



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPPF6044**

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

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Cohort: 15, 16, 17

**WALES ACADEMY OF PROFESSIONAL PRACTICE
AND APPLIED RESEARCH**

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 Social Care Wales for the Consolidation programme, including:

- 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.

Learner and employer learning agreement

At the end of the Portfolio, you will find a blank copy of a learning agreement that you need to read, discuss and agree with your mentor/line-manager. Once the agreement has been signed, replace it in the correct section 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 using the portfolio proforma provided on Moodle. Portfolios must be complete at the point of submission.

How to Submit your Portfolio

The portfolio is submitted electronically by sending a Word document **only** through the University's Moodle system (PDFs will not be accepted by Moodle). **A second copy** as a PDF document that includes all the required signatures must be submitted to the Local Authority Training Coordinator/Manager. Please see '*FAQ How to submit your portfolio*' on Moodle for further details.

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. Guidance on all aspects of the work you are undertaking to develop the portfolio will be provided as part of these workshops. Wherever possible the programme will try to ensure that staff who may have delivered training to you during the Consolidation workshops will not be involved in marking of

your portfolio after submission. Portfolios are marked by appropriately qualified staff who are usually from outside of your own employing organisation.

Submission of a Mentor's report together with Line Manager's verification is a compulsory requirement of the submission. Failure to include a signed Mentor's report together with Line Manager's verification will result in failure of the programme. The Mentor's report together with the Line Manager's verification will provide evidence of Professional Practice and professional supervision and observations that has been undertaken whilst following the Graduate Certificate in the Consolidation of Social Work practice pathway, which is equivalent to 7,000 words.

Dates of portfolio submission will normally be made available at induction, at consolidation workshops 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 by name e.g. people in need of care and support and their carers. Instead you must use numbers e.g. 1, 2, 3 etc. and **not letters**;
- not write information that enables any individuals in need of care and support and/or their 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 specific medical or other conditions;
- take personal responsibility for adhering to confidentiality rules. Although guidance will be provided at consolidation workshops about your portfolio, it is the learner's responsibility to ensure the portfolio adheres to the confidentiality requirements stated in the handbook and as detailed 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 and you must accept full responsibility for confidentiality. Meeting all the confidentiality requirements is very important and 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 additional learning support needs 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.***

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Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

- *your portfolio must contain all the items below (in the order given);*
- *you must use this pro-forma to insert your text within each section;*
- *please make sure the Signatures page is fully completed before submission in the PDF version that is submitted to your local authority training co-ordinator/manager.*

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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).

I am an adult social worker employed by the local authority and have held this role since 2020. During my time in this role I have benefitted in equal measure from both informal and formal supervision. According to Nickson *et al* (2020) supervision is an integral part of the social work role and is imperative in maintaining a social workers practice, alongside both their professional and personal well-being. This is supported by Warwick *et al* (2022) who depict supervision as being “*crucial in safe decision-making, practice reflection, professional development and staff support*” (pg 879). Within Wales social workers are also supported by Section 7.3 of the Social Care Wales (2019) *Practice Guidance for Social Workers Registered with Social Care Wales*. I will be applying Greenaways (1993) 4 F’s reflective model to explore professional development over the last 12 months and identify developmental outcomes over the next 12 months of practice.

- **applying analysis in assessment to inform interventions.**

Facts and Feelings.

One area I discussed during supervision is my confidence in mental capacity assessments when fulfilling my statutory duties as a social worker for the local authority. According to the National

Institute for Health and Care research (2022) around two million people in England and Wales lack capacity to make decisions for themselves. When implementing the Mental Capacity Act (2005) and supporting citizens with day-to-day decision making, alongside more life changing decisions such as care, treatment, accommodation and finances, my knowledge and experience felt limited compared to more experienced practitioners. According to Wilson (2017) when reviewing experiences of citizens/carers subject to assessments they found “*decision making did not always seem to follow the legislative principles*” and “*awareness of the legislation was limited*” (p260). Therefore, I was conscious I did not want to fall into these practice pitfalls and not align my practice to the legislation, guidance and codes of practice I am employed to adhere to.

Findings and Future.

Throughout supervisions, conversations with colleagues and team meetings it was agreed I would shadow more experienced practitioners when conducting mental capacity assessments to enhance my knowledge (Parker *et al*, 2006). I have also requested additional training on completing mental capacity assessments in order to cement my understanding and transition this into my actions and interventions. According to Samuel (2021) continuing professional development in social work is key to maintaining current practice in an ever-changing world.

- **intervention and application of professional judgement in increasingly complex situations.**

Facts and Feelings.

As my role sits within the Enhanced Care Team (ECS) and involves hospital discharge planning there is a lot of multi-agency working between health and social care colleagues (BCUHB, 2023). This is particularly challenging when considering the eligibility criteria for Continuing Health Care (CHC) funding via the NHS. This can be determined by:

- NHS Continuing HealthCare Checklist (Department of Health and Social Care, 2022);
- NHS Decision Support Tool (Welsh Government, 2022);
- NHS Fast-Track Application approved by an appropriate clinician under the Standing Rules outlined in Regulation 8 and 13 of the National Health Service Commissioning Board and Clinical Groups (Responsibilities and Standing Rules) Regulations 2012.

As these are predominantly health-led processes they can follow the path of the Medical Model (Glasby, 2012) with little regard to the holistic experiences of the citizen. At times I have felt like health colleagues have the upper hand in understanding these processes, due to their medical expertise, which undermines our involvement as equal partners in the assessment process when supporting citizens. According to Gabrielavá & Veleminsky Snr (2014) factors that negatively affect multi-disciplinary and inter-disciplinary working are “*varying professional perspectives, theoretical differences, lack of knowledge, and poor communication*” (p59).

Findings and Future.

When involved in these interventions with citizens who have deteriorating and degenerative health conditions, I have found it both complex and challenging to apply my professional judgement. Therefore, I feel with spending more time with health colleagues it will aid my understanding on their perspectives alongside the citizens, families and carers.

- **working collaboratively with people in need of care and support, their carers and other professionals.**

Facts and Feelings.

When completing a 'What Matters' conversation during assessments under Section three of the Social Services and Well-being (Wales) Act 2014 I believe I communicate well, adapt and deploy the necessary skills to perform tasks effectively. According to Koprowska (2020) communication is the foundation on which effective social work interventions are built and is key to successful practice. However, thus being said I feel uncomfortable and uneasy with having difficult conversations with citizens and carers. I am always conscious of the responsibility that comes with the role (Saxena and Chandrapal, 2022), the organisation I work for and the power imbalance we grapple with daily (McComb, 2020).

Findings and Future.

The social work profession will always involve difficult conversations due to the role the state has to play in citizens lives, the misconceptions citizens/carers/professionals have of the role and the very nature of the interventions we implement. Through training and research papers/journals/books I hope to gain more confidence and be more assertive to carry out my role in line with the Codes of Practice and organisations expectations.

Total: 851.

Task 2

Observation of Practice

Guidance:

*A learner must choose an observation of **direct social work practice** with people in need of care and support and/or their carers. The observation cannot be from giving evidence in court, contributing to strategy group meetings, case conferences or tribunals or any other indirect activity. The consent of the individual/s in need of care and support 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 for a minimum of 30 minutes. The observer will gain feedback from the individual/s in need of care and support and/or their carers using either the pro forma below or one of the learner's own design at the end of the visit.*

The learner is responsible for providing a method of gathering feedback for the observer to use. This can be of their own design, and/or adapted to meet the needs of the individual. The provided pro forma can be used where appropriate. The method used will depend on age, ability and language/communication needs of the individuals in need of care and support and/or their carers.

This section will include examples of the ways in which effective communication impacts on practice in relation to language use, language needs and cultural sensitivity. You must demonstrate the principles of the "Active Offer" and make reference to "More than Just Words" (Welsh Government, 2012).

Please ensure you meet the Learning Outcomes for this task (See appendix 5 of the handbook).

Please answer the questions below.

Observation Summary

Please include name of the expert witness observing in learner's details section of the portfolio.

Date of observation: 25/01/2023 at 14.00pm.

To be completed by learner.

Question:**Context**

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, including how consent was gained and how you have considered the impact of the observation on the individual in need of care and support and/or their carers.

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

1, originally born in England, currently resides in the local authority I am working on behalf of which has a population of 95,800 (Office of National Statistics, 2022), with 21.3 percent of citizens aged 65 and over (Welsh Government, 2020). 1 had a recent hospital admission due to a fall which resulted in a fracture affecting 1s mobility and independence. 1 also has co-morbidities including a diagnosis of a respiratory disease and a degenerative bone condition – both of which have compounded 1s current deterioration of health. According to the Office for Health Improvement & Disparities (2022) “falls and fractures are a common and serious health issue faced by older people” (p5). 1 was discharged home following the Discharge to Recover and Assess (D2RA) (2018) model with reablement support. This model was rolled out prematurely to respond to challenges impeding on discharges such as the Covid-19 pandemic (Welsh Parliament Health and Social Care Committee, 2022).

Unfortunately, the reablement support was unsuccessful upon its first attempt and 1 was stepped up to the Enhanced Care Service (ECS) (BCUHB, 2023) via her GP. This multi-disciplinary service works across the locality to support citizens to receive care and treatment at home to prevent hospital admissions/re-admissions. It also supports hospital discharges for patients coming back into the community to support patient flow in hospitals.

Following their 2 week intervention, 1s support could possibly be transferred back to the reablement team. The social work objectives for the purpose of the observation were to advise 1 of ECS support ceasing, re-consider short term reablement support and re-visit the what matters conversation to establish any longer term care and support needs under Part three of the Social Services and Well-being (Wales) Act 2014. Ahead of the observation I phoned 1 to ask consent for the observation to take place, advised 1 feedback would be expected and made 1 aware her consent can be withdrawn at any-time.

Total: 318

Question:

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 in need of care and support and/or their carers.

You must use a person-centred approach to demonstrate the integration of social work ethics, values and the Code of Professional Practice. This must include culturally and linguistically sensitive practice and the principles of the “Active Offer” and make reference to “More than Just Words” (Welsh Government, 2012).

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

I had visited 1 numerous times and had access to her records on our system as well as having information shared with me via health colleagues, with 1's consent. Due to this I was aware 1 had both a visual and hearing impairment. According to Welsh Governments Sensory Health (2021) 19% of citizens in Wales report having difficulty with hearing. There are documented to be two Million people in the UK living with sight loss – with 23% of these people having the same prevalent condition as 1. Due to these sensory issues I have a heightened awareness of them when communicating both on the phone and in person.

I arrived at the agreed date and time and made myself known to 1 upon arrival. I introduced 1 to the observer and went over the reason for observation, confirmed 1's consent and continued with the visit. Although 1 is familiar to me I demonstrated knowledge of the “active offer” under the Mwy na geiriau / More than just words framework (Welsh Government, 2022) outlined in the Welsh Language (Wales) Measure 2011. 1 confirmed her language of choice was English as 1 originates from England and was happy to converse with me in English for the rest of the visit. If 1 did wish to communicate in Welsh, I would have ended the visit and offer 1 another date and time with an alternative practitioner who could converse in 1s language of choice.

Before beginning conversations, I sit on the sofa on the nearest side to 1 in order to maximise communications with 1 having both auditory and visual conditions which impact on 1s ability to see me and hear my responses when communicating. I allowed 1 time to put in and adjust her hearing aids and 1 turned to television off to negate any environmental stimulus which may interfere in the interactions. I utilised Gerard Egan's (1975) SOLER technique during communications. Although this is a non-verbal technique Egan explains it can be used to “*make sure you are physically present to a client*” (p75). As social work is usually conducting assessments in citizens homes it is important to be present both in body and mind in order to give 110% to the client and your on-going assessments. The client is opening up their home and a key part of social work is building relationships, rapport and trust with those we are working with (Ruch *et al*, 2010) in order to maximise communication, co-production and collaboration (Heslop and Meredith, 2018). Whilst utilising this technique I ensured I sat squarely facing 1, I displayed open posture, I leant forwards throughout conversations nodding appropriately to acknowledge I had heard what 1 was saying, I made eye contact with 1 and this was reciprocated, and I remained relaxed and comfortable in the presence of 1 and the observer. Throughout discussions and having a ‘*what matters*’ conversation I integrate the 5 key elements of assessment under Part 3 section 6.3 of the Social Services and Well-being

(Wales) Act 2014 into our conversations; their personal circumstances, outcomes, barriers, strengths and risks. This assessment also promotes the use of the '*resource wheel*' which identifies support networks for citizens both formal, informal, family, friends and third sector organisations.

1 had previously discussed with me her dis-satisfaction surrounding her hospital discharge and how 1 felt she had been mis-sold the service she would receive at home. 1 believed this was because the hospital needed the bed and felt rushed and un-prepared for the transition home. According to Weatherby (2023) there is a shortage of inpatient beds, a pressure which has been heavily impacted by the covid-19 pandemic stating a "*unprecedented increased demand across the health and social care system*" (p1). The demand on services/systems is equally under pressure in the community with social services and community therapists such as occupational therapist and physio therapists having long waiting lists. I explained this to 1 as she had not received support from either when she arrived home from hospital. Now 1 has received support via the ECS team she has accessed the multi-agency disciplines this service offers including:

- *General Practitioners*
- *Advanced Nurse Practitioners*
- *Consultant Geriatrician liaison*
- *District Nurses*
- *Therapists*
- *Social Services staff*
- *Psychiatry Liaison staff*
- *Health Care Support Workers*
- *Administrative staff*
- *Voluntary Organizations*

(BCUHB, 2023)

As with all citizens I pride myself on being honest, trustworthy, open and transparent in line with Social Care Wales Code of Professional Practice for Social Care (2017). I outline the local authority assessment process, the need to meet eligibility criteria and the services available to us, particularly whilst in the midst of the covid-19 pandemic with such limited resources (Di Cara *et al*, 2021). I was clear in my communications with 1 that the ECS service is a 2-week free of charge health-led service and that if support is needed moving forward it will need to be provided from an alternative source. As 1 had progressed so much since receiving support, utilising a strength based (Saleebey, 2013) and outcome focussed approach (Thompson, 2022), we completed the assessment together and 1 then outlined what she still felt she needed support with, which was half the package of care 1 was currently receiving.

During conversations 1 discussed with me the lack of friends and social network 1 has with no family or friends local to her. 1 had relocated to her current property just before the covid-19 lockdown and had looked at local community groups previously however, due to the pandemic all face-to-face contact had ceased. 1 is not currently able to drive which limits

opportunities to join social events and 1 admitted to feeling socially isolated. According to the National Statistics for Wales (Welsh Government, 2020) 15% of citizens report feelings of loneliness resulting in social isolation; which in turn can manifest into low mood, anxiety, and depression. This prompted the Welsh Government to publish its Connected Communities Strategy in 2020 and initiate the Loneliness and Social Isolation fund 2021-2024. 1 agreed to a referral to a local community navigator to look at both face to face and online groups to connect with her local community. Prevention and early intervention are imperative features of both the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015

Whilst at the visit 1's lunch time carer had not arrived and 1 was hungry and felt confident enough to prepare her own lunch. I followed 1 into the kitchen and could observe 1's functional abilities whilst continuing our discussion. I was mindful that although 1 continued to talk with me that her main focus was on preparing her lunch, whilst managing her new walking aid and adapting to being independent again around the kitchen. When back in the living room we went through actions outlined and I advised 1 we would leave her to eat her lunch. The observer remained in the property to obtain feedback and I went to wait outside. I agreed to contact 1 with an update if I could secure reablement to continue support for a further period of assessment via a reablement ethos.

I feel my social work practice is always guided by my social work values, the codes of professional practice and the national occupational standards. I am always mindful that I work for the local authority and have certain organisational expectations to align my work to and I am conscious of the possible power imbalance my duties can be believed to impose. I ensure anti-discriminatory and anti-oppressive practice is followed and co-produce outcomes and interventions amenable to both citizens, carers, families and professionals involved.

Total: 1268.

Feedback and comments from individual in need of care and support and/or their carers

Information for the observer

This section of the Observation should not be completed in the presence of the learner.

No formal written feedback is required from the observer on the learner's practice. However verbal feedback should be provided to the learner as soon as possible after the observation. If the observer is not the mentor, then feedback should also be provided to the mentor.

Some or all of the questions below may be used by the observer who can rephrase and add explanations and prompts as required. The observer should record responses from the individual in need of care and support and/or their carers below, or by using an alternative method if required/provided.

Before asking the questions, the observer must explain to the individual 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?	<i>Yes, Debbie was on time. She has never been late to date.</i>
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	<i>Yes, Debbie did.</i> <i>Yes Debbie explained why prior to the visit and again at the start of the visit. I think it is a good thing being able to give feedback, it helps us develop. Debbie also gave me the opportunity to withdraw if I wanted to.</i>
Were you clear why the social worker met with you today?	<i>Yes, Debbie was clear why we were meeting today. I felt informed and was aware that the support I was having, was going to end. As I have made some improvements and positive steps.</i>
How well prepared do you think the social worker was for his or her meeting with you?	<i>I feel Debbie was very prepared. She explained to me when my last call would be, she also spoke with me about alternative services I could access to support me. Debbie has been supportive of me regaining my independence.</i>
How has the social worker listened to you	<i>I informed Debbie and the care staff how I'd like to be supported and how I like things being done. They took this on</i>

and respected your views and wishes?	<i>board and I felt listened to and respected. The care staff have been very good and Debbie has.</i>
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	<i>Yes, Debbie did. She is very clear and put the facts to me. No point going around all the houses, is there?</i> <i>Yes.</i>
How has the social worker's involvement met your expectations for this visit?	<i>Debbie has been very helpful and I have enjoyed her helping me on my journey to regain my confidence and independence. Debbie also updated me on previous actions from last visit, which shows she is proactive. I am very pleased with the outcome of today's visit.</i>
Are there any other comments or suggestions that you would like to make?	<i>I felt every meeting with Debbie was positive. She is very nice to talk to and very helpful. Debbie was very knowledgeable of what services were available within my local community. Debbie has arranged for me to meet with a community navigator, to explore clubs within the area. As I am not from this area and it will be good to meet other like-minded people.</i>

Task 3

Safeguarding and working in complex situations – Case Study

Guidance;

Please ensure that you meet the National Occupational Standards and assigned Learning Outcomes for this task (see appendix 5 and 6 of the handbook).

Question:

Complete a critically reflective case study based on an assessment that you have undertaken with others, in your own area of work, concerning the safeguarding of either an adult or a child. You must demonstrate how the case relates to or could relate to safeguarding legislation, policies, strategies and procedures (including demonstrating an understanding of the interface between social services provision in Wales with the United Kingdom, the European Union (EU) and outside the EU). You must demonstrate your understanding of the integration of analysis in assessment, collaborative working and professional judgements in increasingly complex situations and the use of social work theories. You must refer to the specific dimensions of working in Wales.

4000 words (+/- 10%: include your actual word count at the end of each section).

In answering the above question, I will begin by outlining the safeguarding process to demonstrate my awareness of the process, procedures and the legislation/statutory guidance applicable to this. I will then go on to explore how the safeguarding process relates to a case I have worked on in my social work practice before finally concluding by applying a reflective model to unpick the intervention which took place.

According to Lymbery & Postle (2010) Safeguarding is a core part of the social work role. The Social Services and Well-being (Wales) Act 2014 and accompanying statutory guidance legislates how social workers should operate within the Welsh Government with Part Seven of the Act relating specifically to safeguarding. This legislation is unique to Wales and differs to the rest of the UK with England social services operating under the Care Act 2014, for Scotland it is the Adult Support and Protection (Scotland) Act 2007 and for Northern Ireland it's the Health and Social Care (Amendment) Act (Northern Ireland) 2014 alongside the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.

The Social Services and Well-being (Wales) Act 2014 runs alongside other fundamental pieces of legislation such as:

1. *Welsh Language (Wales) Measure 2011*
2. *Well-being of Future Generations (Wales) Act 2015*
3. *Mental Capacity Act 2005*
4. *Mental Health Act 1983 amended in 2005*
5. *Mental Health Measures (Wales) Act 2021*

6. *Deprivation of Liberty Safeguards (DoLS) now known as Liberty Protection Safeguards 2020*
7. *Human Rights Act 1998*
8. *Equality Act 2010*
9. *GDPR 2018*
10. *Coronavirus Act 2020*

Within Wales all safeguarding referrals need to go on the relevant safeguarding forms and submitted to the local authority. If professionals raise a safeguarding alert via telephone they have to submit the referral in writing within 24 hours as per Part Seven of the Social Services and Well-being (Wales) Act 2014. This will begin the initial enquiry and the safeguarding team have seven days to gather information and confirm details of the referral to determine if there is sufficient grounds to conduct a Section 126 enquiry as outlined in the Social Services and Well-being (Wales) Act 2014 and that the safeguarding threshold has been met. The initial enquiries will ensure the citizen has consented to the referral being made. All citizens in Wales are to be presumed as having capacity unless there is reasonable cause to doubt ones ability to make decisions. If consent is not obtained the referral will not be able to be processed and under the Mental Capacity Act 2005 the choices the citizen makes could be deemed as “unwise decisions”. If the citizen has been assessed and lacks the mental capacity to consent to the referral, a referral can be made as long as it is in the citizens best interest to do so. All reasonable attempts and adjustments to engage the citizen in the decision-making process must have been conducted. There is however times when consent is not required and safeguarding referrals can be processed regardless as outlined in Section 2 of the Wales Safeguarding Procedures. These include:

- *the possibility that the adult would be put at further risk;*
- *the possibility that an adult would be threatened or otherwise coerced into silence;*
- *a strong likelihood that important evidence would be destroyed/lost;*
- *if a carer or family member is identified as the alleged abuser;*
- *that the adult in question did not wish the carer to be involved at that stage;*
- *it is in the public interest.*

Section 2 of the Wales Safeguarding Procedures 2023.

From the initial enquiry there will be three possible outcomes which can be found under Section 3 -part 1 of the Wales Safeguarding Procedures 2023. **One** - If there is no further action the referrer will be notified within the seven day deadline. This may be because it was determined that no abuse or neglect has occurred, the report does not outline abuse or neglect or the threshold has not been met due to a “*one off incident with a very low level of repetition*” and alternative actions/outcomes may be more appropriate. **Two** – It has been confirmed that there are grounds to launch a full section 126 enquiry in line with the Social Services and Well-being (Wales) Act 2014. **Three** – The citizen has care and support needs and is in need of an assessment under Part three of the Social Services and Well-being (Wales) Act 2014.

If a Section 126 enquiry is required under the Social Services and Well-being (Wales) Act 2014 the social worker conducting it has seven working days to conduct the enquiry. All enquiries are to be person centred, the social worker has a duty to consider if the citizen requires an advocate to support them during the safeguarding process and the social worker must consider the Mental Capacity Act 2005 where applicable. When conducting enquiries relevant professionals and agencies may be asked to share information as part of the enquiry. All local authorities, other professionals and other agencies must adhere to the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2018. The key principles on the sharing of information run in congruence with those outlined during safeguarding proceedings in that information shared needs to be necessary, proportionate, relevant, accurate and secure.

The Section 126 enquiry will conclude with one of four possible outcomes. Firstly, the enquiry could conclude that the citizen is in need of immediate protection and the relevant actions will be taken to safeguard the citizen. Another possibility, similarly to the initial enquiry outcome, is that the enquiry has concluded that the citizen is not/no longer at risk but has care and support needs which will need to be assessed under Part three of the Social Services and Well-being (Wales) Act 2014. Alternatively, the conclusion could be that the adult is deemed to be at risk and an action plan is needed to protect the citizens from further abuse/neglect. Finally, it could be determined that no further action is needed.

Where an adult is deemed to have experienced abuse/neglect and they are classed to be at risk a strategy meeting will be held within seven days of the conclusion of the Section 126 enquiry. A lead co-ordinator and a lead practitioner will be named and the strategy meeting will discuss what has occurred and what actions will be taken to protect the citizen from future abuse/neglect moving forward. If a criminal offence, for example theft, has taken place the police will be involved and their investigations will be conducted alongside those of the local authority. According to the World Health Organisation (2017) financial abuse is the second most prevalent form of abuse with 6.8% of people in the UK aged 60+ experiencing this. In terms of numbers this equates to 130,000 people aged over 65 years old, with an estimated 6000 citizens in Wales alone (Davidson *et al*, 2015). The topic of financial abuse has been researched by the Older Peoples Commissioner for Wales (2021) who estimates this number to be higher stating many cases go unreported. The risk of citizens experiencing financial abuse increases for citizens who live alone (Biggs *et al*, 2009), have poor health (Valios, 2007), need support with activities of daily living (Darzins *et al*, 2009) and the risk increases further with age (O'Keefe *et al*, 2007). According to Dominguez *et al* (2022) the perpetrators of such abuse are more likely to be adult children, family members or friends. However, can be anyone in a position of trust and power such as care workers (Valios, 2007) and other professionals.

The Wales Safeguarding Procedures (2023) Section 5 outlines what to do if you suspect a professional/person in a position of trust of abuse/neglect. The procedures are intended to support organisations with internal disciplinary proceedings where a person is alleged to have caused abuse/neglect whilst in a position of trust and either working/volunteering in a role which has direct contact with vulnerable adults or children at risk. As a result of such allegations it may indicate or be determined that the professional/person is deemed unsuitable

to work with other adults and children who are at risk, including their own children. It can include:

Being subject to criminal proceedings.

Contravened their agencies safeguarding policy and procedures.

Behaved in a way in their personal life which could put children and adults at risk of harm.

Behaved in a way that undermined the trust placed in them by virtue of their position.

All of the above are outlined in Section 5 of the Wales Safeguarding Procedures 2023 which buttressed by the Social Services and Well-being (Wales) Act 2014 and the Working Together to Safeguard People Volumes 5 for children and Volume 6 for adults.

The overall safeguarding process is outlined in the Wales Safeguarding Procedures 2023 and is guided by the Social Services and Well-being (Wales) Act 2024 and its statutory guidance Working Together to Safeguard People – Volumes 1-6 – particularly Volume 6 pertaining to Handling Individual Cases to Protect Adults at Risk. It is the responsibility of all local authorities in Wales to carry out these duties. In previous years there has been research into how local authorities carry out safeguarding enquiries (Parsons, 2006; Ingram, 2011) – some have specialist safeguarding teams where as others utilise their existing social work teams to complete the Section 126 safeguarding enquiries. This subject was research again more recently by Norrie *et al* in 2017. Here I will outline the positives and negatives to each approach.

There is evidence to suggest that having specialist social workers/teams who deal with safeguarding separate to mainstream social work is a successful approach adopted by some local authorities in England and Wales (Parsons, 2006). This is also mirrored in other countries such as the USA (Dayton, 2005) and Norway (Penhale, 2007). The advantages are reported to be consistency in how policy and procedures are followed in line with organisational expectations and social workers experienced knowledge and confidence in practicing within one specialism (Norrie *et al*, 2017). However, disadvantages and pitfalls in this approach include possible de-skilling of social workers who do not get the opportunity to follow through with safeguardings for their own caseload causing conflict between workers (Cambridge and Parkes, 2006; Parsons, 2006). Where a specialist safeguarding team is used Norrie *et al*'s (2017) research "highlighted the challenges of maintaining competence in safeguarding skills and expertise for those staff with few opportunities to practice their skills" (p13). Also it is perceived to possibly affect the consistency of workers for vulnerable adults whom their own social worker would have built up trust and rapport with. These vulnerable adults may find it difficult to trust another social worker to open up to them about the abuse/neglect they have experienced causing additional confusion (Fyson & Kitson, 2012).

When aligning safeguarding responsibilities within existing generic social work teams Graham *et al*'s (2017) research was in support of this with one participant in the research stating "*safeguarding sits in the main of the team...if you take safeguarding out and make it too specialised then you get silos*" (p12). However, Norrie *et al* (2017) states that social workers felt that they would struggle with time restraints of full caseload when trying to prioritise safeguarding case work. In addition to this, social workers themselves articulate that not being part of safeguarding investigations "*enabled them to maintain an effective relationship with*

the person and their family and be seen as separate from the safeguarding investigation” (p17). The local authority I work for has their own specialist safeguarding team therefore, I can see the rationale in both arguments and counter arguments and have experienced similar feelings to those documented in research.

I will now apply the above safeguarding process to my case study and explore how the legislations work in day-to-day social work practice.

2 is an older adult residing in the local authority area where I am employed as a social worker. 2 is being supported by a colleague of mine who is working with him to promote independent living skills such as managing the property, managing finances and benefits, looking to reduce bills and applying for grants to source a new boiler. In doing so my colleague noticed irregularities on 2's bank statements. When highlighting this to 2 he confirmed he was not aware of these transactions and had not consented to them being made. 2 was referred for social work allocation for on-going case work and possible safeguarding concerns raised in relation to finances.

2 was allocated to myself and in order to familiarise myself with the case I read over previous case notes and social work interventions. 2 was seen by the duty team around six months prior so I spoke with the practitioners who attended to get some feedback and insight into 2s personal circumstances, outcomes at the time and any barriers/risks to 2 achieving these and what his strengths are. I completed an assessment of care and support needs with 2 under part three of the Social Services and Well-being (Wales) Act 2014. From previous casenotes and conversations with 2 it was confirmed that 2 is supported by 3; a friend who supports with activities of daily living including prescriptions, shopping, cleaning etc. 2 refused any support with managing his care and support needs and was offered advice on de-cluttering and maintaining his home environment in order to pursue a new boiler as 2 has minimal space, items which need removing from the property and a mice infestation which is preventing contractors attending the property. 2 declined all offers of assistance as his friend is supporting with all of the above. From speaking to the colleagues who visited six months prior, 2s friend was supporting with these things back then and nothing had been progressed and the property had deteriorated since then.

I discussed with 2 the concerns regarding his financial situation, 2 had listed all items on his bank statement that he has not consented to and that were not his transactions. 2 advised me of the exact total owed and explained that the transactions had been made in error by 3 who holds his bank cards and does his shopping. 2 believed these to be genuine errors and advised he had told 3 about them and asked for the money back a few times and trusted he would get it. Up to the time of the conversation 2 had not received any payments from 3. 2 disclosed that 3 was a health professional working for the local health board in a position of power and trust. I documented the conversation with 2 utilising the narrative approach (White and Epston, 1990) in order for 2 to disclose and explore his situation using his own terminology for my documentation.

Through conversations with 2 I presumed capacity under the Mental Capacity Act 2005 and had no reason to doubt 2's capacity at any point. If I did I would have had to complete a

capacity assessment and if 2 was deemed to lack capacity I would of held a best interest meeting in order to deem it in 2's best interest to raise a report with the police and safeguarding team on 2's behalf. 2 has no next of kin (other than 3), no Lasting Power of Attorneys in situ and no advocate in place. I discussed with 2 the options available to him relating to his financial situation – raise a safeguarding referral via myself and the local authority or contact the police – 2 refused to give consent to either of these options. I advised I would need to speak to a manager within my team due to the nature of the allegations, 2 refusing to give consent to safeguarding and the police and due to the complex nature of the situation with 3's employment status. In line with being open, honest and transparent I advised 2 that I would not be able to tell him that the matter would not be taken any further as I needed to speak to management about this to seek further guidance and advise. It is important when dealing with safeguarding matters not to mis-lead citizens or make promises that we cannot keep in terms of not divulging/sharing information as outlined by Koubel (2016) stating "*complete secrecy cannot be assured*" (p24). I was mindful I am building a relationship and rapport with 2 and I wanted to gain 2s trust in order to support him the best I can.

In applying Part Seven of the Social Services Well-being (Wales) Act 2014 I considered 2 an adult at risk and a referral to the safeguarding team was appropriate on the grounds he had experienced, and continued to experience, financial abuse. However, without 2s consent a referral from 2 could not be submitted. Some signs and indicators for financial abuse include unexplained withdrawals from a bank account, additional names on bank accounts, changes to beneficiaries in wills and being deprived of access to money to live comfortably (Age UK, 2023) all of which are present in 2's current situation. In applying Maslow's (1970) hierarchy of need 2 is having his most basic of needs neglected such as a clean, warm and safe environment with hot running water – **physiological needs**. Moreover, 2s **safety needs** such as health, property and security have deteriorated resulting in other needs higher up the hierarchy not being met – **love & belonging, esteem and self-actualization**. 2s resource wheel under the Social Services and Well-being (Wales) Act is only 3 and 2 has been isolated from any other forms of support being totally reliant and dependant on 3. This also links into Article 25 point one of the Human Rights Act 1998 in that "*Everyone has the right to a standard of living adequate for the health and well-being of himself*".

From speaking to a manager and the safeguarding team it was agreed I had enough information and evidence to submit a safeguarding referral under Section five of the Wales Safeguarding Procedures 2023 as outlined above. This is due to the nature of the allegation, the position of trust 3 is in with her current employment and the exposure to other vulnerable adults 3 could potentially come across in her paid employment. Due to the transactions and quantity of transactions it is highly unlikely that they were all the results of genuine errors as 3 would have needed to input 2s bank account pin number to withdraw cash, however 2 maintains these are all accidental. According to Valios (2007) in similar safeguarding cases social workers had worked relating to financial abuse banks refused to reimburse the money as the older person had shared their pin number willingly with the perpetrator.

The section five referral was submitted and the Designated Officer for Safeguarding for these referrals called me and we had a discussion around the case. They asked if 2 would pursue this through the police in order for it to be investigated. I had a further conversation with 2

about this and explained that 3 could have the opportunity to financially abuse others she has come into contact with in both her personal and professional lives however, 2 maintained he did not want police involvement. The case went to a professional strategy meeting which can compose of:

Local authority Designated Officer for Safeguarding.

Legal representative for the local authority

The professionals employer, their safeguarding representative and a representative from their HR department.

Police

Care Inspectorate for Wales

The meeting can have one of four possible outcomes which are:

- 1. Substantiated**
- 2. Unsubstantiated**
- 3. Unfounded**
- 4. Deliberately invented or malicious.**

To date I have not been made aware of the outcome of the strategy meeting.

As a social worker we have the Codes of Professional Practice (Social Care Wales, 2017), our Social Care Wales Registration (Social Care Wales, 2023) and as a member of the British Association of Social Worker I am signed up to adhere to the Code of Ethics (BASW, 2021). Each of these provides guidance and structure on expectations of me not only within the profession and my practice but my personal life as well. More recently domiciliary care workers are also now required to sign up to Social Care Wales Codes of Practice and pay a registration fee in order to gain employment with domiciliary care agencies – this became mandatory following the implementation of the Regulation and Inspection of Social Care (Wales) Act 2016. GPs are to be registered with the General Medical Council and Nurses are to register with the Nursing and Midwifery Council (Koubel, 2016) who agree to follow the Nursing and Midwifery Councils (2018) publication of “The Code” with its top 4 fundamental standards which are to “*Prioritise People, Practice Effectively, Preserve Safety, Promote Professionalism and Trust*” (p1).

I applied Macleans (2020) Big Six Reflective Model in order to reflect on the experience.

Values – Our social work values are intrinsic to the work we do, particularly when working with vulnerable citizens. This piece of work highlighted to me the importance of Biesteks (1957) work on client self-determination. Although his work has been researched and reviewed in literature since then (i, 1980; Furlong, 2003, Cheung, 2015). When looking to safeguard citizens the outcome is to keep them safe and free from harm/abuse/neglect. However, with 2 he has chosen not to act, to leave his bank cards with 3 and was not wanting to change anything in his current situation. Although this may lead to nothing changing in his current situation, we have to allow for 2 to make an unwise choice even if we don't agree with it and it does not align to our values.

Self-Awareness – the above links into self-awareness, as do others of the Big Six. Whenever working with 2 I was very self-aware of how I conducted myself and the things I communicated across to 2. I have never worked a case of similar circumstances before so I sought a lot of advice from management on how to handle the situation as it unfolded. As I considered my profession and codes of ethics similar to those of 3, I wanted to ensure I was clear in my role and interactions to prevent any confusion or mis-interpretation of my role.

Emotion - I feel at times I would question and reflect on my own morals, values and ethics and compare them to those of 3 and the profession 3 holds. Within professional and personal lives we put a lot of faith and trust into other professionals, particularly health professionals as, at times, we trust them with our lives and this case highlighted for me, the vulnerability citizens have when placing trust in these people when they have no one else to turn to. It brought to the forefront the power certain roles, including my own, can hold and how citizens, particularly from older generations continue to respect and unequivocally refuse to acknowledge or believe the people in these professions can behave inappropriately.

Power - When conducting myself within my profession I refuse to admit to the power that comes with the role as I refuse to see myself as more powerful or dominant over another human being, another person. This can cause inner turmoil and conflict as the role does demand this of me at times, particularly when safeguarding individuals and working in their best interests. This case did not sit comfortably with me – and it felt like I was going against 2s wishes to not refer this information on. However, not doing so sat with me far worse than doing so.

Uncertainty – with safeguarding and risk in social work there is always an element of uncertainty which as a practitioner I need to become comfortable with. We are never going to eradicate risk fully and when citizens, such as 2, are making unwise decisions the risk remains prominent in their current circumstances. As long as the citizen has capacity to make these decisions, it is about recognising them as an adult and being able to make and live by their own decisions.

Knowledge – From my experience of this case I now have knowledge and experience of situations I had not been involved in before, along with processes within the realms of safeguarding. As discussed above we have a specialist safeguarding team who deal with safeguarding referrals. However, this case allowed me to joint work with the safeguarding team.

Total: 4049.

Task 4

Safeguarding in an area which is not your main area of work

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 demonstrate this. **N.B.** if your usual area of work is with children please write about adult safeguarding. If you usually work with adults, then write about child safeguarding. Ensure you meet the learning outcomes for this task (see appendix 5 of the handbook).*

Question a:

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).

Within Wales the children's safeguarding process follow frameworks outlined in both the Children Act 1989 and the Social Services and Well-being (Wales) Act 2014. These legislations provide structure to any safeguarding referrals received by the local authority in relation to children. The process also incorporates the Equality Act 2010, Articles two, three, four and five of the Human Rights Act 1998 and all 54 Articles of the United Nations Convention on the Rights of a Child 1989. Within Wales it is the responsibility of the Childrens commissioner for Wales to protect these rights for children (Welsh Government, 2022).

Under Section 130 of the Social Services and Well-being (Wales) Act 2014 all "relevant partners" of the local authority have a duty to report any safeguarding concerns where they believe a child to be at risk as outlined below.

130 Duty to report children at risk.

(4) In this section "a child at risk" is a child who –

(a) is experiencing or is at risk of abuse, neglect or other kinds of harm,

And

(b) has needs for care and support (whether or not the authority is meeting any of those needs).

If the referral is via telephone then the professional should complete a referral in writing with 24 hours. Social services should determine actions within one working day and complete initial checks and make an initial decision on how to proceed. This is expected to include

- Checking the child protection register
- Make enquiries with other professionals/agencies – who have a duty under Section 164 of the Social Services and Well-being (Wales) Act 2014 to co-operate with all on-going investigations.
- Ensure other children/adults at risk are safe from harm.
- Inform the police if they suspect a crime has been committed.

Depending on the circumstances surrounding the referral and the decision made there may be no further action required. It may be appropriate for the child to be assessed for care and support needs under Section 21 - Part 3 of the Social Services and Well-being (Wales) Act. Alternatively, it could be decided a strategy meeting/discussion is needed to commence a section 47 enquiry under the Children Act 1989. However, if the child is in immediate danger then urgent action must be undertaken as the Act outlines the welfare of the child is paramount. This action could initiate joint working between the local authority and the police.

Although specifically designed for adults, the Mental Capacity Act (MCA) 2005 encompasses 16 and 17 year old children as they are seen to be competent in the eyes of the law. Therefore, if a child subject to an assessment of care and support needs refuses to give consent the assessment cannot be completed. If they are deemed to lack capacity for the decision it will be made in their best interests in line with the MCA. For a child aged 16 and below capacity and consent will be determined by applying the Gillick competency (Gillick v West Norfolk and Wisbech AHA AC 112 ((HL)) 1986).

The children's safeguarding process is overseen by the North Wales Safeguarding Children's Board. The boards were introduced back in 2004 however, the implementation of the Social Services and Well-being (Wales) Act in 2014 has reinforced their key objectives of **protect** and **prevent** to make "*safeguarding everyone's business*" (NWSCB, 2023).

Total: 551.

Question b:

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

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

When considering adult and children safeguarding the types of abuse and the signs and indicators of abuse are categorised the same. However, the citizen, the context and their circumstances will vary dramatically from one end of life's spectrum to the other. The well-being of both are of primary importance and linking into the national outcomes framework the outcomes and indicators again are categorised the same with 2 additional outcomes for adults:

- Participation in work
- Control over day-to-day life

In regard to the latter - one of the main differences between adult and childrens safeguarding is having the capacity to consent and control the safeguarding proceedings which determine decisions in your day-to-day life. This outcome under the Social Services and Well-being (Wales) Ac 2014 is not outlined for children. This is because as a child you do not legally have control over your day-to-day life and cannot legally determine if, how, where, when and why safeguarding proceedings take place. As previously outlined “*the welfare of the child is paramount*” and takes precedence over everything else. Therefore, social workers are duty bound to follow legislation to ensure a child’s safety. As an adult, you need to consent to a safeguarding referral being submitted. However, in certain situations consent can be over-ridden if certain factors are present (Social Care Wales, 2023). Such as:

1. *the possibility that the adult would be put at further risk;*
2. *the possibility that an adult would be threatened or otherwise coerced into silence;*
3. *a strong likelihood that important evidence would be destroyed/lost;*
4. *if a carer or family member is identified as the alleged abuser;*
5. *that the adult in question did not wish the carer be involved at that stage;*
6. *it is in the public interest.*

Section 2 of the Wales Safeguarding Procedures 2019.

If you are presumed to have capacity under the Mental Capacity Act 2005 and corresponding guidance you can make informed choices and what the Mental Capacity Act 2005 depicts as “*unwise choices*”. If an adult requires a mental capacity assessment and is deemed to lack capacity to consent to the safeguarding and is unable to understand, weigh up, retain and communicate their decision then these decisions will be made in that persons best interests.

It is important to consider a citizens human rights in line with the Human Rights Act 1998, in particular Article Eight for the right to self-determination. However, it is important to highlight that some rights are absolute and some rights are qualified and can be deviated from aslong as the interference in them is proportionate to the circumstances and possible risks of negating to act.

Total: 439.

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).

Whilst completing the Consolidation of Social Work Practice Programme I have engaged with various forms of learning and development in order to enhance my practice including peer support sessions, team meetings, supervisions, training, joint working and independent research. When referring back to the learning outcomes and continuing to apply Greenaways (1993) 4 F's reflective model – some of these methods have been more successful than others.

In relation to mental capacity assessments and applying analysis to assessments to inform interventions, I attended training specific to capacity assessments provided by the local authority and completed independent research on this topic, particularly with older people. This consolidated knowledge I have on capacity assessments and learning from university on the process and the legislation pertaining to this – **the facts**. However, for the functionality of such assessments and carrying these out it was the peer support, shadowing other practitioners and joint working which has increased my confidence – **the feelings**. Whilst actually carrying out the assessments and having previous assessments to refer back on has supported the foundations of my practice for conducting such assessments – **the findings**; I hope to continue to build on this in my ongoing practice - **the future**.

When considering my development in the application/assessment process for eligibility of Continuing Health Care funding and applying my professional judgement in these ever increasingly complex situations training certainly helped. Although how nurses are trained and how social workers are trained differ drastically. High profile cases such as the Coughlan Case (1999) and the Grogan case (2006) highlight the issues in funding disputes which evidences the challenges citizens and practitioners can face when health and social care do not work in partnership with one another – **the facts**. The Social Services and Well-being (Wales) Act 2014 applies to both health and social care workers however, at times it can feel like health

colleagues prioritise their own legislations/frameworks – **the feelings**. Under Part Nine of the Social Services and Well-being (Wales) Act 2014 and its corresponding guidance, Sections 166 through to 168 place statutory duties on the local authority and the local health boards, via regional partnership boards, to collectively improve the well-being and outcomes of citizens in Wales.

At times when completing such frameworks and processes the citizen can get lost and social workers face complex dilemmas when fighting for citizens, with a primary health need, to get the funding they are eligible for. This can cause conflict if health colleagues do not provide the evidence to argue the citizen's case. Moreover, it causes moral dilemmas for the practitioner if the decision is they are not eligible when practitioners believe they are (Powell, 2015). This can lead to decisions being challenged, discussing applications with panel and at times sitting in panel to discuss an application in person. According to section 7.12 of the Continuing NHS Healthcare – National Framework for Implementation in Wales (Welsh Government, 2022) document support should not be delayed or withheld pending financial decisions being made or challenged – **the findings**. As a social worker I intend to continue to keep the citizen at the forefront of all frameworks/processes and ensure these are completed with a person-centred approach and include the citizen in as much of the process as they wish – **the future**.

When it comes to working collaboratively with people in need of care and support, their carers and other professionals I originally described my confidence in completing What Matters conversations and communicating well with others. However, I had identified some discomfort and challenges in working collaboratively with people when there are difficult and challenging conversations needed/taking place – **the facts**. In completing various training courses with Siobhan McClean recently (Making Effective Use of Supervision & Reflective Practice and Analysis in Social Work) I took some time to reflect on these situations and what makes me so uncomfortable. Even before having conversations I believe won't go well I pre-empt barriers and begin to problem solve in my head before any problems have arose – **the feelings**. I found that this was impacting on my responsiveness as a practitioner as I would delay having certain conversations or seek support from my supervisor beforehand and discuss outcome of conversations before having them – **the findings**. This is something I have worked hard on and continue to work on by remaining calm, being mindful not to answer in the moment if I am unsure and being confident enough to advise I will feedback to people once I know the answer – **the future**. I know I am not responsible for how someone reacts in certain situations and allowing space for these emotions and being able to talk through them later with the person is beneficial for both of us – them to feel listened to and me to understand the reasoning behind the emotions.

Total: 791.

Reference List

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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Legislations & Statutory Guidance

Adult Support and Protection (Scotland) Act 2007

Care Act 2014

Children Act 1989

Coronavirus Act 2020

Data Protection Act 2018

Deprivation of Liberty Safeguards now known as Liberty Protection Safeguards 2020

Discharge to Recover and Assess Model 2018

Equality Act 2010

Health and Social Care (Amendment) Act (Northern Ireland) 2014

Human Rights Act 1998

GDPR 2018

Mental Capacity Act 2005

Mental Health Act 1983 Amended in 2005

Mental Health Measures (Wales) Act 2021

National Health Service Commissioning Board and Clinical Groups (Responsibilities and Standing Rules) Regulations 2012

Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

Social Services and Well-being (Wales) Act 2014

United Nations Convention on the Rights of a Child 1989

Wales Safeguarding Procedures 2023

Well-being of Future Generations (Wales) Act 2014

Welsh Language (Wales) Measure 2011

Working Together to Safeguard People 2015 Volumes 1-6

Case Law

Gillick V West Norfolk and Wisbech AHA AC 112 ((HL)) 1986

Grogan V Bexley NHS Care Trust & South East London Strategic Health Authority & Secretary of State for Health [2006] EWHC 44 (Admin) (QB)

R V North and East Devon Health Authority, Ex Parte Pamela Coughlan

Detail of Workshops Attended

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

Consolidation workshop	Date Attended
1	09/03/2021
2	18/05/2021
3	06/07/2021
4	19/10/2021

Notes

Induction day: 09/02/2021.

Study days 06/08/2023, 15/09/2023, 03/10/2023.

Mentor's report

With reference to the 3 learning outcomes please comment fully on the learner's development over the duration of the whole programme. Reflect on information provided by the learner at the outset of the programme in Task 1 (Part a) and the later perspective given in Task 1 (Part b). Where you have seen or discussed feedback from individuals in need of care and support and/or their carers with whom the learner has worked, you are encouraged to comment on this with regard to the learner's development and their future development.

The mentor assigned to support Debbie has unfortunately been on sick leave from work for several weeks and is therefore unable to complete her report.

As the team manager for the team where Debbie is employed and a qualified social worker and practice educator, I have provided the following report on Debbie's development, her qualities and attributes and the content of the portfolio.

Debbie identifies 3 areas of personal development at the outset of the portfolio including, undertaking capacity assessments with citizens, working collaboratively with health professionals under the Continuing health care frameworks, and dealing with difficult and challenging conversations.

The case studies completed evidence Debbie's application of legislative frameworks to her practice, and professional codes of conduct. Debbie has been able to demonstrate that whilst feeling a lack of confidence in some situations, she has been able to rely upon both her knowledge of the legislation underpinning her practice, and her professional role and responsibilities. Together these two factors, alongside her excellent communication skills and preparation have enabled her to effectively manage complex situations and dilemmas.

Debbie has evidenced the use of formal training (MCA) and peer mentorship to support the development of her skills and confidence in undertaking mental capacity assessments. The use of experienced peers, and supervision is very clear, and Debbie has been able to gain in confidence and knowledge in transferring formal learning into practice. There is a clear development of confidence and a willingness to learn and develop throughout the portfolio.

Debbie works closely with health professionals as part of her role, and the application of the continuing health care framework is a common feature of this collaborative working. Debbie has been able to identify differing perspectives and approaches to the framework from respective professions and how this can impact on working relationships.

There are also differing cultural perspectives and differing approaches to the interpretation of the framework by the local authority and local health board. In these circumstances it is perhaps unsurprising that social workers may feel dissatisfied with outcomes, and this can affect confidence.

Debbie has been able to manage these challenges by focussing upon the citizen at the centre of the process and seeking to observe and learn from others. It should be noted that whilst challenging decisions Debbie has been able to maintain effective working relationships with health colleagues and this is a significant achievement. Likewise with the safeguarding issue in Task 3 Debbie has been able to maintain her relationship with the citizen, through her honesty and integrity, despite actions being taken which the citizen did not necessarily agree with.

I believe that Debbie has clear knowledge and skills in this area, and her future learning needs are an organisational issue that the team need to explore further.

A further area for development was identified in relation to difficult conversations and challenging. Debbie has evidenced her attendance at formal training, and her reflection upon her learning and practice. The safeguarding case studies are clear evidence of Debbie's ability to challenge and have conversations with citizens which are uncomfortable. Debbie has been able to reflect upon the power imbalance in relationships between social workers and citizens, and how her personal values and awareness of power imbalances are brought into sharp focus when she is required to challenge citizens.

Debbie has been able to demonstrate a clear awareness of this tension in professional relationships but has utilised reflection and formal learning to build and develop her resilience in these circumstances.

Summary.

Debbie has sound value base and a strong commitment to learn and develop. The CPEL programme has provided Debbie with a framework to identify and build upon her knowledge

and skills as a social worker. Alongside this development Debbie has worked with complex citizen situations and effectively managed her professional role.

Debbie has taken responsibility for her learning needs, making use of knowledge from formal training, but also accessing advice support and opportunities to observe from peers within the team. Throughout the portfolio Debbie's strength has been the values she brings to her role and the respect and dignity which she shows to citizens she works with. Aligning those values with practice, when legislative frameworks, citizen choice or other professional views conflict is key to social work development, and Debbie has been able to demonstrate her journey and development in the portfolio.

I have no hesitation in supporting Debbie's submission of the portfolio. I have observed her in peer forums presenting citizen assessments, discussed complex situations with her in her line managers absence and read her case recording and information gathering. Debbie is a diligent and professional social worker and can build trusting and effective relationships with citizens, carers and other professionals.

Note for Mentor – Please ensure that you provide a signature of verification of this report in the section titled 'Signatures and Line Manager Verification'

Learner Details

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: Debbie Johnson

2. Learner's University Number: 2025393

**Address for Correspondence: Flat 2, 23 Victoria Avenue,
Prestatyn, Denbighshire. LL199DF.**

Telephone Number: 07961 528 776

E-mail address: debbie6186@live.co.uk

Date of Professional Qualification: 30/10/2019

Date of registration with Social Care Wales: 19/12/2019 – 19/12/2023

3. Name of Learner's Agency

Agency Contact details: Denbighshire County Council

Name: Kevin Jarvis, Deputy Team Manager, Workforce Development Team

Address: Russell House, Churton Road, Rhyl. Denbighshire. LL183DP.

Telephone Number: 01824 706 605

E-Mail address: Kevin.Jarvis@denbighshire.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: Anne Roberts

Address: Denbighshire County Council, Royal Alexander Hospital, Marine Drive, Rhyl, Denbighshire. LL18 3AS.

Telephone Number: 01824 712 391

E-Mail address: Anne.Roberts@denbighshire.gov.uk

5. Mentor's details

Name: Michael Reay

Address: Denbighshire County Council, Royal Alexander Hospital, Marine Drive, Rhyl, Denbighshire. LL18 3AS.

Telephone Number: 01824 706 515

E-Mail address: Michael.Reay@denbighshire.gov.uk

6. Observer details

Name: Kayleigh Harper

Work Address: Denbighshire County Council, Royal Alexander Hospital, Marine Drive, Rhyl, Denbighshire. LL18 3AS.

Professional Qualification and date of qualification: BA Honours in Social Work in November 2012.

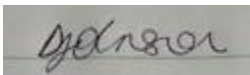
Telephone number: 01824 712 463

Email address: Harper.Kayleigh@denbighshire.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, individuals in need of care and support and/or their 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:  (Learner)

Date: 17/10/2023

Feedback and comments from an individual using services, their family and/or carers (Task 2) - 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 above from the individual in need of care and support and/or their carers are about the same piece of practice that I observed on the date given.

Signed:  (Observer)

Date: 17/10/2023

Mentors Report (to be completed by the mentor)

I can confirm that I am a registered social worker and that in my role as mentor I have provided a written report of the learner's progress over the duration of the programme.

Signed:		(Mentor)
Date: 17/10/2023		

Line manager verification.

Guidance: This section must be completed and signed by the learner's line manager and/or senior practitioner. Where the line manager is not a registered social worker, verification must also be provided by a social work practitioner in a senior position (this could be the mentor) who is familiar with the learner's work and can verify that the learner has been involved with the safeguarding case evidenced in Task 3 of the portfolio and that the learner has met all the required criteria listed below.

In this section, please confirm that you have seen sufficient evidence of the learner's work during the period they have been undertaking the Consolidation programme. If necessary, please consult with other managers who the learner has worked with. 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 Professional Practice and National Occupational Standards;
- core values of the learner;
- work and commentary referred to within the portfolio, that it is the learner's own work and based on current practice;
- completion of accurate, cogent, coherent and analytical recording skills;
- Line manager to verify the learner has been involved with safeguarding.
- Mentor's report, and that it provides evidence of observations of Professional Practice that has been undertaken over the duration of the Graduate Certificate in the Consolidation of Social Work practice pathway (work-based practice which is equivalent to 7,000 words).

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

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: ANNE ROBERTS/MIKE REAY

SIGNATURE OF LINE MANAGER:



DATE: 17/10/2023

REGISTERED SOCIAL WORKER'S VERIFICATION (WHERE THE LINE MANAGER IS NOT A REGISTERED SOCIAL WORKER, THIS CAN BE THE MENTOR).

NAME OF SOCIAL WORKER: _____

SIGNATURE OF SOCIAL WORKER: _____

POSITION: _____

DATE: _____

Learning Agreement

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	Debbie Johnson
Name of Team/Agency	Denbighshire Community Resource Team
Name of Mentor	Anne Roberts/Mike Reay
Name of Line Manager	Anne Roberts/Mike Reay

Study Duty

The learner will undertake all elements of the Graduate Certificate programme diligently, including mandatory attendance at induction, four 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. This applies to social workers who qualified after April 2016.

Study Leave

The employer undertakes to support the learner by providing time within their normal contract of employment to attend all agreed mandatory elements of the programme which include; induction day and four Consolidation Workshops. Additional time may be provided for programme evaluation meetings and any training agreed as a requirement of the programme.

Three further study days will be provided by the employer as a contribution towards the time involved in personal research and developing the portfolio for submission. 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. Where the learner works less than 37 hours a week, mandatory days and study leave 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. There is also an expectation that as it is a professional development programme, learners will 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;
- pay Porth Agored partnership fees for each learner;
- 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 Coordinator/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 four 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 in addition for self-directed 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 Professional Practice and the employer's and University's policies, procedures and processes;
- ensure that 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:

Line-manager/mentor can be one in the same person or the role can be undertaken by two separate people. The mentor must be a registered SW with a minimum of 3 years post qualifying experience.

- 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 the programme induction and the four Consolidation Workshops, and any internal training courses agreed as being appropriate to meet agreed learning needs;
- agree with the learner, use of up to 3 additional study days over the whole duration of the programme, as an employer contribution towards time needed for personal study, research or portfolio development;
- ensure that regular formal supervision is provided to the learner by their line manager in line with organisational policy (line-manager);
- ensure that mentoring sessions are provided in line with Social Care Wales First 3 Three Years in Practice guidelines. Mentoring sessions, where possible, should be arranged as a separate event from supervision. A full record of when mentoring sessions are undertaken must be kept.

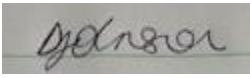
Completion and submission of portfolio

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. It is the learner's responsibility to inform the university if they are not going to meet the submission deadlines.

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: Debbie Johnson

Date: 17/10/2023

(Learner)

Signed:..... Print Name: Anne Roberts Date:.....
(Mentor/Line Manager)

Signed: 

Print Name: Mike Reay

Date: 17/10/2023

(Mentor, if different to above)

PLEASE PLACE THE SIGNED COPY OF THIS LEARNING AGREEMENT IN THE PORTFOLIO.