

Social Care Wales



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

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

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

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**Learner's University Registration Number:
1605060**

WALES INSTITUTE for WORK-BASED LEARNING

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)

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)

During my first year in practice in a busy Local Authority in a City in Wales I completed the first year in practice training which required me to attend a training course every month. During this time I completed a number of courses that I feel have assisted me in the social work role. I completed assessment skills and child protection training in which I extended my knowledge of working with service users and carers to gather information and decide on the next steps to achieve that individuals desired outcomes or to safeguard. Within xxx Local Authority I also completed Best Practice training and Working Together to Safeguard Children; both of which promoted working in a person centred way with the service user, carers and other professionals to keep the person at the centre of the process and give them a voice (Dowling, Manthorpe, Cowley, 2006) (Code of Practice (COP) 1.1, Social Care Wales (SCW), 2017).

Since University I have maintained professional boundaries (COP 5, SCW, 2017) and have developed upon my knowledge of pieces of Legislation such as the Children Act 1989 and becoming familiar with the All Wales Child Protection Procedures.

Throughout my time within Children Services I have been anxious about giving evidence in Court. I have not yet had to do this but have completed Court Skills training in preparation which did help however I feel that until I give evidence I will continue to be anxious.

On qualifying I held Child In Need cases but these quickly escalated and I was soon carrying a caseload of Child Protection cases. In discussions with my manager it was decided I would

co-work these cases whilst I developed more knowledge and skills around engaging service users, the duties we are bound by and interventions available to safeguard (Children Act 1989). I have increasingly improved in this area and at times I have felt overwhelmed but I have ensured I have been open with my manager about this as I realise I will remain accountable for work I complete (National Occupational Standards (NOS) SW1 and 2, SCW, 2011). As Eileen Munro states it is not easy to recognise abuse so it is vital that those working with children have access to social work expertise to discuss concerns and decide whether a referral to children's social care is needed (Munro, E. 2011).

I decided after a year in practice that I needed to change Local Authority to work closer to home. I am glad I made this decision and feel it promoted my wellbeing. I did however feel like I was starting over again in an even busier Local Authority; I had a lot to learn and was impressed by the increased number of services provided by the Authority. I felt it positive that following completing an assessment of need with a family I had more services to draw upon. I used supervision and working with my colleagues to expand my knowledge of these services to work effectively with service users and I visited these services for further information.

I have valued having supervision during my time as a practitioner as at times of stress supervision has helped me prioritise pieces of work in order to safeguard. This has become increasingly important given the increasingly complex situations I have handled.

(550 words)

Section 3

Observation from an individual using services, their family and carers

Observation Summary

Please include name of the expert witness observing in section 8.

Date of observation: 22 November 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)

The observation took place in a foster carers address in a semi-rural area of x Local Authority. The service users were brother and sister aged 15 and 17 and had been placed into foster care due to their sole parent leaving them with no one else to care for them. The children are originally from Africa and spoke a specific language based on the African village they lived in, they also spoke fluent English.

Prior to the observation I asked for consent from the children for the observation to take place, they agreed and social worker Claire Thomas was present to observe (SCW, 2017, 1.2, 1.3).

I had worked with the children for a number of months and was aware of the dialect the children spoke, I therefore checked if they required an interpreter, however, both were happy to meet with me without one.

The children previously lived in a City outside of Wales and have lived in their current authority for a short time, therefore, while they are attending a school in Wales they have very little experience of learning Welsh they therefore did not require the service in Welsh.

The purpose of the observation was to complete a Delegated Authority form with the siblings which is required for all children in foster placement as it gives the foster carer the authority to seek medical attention as well as other matters for the children in their care. Following a Legal meeting it was decided that due to the ages of the children they were able to indicate what decisions they wanted to make for themselves and were able to sign the form to authorise it (SCW, 2017, 1. SCW, 2011, 2.4).

This was the first episode of being looked after for the children and I was required to explain the form to them and I addressed any questions they had. No one with Parental Responsibility was available so the form was then signed by a manager (Fostering Network, 2016).

(330 words)

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?	<i>always on time, always asks their preference eg day + time.</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</i>
Were you clear why the social worker met with you today?	<i>Yes</i>
How well prepared do you think, the social worker was for his or her meeting with you?	<i>always prepared</i>
How has the social worker listened to you and respected your views and wishes?	<i>very well, always asks us if she needs to do anything for them and keep them updated.</i>
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	<i>Yes.</i>

How has the social worker's involvement met your expectations for this visit?	visit was good, trying to find out answers to questions they have.
Are there any other comments or suggestions that you would like to make?	I think our social worker is lovely.

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 ethical practice.

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

Effective communication is essential in Social Work practice and it requires skills, knowledge, empathy and continuous critical reflection Adams, Dominelli, Payne. (2009).

I shall use Gibbs model for this critical reflection (Macleán, 2010).

As described the observation took place within a foster placement with siblings (1 and 2) in order to complete a delegated authority and address any other questions they had. During my time working with 1 and 2 I was required to be sensitive to their emotions and cultural needs and ensured that they were in an environment they were comfortable in. I had the opportunity to meet 1 and 2 in their schools but it was agreed it would be best meeting them in their foster placement so they could have the support of their carers; who were present throughout the observation at the request of 1 and 2 (Koprowska, J, 2008) (SCW, 2011, SW 10) (SCW, 2017, 1.4, 1.5). I explained at the outset of the visit any information will be handled confidentially and all present must abide by this. I also made 1 and 2 aware that I may need to share information if deemed necessary, for example, to safeguard. They agreed to this (SCW, 2017, 2.4) (Adams, Dominelli and Payne, 2009).

Within the policy "More than just Words" (Welsh Government (WG), 2012) the WG state a commitment to delivering a service that is centred upon the needs of individuals which includes recognition that many people can communicate their care needs effectively through the medium of Welsh. The Active Offer refers to offering the service in the medium of Welsh without an individual needing to ask for it. An example of this is seen whilst working in the current Local Authority within Wales where employee's answer the phone in both Welsh and English and all documents are bi-lingual, as described in the 2012 document. I have always

been aware of who speaks Welsh in the team so I can draw upon their knowledge (WG, 2012). It was highlighted through discussion with 1 and 2 that they did not wish for any correspondence or visits to be in Welsh.

Ethical practice as stated in the British Association for Social Work (BASW) Human Rights policy is to ensure that person centred care is based on service users participating in decision making and ensuring that practice does not discriminate against those I am working with. When looking to this it is clear that while 1 and 2 spoke fluent English I gave them the choice of whether they would like an interpreter who could translate my words into their first language which was specific to the village they lived in in Africa, they declined. It can be difficult to enlist some interpreters where the language is so specific but I had indeed made enquiries and there was an interpreter available (BASW, 2015). It is important when considering communication skills that both parties have the opportunity to speak in a language they are comfortable with (Penhale and Parker, 2008).

When considering what I was feeling during the observation I can say I was nervous and fed this back to Claire following the observation. Claire questioned why I was nervous as I was in the company of people I have met a number of times, she also said she had not picked up on my nerves which was positive. I reflected that I do get nervous in certain situations but that this was ok and not necessarily a negative emotion; it had not impacted on my practice and I had completed all tasks required at that time. In addition I had good feedback from 1 and 2 which further put my mind at ease (Eisold, 2011).

To further reflect I have used the Johari Window (Luft and Ingham, 1955) to assist in me developing my-self awareness and becoming an emotionally intelligent practitioner. In relation to this observation I can use the Johari window as I was open about my feelings following the task and feedback was obtained. When considering the unknown area of myself I consider my values and question my beliefs that could affect my practice. I have found myself becoming emotional when working with 1 and 2 as I have had empathy for them as their sole caregiver (father) left them resulting in 1 and 2 being accommodated in a country they were not familiar with. 1 and 2 had also attempted to contact their mother but were unsuccessful.

When I question my emotions I believe I have become more empathic since having a child myself. In reflecting I move into the area of the Johari Window in which I know myself but this aspect of me is hidden from others (Chapman, 2003). Self-knowledge allows practitioners to explore their own understanding of the world and is central to the communication process. Learning about oneself can highlight any assumptions we may have and consider our own values that may have an impact on the way we practice (Adams, Dominelli, Payne. (2009) (SCW, 2017, 2.7) and the body language we portray; if this is negative it can lead to developing a negative relationship with the service user (Mind Tools, nd).

When evaluating and analysing this piece of work and the outcomes achieved (SCW, 2011, SW19) within Gibbs Model I consider that an aspect of this piece of work was active participation as I asked each young person what decisions they wanted to make about the care they receive. For example 1 and 2 choose not to delegate the authority to another for them to have a haircut as they wanted to make this decision, which was perfectly understandable given their age. Active participation refers to practice which regards the individual person as an active partner in their own care rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible. (SCW, 2017).

It has been highlighted in research (Koprowska, 2008) that young people wish to have support such as having someone who would listen, be there for them when they needed someone to turn to; and offer advice and advocacy but not take over decision-making. To uphold Social Work values I had previously referred for an advocate for 1 and 2 and they were given the opportunity to have the advocate there for this visit. I felt it was important for them to have the opportunity to have an independent person present and to ensure my compliance with Part 10 of the Social Services and Wellbeing (Wales) Act 2014.

To show respect I was on time for the visit, I again checked with 1 and 2 they were happy for the observation to continue and I took notes during the visit as there were other matters discussed; I also checked that they were happy with this. I also actively listened during the visit and used paraphrasing to ensure I understood through repeating back the details of what

1 and 2 had said. Sometimes exact information needs to be repeated to ensure the information is accurate. Summarising was also used as at the end of the visit I summarised what we had discussed and the actions I would be taking away with me (Koprowska, J, 2008).

1 and 2 are intending on claiming asylum in the United Kingdom, from the start of my involvement I liaised with my managers, legal team and Home Office to expand my knowledge in this area as I had not worked with service users in this situation before (SCW, 2017, 6). I feel that if I could have done anything differently it would have been to have more information about the process of claiming asylum, however, I found it difficult when liaising with professionals as they were at times difficult to contact for information. I feel that if this situation arises again I would be more knowledgeable but still have a lot to learn as this area of intervention is very complex.

(1329)

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)

An assessment that shall be discussed here is based on my work with a family consisting of 3 male children between the ages of just over one and five who were cared for by their father. Their home was in a busy city centre of xxx Local Authority and the two oldest children attended a local flying start school. The youngest had not yet attended school but there were plans for him to attend when he reached the age of two as per Welsh Government Policy (Welsh Government, 2017). The children's father was their primary carer as their mother was suffering from mental ill health and was drinking alcohol daily which affected her capacity to parent the children safely.

The family were white Welsh and requested the assessment take place in English. I had both parents consent to complete the assessment and ensured they understood the reason for my involvement (SCW, 2011, SW3, SW7).

The children were well cared for by their father when considering Maslow's Hierarchy of Needs (Macleod, 2017) that the father was meeting the basic needs of the three children; their home was clean, they attended school and they were healthy with all up to date medical appointments. However a referral had been received from an anonymous member of the public with concerns that the parent's relationship was characterised by domestic abuse. In addition there were reports from extended family members that this violence (physical and verbal abuse) happened in front of the children. There were also worries about the mother's

alcohol use and the fact that the children's father was caring for them when he was believed to be the perpetrator of violence.

When there is an incidence of domestic violence where the police are contacted, as what happened in this case, which involve children the police refer the case to a social worker who is then expected to investigate the case as a child protection concern. This is understandable as there is evidence that children are negatively affected by domestic violence, when considering the All Wales Child Protection Procedures social workers can respond to such situations under children in need procedures, but a risk assessment is needed in every situation (Coulshed and Orme, 2012).

The protection of children from abuse is imperative within social work practice as many child practice reviews have demonstrated where this has not happened a child can be significantly harmed or even killed. Prior to 2014 the Children Act 1989 (CA) was used in conjunction with the All Wales Child Protection Procedures and the Children Act 2014 to guide social workers in the actions required where a child is deemed to be at risk of significant harm. Now in force is the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) which now uses the term "Child at Risk" and sets out eligibility criteria to determine whether that child is eligible for services or in need of being protected. The CA 1989 and SSWBA 2014 are both still widely used together to inform practice. It is hoped that the introduction of the 2014 Act will serve to prevent child abuse (NSPCC, 2018).

I had taken over the case from another social worker who was moving to a different team. The social worker had not had this case for long and I was tasked with completing an assessment with the family and highlighting a support network who could be safety people for the children to speak to if they had any worries and to consider the risk to the children and any need to proceed with child protection procedures (SCW, 2011, SW 13).

I had just joined this busy xxx Local Authority having worked for another Local Authority based in Wales and having qualified the year previous. Xxx Local Authority use the Signs of Safety methodology to complete assessments as designed in Western Australia in the 1990's by

Andrew Turnell and Steve Edwards in a quest to simplify child protection complexities; this model is now attracting interest all over the world and is being used in Canada and Sweden amongst other countries (Turnell and Edwards, 2017).

The model of reflection I shall use will be Killian and Todnem (1991), the first part of the reflection is reflection for action. This is planning for the assessment and due to my lack of experience and first meeting the family it was essential that I prepared beforehand. To do this I reviewed any case notes that were held so I had background information and of course was aware of the referral and reason for my visit. As I had taken over the case from another practitioner I planned a joint initial visit and discussed the case with the worker beforehand (SCW, 2011, SW 12).

I was new to the Signs of Safety Methodology that was being used in the Local Authority and was therefore rather anxious about completing my first assessment in this format. In addition to being in a new area that I was still learning about and getting to grips with the services available. However, completing the visit with another social worker and preparing well put my mind at ease.

Reflection in action using the Killian and Todnem model refers to reflecting in action so while the assessment is taking place. The assessment was detailed and required me to visit the family home a number of times following my initial visit. This involved visiting the children and speaking to them alone so I could ensure their voice was heard and any worries or feelings they had were taken into account. Initially the father in this case was very evasive and would not let me speak to the children alone in school, I explained that I would not discuss anything upsetting with the children while they were in school and just wanted to complete some direct work sheets. He still did not agree. An important aspect of completing an assessment and as this case was initially child in need this could not be overruled, I therefore could only meet with the children at home.

Critical reflection involves considering dominant ideas and challenging these whilst considering the power issues and anti-oppressive practice. Reflexivity in professional practice means

being aware of how we think, feel and act and the assumptions we might be making. In addition, reflexivity also makes us aware of issues of power in relationships and organisations (Bassot, 2016).

During the assessment the children's father was a very dominant person and this made my work with him very difficult as he would not take on board anything that I was saying and completely denied any allegations of domestic abuse against him; this was difficult as he was therefore resistant to change. Unfortunately parental resistance in child protection social work is very common within the profession and this can at times make it difficult to keep focus on the child's safety and wellbeing (Forrester, Westlake and Glynn, 2012). In the Serious Case Review of Baby Peter Connolly it is seen that his mother used distraction techniques to distract professionals which resulted in the abuse of Peter which ultimately led to his death. This and other case reviews highlight that professionals need to ensure they use a degree of professional scepticism and always question (Haringey Local Safeguarding Children's Board, 2009).

During the time of working with this family (2015, Pre the Social Services and Wellbeing (Wales) Act) the main piece of legislation used was the Children Act 1989. This Act sets out the categories of abuse that I needed to consider when assessing whether these children were at risk of significant harm and further documents referred to were the All Wales Child Protection Procedures which was used regularly to guide my practice (Local Safeguarding Children Boards in Wales, 2008). It is important to note that these procedures are now being reviewed by the Local Safeguarding Board following the introduction of the Social Services and Wellbeing Wales Act, 2014.

The assessment being pre the new Act was a thirty five day core assessment which I used the Assessment Framework to complete. The Assessment Framework requires that each child's needs are individually assessed, as well as the parent's capacity to care for each child, and the impact of family and environmental factors on each child's development and on the parents' capacity to meet this particular child's needs (Turney, D., Platt, D., Selwyn, J., Farmer, E. 2011). The assessment framework was a useful tool as a starting point and to

work out the family dynamics of who is doing what, for whom and what purpose (Stepney and Ford, 2012).

Research shows that a poor assessment can lead to poor outcomes for the children, for example Turney,D., Platt,D., Selwyn, J., Farmer,E. (2011) (P.3) highlight:

"there is evidence that the absence of assessments of maltreated children at different stages of professional involvement is related to repeat abuse...and shortcomings in assessments have been a consistent feature in many cases of severe injury or child death. Delays in assessment and decision-making in relation to the removal from home and placement of children can lead to difficulties in achieving permanent placements, and successful placements get harder with the child's increasing age; indeed, because of such delays some children never achieve a permanent placement. Poor assessments may expose children to risks of further maltreatment or placement breakdown. Instability in care often leads to a downward spiral: worsening emotional and behavioural difficulties, further instability, poor educational results, unemployment and a lifetime of poverty. So poor assessments have potentially far-reaching consequences."

Systems theory is relevant within this assessment as I was tasked with working with parents to build a safety network around the children as per Signs of Safety methodology. Bronfenbrenner used ecological systems theory to explain how a child's environment impacts upon their growth and development and set out different systems that are present around the children that have differing impacts. For example in this case within the children's micro-systems would be immediate relationships or organisations that child interacts with such as their father as care giver and for the older two children their school. It was positive that the older children had the safety of their school and their father had a good relationship with the head teacher there and they were positive about the father's parenting. It was a worry that the younger child was not yet in school or day care as there was no one outside of his relationship with his father to monitor his wellbeing. A health visitor was involved with the children and she visited the children once a month (Stepney and Ford, 2012).

Due to mother's issues she had not had contact with the children for a number of weeks. The children did not ask about their mother which may have demonstrated that they were not used to having her around, however, this would be something I would explore further with the children as reducing stress requires focussing on grief and loss and drawing on services that could support the children with the partial loss of their mother as a care giver who was present and available to them (Stepney and Ford, 2012).

Systems theory further confirms the importance of keeping the children safe and in a warm and loving environment as it argues that children must be surrounded by positive warm relationships to thrive. This also links in with the Signs of Safety methodology where it is believed children are going to have better outcomes when they have a strong and safe network of people around them (Stepney and Ford, 2012).

When exploring with the children's father members of the family who could assist in supporting him with the children, as I acknowledged it must be difficult for him to raise three young children alone, he refused to give me their details. This meant I was unable to build a safety network around the children as per the Signs of Safety methodology and this was a worry (Turnell and Edwards, 2017).

On reflection I can see that this was the father's way of retaining some of the power but had to also consider why he was being difficult and this made me question what he was trying to hide. To try and overcome this I worked closely with the children's school as they had a good relationship with the father and therefore was able to divulge more information from him. When working with a dominant parent it is important to keep focus on the children as their health and wellbeing was paramount. This is where meeting with the children alone was also imperative to ensure person centred practice (Local Safeguarding Children Boards in Wales, 2008).

Critical reflection involves an understanding of the dimensions of power, privilege and inequality based on social justice and anti-oppressive perspectives, which are central to social work education. It involves the taking apart of assumptions that underpin knowledge, values

and beliefs to enable critical thinking aimed at positive social change and transformation. Critical reflection incorporates concepts of reflectivity, reflexivity and power, which is central to transformative learning. Transformative learning involves experiencing a deep, structural shift in the basic premises of thought, feelings, and actions. It is a shift of consciousness that dramatically and irreversibly alters our way of being in the world. Such a shift involves our understanding of ourselves, our relationships with others and of the power indifference within class, race and gender (Dias, 2014).

When considering Anti-oppressive practice during this intervention I recognised an emotion of mine as I had questioned during the first visit when meeting the children why a mother was unable to stay sober for her three children who needed her love and care. I had to challenge myself on this way of thinking as it could be a barrier for progress and could present as a difficulty in establishing a relationship with the parent. This illustration highlights that workers must approach such situations with an open mind, making no assumptions about who might be responsible for what. This is consistent with the social work value of remaining non-judgemental throughout practice; Coulshed and Orme (p. 34-35) argue it is possible to identify someone as being responsible for harm or abuse and still see them as a human being requiring help. In addition they argue that the concepts of acceptance and empathy are core to social work, in particular, the notion of empathy as trying to understand the situation from the perspective of another person which is an important aspect for empowerment. On reflection I can see that assuming that women are responsible for children can be seen as oppressive (Coulshed and Orme, 2012).

As per legislation such as the Children Act 1989 and Working Together to Safeguard 2004 (Welsh Assembly Government, 2006) multi agency working is essential as this can enable children to remain living at home with their family; which is deemed the best outcome for the children where this is possible. It is important to note that the mother in this case was happy for the children to live with their father as she did not feel she could care for them given her issues. Had she wished to care for her children I would have taken the stance that her issues with substances did not necessarily mean she could not care for her children and I would be required to assess the risk to the children if they were to be cared for by her. Unfortunately in

this case the children did not have contact with their children and it was a worry that seeing their mother so unwell would be upsetting for them. In addition, contact would have needed to be supervised and neither parent could put forward a safety person to supervise this contact as per the Signs of Safety methodology (Adams, Dominelli & Payne, 2005).

Whilst completing the assessment I worked with other agencies to gain knowledge and challenge any pre-conceptions I had (SCW, 2017, 5.5, 6.1) (SCW, 2011, SW6). For example, I had a discussion with the substance misuse worker who worked with the children's mother to increase my own knowledge in the area of substance abuse. We discussed and challenged my preconception that the children's mother was choosing to use alcohol, it is the belief of the substance misuse worker that alcohol is a disease and goes much deeper than a parent choosing to abuse. I also met with the children's mother a number of times to gain some background as to why she may be drinking and aimed to highlight any further support she required in the hope she would engage and build on her own strengths as per the strengths perspective (Pattoni, 2012). She divulged that she had a difficult relationship with her parents growing up and had suffered from mental health illness as a teenager. In addition she said that she had possibly had post-natal depression after her third child which she did not seek medical attention for and instead self-medicated with alcohol.

While the assessment was ongoing I felt that the children were at risk of significant harm and as per the All Wales Child Protection Procedures I convened a Child Protection Conference with the other agencies and it was decided the children's names were to be placed on the child protection register under the category of emotional abuse as per the Children Act 1989. This was decided due to the worries around the parent's relationship with each other as despite the fact they were separated and living apart they continued to phone each other and argue in front of the children and this clearly upset them as they divulged during direct work that "daddy made mammy cry". There were also worries as during multi-agency working it came to light that the father would visit mother and would go into her home while leaving the children in the car. The car would be parked on a busy road in the city and there were numerous risks to the children. In addition, their mother had been self-harming and was now taking street Valium, I questioned what happened if mother was very unwell when the father

got to the property, I asked how he would react and how would he be able to monitor the children whilst he was tending to the mother's needs; the father did not have any insight into the risks (SCW, 2011, SW 12 and 13). It was necessary to assess the risk continually with the children given the chaotic lifestyles both parents had (Local Safeguarding Children Boards in Wales, 2008).

Just as the children's names were placed on the register I completed my assessment and my analysis was that the children were receiving good enough care living with their father and had further reassurances by the fact their names were on the register and I would be required to visit every two weeks to monitor their health and wellbeing. Due to the children being at risk their father's refusal to let me see them in school could now also be overridden (Local Safeguarding Children Boards in Wales, 2008). Direct work with the children enabled them to participate in their care which is an important aspect of the United Nations Convention on the Rights of the child. These rights have been incorporated within Legislation in Wales and is integral to everyday practice (Unicef, 1992).

Part of my role in working with this family was empowering the parents to make changes in order to have better outcomes for the children. As noted this was a difficult task with the children's father initially as he did not recognise that he was doing anything negative and was in denial. The children's mother on the other hand was lacking in confidence due to her issues and alleged domestic abuse, she had also alleged abuse from her father and said that she had suffered mental illness since being a teenager. I attempted to empower the children's mother to assist in promoting better outcomes for her children. When the children's names were placed on the child protection register she was invited to all meetings and she was praised when she did attend as this was difficult for her given her difficulties with anxiety. She was also prompted to attend the groups and one to one sessions with her substance misuse worker and again was praised when she did (Stepney and Ford, 2012). An important note is that she was however required to attend her substance misuse support and needed to make this choice to participate as only when she wanted to make this change was there a possibility of it happening.

It is a fact that parents and carers who misuse substances often have chaotic, unpredictable lifestyles and may struggle to provide their children with safe care and clear boundaries. Mother also found it difficult to instil a routine in attending her support sessions and therefore this was sporadic. Substance misuse may also result in parents feeling apathetic and disengaged and they may fail to provide their children with enough emotional warmth or establish boundaries through consistent discipline. It is unfortunate that during the completion of the assessment and throughout the child protection process the children's mother was unable to abstain from substances long enough to establish contact with her children (NSPCC, 2018b).

When considering the risks to the children if they were being cared for by their mother; young children who experience parental rejection risk developing insecure attachment patterns which can have negative consequences for their cognitive, emotional, physical and social development. In addition parents who misuse substances may have difficulty controlling their own emotions. If their behaviour is irrational, unpredictable or withdrawn this may frighten their children and lead to them developing longer-term emotional and behavioural problems (Cleaver et al, 2011).

Social work is a challenging job and it will always continue to have conflicts, challenges and pressures. Maclean uses the different types of weather that we experience to reflect upon the difficulties faced within the role. Thinking about sunshine encourages us to think about what went well and focusing on the strengths that we have in our practice. When looking at this case study I reflect that while there were very difficult times working with this family I saw the process through and was praised by the father as towards the end of the intervention he could see the reason for my involvement and thanked me for the positive outcomes he had achieved as a father to the children. The focus on the positives is important in developing professional resilience. In contrast, many of us do not like rain and this involves thinking about what did not go well in our practice and what improvements are required. In thinking about this helps us to pinpoint areas for future development and professional growth. (Maclean, 2016).

The intervention with these children ended as despite the mother remaining on substances their father made necessary changes and all professionals agreed it was time to remove the children's names from the register. The case has subsequently closed.

To conclude, this was initially a difficult case for me to work as it was the first case I had when I moved Local Authority so had to get used to a new area with different services and was required to learn the Signs of Safety methodology which was ingrained in the teams work. Despite the difficult start I feel that I kept the children's health and wellbeing at the fore front of my practice and feel that the positive outcome and excellent feedback from the children's father demonstrates this.

(3923)

Section 5

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)

During my first three years my main area of work has been children's services, I will therefore now write about adult safeguarding.

The term vulnerable adult is one that has been used for many years, some may argue that this term can apportion blame on the individual in that they are weak and somehow at fault for the abuse they are at risk of or indeed suffering. The Social Service and Wellbeing (Wales) Act 2014 (SSWBA) now uses the term Adult at Risk and it is hoped this piece of legislation will strengthen the safeguarding of adults following years of incompetent legislation and policy that may have resulted in a number of abuses suffered by adults going undetected. It is hoped the SSWBA will produce a robust and effective partnership approach (Penhale and Parker, 2008). Focusing on service user outcomes is imperative to truly promote citizen rights (WAG, 2007) (CCW, 2002, 3.8).

Under Part 3 of the Act the Local Authority must assess whether an adult does have needs for care and support and if so, what those needs are (WG, 2017c). The SSWBA states needs led assessment is a must and there is a renewed focus upon individual outcomes and person centred practice (WG, 2012b). Prior to 2014 the NHS and Community Care Act 1990 stated that needs led assessments were required as opposed to service led. With the SSWBA it is hoped that preventative services can be used to support adults to prevent them from requiring critical services, however, it is currently difficult to see how this will happen with increasingly reduced budgets. The Act also highlighted nine principles that are deemed important to ensure an individual's wellbeing is maintained; one of these principles is that citizens should

have a stronger voice and real control and should be offered an advocate when completing assessments (SCW, 2017, 1.2, 1.3).

Part 7 of the Act relates to the safeguarding of adults; Section 126 requires local authorities to investigate where they suspect that an adult with care and support needs is at risk of abuse or neglect and provides for the use of Adult Protection Support Orders where necessary (WG, 2017c) (SCW, 2011, SW13). Within England the relevant Legislation for the protection of adults is the Care Act 2014, the Act promotes the wellbeing of adults and the duty to protect adults from abuse. The types of abuse is very similar to that of children; sexual, physical, psychological and neglect with the additional category of financial abuse (Penhale and Parker, 2008).

When looking to protect adults the Mental Capacity Act 2005 and the corresponding Code of Practice is also relevant as it requires professionals to ask if the adult has a capacity to make decisions on a specific issue. If that person is deemed to have capacity then they can make decisions on that matter, just because the decision is deemed to be unwise does not mean that individual lacks capacity (Lord Chancellor, 2007). The Mental Health Act 2007 is also used in conjunction with the Mental Capacity Act and can be used to section an individual with mental ill health (SCW, 2011, SW13) (SCW, 2017, 4.2, 4.3).

In the next session the difference between adult and children's safeguarding shall be discussed.

(541)

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)

Prior to the SSWBA 2014 being put in to practice in 2016 the protection of children and adults was very different. There was very little in the way of adult protection whereas the protection of children can be traced back to before the Children Act 1989 where the introduction of legislation aimed to prevent the abuse of children following a number of child deaths (Broadhurst et al, 2009).

One of the most important principles of safeguarding is that it is everyone's responsibility. Each professional and organisation must do everything they can, to ensure that children and adults at risk are protected from abuse and neglect (Welsh Government, 2017b) (SCW, 2017, 4.3, 5.7, 6.1).

Under Section 126 (2) of the 2014 Act imposes a new duty on relevant partners to report suspicion that an adult or child is experiencing or is at risk of abuse or neglect. If abuse is reported to Social Services, there is a duty to make enquiries in order to decide jointly with the Police and other key partners whether an investigation needs to take place, which will follow the guidance set out in the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse and All Wales Child Protection Procedures (Isle of Anglesey County Council, 2016) (SCW, 2011, SW16).

The Welsh Government (WG) have established a National Independent Safeguarding Board to work with the safeguarding adult's boards and safeguarding children boards across Wales. The board's duties are to provide support and advice to safeguarding boards with a view to ensuring that they are effective, report on the adequacy and effectiveness of arrangements to safeguard children and adults in Wales and make recommendations to the Welsh Ministers as to how those arrangements could be improved (WG, 2017b).

A difference that remains within safeguarding is the issue of consent. Within children's services abuse must be investigated even where the child does not want this to happen, whereas with adult services if that person is deemed to have capacity they can refuse support services (Social Care Institute for Excellence, 2014).

It is argued that the wellbeing of adults has been placed on an equal footing to that of children: *"Well-being is a broad concept including physical, mental and emotional well-being, protection from abuse and neglect, access to education, training and recreation, support for relationships, having suitable accommodation and securing rights and entitlements (Social Care Wales, 2017. P.7)."*

(401)

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)

When looking at the last three years of practice and specifically from the time I started this portfolio, I can say that I have a better idea of how to look after myself after having to take time off work due to not being well. Salovey and Mayer discuss being emotionally intelligent in their 1990 article:

"...negative or painful emotions are not seen as being inherently flawed or useless, but as a necessary component of personal growth...and philosophically speaking, we may only be able to feel joy and happiness to the extent that we are...able to feel pain and sadness."

It is due to feeling unwell that I decided to change to a different team half way through completing this portfolio with the hope that a move from child protection to working with Adults with a disability would prove less stressful for me and I would have a better work to life balance (SCW, 2017, 6.1, 6.5).

Time can be a barrier to reflection and I found during my time in a long term childcare team that I would often have little time to stop and think. I found supervision a useful tool to help me and completing this portfolio has also assisted through the medium of reflective writing (Hardy, 2017). However, in discussion with my mentor prior to leaving the child protection team it was acknowledged that supervision had not been consistent due to time constraints. It is hoped that being in a less demanding team will ensure that I have supervision and I will chase this up if needed as I value this time (SCW, 2011, SW3).

It has been said that supervision within practice can be process driven and focus on what cases the practitioner has and how many more they can take. When thinking back on my time as a social worker I feel that I have not reflected critically enough on my practice and I would like to do this more in the future. It is difficult to say whether this has been a confidence or experience issue or whether I have been unconscious of the fact that I have not been reflecting critically enough (Maclean, 2010). When considering the Johari Window I feel that I am moving through the stages and this practice learning experience has helped me to do that. Although I am very aware that being in my third year of practice and having recently changed roles I have a long way to go and a lot to learn.

To reflect more critically in supervision I shall use the DIEP model (RMIT University, 2007) to describe the event, Interpret it and ask myself how I feel it went. Evaluate it therefore asking myself was it good or bad and Planning so asking what I can do differently in the future.

When considering my developmental review in section two I can see that I was anxious about child protection work in the Court arena and specifically giving evidence. As I have now changed roles I will not be required to give evidence from a childcare point of view but acknowledge that there may be times where I am required to attend court to support a parent with a disability who has had a child and is therefore at risk of losing that child due to their parenting capacity or other issues. This is an interesting switch in roles for me and I feel that my experience in child protection will stand me in good stead for this work (Local Safeguarding Children Boards in Wales, 2008).

I returned to working in the child protection team in 2017 having had maternity leave after having my first child. Going back to child protection work was a challenge and I recognised that I had become a lot more emotional and had a different outlook when working with children and their families. An experience that further confirmed the need for me to change teams occurred when visiting a mother for the first time to start a single assessment; the mother had mental health issues and was very anxious about me visiting as I was a social worker and she had preconceived ideas due to her childhood that I wanted to remove her children; this was not the case as threshold had not been met. The mother was so anxious she was shaking,

while I have always felt aware of the power imbalance that can be present in practice seeing this mother made me realise the impact me visiting families has on them. While I will always believe my intervention is required I will be more sensitive to the feelings of others (Adams et al, 2009).

I have had mainly positive feedback from service users while working in the child protection team and hope this will continue.

When considering future training needs I feel like I am starting a fresh due to changing teams and needing to partake in training around working with adults such as the Mental Capacity Act training as I will be completing Mental Capacity assessments as part of my role (SCW, 2017, 6.9).

(848)

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

Consolidation workshop	Date Attended
1	18 th July 2017
2	19 th September 2017
3	30 th November 2017
4	16 th January 2018

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.

I was a mentor and assistant team manager to Sarah during her time in our child protection team in this busy Local Authority. Sarah joined the team having completed her first year in practice and the required first year in practice training as mentioned in section 2; Sarah has also completed training within our team and shadowed other social workers when she first started to help her get accustomed to the Signs of Safety methodology which was all new to her.

I can confirm that the case study written about in section 4 describes a family that Sarah worked with from writing the assessment and instigating child protection proceedings through to the children's names being removed from the register. Due to the father's nature this was a difficult piece of work but Sarah was indeed praised by the children's father following her intervention as there had been good outcomes for the family.

I have supervised Sarah and have discussed cases as well as personal issues and I and the team have supported Sarah accordingly. I met with Sarah prior to her leaving the team and acknowledged that prior to her starting her consolidation programme supervision had not been consistent.

As noted above in section 6 Sarah was not required to give evidence in Court but did manage cases whilst working with us and in her previous Local Authority which required her to attend Court in order to safeguard to child she was working with. I feel this experience will benefit Sarah should she need to do this in her current role.

Section 7

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Section 8

Learner details, Signatures and Line manager verification

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

Learner Details

1. Name of Learner: Sarah Tamplin

2. Learner's University Number: 1605060

Address for Correspondence: 6 New Zealand Street, Llanelli. SA15 3EN.

Telephone: 07803 566977

E-mail: STamplin@carmarthenshire.gov.uk

Date of Professional Qualification: 2014

Date of registration with Social Care Wales: 2014 (Renewed in 2017)

3. Name of Learner's Agency: Carmarthenshire County Council

Agency Contact details:

Name: Ffiona Edwards

Address: Building 2, Jobswell Rd, Carmarthen. SA31 3BB.

Telephone Number: 01267 246766

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

4. The evidence I have provided within this portfolio is in:

Welsh only ☐

Welsh and English ☐

English only ☒

Mentor's details

5. Mentor's details:

Name: Nichola Thomas (City and County of Swansea)

Address: Room 407, Guildhall, Francis St, Swansea. SA1 4PE.

Telephone Number: 01792 635180.

E-Mail address: Nichola.Thomas@swansea.gov.uk

Name: Ffiona Edwards (Carmarthenshire County Council)

Details: As above

6. Observer details

Name: Claire Thomas

Work Address: Room 407, Guildhall, Francis St, Swansea. SA1 4PE.

Professional Qualification and date of qualification: BSc Honours in Social Work

Email and telephone number: clairemt69@hotmail.com. 01792 635180

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: Shayla (Learner)

Date: 08/03/18

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: CTHomas (Observer)

Date: 18/01/2018

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: FFIONA K EDWARDS

SIGNATURE OF LINE MANAGER.: 

DATE: 14/3/18

Section 9

PORTH AGORED and UNIVERSITY OF WALES, TRINITY SAINT DAVID

GRADUATE CERTIFICATE IN CONSOLIDATION OF SOCIAL WORK PRACTICE

LEARNER AND EMPLOYER'S LEARNING AGREEMENT

Name of Learner	Sarah Tanslin
Name of Team/Agency	East Team
Name of Mentor	Nichola Thomas
Name of Line Manager	Chare Edwards-Matthews

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: *Sarah*..... Print Name: *Sarah Tomlin*.. Date:.....
(Learner)

Signed: *M. Thomas*..... Print Name: *Michael Thomas*.. Date:.....
(Line Manager/Mentor)

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

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