

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

**LEARNER PORTFOLIO
(PORTH AGORED and UWTSD)**

Learner's name: Ffion Wyn Parry

Learner's University Registration Number: 1605000

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

Portfolio Guidance

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

What is the portfolio for?

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

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

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Section 2

Developmental review (a)

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

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

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

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

Reflecting on my first year in practice makes me acknowledge the progression I've made since qualifying, in particular with development in my skills, knowledge and confidence. My first year in practice felt like a roller coaster as I transferred from Children's services to adult's Learning disability. During this transition I felt unconsciously incompetent as I needed to learn new knowledge around adult services.

As all of my placement prior to qualifying involved children, I felt safe working in the Duty and Assessment Team. Reflecting, I see a lot of skills I had such as assessing, collaborative working, critical thinking were transferable and applied in practice in my new post. Looking forward I can identify learning needs which require further development.

I believe the key component to boost my confidence was my professional development. According to Knott & Scragg (2013) reflection is essential to develop professionally in Social Work practice. Supervision supported me to reflect by providing an opportunity to analyse my practice and decision making skills. My Manager enabled me to think about why and how I came to a decision and enable me to understand areas that I was uncertain of. It soon became apparent that I needed to develop a greater understanding around capacity, as I was questioning and seeking reassurance when my practice involved any intervention regarding

capacity. It was agreed this was an area I needed further training and development as it would develop my skills of making professional decisions. This is something I have struggled with during my first year in practice. Turning to management and experienced staff for case discussion, but noticing my analysis of what was required was correct.

The Learning Disability team is a multi-agency service where we work together to ensure that citizens access adequate intervention, the citizen's wishes and feeling's central and that the service delivery is responding. Attending the Collaborative Communication training made me reflect that, although I have experience of working with people, and thought I knew how to communicate I need further training on Communicating. I need to learn strategies of how to attune communication to those citizens with communication difficulties or their needs effect their communication. The training raised how we need to tailor conversation and take communication into account when having the person centred conversation. Reflection has also helped me recognize my learning needs for the next year. These include expanding my assessment skills by becoming more confident and skilled in the 'What Matters?' discussion, nurturing a way of working that supports each individuals' communication and intelligence needs, and completing the forms in accordance with the Social Services and Wellbeing Act (Wales) 2014.

When the new legislation came to force, it was initially a very daunting prospect, but I have enjoyed embracing the ethos of the act, from co-production, identifying what is important to the citizen, working creatively with local resources and co-operating closer with voluntary and third sector services.

After attending several training sessions during my first year in practice; I now need to put the information and skills learnt into practice. Regular supervision and active reflection will help me relate and acknowledge my development for the next 12 months and further.

Word Count 528

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: 30/08/2017

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)

2 is a female adult with a Learning Disability. Since transitioning to the team, the social work objectives driving current intervention has been an ongoing area of concern. This being her engagement, safety and access to correct support. 2 has full mental capacity, as assessed with the outline of the Mental Capacity Act 2005, and is able to verbalise her opinion.

2 specifically said she wants support through Welsh, which is her mother-tongue, and has the right to an active offer of which language she accessed support as a result of the Welsh Language (Wales) Measure 2011. As the care providers couldn't cater this request, a person-centred approach wasn't provided, so I served notice and pursued a provider who could provide this request.

The purpose of my visit was to assess what support 2 required by new providers to continue to live independently. The observer had been 2's previous social worker and they had a positive working relationship. 2 was happy for the observer to be present, and as we were discussing very personal and sensitive information, I feel it was positive that they already knew each other.

2's Lack of engagement with care providers over a substantial period of time had effect on 2's personal care, health, home safety/conditions & finances. Neighbours & relatives, community services and professionals such as the police & housing raising concern for 2's welfare.

2 is a natural and sociable communicator and partakes easily in conversation. As 2 is very skilled in this area it gives the listener the impression that she also understands spoken language well. However, 2 does have difficulties with understanding grammatical language/understanding finer details, understanding sequence, problem solving and making predictions.

2 has lived in a small Welsh rural community all of her life, and has limited family support. Following the death of 2's mother, 2 was re-housed in the same village so she could remain in her known environment as 2 did not wish to be moved elsewhere.

Word Count: 329

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

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

'More than words', A framework developed in 2012 by the Welsh Government says that Health and Social Care services must offer a service in English and Welsh in Wales, and both must be of equal standard.

My ability to speak Welsh puts me in an advantage as I can provide the 'active offer' to all citizens for their preferred language. The active offer links directly to the Code of Professional Practice, as it is discriminatory practice not to meet the language preference of any citizen accessing a service. The active offer was an identified need in this case, as the care providers, despite sever request weren't able to deliver the active offer by providing Welsh speaking support, and as a result couldn't offer the person centred service the citizen and department were requesting.

Due to 2's cognition difficulties, she's received input from the Learning Disability Speech and Language therapist, who has written a report on how to best communicate with 2. When allocated 2, I had a case discussion with the speech and language therapist to ensure that I was clear of her communication needs and what strategies she recommended would provide best service delivery. When language is simple and relates to what 2 can see / experiences at the time, 2 will understand well, although may get details wrong. Therefore the Therapist advised me to use visual aids to support 2 in her conversation with me.

As I wanted to gain 2's opinion, discover what she needed support with, and discuss terms such as 'capacity' 'service' & 'outcomes', I created personalised visual aids to help aid her comprehension and memory, and provided her with a communication method she felt comfortable to express with. 2's non-verbal communication, and set pattern of learnt responses would indicate to me if 2 hasn't understood or if she want to deflect from the topic. 2 will also answer questions in the wrong tense, saying in Welsh 'do' instead of 'yndw' suggesting she has misunderstood. It's important to have an understanding of the non-verbal and verbal responses citizens have to situations, and need to be able to respond appropriately to any verbal/non-verbal que, to either clarify what has been asked, or rectify any misunderstanding.

The way I communicate both verbal & non-verbal ensures a coherent conversation with a citizen. By adapting the way I communicate to the citizen's level of understanding helps meet the citizen's needs. It also helps break down barriers between the citizen, social worker and service. There are many reasons why there are barriers to prevent efficacious communication, which could be the citizen's physical/mental health, citizen's lack of faith to the service. I think it can be difficult to overcome these barriers and communicate with citizens at times, which then impacts the citizens' opportunity to express their wishes/feelings/needs.

Adapting the way I communicate to citizens' understanding not only ensures they I provide a person centred approach but can also support to build a positive working relationship with citizens. Ensuring effective communications, by adapting my communication skills, including verbal, non-verbal and active listening to a level each citizen can understand will support them to feel comfortable to engage in discussion and intervention with me. Making eye-to-eye contact and giving 2 a smile when she was speaking signaled warmth and made me much more approachable.

The Code of Professional Practice I have enrolled to as a Social Worker gives many duties to follow, where effective communication is a key foundation to. They include a duty to gain the citizen's trust, gain the citizen's confidence, respect their wishes and ensure their needs are prioritised.

As I had visited 2 regularly, I felt our professional relationship had developed, but I was anxious that 2 would lose confidence because to the issues occurred with the care provider. During the visit I was aware that we would be discussing a lot of sensitive and personal information and that effective listening skills would be key. By listening to 2, acknowledging her concerns and having the 'what matters' conversation, this reiterated that 2 is central to all support, and provided 2 the opportunity to tell me what is important to her and what outcomes she wants from service provision. Although visual aids were used as prompts, when discussing wishes and feelings, 2 took the lead and directed the conversation as she was best fit to do so. Being able

to do this meant I gained an insight into 2's perspective, and it supported me to understand which areas of her day to day life 2 required support and intervention.

Allowing sufficient time is key to effective listening. It is also important not to interrupt by provide an opportunity for the citizen's thoughts, feelings and wishes to be shared for the topic of conversation. There was occasions where 2 found it difficult to express and was using her set pattern of learnt responses or was answering in the wrong tense. By adding some probing and clarifying question, such as 'how often do you do that', 'how do you do that' supported 2 to express herself during conversation, discussing her life history, telling me what she enjoyed doing, what she has difficulty doing and what her aspirations are for the future.

I didn't want the visit to only concentrate on the negatives of what 2 can't do, but also look at strengths. There had been some concern that 2 could be feeling low following the bereavement of her mother, and the strength perspective had been key to conversations with 2. When creating the visual aids, I purposely completed tasks I knew 2 could complete so 2 didn't feel the visit was concentrating on the negatives and to encourage her self-belief and boost confidence of what 2 is able to do for herself. If we only look at overcoming 2's failings we would only be patching up a 'problem' but looking at 2 positive attributes and capability ensures a holistic approach.

"It disheartens clients by stressing their inability to cope. It isolates clients by setting them apart from other who do not have their problem. It stigmatises client by seeing "the problem" as a lack or inability in the person effected." (Norman, 2012)

2 had overcome significant loss in her life, with the bereavement of her mother, and the knock on effect that had on her day to day life. 2 had never lived independently prior to her mother's bereavement. According to the strengths perspective a citizen has suffered any difficulties it will increase the citizens' resilience, which will improve any citizens capability to defeat any difficult situations in the future. By having this discussion with 2, she was able to identify what her strengths are and clearly identify what she needs support with.

This led us to discuss outcomes, which is, *"the outcome of an activity, process, or situation is the situation that exists at the end of it."* (Collins Dictionary, 2018)

Outcomes are personal and person specific. Not one citizen's outcome is going to be the same as well-being means something different to every citizen. As emphasised in the Social Services and Wellbeing (Wales) Act 2014, having the 'What Matters' discussion with 2 is important as she is best placed to determine what a positive outcome would be for her. By using alternate tactics of role playing to gather this information, it supported 2 to decide what's important to her at present and for the future.

2 felt comfortable to discuss her personal outcomes with me which demonstrates how good communication skills leads to establishing trust and a professional relationship, which is vital for a successful outcomes approach. 2's personal outcome was to have security for the future by having a funeral plan in place and to request additional hours for her to have more support than the reduced hours. I discussed with 2 how we can reach these outcomes and what we will need to do.

At the end of the session, 2 passed a comment saying she felt that I was always there to help her and that she felt comfortable speaking to me, which made me feel competent in my work. During our conversation 2 was able to recognize her strengths, acknowledged what she needed support with and showed commitment to engage with support providers to improve her own well-being.

Reflecting back, I feel appropriate communication skills were used. By taking the Speech and Language Assessment guidance of using visual aids and using alternate tactics of role play to guide the conversation helped capture 2's understanding. This supported 2 to recognise areas of her day to day life where she requires support and identify her own personal outcomes. By purposely putting visual aid items I knew 2 is able to manage independently, she was also able to identify her own strengths. The response in 2's personality and body language, confirmed doing this did encourage 2's self-worth. The quality of information gathered makes me feel positive that 2 felt at ease in my presence, being aware that body language and active listening helped the conversation run smoothly. I feel confident that we can continue to work together to

meet the identified personal outcomes and to achieve any future personal outcomes. By having an open conversation with 2, I hope this has strengthened her respect and trust in my practice. This observation has not only been a productive conversation, but a foundation of confidence that in the future, 2 will be able to share with me any future difficulties, or if she needs my assistance with reaching any future outcomes.

Word Count – 1590

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?	Oedd, ma hi bob tro ar amsar i weld fi. Os fysa hi'n hwyr fysa hi'n gadael imi wbod dwi'n siwr.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Do. Oeddwn i'n gwbod bod chdi'n dod hefo hi i watchad hi'n neud ei gwaith. Ma' hi'n gorfod cael pobl yn gwachad hi i neud siwr bod hi'n neud ei gwaith yn iawn. Ma hi'n un dda.
Were you clear why the social worker met with you today?	I weld be dwi'n licio neud hefo M. Sbio ar os dwi isho symyd i tŷ newydd. Dwi yn meddwl am symyd, am neud penderfyniad.
How well prepared do you think, the social worker was for his or her meeting with you?	Nath hi ddod a llynia hefo hi er mwyn i ni cael sbio ar be o ni isho neud. Dwi'n licio sbio ar lyniau, helpu imi feddwl am dan petha.
How has the social worker listened to you and respected your views and wishes?	Oh yndi, bob tro yn gwrando chwara teg. Dwi'n licio hi, hwyl i gael. Ma hi bob tro yn trio helpu fi ond fi sydd yn neud y penderfyniad.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Siarad cymraeg, ma huna'n bwysig. Ma hi wedi cael rhywun Cymraeg i helpu fi rwan, huna'n well imi. Ma hi bob tro yn siarad imi yn iawn, dallt ei'n gilydd yn iawn.

How has the social worker's involvement met your expectations for this visit?	Oh do, bob tro. Ma hi'n helpu fi sbio ar be dwi'n licio neud a be dwi angen help hefo. Da ni di neud huna heddiw
Are there any other comments or suggestions that you would like to make?	Ma Ffion yn lyfli, rili hogan neis. Hawdd i siarad hefo ag ma hi'n trio helpu fi bob tro.

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 case study will critically reflect a safeguarding concern I investigated jointly with health concerning significant risk to the citizen's health. To ensure confidentiality, I'll refer to individuals within this task as numbers.

Safeguarding is "protecting children and adults from abuse or neglect and educating those around them to recognise the signs and dangers." (Social Care Wales, 2018)

I'll use the Gibbs' model of reflection to critically reflect. Identifying and using a reflective model allows me to analyse evaluate and learn from interventions. Using this to develop my skills, knowledge and practice for any future intervention.

Gibbs' model of reflection has six stages; description, feelings, evaluation, analysis, conclusion and action plan. (Gibbs, 2008)

3 is a White Welsh speaking female adult. Diagnosed with learning disabilities and mental health difficulties. 3 lives in a supported living accommodation. Dependent on staff 24 hours a day on a 2:1 basis. 3 is the focus of the intervention.

The department received a safeguarding referral from the hospital after 3's urgent admission, concerned that the care providers had neglected 3's health needs and hadn't shared information adequately. Upon her admission, 3 had a life threatening operation, which the

hospital believed could have been avoided if the care providers had informed medical professionals of the change in 3's health needs sooner.

'Neglect' is defined in Section 197 (1) of the Social Services and Wellbeing (Wales) Act 2014 as;

"...a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being" (Legislation, 2018)

The Human Rights Act, 1998 defines how every person has the right to live their life free from any form of harm;

"have the right to live their lives from coercion, intimidation, oppression and physical, sexual, emotional and mental harm" (Legislation, 2018)

From previous involvement with safeguarding referrals I've realised the importance of information gathering. I'd only been allocated as 3's Social Worker for a short period of time, so was unaware of any other safeguarding concerns. Reading 3's chronology showed there hadn't been any safeguarding referrals but regular concerns raised by family and professionals for the day to day care by providers.

'More Than Just Words', a strategic framework published in 2012 had significant change to the inclusion of the Welsh language in Wales. Its aim to improve the Welsh language delivery in the health and social care field. A key principle is the 'active offer', which all services offering interventions in health and social care must provide. Active offer is asking citizens which language they would like to receive any verbal/written correspondence.

The Social Services and Wellbeing (Wales) Act 2014 puts status to the active offer as it's embedded the principle into the legislation. The active offer means citizens are central to any intervention, which increases cooperation and ensures a person centred approach.

“A strong voice and real control optimises everyone’s opportunity for wellbeing. Everyone can be given a voice – an opportunity – a right – to be heard as an individual, as a citizen, to have control over their day to day lives.” (Legislation, 2014)

3 received the active offer, and chose to have correspondence in Welsh.

The first stage in Gibbs’ model of reflection is description.

The intervention was a crisis intervention responding to a safeguarding referral completed by the hospital, detailing concerns that the care provider had neglected 3’s health needs and they hadn’t shared information adequately.

The Social Services and Wellbeing (Wales) Act 2014 is the legislation, regulation and statutory guidance for Safeguarding in Wales. Part 7 of the act provides a new definition for adults at risk; “an adult at risk is an adult who is experiencing or is at risk of abuse or neglect, has needs for care and support (whether or not the local authority is meeting any of the those needs), and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.” (Social Care Wales, 2018)

A Consultation Document by the Welsh Government provides guidance for practitioners concerning Part 7 of the Act, however we are still awaiting the release of the National policy and procedure to guide practice.

The Wales Policy and Procedures for the Protection of Vulnerable Adults (2013) continuous to be used by practitioners to guide safeguarding intervention when concerned for the welfare of adults at risk. It’s been in place prior to the introduction of the Social Services and Wellbeing Act (Wales) 2014, and therefore doesn’t comply with the new act. For instance the policy would refer to 3 as a ‘Vulnerable Adult’ whereas the Social Services and Wellbeing Act (Wales) 2014 refers to 3 as an ‘adult at risk’.

Section 126 (2) of the Social Services and Wellbeing (Wales) 2014 places a duty on all Local Authorities to enquire into any identified 'adult at risk'. Being 3's allocated Social Worker I was asked my management to be involved and take lead in the safeguarding process.

To ensure a streamline approach, timeframe and framework to the safeguarding referral, I followed the 'ten stages and timescales for the Adult Protection Process' within The Wales Policy and Procedures for the Protection of Vulnerable Adults (2013). This involves information gathering, strategy discussion, strategy meeting, agreed Individual Protection Plan and its review.

3 remained in hospital when the safeguarding referral was received. The nature of the concern eliminated that 3 wasn't in immediate physical danger.

When the safeguarding referral was received, I made contact with the Safeguarding co-ordinator for the hospital, requesting further information of 3's current health status, and a better understanding of the severity of 3's deteriorated health. The information received was recorded and fed back to management.

The initial evaluation confirmed that the concerns did meet the threshold to apply the adult protection procedures. With a strategy discussion arranged that day to comply with the timescale.

The strategy discussion involved myself, Community Health, Social Care Managers and Community Learning Disability Nurse. The Police were not notified as there was no indication of criminal activity.

It was agreed at the strategy discussion, that a strategy meeting was required to gain further information. Although the timescale said we had up to 7 days to meet, I arranged the strategy meeting for the following day due to the nature of the safeguarding concern.

In addition to the above, 3's allocated Psychiatrist and Care Provider Area Manager was invited to provide more information and give a better understanding of the change in 3's health needs.

The initial Strategy meeting's purpose was to decide whether an investigation was needed. During the meeting it became apparent that there had a change in 3's health needs, over several months. The care provider did seek medical assistance but questionable if they had in the week prior to the admission despite a change in 3's presentation.

When working with any adult at risk we must consider mental capacity. I was asked if 3 had capacity, and Practitioners agreed that 3 would have capacity to consent to the investigation. I was asked to visit 3 and ask for her consent.

In Wales, The Wales Policy and Procedures for the Protection of Vulnerable Adults (2013) says in its principles that "Vulnerable adults have the right to be fully involved throughout the adult protection process and to make decisions about their safety and welfare, unless it has been assessed that they do not have the mental capacity to make any particular decision."

The Mental Capacity Act 2005 says people with capacity "have the right to make decisions that others might regard as unwise or eccentric" (Social Care Wales, 2018)

The Social Services and Wellbeing (Wales) Act 2014 says "The focus of the act is on enabling people, including children and young people, to secure their own voice in decisions about them, to enable them to live safely with their families and to be active and participating members of their communities. This is critical to securing wellbeing. (Legislation, 2014)

The strategy meeting concluded there had been numerous medical professionals involved regarding 3's health needs. To investigate into the concern further I suggested it would be beneficial to complete a timeline of everyone's involvement. I agreed to take the lead with support from the Community Nurse to gather information. A timescale of two weeks was given to complete this. We would then reconvene to a second strategy meeting within 7 days of the investigation's completion.

Whilst at the meeting, I raised my concern with the Lead Manager that I had only met 3 once before the safeguarding referral had been received. Due to the sensitivity of the information, I didn't want her to feel uncomfortable or feel apprehensive being faced with a 'stranger' as we hadn't yet established a professional relationship with me.

To reduce any possible power imbalance, I asked if the allocated community nurse could visit 3 jointly with me as she had known 3 for years. I suggested that it would be best to see 3 at her parents' home after being discharged from hospital.

3 has known mental health difficulties and due to her learning disability has difficulties with her confidence and understanding. All in the strategy meeting agreed it would be best to meet her within her parents' home, as 3 has historically always asked for her parents to be involved so they could provide emotional support and advocate on her behalf. Part 10 of the Social Services and Wellbeing (Wales) Act 2014 discusses the importance of Advocacy.

When I met with 3, I asked if she would like her parents to be part of the discussion and she immediately nodded and said she felt more comfortable speaking with her parents there.

I and the Learning Disability nurse could both speak Welsh, which meant we were meeting the language preference of 3 and her parents. This meant there was no language barrier, and both 3 and her parents were able to discuss a sensitive matter in a language they felt comfortable to use.

3 provided a full account of what had been happening with her health needs over the last few months with her parents supporting with specific details such as which professionals have been involved. 3's parents did provide an account of their concerns and observations. The safeguarding process was explained to 3, who consented to the investigation. She were relieved we were investigating into the matter, worried something similar could happen to her again or to someone else.

Beckett, Maynard & Jordan (2017) says a safeguarding investigation is an intrusion and that Social Workers involvement is "based on gigantic power imbalance". I discussed with my Manager and reflected on the power balance in this case. I felt raising my concerns with the Lead Manager had been beneficial. As a Social Worker it is my role to consider and provide adjustments so any citizen feels comfortable to engage in interventions.

Requesting to meet 3 at her parents' address and for the community nurse to be present reduced the possibility of any vulnerabilities. Providing 3 with the opportunity to converse in her preferred language reduced any power imbalance. Meeting 3 in her comfortable environment, made her feel at ease to engage in conversation.

Written recorded information by the professionals involved was the essential source of evidence for this investigation. I gained 3's consent to contact them, request a copy of their documentation and then collated the information into a timeline.

Due to the required information's sensitivity, they were all sent as encrypted attachments, complying with the Data Protection Act 1998. I received information from the Care Provider, General Practitioner notes, Community Social Care Learning Disability team notes, Psychiatrist letters and Outpatient feedback letters from specialist Consultants.

"Information must be shared lawfully between agencies on a 'need-to-know' basis. This should be explained to the vulnerable adult(s) and, where possible, they should be told what information will be shared." (Wales Policy and Procedures for the Protection of Vulnerable Adults (2013)).

The timeline's purpose was to provide evidence in a coherent manner bringing all information together in a clear and accurate way. The timeline looked at who had been involved in supporting 3 with her health needs, what intervention those professionals provided and evidence whether 3's health needs had been neglected, and if so how and by who.

Due to numerous sources of information it was a lengthy process, but gathering all this information meant the investigation had detailed and thorough evidence.

A reconvened Final Strategy Meeting was arranged, with the same individuals present from the previous strategy meeting. I prepared an investigation report for this meeting, which cross-referenced to the information found in the timeline. I was asked to verbally present the findings. I also gave my professional opinion that there had been evidence of unintentional neglect to 3's health.

The Lead Manager accepted the evidence within the timeline and investigation report and agreed that the care providers had failed to highlight a change in 3's health needs in the weeks running up to the incident despite daily records highlighting a change in 3's presentation. Whilst discussing the daily records I raised my concern for the quality of the record keeping and terminology used by support staff which all present agreed when I highlighted examples within the timeline.

The timeline showed there had been a delay in information being shared from one health trust department to another, and a delay in the information being shared with the care provider. As information hadn't been adequately shared, I reported that the care providers wouldn't know to amend their care and support plans.

The Lead Manager at the strategy meeting questioned whether there had been failings by the Multi-Disciplinary Team to support the care provider, which I responded with disagreement. The care providers failed to communicate and inform myself or the Community Learning Disability Nurse of any change to 3's needs. I commented that it would be impossible for us to support and take responsibility in any persons care without being informed and receiving the information to do so.

Clear steps had been put in place to safeguard 3 following her discharge from hospital. Including care plans, monitoring tools being implemented for the care providers to complete and specialist services supporting and overseeing 3's health needs. The care providers

acknowledged the findings within the Final Strategy meeting and agreed a need to review methods of record keeping and for staff to access record keeping training.

A Case Conference was arranged for the following week, to confirm the actions following the investigation. I visited 3 and invited her to the meeting but she didn't want to attend. She asking her parents to be present and act as her representative. During this meeting, the Lead Manager chaired and fed back the finding of the investigation I had completed. The family were satisfied with the finding, and took the meeting as an opportunity to thank the Health and Social Care Learning Disability Team for their commitment to 3.

During this meeting I felt oppressed. I wasn't given any opportunity to speak and share my findings. The Lead Manager raised with the family that there was some blame on the Social Worker and Community Learning Disability Nurse for not supporting the care provider in the weeks leading up to 3's admission to hospital, and wanted regular multi-disciplinary meeting to be arranged following this meeting. Although the family did challenge this on our behalf and disagreed I left the meeting feeling upset and disheartened.

Reflecting on cases brought to the media's attention, it's always the Social Workers fault when something goes wrong. It's an opportunity for the community to pass judgement of how Social Workers case manage, and feel there isn't any comments when things go well.

The second stage in Gibbs' model of reflection is feeling.

Trevithick (2012) says supervision and agency support is needed to provide emotional support to Social Workers. Gibbs & Coffey (2000) criticises and reflects that Social Workers feelings isn't prioritised. Although I had opportunity to speak to my Line Manager about the case and he did asked me 'how I felt' I don't think adequate time is given to discuss practitioners feelings and emotions, with case management being the main focus all the time.

Social Workers deal with sensitive and confidential information. As practitioners we give citizens/their carers' emotional support in times of difficulties on a daily basis. But this support is lacked for practitioners.

I don't feel the Lead Manager considered my feelings when speaking with the family at the Case Conference. I feel this was done to lessen the responsibility on the care providers. I informed management during the initial strategy discussion that there had been concerns raised by the family of the day to day care they provided their daughter. I was conscious that they wouldn't be satisfied for the care providers to continue working with their daughter if they were to blame for the admission.

Marx's conflict theory says Power is an intelligence to influence someone's life. I felt 3 had received a fair approach whilst I took the lead with the investigation; I had taken into consideration how 3 would like to be involved in the safeguarding process and how her needs and preferences needed to be taken into consideration from the offset. We met 3 at her parents' home, they were present to advocate on her behalf, and 3's language preference was met. She was spoken to by both myself and the Community Nurse who are both first language Welsh. If this hadn't of been provided, 3 would have been put in a vulnerable situation, and would have had difficulties expressing herself.

The above ensured professionalism, and was in line with Code of Practice for Social Work. The focus of the intervention took 3's needs and preferences into consideration from the beginning. Travithick (2012) says Social Workers use skills, knowledge and qualification to define professionalism. Respecting 3's rights meant I worked in an anti-oppressive manner.

I reflect how lucky 3 was to access the above level of support. I have been involved in other interventions where other services are not able to offer the Welsh Language. I felt frustrated as it left citizens vulnerable, unable to share information in their preferred language. I've had to complete several joint visits urgently with the police where they cannot speak Welsh despite the citizen requesting the Welsh Language. I understand that they have to prioritise the urgency of a case over citizens' language preference. When this has happened, and citizens have made

disclosures there is a dependency on the Welsh speaking worker to translate what's been disclosed.

The third step of Gibbs' model of reflection is Evaluation.

Evaluation looks at the outcomes for both practitioner and citizens involved in an intervention.

Upon reflection, I felt that I had demonstrated assertiveness during my involvement with the safeguarding process. In the initial Strategy Meeting the initial request by the Lead Manager was for me to go and see 3 alone at hospital. Advocating 3's needs and preference at that meeting lead me to question the decision making. Promoting 3's right to be spoken to in an environment she felt comfortable in, with her parents present at their home to advocate on her behalf.

3's parents were able to support 3 to share information and represent 3 at meetings linked to the safeguarding process as she didn't wish to attend herself. They were used to advocating on 3's behalf and continued to represent 3 at multi-disciplinary meetings following the safeguarding process.

3 was subject to an Integrated Care and Support Plan. The safeguarding process identified it needed to be reviewed. The existing plan didn't outline 3's outcomes and failed to give the multi-agency team clear indication of who was responsible to support 3 to meet those outcomes. According to Kelly (2013) using a social work model will help citizens and professionals to work collaboratively. Setting specific goals which are achievable and measurable. The existing plan failed to give a task centred approach and failed to obtain professional accountability.

When I spoke with 3, her family and professionals there were other specific concerns raised. Concerns being for 3's personal care, social inclusion to the community and participation in activities. Reviewing the Integrated Care and Support Plan meant the concerns could be addressed in an outcome focused approach. Each outcome will then be discussed at the multi-

disciplinary meeting to measure their progression or problem solve any barriers for them being met.

I felt the work I completed was of an adequate standard, making use of all available resources to support with the investigation and endeavouring to keep 3 at the centre of the investigation. I feel all steps of the safeguarding process were adhered to, to safeguard 3 from any harm.

Writing about this piece of work has been a learning opportunity in itself. Reflecting on my involvement with the case; looking at my emotions towards this piece of work, the skills and assertiveness I used to lessen any power imbalance and my ability to take lead and responsibility for the main source of evidence. Gathering and collating information together to produce a factual, clear and coherent report.

The forth step in the Gibbs' model of reflection is Analysis.

Trevithick (2012) says analysis is the ability to examine information, obtaining better understanding and implementing an action.

The first point of analysing information was when the safeguarding referral was accepted. I looked at all historical information held to give a critical approach as information was cross-referenced to understand 3's needs, case background and the department's involvement with 3.

Further analysis took place during the strategy discussion. Discussions took place between practitioners and management of the information in the referral and any information held in the social services system. Previous concerns raised by 3's family of the day to day care 3 was logged on the system. Looking at historical information and analysing this in line with current concerns supports the decision making process.

The next analysis process was the Strategy Meeting where all known information was discussed as an MDT to decide whether there was a need to investigate further. According to Thornton (2013) assessing risk means a process of exploring, recording and reviewing all

precariousness. With this leading to increased comprehensibility. Following the investigation, all gathered information was brought to a reconvened Strategy Meeting for the MDT to decide whether 3 had suffered significant harm and whether there's a need for further intervention.

Analysing also supports practitioners to acknowledge learning needs. During this safeguarding process I reflected on communication. This was my first safeguarding investigation revolving adults, with my safeguarding experience being in the children's service.

I found the process of interviewing, collecting all the information and actively listening to 3 and her parents difficult. Reflecting back, I should have planned the visit better with the Community Nurse who took no active role within the visit. The tasks should have been shared between the two of us rather than myself taking responsibility for all three during the visit. This would have made the intervention task focused with both of us clear of our responsibilities during the visit.

I was very conscious during the visit of my body language, tone of voice and active listening skills to support 3 to feel comfortable to engage in conversation with me. 3 was very tearful and they were all upset about what had happened to her. I was aware that making eye-to-eye contact, smiling or nodding when they spoke provided them with reassurance that I was listening and accepting what they had to say.

Trevithick (2012) says direct communication with citizens is vital to any intervention. Atherton & Crickmore (2011) say a common theme in research is that professionals working with adults with Learning Disability fail to engage them in any intervention, resulting in failure to capture their feelings and circumstances to specific situations.

This case has made me acknowledge the importance of record keeping. The main source of evidence was the timeline which collated records kept by all health and social care professionals involved with 3's care. Lord Lemming's report following the death of Victoria Climbié said that communication and recording defect plays a key role in the failure to protect any vulnerable citizen. I did raise at the strategy meeting and investigation report that I wasn't

satisfied with the quality of the recording by the care provider and requested they attend specific training to rectify this.

The fifth and sixth stage of Gibbs' Model of reflection is conclusion and action plan.

I feel the requirement to reflect on a piece of work within this programme has been beneficial. Giving me an insight into my practice, and an opportunity to acknowledge future learning needs.

I hope this piece of work reflects how my practice remains focused on the citizen involved. I made all adjustments to keep 3 centre throughout the safeguarding process. Although 3 wasn't present in meetings, I took into consideration her needs and circumstances, advocated on her behalf and liaised with her throughout the process. 3 was informed of all developments, aware of the Individual Protection Plan put in place and aware this would be reviewed at an MDT to ensure all of 3's needs were met.

Reflecting on my future action plan, this task has made me consider the need to use analysis more in my day to day practice. Take time to consider the 'what, who, why' rather than going direct to complete a piece of work. This will ensure each citizen has the best form of intervention, ensure the reason for my involvement is clear and for the citizens personal outcomes to be met by the most appropriate person.

When writing about this case, I realised that I took the lead on all the tasks required for the safeguarding process. When actually, there may be other professionals at the strategy meeting best suited to take some of those responsibilities.

As my career as a social worker continues, my action plan will remain in place. It will be reviewed regularly and amended to include any further learning needs identified in the future.

Word Count 4387

Section 5

Safeguarding

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

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

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

Since the introduction of the Social Services and Well-being Act (Wales) 2014 there has been changes to the protection of children in Wales. It was crucial that the Act introduced a duty for every person to be reporting any concern of harm towards a child to their Local Authority, whether they worked in the field of children or not, as in 2016, over 3000 children in Wales were identified as being in need of protection from abuse. (NSPCC, 2017)

Children 'likely to suffer harm' is referred to be namely:

- " a) *who are, or at risk of abuse or neglect or other harm, and*
- b) he or she needs for care and support (whether the Authority meets any of those needs. "*

Section 31 of the Children Act, 1989 say harm may be considered 'significant' by comparing a child's health and development with what might be "*reasonably expected of a similar child*" (NSPCC, 2017). Under the All Wales Child Protection Procedures (2008) there are four main categories of abuse;

- physical,
- emotional,
- sexual
- negligence

Part 17 (10) of the Children Act 1989 has been dissolved and is now found under sections 3 and 4 of the Social Services and Well-being Act (Wales) 2014. Which place a duty on Local Authorities to assess a child who appear to be in need of care and Support, using the

'Framework for the Assessment of Child in Need and their families' (2001) as the foundation for the assessment. Should the child be eligible for a service, a care and support plan will be agreed, emphasising the voice of the child. (University of Cardiff, 2016).

When looking specifically at child protection, there are no changes to the regime that existed within the Children Act 1989; with a duty on Local Authorities to complete inquiries under section 47, with explanations of the process found in the 'All Wales Child Protection procedures (2008)'; It may be necessary to protect the child immediately, or inquiries can continue before deciding whether to go to case conference which will decide if the name of the child/children will be placed on a child protection register.

The Rights of Children and Young People Measure (Wales) 2011 incorporates the United Nations Convention on the Rights of the Child into domestic law, with Wales the first country to achieve this. Including the seven core aims set in 'Children and young people: rights to action, 2004', including, enjoy the best possible Health, have a safe home and a community that supports physical and emotional wellbeing.

There are conflicts between some of the rights embodied in the Human Rights Act 1998 and the Children Act 1989 eg Right 8: *"Everyone has the right to respect for his private and family life"* Something that isn't always possible if the child is at risk of abuse/harm from family members.

Safeguarding Boards are now regional boards, with their intention to coordinate and attempt to ensure efficiency in the work to protect and promote the well-being of children. The boards include: the Local Authority, Police, Health Board, Health Trust and the probation service. They are responsible for the local policies, procedures and guidance to safeguard children and adults, and ensure that all agencies and professional person are responsible for protecting children and adults from abuse (Welsh Government, 2017).

Word Count: 548

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

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

There's been a clear difference to legislation in the context of safeguarding adults and children; with the Children Act 1989, Working Together under the Children Act 2004 guidance and the All Wales Child Protection Procedures 2008 giving a clear basis for workers to promote the well-being and protection of children.

Until the introduction of the Social Services and Well-being Act (Wales) 2014 safeguarding adults was an ambiguous area. After its presentation, legislation around safeguarding adults has developed and provides, for the first time, a comprehensive legal framework.

Terms used in the context of Safeguarding has changed, namely 'adult at risk' (instead of 'vulnerable adult') and a 'child at risk'. With the criteria also amended, being:

- *experiencing or is at risk of abuse and neglect,*
- *has needs for care and support*

In addition for adults:

- *as a result of those needs unable to protect himself or herself against the abuse or neglect or the risk of it.*

As a result of the Act, pieces of legislation relevant to the protection of adults has been repealed, e.g. Chronically Sick and Disabled Persons Act 1970, National Health Service and Community Care Act 1990.

Presently the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse 2013 continues to be in force, with the expectation of new guidance to be introduced focusing on 'adults at risk'.

'Child in need', which existed under section 17 of the Children Act 1989, has been incorporated into the new Act and emphasises the voice, early intervention, co-production and rights of the child for care and support in accordance with its principles.

There is a duty on employees to continue to use the Children Act 1989 to safeguard a child under section 47, which contrasts safeguarding adults where the new act, under Section 126 provides a duty to investigate abuse. The introduction of the Adult Protection and Support Orders found in section 127 of the Act authorise entry to assess whether the adult is at risk of abuse or neglect.

Legislation has recognised adults and children are different, and should be treated differently. Children are dependent on their parents in a way that adults are not, and they do not have the capacity to make decisions about their lives. In contrast, it recognises adults has mental abilities to make decisions, even if the decisions seem unwise (unless this has been proven differently when assessing under the mental capacity Act 2005).

The work of the protection boards is to ensure that every agency and professional person responsible for protecting children and adults, has a duty within the Act to report any concerns to the Local Authority.

Word Count: 439

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)

The model of reflection that best suits my reflection is the 'Big Six' by Siobhan McLean I came across when attending her Reflective Practice Training. I like how it identifies six areas for effective critical reflection; emotions, knowledge, power, self-awareness, values and uncertainty. I find the model's simplicity suits my learning style as the identified six areas provides prompts of how to critically reflect. This model will be used to critically reflect my development since completing section 2. I feel comfortable to use this model to structure my critical reflection, which will encourage and assists with my learning development from my practice experiences.

During the past year, I've gained in confidence, being accountable for my decisions and practice. Reflecting on feedback I've received from others I'm aware of my strengths, weaknesses, and recognize my role within a multi-disciplinary team. In section 2 I said I had attended Collaborative Communication training but needed to put the knowledge learnt into practice. Communication's been an area I've always requested further development, and found this training not only helped with my communication methods but with adapting my communication skills to be more assertive.

This has increased my confidence to voice my opinion during meetings. The Social Model V Medical Model is apparent at these meetings as I work in partnership with health colleagues. Although I value their opinion I now feel confident to disagree with them. I think conflict can be healthy because we all have the citizens' best interest at heart but have a different perspective due to our role and experience. This enables us to critically analyse information and consider our own professional judgement.

Since transferring from my previous role of Child Protection Social Work to Learning Disability, I've continuously critically reflected on power. I find myself gaining better working relationship with citizens, working in partnership to deliver interventions and find power is much more balanced. I felt my role in Child Protection was just responding to persistent concerns. Telling parents what to do, which services to engage with to accomplish any positive change. Intervention in the Children's Service felt more forced, with the power component being much more obvious. Whereas in the Learning Disability Team citizens want to receive Social Work intervention.

Looking back at when I started this Consolidation Programme I don't see any change to my values. Values are formed by people, environment and life experiences which is naturally different for everyone. Starting to work as a Social Worker clarified this, with colleagues, management and citizens, who had their own vulnerabilities/concerns of being at risk having different values to me. I also found society has its own agenda on values. Setting some of the citizens referred to us as 'contrasting' to the 'norm'. It could be easy for any social worker to accept those values and look at citizens differently. Which made me realise the importance not to impose my own values on citizens and colleagues to empower them to acknowledge and use their own value base.

In section 2, I raised uncertainty when having to making decisions about citizens' capacity. Admitting I needed regular reassurance and guidance, in particular when citizens with capacity refused support or there was conflict in people's judgement of capacity. During the last year I've attended training in relation to the Mental Capacity Act 2005, taken personal responsibility and made effective use of supervision. Supervision has been regular, structured meetings. Being effective as it's allowed us to discuss the quality of my decision making and interventions, organisational accountability, caseload and identifying further learning development.

I'm more confident to use the act and make my own personal judgement. I often find myself quoting the 5 principles during discussion, which distinctly says that people deemed to have capacity they have the right to make an unwise decision. I feel more certain when having discussions about citizens' capacity, more informed to complete capacity assessments and to discuss my opinion in relation to capacity in difficult situations without requiring the continuous reassurance I used to seek.

Looking back at where I was when starting this programme, and the work I've completed during this time makes me acknowledge that I've developed a lot since qualifying. However, I'm only at the beginning of my professional journey and will continuously find an area requiring further develop along the way.

This programme's made me admit that my work can be descriptive. So, putting critical reflection into practice is an area I need to further develop. Supervision and support from colleagues will be a productive exercise. Having another person's perspective will support acknowledge and develop my analytical skills.

I've also asked to attend training on how to communicate with individuals with complex learning disability who don't want to engage in discussion. I've attended training in relation to Autism, but I have requested more specific training to support that these individuals remain central to all aspects of care planning.

Looking to the future of my personal development plan/strategy, I would like to continue with the CPEL framework, by initially completing the Practice Teaching programme. Feedback from management, colleagues and citizens has been beneficial, making me acknowledge the skills and knowledge I have. I would like to make positive use of this by supporting students on their journey to becoming qualified Social Workers.

Word Count - 878

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

Consolidation workshop	Date Attended
1 Outline Programme	03/05/2017
2 Collaboration & Coproduction	12/07/2017
3 Safeguarding	21/09/2017
4 Personal Development Planning	30/01/2018

Notes

The second workshop date differs to the cohort 9 date for Ynys Mon & Conwy. I was unable to attend the arranged workshop therefor arranged a 1:1 session with Ann Postle, who delivered this workshop to me 12/07/17.

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.

Since supporting Ffion through the CPEL Programme I have seen a development in her ability to recognise and reflect on her own skills, knowledge and areas for development. This was particularly apparent as Ffion was also undertaking a new role within the Learning Disabilities Team having moved from Children Services.

I have observed Ffion develop her decision making skills and be able to collect, collate and synthesise a large amount of information reflecting on underpinning legislation and theories to decide on the best outcomes. Initially she lacked confidence in challenging others decisions or justifying her own but having now worked within a large Multi-disciplinary team this is a particular area that Ffion has developed in confidence and skill, particularly when practitioners are coming from different perspectives. She is able to reflect in section 6 that professional disagreement is not necessarily a bad thing and can be healthy to debate ensuring that the citizen's best interest is kept central.

Ffion is honest about areas she lacks knowledge and proactively seeks opportunities for training or guidance from other practitioners. This is something she reflects on in section 2 as she identifies supervision as having a key role in her development.

Communication is a key area for all social work, but particularly when working with individuals who have communication difficulties or barriers. Ffion reflects on having completed the Collaborative Communication Training and reflects that this has also supported her ability to be more assertive within her role as well as communicating with Service Users.

Values are reflected on and Ffion reflects on the potential for power imbalance with Citizen's and their families. She reflects on the differences working within Child Protection arena and then trying to develop collaborative relationships with adults with learning disabilities.

Ffion would benefit from continuing with the CPEL programme and building on the positive foundations she has built in developing her practice.

Section 7

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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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Welsh Government. (2017). *Safeguarding*. [online] Available at: <http://gov.wales/topics/health/socialcare/safeguarding/?skip=1&lang=cy> [Accessed 11 November, 2017]

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 Ffion Wyn Parry

2. Learner's University Number: 1605000

Address for Correspondence: Adult Learning Disability Team, Adult Social Services, Housing & Social Services Department, Isle of Anglesey County Council, Council Offices, LLANGEFNI, Anglesey, LL77 7TW

Telephone: 01248 751998

E-mail: FfionParry@anglesey.gov.uk

Date of Professional Qualification: 20/11/2015

Date of registration with Social Care Wales: 08/12/2015

3. Name of Learner's Agency: Isle of Anglesey County Council

Agency Contact details: Isle of Anglesey County Council, Council Offices, LLANGEFNI, Anglesey, LL77 7TW

Name: Ann Postle

Address: Human Resources, Housing and Social Services Department, Isle of Anglesey County Council, Council Offices, LLANGEFNI, Anglesey, LL77 7TW

Telephone Number: 01248 752935

E-Mail address: AnnPostle@anglesey.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: Ceri Haf Jones

Address: Practice Leader, Children's Social Services, Housing and Social Services Department, Isle of Anglesey County Council, Council Offices, LLANGEFNI, Anglesey, LL77 7TW

Telephone Number: 01248752052

E-Mail address: cerihjones@anglesey.gov.uk

6. Observer details

Name: Ceri Haf Jones

Work Address: Practice Leader, Children's Social Services, Housing and Social Services Department, Isle of Anglesey County Council, Council Offices, LLANGEFNI, Anglesey, LL77 7TW

Professional Qualification and date of qualification: BA(Hons) in Social Work 14/01/2010

Email and telephone number: 01248752052 cerihjones@anglesey.gov.uk

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: Yhan Larry (Learner)

Date: 14/03/18

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 individual using services, their family or carers and/or carers above are about the same piece of practice that I observed on the date given.

Signed: GR (Observer)

Date: 14/03/18

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: Ewyn Williams

SIGNATURE OF LINE MANAGER.: Ewyn Williams

DATE: 14/03/18

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	Ffion Wyn Parry
Name of Team/Agency	Learning Disability Team
Name of Mentor	Ceri Haf Jones
Name of Line Manager	Euryn Williams

Study Duty

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

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

Study Leave

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

Resources

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

The employer's training department agrees to:

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

The learner agrees to:

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

Line Manager/Mentor agrees to:

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

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: Jion Pamy Date: 8/5/17
(Learner)

Signed:  Print Name: Ewryn Williams Date: 8/5/17
(Line Manager/Mentor)

Signed:  Print Name: Ceri H. Jones Date: 8/5/17
(Mentor, if different to above)

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