strengths. Practice under these two Acts should be person-centred which is based upon Roger's person-centred theory that was developed and employed in a counselling context. Following a person-centred approach to practice ensures that I am both congruent and genuine, have unconditional positive regard and can empathise with a person and their situation. The focus is on building and providing a relationship through gaining-in depth knowledge of the individual as opposed to how someone can be cured, treated or changed (Rogers, 2004). However, as scarce resources are a key driver eligibility criteria are still employed and both Acts have a strong focus upon preventative practice.

One noticeable difference between the English and Welsh Acts is the focus of the Welsh Act on public services meeting the needs of those that require care and support in Wales (Welsh Government, 2011, 3.1.1). The English approach has been criticised as being consumerist, market driven and extremely bureaucratic with the allocation of services via a Resource Allocation System (RAS) (Duffy, 2011). In

addition although both Acts incorporate the key principles of the Human Rights Act 1998 there appears to be a stronger focus on human rights in the Welsh Act. The Welsh Act “specifically refers to the need to have due regard to the United Nations Principles for Older Persons” (Carr & Goosey, 2017: 430). The English Act’s interpretation of personalisation has been criticised for its strong focus on the individual emphasising that they are responsible for taking control of their care and wellbeing and improving their lot as opposed to the Welsh approach of ‘citizen-directed-support’ and principles of “collective responsibility” and “strong communities within which people support each other” (Dunning, 2008, no page number). This can be seen in section 16 of the Act and the promotion of user-led services, co-operatives and social enterprises. Citizen-directed support is in line with “liberation of people”, “social justice, human rights” and “collective responsibility” which are principles outlined in the global definition of social work (IFSW, 2014). One notable difference between England and Wales is that in Wales there is an Older People’s Commissioner in order that there “is an independent voice and champion for older people across Wales” (Rochira, 2018). It is also worth noting that the Well-being of Future Generations (Wales) Act is “the first legislature in the world to enshrine in law a duty, falling on public bodies, to safeguard the well-being of future generations” (Davies, 2016: 41) which means that as a social worker I am required to take action to seek “to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs by taking account of the (5 elements of the) sustainable development principle which are aimed at achieving...well-being goals” (Davies, 2016: 45)

SSWBA 2014 makes reference to other Acts that are still relevant such as the Mental Capacity Act 2005, the Mental Health Act 1983 (MHA 1983) and the National Health Service (Wales) Act 2006. For the purposes of my assessment I had to abide by MCA 2005 by presuming a person to have capacity unless it is established that they do not and as outlined in MHA 1983 treat individuals with dignity and respect, fairness and equality, ensuring their involvement and empowerment, maximising their independence. The Codes of Practice for SSWBA 2014 make specific mention of MHA 1983 and MCA 2005. In relation to NHA 2006 (s.187) I had to arrange for the provision of an independent advocate should one be required MCA 2005 and MHA 1983 are also followed in England. As well as the relevant theories highlighted by the Act (person-centred theory and strengths perspective) I also found ecosystems theory to be very relevant in ensuring my assessment was holistic and took account of all systems that impacted

upon I2's life. I followed Parts 3 and 4 of SSWBA 2014 as they cover assessment and eligibility. Other legislation that is still relevant today includes Equality Act 2010, Freedom of Information Act 2000, Data Protection Act 1998, Welsh Language Measures 2011, Human Rights Act 1998 (HRA 1998). HRA 1998 is covered in SSWBA 2014 Part 2 and the related Code of Practice and is embedded into SSWBA 2014 ensuring a human rights based approach to practice. In relation to Data Protection Act 1998 I explained to I2 and her family that I must share information gathered with other professionals but also I had a duty to make the information confidential and not be seen by individuals that had no need to see the information gathered. I spoke about the safeguarding process and I2 was happy for me to proceed with enquiries in regard to safeguarding. However, if she didn't want me to report to safeguarding I would have had to speak with my line manager about this as The Welsh Accord for the Sharing of Personal Information (WASPI, 2013) states that:

In exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or the professional deems it to be in the public 'best interest'. One of the exceptional circumstances is in order to prevent abuse or serious harm to others.
(SCW, 2011; SCW, 2017).

When mind mapping and reflecting upon how I could do better next time in relation to legislation and the Welsh context I felt that I should have made the "active offer" on the telephone before going out to see I2 and the referrer (her daughter). More than Just (Welsh Government, 2012), aims to improve services for individuals that require or wish to have support provided in the medium of Welsh. It details the Active Offer which means that health, social services and social care practitioners must offer services in the Welsh language and not assume that the individual can speak English or wait to be asked for the service in Welsh. This is so as not to discriminate against Welsh speakers. When I visited I2 and asked her if she would like the assessment to be conducted in Welsh I was told that her first-language is English so she would struggle to express herself in any other language. If she had told me that she would have preferred the assessment in Welsh I would have been placed in a difficult situation due to the urgency of the situation and the difficulties in arranging an alternative assessor at short notice. However, if I had contacted her on the previous day I would have been more likely to have been able to arrange for my Welsh speaking colleague (there is one fluent Welsh speaker on my team) to have conducted the assessment. If she was unavailable I would have spoken to the senior practitioner in my team for advice as although there are other Welsh speakers they work in different teams covering

different areas and due to the urgency of the referral it did not seem that there could be a delay. This highlights that there is a shortage of Welsh language service provision especially when there is an urgent/crisis situation where a social worker needs to quickly go out to assess (SCW, 2011; SCW, 2017).

I ensured I spent an adequate amount of time with I2, her daughter and granddaughter in order to build a relationship as recommended in person-centred practice and conduct a holistic assessment in line with ecosystems theory. It is important for a social worker in such a situation with a distressed individual and family members to understand “the part that emotions play in (their) and other people’s thoughts and feelings, hopes and beliefs, designs and plans, behaviour and perceptions” as an emotionally intelligent social worker “can use this knowledge with skill and sensitivity to engage with those in distress and difficulty” (Howe, 2008: 8) (SCW, 2011; SCW, 2017).

Despite I2’s current situation and high level of care and support needs I focussed strongly on her strengths such as what she is able to do and what she was able to do not so long ago (prior to hospital admission) and I asked her about what outcomes she wished to achieve. Prior to SSWBA 2014 social work assessments tended to assess for services, now the purpose of assessments is to help the individual being assessed better understand their situation, devise their own personal outcomes and the most appropriate approach/es to meet the outcome/s (SCW, 2011; SCW, 2017).

The exchange model of assessment was employed as this views everyone as being an expert but in different ways with outcomes negotiated thus leading to more opportunity for agreement and innovation. This is the most closely linked assessment model to a person-centred, strength-based practice which sees the individual and not the professional as being the expert on their own life and the most able to come up with personal outcomes that are meaningful to them. To achieve this I actively listened, took a lot of notes and reflected back what I had heard. I employed open questions and viewed I2 as having certain skills, abilities and a role to play in achieving her outcomes. We built on the capacities and strengths of I2 and her support network to formulate a plan towards achieving I2’s proposed personal outcomes. An advocate was not deemed necessary as she felt able to advocate for herself and trusted her daughter to fulfil this role if needed in future (SCW, 2011; SCW, 2017).

Prior to hospital admission I2 was a strong, independent lady and her goal was to work towards gaining her prior independence and freedom. However, in the short term she and her daughter felt that she needed to go into a care home on a temporary basis to build up her strength and independence as the current situation was having a very negative effect on her wellbeing as she wasn't managing at home. She was not willing to return to hospital as she had found the recent experience in hospital very distressing and upsetting. Due to being heavily incontinent with fluids and solids going straight through her resulting in weakness, dehydration and requiring support with hygiene and toileting multiple times throughout the day and night it was felt that care and support in the home was not a safe option.

After arranging for I2 to go into a convalescent bed to be supported to regain her independence I made a referral to Safeguarding. Prior to the new Acts in England and Wales strategic guidance was issued to authorities in Wales called In Safe Hands (National Assembly for Wales, 2000) and its equivalent in England was No Secrets (DH, 2000). Several serious case reviews involving vulnerable adults (now labelled adults at risk) occurred after the issuing of this guidance. Key recommendations in many of these was the need to strengthen multi-agency communication and that Safeguarding Adult Boards (SABs) have a key role in regard to this as well as "to standardise policy and procedure, to hold agencies more easily accountable, to clarify responsibilities" (Brammer, 2014: 160). Prior to CA 2014 and SSWBA 2014 there was "no absolute requirement for local authorities to establish SABs" (Brammer, 2014: 142). Under these Acts the establishment of SABs is now a requirement. "Each SAB must publish an annual strategic plan and annual report (and) "arrange for a safeguarding adult review (SAR) in specified circumstances". (Brammer, 2014: 143-144).

Safeguarding of adults is governed mainly by Part 7 of SSWBA 2014 and the statutory guidance that accompanies this. In addition safeguarding features throughout the various parts of this Act. For example, Section 2 lists 'protection from abuse and neglect' as an important aspect of wellbeing, abuse or neglect trigger eligibility (s.32) it states that services are to be developed (s.15 (2)) and provided (s.32, s.35) "when deemed necessary to protect people from abuse or neglect" (Clements, 2014: 15). Section 15 which details preventative services mentions prevention in relation to abuse and neglect. Prior to this Act the term vulnerable adult was employed but with the new Act this was changed to "Adult at Risk" (s.126(1)). The significant change being that the adult no longer needs to be at risk of significant harm

thus lowering the threshold for individuals to meet safeguarding criteria. In addition the new definition does not require that the alleged perpetrator be a person in a position of trust as was the case previously under the Wales Interim Policies and Procedures for the Protection of Vulnerable adults from Abuse (POVA) (Adult Protection Fora, 2010). Under the new Acts individuals no longer need to be in receipt of or likely to need care and support services to meet the Safeguarding criteria. Abuse is defined under the Act as physical, emotional/psychological, sexual or financial. These along with neglect are all defined under the Act. I felt the criteria as outlined in part 7 of the Act was met as although not currently at risk of abuse or neglect she would likely be at risk of her care needs being neglected once her daughter had returned to her family and as a result of her needs for care and support she would be unable to protect herself. I felt that neglect needed to be investigated as she may have been discharged too early as she was discharged home with no carer and no care and support package in place 3 days after surgery, 2 days after having a temporary catheter removed and she was discharged with new medication (she was on an IV drip in hospital). After discharge she presented as heavily incontinent leading to weakness, frailty and dehydration. She hadn't been assessed by a physiotherapist or had blood tests taken prior to discharge. The new antibiotics that she started post-discharge seemed to cause the faecal incontinence and they were too large for her to take independently (her daughter had to break them in half) (SCW, 2011; SCW, 2017).

An ageing population and increasing numbers of hospital admissions are placing increasing demands on the public health service with a focus on minimising length of stay in hospital and high patient turnover, however, this means that effective assessment and discharge planning is essential in order that failed discharges with patients placed at great risk from inadequate care and support in place does not occur (McLaughlin, 2007). Despite the Equality Act 2010 making ageism in public services illegal the Centre for Policy on Ageing (2016) has found that it is rife in all health and care settings. There is a big push for older people to be cared for in the community rather than in a hospital setting yet there is scant evidence that this leads to better outcomes (Purdy, Paranjothy, Huntley, et. al., 2012; Bardsley, Steventon, Smith & Dixon, 2013). "The notion that people with the highest acuity and complexity threaten the (NHS) and should be kept away is ageist" (Oliver, 2016, no page number). In order that unsafe discharges do not occur and there is improved understanding of the roles of different professionals I feel that there needs to be more of a move away from multidisciplinary working towards

interdisciplinary working and the minimisation of barriers between professionals and professional cultures.

SSWBA 2014 places a legal duty on LAs and certain LA partners (Police, other LAs, Probation, Local Health Boards, NHS Trust) to make safeguarding enquiries where there is a reasonable cause to suspect that an adult within its area is an adult at risk. The Act also contains a new order allowing a private conversation with a suspected adult at risk to find out if they are an adult at risk and if they are free to make their own decisions. This Adult Protection and support order allows an authorised officer to enter most premises and ask others to leave in order to ensure the conversation is private. An application to the Magistrates Court has to be made to obtain this order.

Paragraph 5.1 of POVA details 5 important principles of safeguarding which “are based on certain principles of the European Convention of Human Rights and the Human Rights Act 1988, including everyone having “the right to live their lives free from coercion, intimidation, oppression and physical, sexual, emotional or mental harm” (Adult Protection Fora, 2010: 13). It is important to note that when POVA’s policies and procedures conflict with SSWBA 2014 and the guidance linked to this Act SSWBA 2014 and its guidance and codes are to be followed. Part 6 of SSWBA 2014 also details principles to follow which in addition to the 5 mentioned in POVA including having regard to the “individual’s views, wishes and feelings”, having “regard to the importance of promoting and respecting” their dignity”, “promoting their independence” and so on. Rights and values are detailed in the HRA 1998 and POVA paragraph 5.2. HRA 1998 applies to adult safeguarding in England and Wales and particular attention should be given to Article 2,3,5,6 and 8 of this Act. These values and principles are in line with social work values as detailed in the Code of Practice: respecting the wishes and views and promoting interests and rights, “being honest and trustworthy”, acting with integrity and maintaining the confidence and trust of individuals, promoting well-being and giving individuals “voice and control” “while supporting them to stay safe”, respecting their rights (SCW, 2017: 10-11).

In order to make a referral to safeguarding I did not need the consent of I2. (LA, 2017). In certain situations making a referral without consent may be necessary, however, doing so would conflict with certain social work values and a person-centred approach to practice. Fortunately, in the case I was

involved in this was not necessary as the safeguarding issue was in relation to a public body rather than the individual or a member of her family and so I was able to promote I2's well-being, giving her voice and control over the situation and what happened next while supporting her to stay safe. I was also able to respect her rights and act with integrity. Therefore, abiding by key values as outlined in the code of practice. During my assessment I took very detailed recordings of the disclosure as I knew that the Safeguarding Team would require a timeline of my involvement alongside accurate detail in regard to the safeguarding concerns. Recording information accurately is essential as it provides a picture of what occurred and what was said. The actions of the social worker and any analysis and interventions proposed should follow naturally on from the recording of events. Although good record-keeping is essential in all social work situations it is critical in safeguarding cases and "is an area most criticized in the findings of the 45 public inquiries into child deaths held in Britain between 1973 and 1994" (Trevithick, 2005: 248) (SCW, 2011; SCW, 2017).

The LA safeguarding procedure states that "the first thing that you should do is make sure that the suspected adult at risk is safe" (LA 2017: 10). This was achieved via making arrangements for I2 to go into a convalescent bed on the same day that my assessment took place. If I had felt that police or paramedics were required I would have called 999. If sexual abuse had been reported I would have requested a forensic medical examination be conducted as soon as possible. After making arrangements for I2 to be safe I discussed the case with my line manager and then contacted the safeguarding team to discuss making a formal report. I provided Safeguarding with I2's daughter's contact information (as requested) and provided a timeline of my involvement in the case including details regarding the Safeguarding concerns. After making a referral to the Safeguarding Team a Strategy Discussion is held with other organisations when appropriate such as Health or Police. This discussion has two purposes, firstly, to decide whether the LA should make enquiries or ask another partner to make these on its behalf. Secondly, to decide whether any immediate safeguarding measures need to be put in place and whether an advocate is required to support (LA, 2017). Following on from this a strategy meeting and safeguarding investigation may be required if the Strategy Discussion determines the adult to be at risk (SCW, 2011; SCW, 2017).

Had I been practicing in England and following CA 2014 I would still have made a referral to Safeguarding as both Acts have identical definitions for an adult at risk (CA 2014, s.42(1); SSWBA s.126 (1)) and a duty to investigate when the criteria is met (CA 2014, s.42 (1)(2); SSWBA 2014, s.126 (2)). Both England and Wales have a Safeguarding Adults Board (CA 2014, s.43, SSWBA 2014, s.134) although unlike Wales England doesn't have a National Independent Safeguarding Board (SSWBA 2014, s.132). There are differences that would have an effect on Safeguarding in certain situations but didn't in relation to the case I was involved in such as the fact there is a duty in SSSWBA 2014 for mandatory reporting by a relevant partner (s.128) and there is provision for right of entry (s.126(3)), right to interview in private (s.127 (2)(a)), adult protection and support order (s.127) but no such provision in English law. It is worth noting that unlike England and Wales who have Adult Protection detailed in a much larger Act "with a much broader remit Scotland has an Act specifically for Adult Protection – Adult Support and Protection (Scotland) Act 2007. Brammer (2014: 156) feels that a possible consequence of this "may be that the adult safeguarding measures receive a less focussed level of scrutiny and attention" than in Scotland.

In conclusion, social workers have a legal duty in relation to reporting of safeguarding concerns and it is important that they are able to have appropriate knowledge and skills in this area in order that they can take appropriate action and make appropriate referrals to the safeguarding team. Training, supervision, research, supervision and reflective practice are all key to achieving the relevant knowledge and skills. Challenging situations can occur when following the safeguarding process would conflict with the kind of person-centred practice that social workers adhere to as outlined in CA 2014 and SSWBA 2014 and social work values as detailed in SCW 2011 and SCW 2017. In these situations professional judgement, supervision and a reflective and ethical approach to practice are essential in order that the most appropriate decisions are made.

Section 5

Safeguarding

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

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

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

The term safeguarding has a broader meaning than child protection. It is the action that is taken to promote children's welfare and protect them from harm. It is defined in Working together to safeguard children (2015: 5) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

The United Nations Convention on the Rights of the Child (UNCRC, 1989) underpin Safeguarding and child protection in Wales. Wales is the first country to embed its principles into its laws with the Rights of Children and Young Persons (Wales) Measure 2011. This Measure places a duty on the First Minister and Welsh Ministers that when making strategic decisions due regard must be given to UNCRC 1989.

Safeguarding legislation can be found in Part 7 of SSWBA 2014. This puts into law the policy as set out in Sustainable Social Services for Wales: A Framework for Action (WAG, 2011). Guidance to assist implementation of the legislation can be found in codes of practice that are linked to Part 7 of SSWBA

2014. These codes have replaced Safeguarding children: working together under the Children Act 2004 except for Part 8 as a code of practice on the handling of individual cases has not yet been published.

The procedures and protocols to be followed can be found in the All Wales Child Protection Procedures 2008 (AWCPP). However, these were in place prior to SSWBA 2014 and the initial and core assessments have now been combined into one assessment called the Care and Support Assessment and the AWCPP are currently in the process of being rewritten to better tie in with SSWBA 2014.

There are also procedures in place for the mandatory reporting of female genital mutilation (Home Office, 2015).

The Regional Safeguarding Board arranges inter agency training, audit and evaluation, raises awareness of the need to safeguard children, develops policies and procedures, undertakes child practice reviews and monitors the recommendations and disseminates information about best practice. The local authorities Safeguarding Children Board states that safeguarding is everyone's business and that the Board is committed to the development, co-ordination, monitoring and reviewing of safeguarding practice to ensure that effective child protection procedures exist within and between all agencies working with children and young people and are followed.

SSWBA 2014, statutory guidance and regulations explain how children must be worked with. The Act defines what is meant by a "child at risk" and states that relevant partners have a legal duty to report children at risk whilst referring back to CA 1989, s.47 for a LA's duty to investigate (SSWBA 2014, S.130(6)). When assessing whether a child is at risk the Assessment Framework is employed alongside definitions of abuse and neglect as detailed in SSWBA 2014, S. 197. Knowledge of a child/young person's developmental needs at various stages of development is essential in order to understand likely impact of any abuse or neglect upon the child.

The procedure that is followed in Wales is that a safeguarding referral is received by social services which leads to a preliminary consultation and enquiries. Following on from this an initial assessment is carried out and if there are felt to be serious safeguarding concerns this would be followed by a strategy

discussion or meeting, followed by following section 47 and/or a core assessment. This could lead to a section 47 investigation, a joint investigation with social services and police involving interviewing of the child and parent(s)/carer(s). There could also be medical examinations, consideration of any other children in the household/family and the formulation of a plan with the family. Throughout this process there would be inter agency working between all relevant agencies involved.

Reflect on the difference between safeguarding in adult and childrens work

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

Part 7 of SSWBA 2014 details the legislation for safeguarding both children and adults in Wales. There are both similarities and differences between safeguarding in adult and children's work. There is an Older People's Commissioner as well as a Children's Commissioner and the categories of abuse and neglect are the same. Both adults and children are deemed to be at risk of abuse in any setting. There is now a safeguarding timeline for investigation with adults as there is with children. Part of the definition for adults and children at risk are that it be an adult or child who "has needs for care and support (whether or not the authority is meeting any of those needs)". This wording has been criticised by the Older People's Commissioner who feels "that *because* a person cannot protect themselves from harm they have care and support needs" (National Assembly for Wales Health and Social Care Committee 2013a, p 189).

Part 7 of the Act engages a number of rights detailed in the European Convention of Human rights (Article 2, 3, 5, 6 and 8) and in addition with adults due regard is to be given to Section 7 of the Principles for Older Persons.

The importance of adults and children having access to an advocate is stressed in the Act. However, there is still more law in place and a more structured safeguarding process for children than for adults.

Adults with capacity to make decisions have to consent to an assessment. If despite safeguarding concerns an adult refuses to be assessed there would be an enquiry into amongst other things whether they had the capacity to make an informed decision regarding their safeguarding and the risks to them should they refuse an assessment would be highlighted to them and documented. However, if a child is deemed to be at risk their consent is not required and they would receive an assessment. Despite these Section 17 of the Police and Criminal Evidence Act 1984 allows police officers power of entry to protect the child or adult for the purpose of saving life.

In statutory terms, the most significant new provision concerns ‘adult protection and support orders’ (section 127). This provides for an ‘authorised officer’ of a LA to obtain an order from the magistrates court that entitles them to speak in private with a person suspected of being at risk in order to ascertain whether she / he is making decisions freely and whether he / she is at risk

(Clements, 2015: 27).

There is currently guidance but no codes of practice for Part 7 of the Act.

Section 6

Developmental Review (b)

Critically reflect on your development including reference to the training, learning, research and use of supervision since completing section 2. Consider in discussion with your mentor/supervisor/line manager the extent to which those learning needs have been achieved. Identify additional learning needs to support your development in the transition to becoming an experienced practitioner. You will consider here, the feedback you have received from individuals using services, their families and carers, and how this has impacted on your practice.

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

In order to critically reflect upon my development and practice experiences I employed Gibbs' reflective cycle (1988). "Reflexive" practice (Rolfe, Jasper and Freshwater, 2010: 42) was employed in combination with evidence based practice via research, theories and legislation combining with and impacting upon practice and learning via direct observations and acting upon feedback provided by service users, other professionals and in supervision in order to work towards continual development and growth.

The importance of reflective practice in social work has been highlighted numerous times over the years with benefits ranging from improving social worker's judgements and decision making skills and ensuring practice that is effective and safe (Munro, 2010). For any reflection to be effective, for learning to occur resulting in an improvement in practice wisdom and competence an in-depth analysis is essential during which the complete experience including feelings, responses and actions are carefully considered, analysed and interpreted. (Boud, Keogh and Walker, 1994; Atkins and Murphy, 1994).

An example of how Gibbs' model allowed for effective reflection can be seen when employed in relation to the assessment process and interventions. After visiting a service user and assessing him for services I reflected upon the event initially describing what happened in detail including body language, his strengths and weaknesses, support from his family and the wider community and any unmet needs. I then reflected upon my thoughts and feelings, how he seemed to be feeling and his thoughts about his situation and the thoughts and feelings expressed by his family members including any proposed

solutions that were brought up in relation to how his needs could be met. I evaluated how effective the assessment was in that was everything discussed, did everyone have the opportunity to participate and express their views and were there any gaps in my knowledge in relation to what was discussed/proposed. A deeper analysis was gained via supervision when I discussed my reflections with my supervisor and gained her input which led to a greater awareness of what I could have done differently and also increased my knowledge in relation to support/services I could have brought up that I was not aware of at the time and questions I could have asked to gain a deeper awareness of the individual's situation. This would then lead onto an action plan regarding what I could do differently/better the next time I was placed in a similar situation (SCW, 2011, key role 1).

This process in addition to gaining more awareness of adult social work via training and research allowed for an improved knowledge of the service user group as well as an increased knowledge of support that was available in the locality for this group. Situations that I initially found complex and confusing such as impact of substance misuse, dementia, brain injury upon individuals and interventions that could support these improved via training in these areas. I also gained in confidence and assertiveness through training, supervision and reflection in order that I could more effectively advocate on behalf of service users if I felt their wellbeing was being negatively impacted unnecessarily such as hospital discharge being considered when appropriate care and support had not been put in place or if they felt disempowered due to not being listened to or because decisions were made on their behalf when they wanted to be more involved.

I believe that I have been able to develop a person-centred, relationship-based approach to practice in which I work collaboratively with individuals using services, their families, carers and other professionals and have also had many experiences where there is conflict that needs to be resolved such as family members and/or other professionals not always agreeing with the desired outcomes of the individual that is receiving services. I have tried to resolve these as best I can through a person-centred, empathetic approach where I aim to always work towards the best interests of the individual. I always try to conduct a holistic analysis of an individual's situation in order to gain a thorough understanding of where they are, their support network (all those involved in their life), their environment and their strengths including how they wish to achieve their desired outcomes in order to be able to implement the

most effective and relevant interventions for that particular person. Keeping to the social work values at all times as detailed in the codes of practice and national occupational standards has proven essential and I feel that my professional judgement has shown improvement as a result.

Although, I believe I have worked hard on achieving my learning needs as detailed in Section 2 I am continually developing and hope to continue to improve my knowledge and skillset via reflection, training, supervision and learning. I have only recently completed Best Interests Assessor training and continually experience new challenging situations that I learn from via reflection, supervision and learning from discussion/advice from my colleagues.

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

Consolidation workshop	Date Attended
1	~~03/10/16~~ 16/11/16
2	~~16/11/16~~ 16/01/17
3	29/03/17
4	11/07/17

Notes

Mentor's comments

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

In his developmental review the learner explained that he had to familiarise himself with the service user group; local, statutory, third sector and community resources. He was very proactive in gaining the required knowledge through research, networking with multi-disciplinary and multi-organisations, also through supervision, team meetings and locality meetings.

This enabled the learner to start providing well informed social work interventions with service users and families. The learner has also become a useful source of knowledge himself. This has been evident when having new members of the team and other students consult and comment on the learners knowledge and social work practice.

The learner has embraced changes in social work practice with the implementation of the Social Services and Wellbeing Act 2014 which updated the assessment, care planning and support frameworks. The learner has developed and demonstrated knowledge and skills in collaborative, person centred, strength based, outcome focused approaches. Thus considering the wellbeing of the person and focusing on whats important to that service user. This is evident in the learners case study, observation and feedback.

Feedback from the service user and family was very positive. The carers also commented on the positive outcome achieved and the calm positive manner in which the assessment was undertaken.

During the observation I witnessed the learner undertake a collaborative, person centred, strength based approach. Focusing on what was important to the person and looking at the strengths and support around her and looking at positive outcomes for her and her family. The learner was very clear in his role and responsibilities, the purpose of the meeting, eligibility criteria and laws informing and guiding practice.

The learner has developed his practice in carrying out more complex work. One area of this is in carrying out mental capacity assessments and best interest meetings. The learner has also completed his training and practices as a Best Interest Assessor under DOLS.

The learner is a very conscientious member of the team who regularly reflects on his practice during team reflections and in supervision. The learner regularly discusses complex cases, different social work approaches, various theories and will bring topical articles and research to meetings. He also contributes to peer supervision and will co work cases with newer members of the team. The team will often seek advice and guidance from the learner who is very competent in practice.

The learner has had a variety of simple and complex cases over the course period and has demonstrated various reflection techniques, mapping skills, action planning, assessment and care planning skills. He has become more aware of the duties placed upon social services by the Welsh Language Act 1993 and the importance of the 'active offer principle' and the right of language choice. The learner has also experienced and worked a variety of safeguarding cases looking at service user psychological needs and the right of protection from abuse and neglect.

The CPEL consolidation program has been a positive experience for the learner as it has helped to identify gaps in knowledge and practice, track his personal development and confidence in practice.

The learner is a well established, competent member of the team who I hope will continue his development in undertaking the next CPEL program for the more experienced practitioner.

Section 7

Bibliography

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

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Section 8

Learner details, Signatures and Line manager verification

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

Learner Details

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

1. Name of Learner	Ben Tomlinson
2. Learner's University Number: 1602663	
Address for Correspondence: 203 Oxford Street, Swansea, SA1 3HT	
Telephone: 07506712221	
E-mail: btomlinson36@gmail.com	
Date of Professional Qualification: 03/08/2015	
Date of registration with Care Council for Wales: 31/07/2015	

3. Name of Learner's Agency: Central Referral Team Llanelli
Agency Contact details:
Name: Central Referral Team Llanelli
Address: 2F Eastgate, Llanelli, Carmarthenshire, SA15 1SG
Telephone Number: 01554 899429
E-Mail address: STeamLlanelliCentral@carmarthenshire.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: Adele Eaton-Brown

Address: 2F Eastage, Llanelli, Carmarthenshire, SA15 1SG

Telephone Number: 01554 899429

E-Mail address: AEaton@carmarthenshire.gov.uk

6. Observer details

Name: Adele Eaton-Brown

Work Address: 2F Eastage, Llanelli, Carmarthenshire, SA15 1SG

Professional Qualification and date of qualification:

Email and telephone number: AEaton@carmarthenshire.gov.uk / 01554 899

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: B. Leach (Learner)

Date: 5/3/18

Feedback and comments from an individual using services, their family or carers (Section 3) - to be completed by the Observer

I confirm that I am a registered social worker with knowledge of the learner's area of practice and that the observation summary and the comments from the service users and/or carers above are about the same piece of practice that I observed on the date given.

Signed: A. Brown (Observer)

Date: 5/3/18

Line manager verification

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

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

- level of supervision and mentoring support received by the learner
- learning and development undertaken
- reading and personal research undertaken

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

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

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: ADELE EATON - BROWN

SIGNATURE OF LINE MANAGER: Abrown

DATE: 5/3/18

Section 9

PORTH AGORED and UNIVERSITY OF WALES, TRINITY SAINT DAVID
GRADUATE CERTIFICATE IN CONSOLIDATION OF SOCIAL WORK PRACTICE
LEARNER AND EMPLOYER'S LEARNING AGREEMENT

Name of Learner	Ben Tomlinson
Name of Team/Agency	Central Referral Team Llanelli
Name of Mentor	Adele Eaton-Brown
Name of Line Manager	Adele Eaton-Brown

Study Duty

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

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

Study Leave

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

Resources

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

The employer's training department agrees to:

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

The learner agrees to:

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

Line Manager/Mentor agrees to:

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

Completion and submission of portfolio

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

The portfolio submission process and dates for each programme cohort will be published on Moodle. Once registered on a programme, learners **CANNOT change the due submission date without gaining agreement from the employer and University.**

Pressure of work is not regarded as a reason for non-attendance at any Consolidation Workshop.

I understand and accept the terms and conditions of this learning agreement as stated above.

Signed:  Print Name: BEN TOMLINSON Date: 5/3/18
(Learner)

Signed:  Print Name: ADELE EATON-BROWN Date: 5/3/18
(Line Manager/Mentor)

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

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