



**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: Samantha Ashbrooke Robertson

Email address:samblackcrow@gmail.com

**Learner's University Registration Number:
2127092**

Cohort: 18 onwards

Task 1

Developmental review – Part a

Guidance:

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

Task one (part a and b) should incorporate the use of a model of reflection.

You must meet the Learning Outcomes for this task (see appendix 5 of the handbook).

Please answer the question below.

Question:

Using a reflective model critically reflect on your professional development since qualifying as a Social Worker. Make reference to the supervision, training, learning and research that has impacted on your work. Based on this and continuing to use a reflective model outline what you have identified and agreed with your manager and/or mentor for your development over the coming 12 months. You must demonstrate how you intend to meet all of the following learning outcomes:-

- applying analysis in assessment to inform interventions;
- working collaboratively with people in need of care and support, their carers and other professionals;
- intervention and application of professional judgement in increasingly complex situations.

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

In this piece I will consider my areas of development over the last year, and development goals for the year ahead. I will use the ERA (Jasper, 2013) reflective model.

Applying analysis in assessment to inform interventions;

Experience: A key area of development during my first year in practice (FYiP) has been Decision Support Tool (DST) and Continuing Health Care (CHC) work. Supported by Social Services specialists, I have shifted the focus of DST meetings to analysing key indicators (Nature, Intensity, Complexity and Unpredictability) to better evidence primary need, thereby

assessing SS intervention requirements/ best support of the individual more effectively. The process is more person-centred.

Reflection: The ongoing dilemma of risk versus holistic assessment. My employer has mandated that face-to-face meetings be undertaken only when essential. Health colleagues have struggled to comprehend why we have been unable to engage in person, causing some ill-feeling.

Action: Training in CHC, work with SW specialists, studying exemplars. In one case, engaging senior management; 'respectful challenging' of questionable practice by Complex Care Team, who make final decisions, holding the power. **(177 words)**

Working collaboratively with people in need of care and support, their carers and other professionals;

Experience: During my FYiP, many practicalities of assessment have moved to digital means due to Covid. However, much of the assessment process has remained valid: the Active Offer/ individual language needs; rurality and resource availability; cross-border liaison and the impact of different legislation and policy between Wales and England; face-to-face versus online meetings and technology availability/ requirements. Person-centred, strengths-based, outcome-focussed approaches have continued to be important in assessment. Now more than ever, the key to quality collaborative assessment and support is meaningful communication. I hold counselling diplomas and have used OARS (Open questions, Affirmation, Reflection, Summarising) for many years. I have trained in Motivational Interviewing (MI), to promote collaborative support and safety in families. In combination with strengths-based approaches above, this type of communication works well to explore what matters to the individual.

Reflection: The impact of working from home have been stressful and affected professional resilience and confidence. I, like many, have felt overwhelmed and isolated from colleagues.

Action: Becoming more aware of self-care needs; regularly accessing professional supervision and mindfulness resources. I have accessed regular training in MI and collaborative communication. **(198 words)**

Intervention and application of professional judgement in increasingly complex situations

Experience: The most complex work undertaken this year has been in adult safeguarding, where there is domestic abuse/ violence (DV) complicated by wife (11) having dementia. There is a historic lack of research into DV involving older women/ dementia (Walsh et al. 2007) and apparent dearth of knowledge amongst police. My experience, gained over 15+ years, of supporting individuals with dementia and of DV support have been helpful to inform safeguarding strategy. I found that academic training was entirely insufficient to undertake safeguarding work; this has been work-experience led but has been hampered by being unable to get guidance/ information when working from home.

Reflection: Liaising with the IDVA (Independent Domestic Violence Advocate) and DAO (Domestic Abuse Officer) has evidenced clearly that a process-driven Q&A or RIC-DASH approach is ineffectual for people with dementia. Meaningful communication is required. Signs of Safety approach used in children's safeguarding has been useful in safety planning.

Action: recent training and research into DV/ dementia informed intervention in later stage. Research into role of DAO and Clare's Law disclosure. Discussion and consideration of more effective ways to support 11 to access available resources safely. **(574 words)**

In the next year, identified further areas for development are i) advanced understanding of adult safeguarding processes, especially in relation to dementia, ii) court report writing, and iii) improvement in writing Mental Capacity assessments.

i) *Experience:* limited understanding of how police feed into the safeguarding process.

Attending strategy meetings teaches me about the process, inter-agency working and intervening within a complex situation.

Reflection: My manager advised me that everyone feels overwhelmed at times. I have felt defensive when criticised by professionals outside of social care; I must ask for help, so that I can practice defensibly.

Action: Shadow attendance at a MARAC, safeguarding work in general. Reflect on safeguarding cases with my mentor.

ii) *Experience:* I have had no training during the degree or employment in writing court reports.

Training booked for January 2023 was deferred.

Reflection: I feel anxious about the potential for this case to go to court. I am concerned about finding the time to study, as the team is stretched to the limit.

Action: Discuss with my manager. Arrange for protected time to undertake learning and research.

iii) *Experience:* I need to develop more of a strategy to ensure that I give individuals every opportunity to engage during capacity assessments.

Reflection: I have become more aware of my legal obligations to individuals and continue to explore ways to facilitate more thorough assessment.

Action: Discuss with my mentor, study exemplars of capacity assessments, use the materials from recent training to develop skills. **(245 words)**

(Total 819 words)

Note: This version of the task is one of many I attempted. The combination of model, task questions and previous development requirements already noted made my non-neurotypical brain implode. I am unhappy with the fragmented nature of this piece, but have been unable to produce anything better that does not leave out large portions of requested information. I quite literally cannot get my head around it. I cannot figure out how to integrate the required adherence to a model in a way that does not lead to this fragmentation within this word count. The same goes for Part b.

Task 1 (Part b)

Developmental Review

Guidance:

Please ensure you refer to a reflective model and that you met the require learning outcomes for this task (See appendix 5 of the handbook).

Question:

Using a reflective model critically reflect on your development including reference to training, learning, research and use of supervision since completing Task 1 (part a) (when you began the programme).

Consider in discussion with your mentor/supervisor/line manager the extent to which your learning needs has been achieved. Identify any additional learning needs to support your development in the transition to becoming an experienced practitioner in your future career. You must include a reflection on feedback that you have received from individuals in need of care and support and/or their carers and how this feedback has informed your future professional development.

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

I will continue to use the ERA (Jasper, 2013) in this section.

Experience:

The complex case mentioned above continued into 2023, developing into a criminal investigation involving multi-disciplinary working with police, DV advocates, a Domestic Abuse Officer invoking 'Clare's Law' (HoC 2013), solicitors and others. I attended MARACs and so now have experience of what those entail. It was also useful to see how other professionals undertook their work, including mental capacity assessments. Seeing the paucity of recorded evidence in others' work clarified for me the need to evidence clearly and fully my own findings, and to seek further information where it was lacking. 11's detainment on a mental health ward sharpened my understanding of the importance to the individual of respecting both their rights under Human Rights Act (1998), and the principles of the Mental Capacity Act 2005, and the life-changing impact poor practice in this regard could have. I considered research undertaken by Dewi Choice and Aberystwyth University, 'Dementia, Domestic Violence and Abuse' (detailed in Task 2) in this context.

I undertook a programme of support with change in behaviour used by the Wales-only resource of IFSS that uses Motivational Interviewing (see task 4 for detail) with 11's husband with limited success and no measurable effect on safeguarding 11. I took many observations away from the experience, including that diverting from the model due to time constraints, lengthening the process when it is usually intensive, was contributory to its ineffectiveness in this case. My focus was lacking, as was his. He had little motivation to change, as his behaviour benefitted him in many ways. Feedback from 22 was mixed; positive when he got what he wanted, abusive when he didn't. 11 has been positive about my intervention to me and others, generally, although she wished I could visit more often than I was able once she went into placement.

Further feedback detailed from direct observation, Task 2.

Reflection:

It is interesting to re-visit what I wrote ten months ago. It seems so long ago. So much has happened in the intervening time, so much has changed. The local authority has come out of Business Critical operation so workers have been able to spend more face-to-face time with individuals, whilst retaining many of the time-saving remote options employed during

lockdown and the aftermath. I have found this beneficial, as it has allowed me to be more efficient with time management, so I can spend more time with people and less on paperwork and unnecessary travel. In rural Wales, that can mean significant time savings.

The thing that strikes me most about safeguarding work in the last year is how many processes utilised by various agencies actively detract from the work, make it more difficult, create delays and present a barrier to workers and to the individuals we hope to support. Certainly, multi-disciplinary working is negatively impacted due to incompatibilities in each contributor's processes, including communication within and between organisations. I found police practices particularly frustrating and discriminatory towards people with dementia.

Action:

I have been unable to undertake court report training to date as it is only available annually, and was deferred from January 2023, but am I booked in for the next session on 9/3/23.

It has been a difficult year for supervision support. My long term supervisor reduced her hours and I was assigned a new supervisor, a relatively new Senior Practitioner I did not know, in September 2022. My Team Manager left the authority in November. I caught COVID in mid-October and was off for several weeks due to complications. Such big changes in my professional support network have been quite hard, and I have struggled, but I can tell that my new supervisor is one to keep me on my toes and not allow me to be complacent, and will encourage me to be better. It will be good for my practice, even if it isn't as 'comfortable'. She also tends to check in with me more often outside of supervision. I now understand this as supportive, not as being *checked up on*, which has a positive impact on my morale.

My mentor has also been off work during the last year, so we have gone quite long periods without contact. However, she has been an incredible resource as she encourages reflection and examination of my assumptions, which in these safeguarding cases has been invaluable. While use of self can be valuable, getting bogged down in my own thought processes can be unhelpful, and my mentor has supported my learning in objectivity and being 'good enough'.

It has been difficult at times to schedule training but I have undertaken a fair amount this year outside of mandatory units, particularly in dementia, DV and mental capacity. I have executive capacity training booked, as I want to explore case law in more depth. Webinars or remote learning can make training more accessible and time-efficient.

817 words.

