



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

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

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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).

The reflective model I will be using for this task is David Kolb's learning cycle. This is a four stage cycle that includes consideration of concrete experience, reflective observation, abstract conceptualization and active experimentation.

There has been a step-up in the complexity of cases since I qualified, and this has provided me with many new experiences and ample opportunities of concrete experience that I have been able to reflect on. In supervision sessions, as well as ad hoc discussions with my supervisor I have been encouraged to use reflective observation and abstract conceptualisation to analyse my interactions; the way I have managed cases and risks; and how I have managed cases in a way that is proportionate and accommodated the rapid nature of the way the team works, whilst also demonstrating the statutory and non-statutory dimensions of good practice. I have been supported in active experimentation by my supervisor when she is allocating cases to me, as we will discuss how points previously raised in reflective observation and abstract conceptualisation could be applied to the new case. In terms of differences to concrete experience, I feel I have been able to make a strong improvement in making my assessments

and overall intervention proportionate, whilst still maintaining the highest standards. Overall this has helped me in becoming a more flexible worker, as I still have the skills and ability to work in a more long-term way, as well as being able to respond to crisis.

Based on discussions with my mentor and supervisor it has been agreed that my development over the next twelve months should focus on enhancing my knowledge of key legislation and policies, and my ability to apply this knowledge to increasingly complex scenarios. Specifically I will focus on the Mental Capacity Act and Continuing Health Care.

In my first year in practise, there have been a small number of cases where I feel my practise was suboptimal. This wasn't because of a lack of ability of assessing care and support needs under the SSWBA, but because of an incomplete understanding of eligibility for fast track CHC and the process that should underpin this. Particularly in cases where people are at the end of their life, it is very important practitioners make the right decisions about how a person's needs should be met, and that this decision is made in a timely manner.

One of my strengths is using supervision and self-directed learning and research to improve my practise when I feel I haven't performed as well as I should have. Using advice from my supervisor and my own research has helped me better understand eligibility for fast track CHC, and my role in advocating for this if I identify triggers. I have also learnt to improve collaboration with health professionals to identify triggers for fast tracking individuals for CHC. This has also been important for improving my professional accountability, because in scenarios where people may be at the end of their life it is important for those individuals that I don't improperly accept responsibility for meeting their care and support needs, when that responsibility should lie with the NHS and led by health professionals.

Although in my first year in practice my concrete experience of undertaking MCAs has been with less complex cases, the extra training and my own research and learning is going to be vital moving into my second year in terms of abstract conceptualisation, and my own active experimentation and concrete experience in practice. This will help with applying the level of analysis in my assessments that will be needed in more complex MCAs and CHC processes such as the decision support tool, because the potential outcomes and interventions will be more serious and contentious.

In discussion with my supervision we agreed that collaboration has been one area I have developed most in my second year. For example in MCAs and best interest meetings I have been able to include individuals to ensure their voice is heard, and draw together the views and information from their family and involved professional. This has helped ensure that even if someone lacks mental capacity to make decisions about their care and support their personal outcomes in their SSWBA assessment still reflect the individual, and are often still in their own words, but their MCA has benefitted from information from people that know them best. So I am well able to demonstrate their lack of insight into their needs, and the level of professional accountability with my assessments is high.

Despite being protected from more complex scenarios I feel that these experiences will really help me moving into my second year, because they have allowed me to see through social work processes such as MCA and chairing best interest meetings, and reach good conclusions.

Words: 796

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 have gained experience in undertaking mental capacity assessments and managing best interest meetings, as well as engaging in parts of continuing health care [CHC], and advocating for that to be the appropriate route for meeting individuals' needs.

Reflective observation: Based on my experience in undertaking more complex capacity assessments, my confidence and competence is still developing, and something I will continue

to focus on. I am trying to be mindful of not having false confidence, which is based on defensive practice and reliance on a process based approach to capacity assessments, and have my practice based more on a real confidence whereby I am practicing as someone who bases their decisions on “critical scrutiny of situations, on available evidence and a clear understanding of their role in the situation” (Fraser, 2008). I feel this is being reflected in how my assessments are developing, which is a synthesis of an improved understanding of the law and case law, and my ability to assess in more complex situations so that the decisions made and the way they are represented in the written assessment are more justifiable and defensible.

Some of the carer feedback I have had has been reassuring and given me confidence that my practice is developing correctly. For example that they felt included in the assessment and it was done in a transparent way, and that they felt listened to during the best interest process. I have come to regard the inclusion of family members during a mental capacity assessment as a matter of professional judgement, which has potentially positive and negative implications. It can be positive in the sense that having a family members present means I can check the validity of the information the person is given me during the assessment, also the presence of a loved one can be reassuring for the individual and facilitate more open and honest communication. However, it can have negative impacts especially if the individual is suspicious of the motives of family members.

One of the key aspects of my development over the last year in relation to both the MCA process and CHC has being a more effective use of collaboration, particularly with other professionals. I've also become much more adept at identifying potential triggers for a fast-track CHC referral e.g. a palliative diagnosis where the individual has also developed very poor intake of food and fluids. Therefore, I have become better at managing the interface between individuals whose care support needs should be met through the SSWBA and those whose needs would be more appropriately met through CHC. I feel I'm confidently using my knowledge of eligibility for fast-track CHC to advocate for people to have their need for care and support met through that provision rather than the SSWBA. But I've also learned to recognise the central role of general practitioners in supporting fast-track CHC referrals, whereas previously I would tend to liaise with district nurses. This speeds-up the decision-making process and means that there's greater clarity over who retains professional accountability for meeting the individual's care and support needs.

Improved collaboration with doctors and community psychiatric nurses has helped improve my mental capacity assessments, particularly in more contentious situations, by allowing me to provide a more detailed analysis for the diagnostic test in the MCA, and specific evidence for cognitive deficits in relation to the functional test. In turn I feel this has improved my professional accountability for these assessments and that they demonstrate good practice and legal practice that I can justify and defend if necessary.

Abstract conceptualisation: One of the areas I will continue to develop in the transition to becoming an experienced practitioner is the decision support tool [DST]. I have recently moved teams so I will be managing a long-term caseload of more complex cases, rather than the short-term work I was previously undertaking. Consequently I will have opportunities to

work with and advocate for individuals while they go through the decision support tool process to access CHC. I feel well prepared for this through the collaborative working I've done for the fast-track process, and the knowledge I've gained on the CHC framework, and eligibility for CHC.

In discussion with my mentor, we both felt happy with the quality of the work, and the competency developed over this year. There are still areas to develop, and in particular I will be allocated cases where I will work through the DST process, so that my confidence and competence can develop. In relation to mental capacity work it was felt the next steps would be to gain more experience in cases of fluctuating mental capacity and also cases where what is in the person's best interest is contested by the involved parties. Court work will form part of my role in the future as I become an experienced practitioner, so we agreed that I need to develop skills to manage mental capacity issues that are more socially and legally contentious.

Words: 825