



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

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

Learner's name: Linette Gwilym

**Learner's University Registration Number:
1605003**

**WALES INSTITUTE for WORK-BASED LEARNING
2016-2017**

Portfolio Guidance

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

What is the portfolio for?

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

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

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Section 2

Developmental review (a)

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

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

- Working Collaboratively with individuals who are using services, their families and 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)

Undertaking assessments are central to my role as a social worker (Milner and O'Byrne; Bartlett, 2009). Initially I found the thought of completing an assessment daunting. Having completed my first year in practice, my confidence and skills have grown when applying critical analysis in assessments in order to inform interventions.

Since the introduction of the Social Services and Well-being (Wales) Act 2014 in April 2016, there has been a significant change in the way assessments with adults are carried out. With Local Authorities taking a person and outcome focused approach with an emphasis on 'What Matters' to the individual. Following my first year in practice I now feel more confident in my ability to focus an assessment around 'What Matters' to the individual and identify the difference between a outcome and person centred approach rather than a system and service focused assessment. 'Outcomes-focused assessments allow individual older people to convey what is important to them and so to identify the outcomes they desire from social care support.' (Community Care, 2007) More opportunities to complete assessments and discussing more complex issues within formal and informal supervision will ensure my confidence and communication skills continue to develop.

As a Social Worker in a Learning Disabilities Team having a 'What Matters' conversation can be difficult at times, depending on a person's communication ability. The Social Services and Well Being (Wales) Act 2014 places a duty on professionals to try everything possible to gain the person's view during the assessment process. 'In carrying out an assessment of need, local authorities must work with people to identify what matters to them. People will wish to achieve different aspects of well being, dependent on their circumstances, and these make up personal outcomes' (National Assembly for Wales, 2014). This is an area I would like to focus on and further develop in the future by continuing to research alternative communication methods, work together with other professionals such as Speech and Language Therapists, access training and reflect on my own and colleagues experiences. Using these methods will ensure the voices of the individuals are

heard during assessments and their wishes and feelings remain central to inform decision-making. Having the option to use a wide range of communication methods will also ensure the assessment I complete will be more factually correct as the individual is the experts of their own lives (Social Care Wales, 2017).

The Learning Disability Team is a co-located team who work closely with health professionals as well as other agencies and services. The Social Services and Well-Being (Wales) Act 2014 places duties of cooperation, integration and partnership working on Local authorities. (Simcock & Castle, 2016) My knowledge base of the skills and way in which other agencies and services work has grown. I also feel more confident when sharing and contributing in discussions with co-workers such as Multi-Disciplinary Meetings. Over the next year I would like to continue to increase my confidence and skill set by researching and familiarising myself with new and existing legislation, policies and research, attend training and continue to discuss individual cases in formal supervision. This will ensure successful collaboration with co-workers, have a better understanding of the rights of the individual, and be able to advocate on their behalf's when needed.

(Word count = 541)

Section 3

Observation from an individual using services, their family and carers

*Guidance: A learner must choose an observation of **direct social work practice** with an individual using services, families and carers, and record it on the following pro-forma. The observation cannot be from giving evidence in court, contributing to strategy group meetings, case conferences or tribunals or any other indirect activity. The permission of the individual using services, their families and/or their carers must be sought before the observation is undertaken. The observation must be undertaken by an observer who is social work qualified and has at least 3 years experience (criteria set out in the Programme Handbook). The observation must be a minimum of 30 minutes long. The observer will gain feedback from the individual using services, their families and/or their carers using the pro forma below at the end of the visit.*

Although the learner can choose to use the proforma provided for gathering feedback, they are encouraged to make this as in-depth as possible, and to use a range of ways to gather it, depending on age, ability, and the needs of the individuals using services, their families or carers.

In completing this section, you should watch the 4 video clips of 'More than just words' on Moodle as these should help you think about your own experiences and to reflect on why language should be an integral part of assessment and service provision.

Observation Summary

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

Date of observation: 15th 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)

2 is an English speaking White Welsh woman in her early 20's living in a bilingual City in Wales. According to the 2011 census 46.6% of the non-student resident population speak Welsh, this is a low percentage compared to neighbouring towns (Office of National Statistics, 2011). 2 lives with her parents who are her main carers.

2 has a mild learning disability and has recently been experiencing symptoms of anxiety as well as a lack of

confidence in her abilities; however she has the potential and ability to learn and develop her independence skills. Due to her Learning Disability, 2 struggles with her higher level communication skills. This includes reasoning, seeing things from another person's perspective and needing more time to explain herself to others, this can cause significant frustration for 2. When communicating with 2 it can also be difficult to keep her focused on the topic being discussed.

A What Matters assessment has previously been completed with 2 and her parents, the needs of her parents were also included in the assessment. The Social Services and Well-Being (Wales) Act 2014 places a duty on Local Authorities to offer a carer's assessment to any carer where it appears that the carer may have needs for support (Welsh Government, 2014).

2's care and support plan has recently been reviewed and has been meeting the needs of 2 and her carers for the last 3 months. Despite this, 2 had become unhappy in one of her placements and this needed to be explored further. Therefore the purpose of this work with 2 was to complete a '*What Matters*' conversation, under the Social Services and Well-Being Act (2014) Wales with 2. The aim of the work was to highlight what is important to her and ensure the conversation follows a person centred approach. Using a person centred approach is important because all people will wish to achieve different aspects of well-being dependant on their own circumstances (Welsh Government, 2014).

(Word count = 326)

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 service user, families and/or carer. 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)

Prior to the visit I contacted 2 to arrange a suitable date and location and sought permission for my supervisor to observe my practice. As I have been 2's Social Worker for over a year I was aware of her choice of language as it was discussed during my initial visit and 2 does not speak Welsh. Despite this it is important to note the importance of offering the 'active offer'. 'More Than Just Words' is a Welsh Government Framework that states that all care providers in Wales must be able to offer Welsh language care services to the same standard as English (Welsh Government, 2014)

As a first language Welsh speaker I recognise the importance of having the choice of discussing personal and emotional matters in my first language. This will enable individuals to feel more comfortable and ensure a quality service that meets the needs of the individual. Language is at the heart of effective assessments, communication and safe care. Providing an 'Active Offer' recognises that effective communication is key to meeting the needs of Welsh-speaking individuals. This is particularly important when working with vulnerable people such as those with learning disabilities. Providing the individual with an 'Active offer' also co insides with the Social Services and Well Being (Wales) Act 2014 core aim to put the individual at the core of services.

I met with 2 at her day service, as this was her preferred location, and introduced my supervisor. I had previously asked for a private room however upon reflection, the room provided was distracting at times due to a couple of individuals walking in and out of the room. This had an impact on the flow of the conversation and 2's ability to follow the conversation.

As 2 had asked for a meeting I encouraged her to take lead on the topic of discussion. This is in line with the Social Services and Well Being (Wales) Act 2014 which promotes the 'voice and control', ensuring that the individual and their needs are at the centre of their care, giving them a voice in, and control over reaching the outcomes that are important to them in order to achieve well-being. Another main principle of the Act is 'co-production' and encouraging individuals to become more involved in shaping services. 2 shared that she was unhappy in one of her day services, however was not able to identify why. I reassured 2 that it was important that she had informed me that she felt unhappy and reassured her that we would be able to resolve the issue together. To support 2 to make sense of her feelings I encouraged her to think about the good and not so good things about the placement. This helped 2 identify what was she disliked about the day service and gave me a better understanding of how to support 2 to resolve the issue.

Due to 2's learning disability it is important to be aware of her communication skills in order to ensure her outcomes are met. The Royal College of Speech and Language Therapists (RCSLT) (2016) states that good communication ensures positive outcomes for individuals with a learning disability. According to the RCSLT it is important to remember that most people with a learning disability have some type of speech, language or communication difficulties and in some cases these can be hidden or overlooked. 2 is a very talkative person and it would be easy to believe that she does not have any issues with communication. However this is not the case. As discussed above 2 struggles with her higher-level communication skills and therefore finds it difficult to reason with others, see their perspective and needs more time to explain herself to others. With this in mind I ensured that 2 was given enough time to share everything that was worrying her as well as making sure I used simple language and avoided complex terminology. Williams and Evans (2013) state that effective communication and support is essential for individuals with communication needs to ensure they reach their full potential.

Having listened to 2's concerns, asking her to list the positive and negative things about the day service and keeping in mind 2's communication needs it became clear that 2 and another individual who attends the day service had had a disagreement. Throughout the discussion I reassured 2 that the situation could be resolved and the importance of sharing any issues with the support workers at the day service on the day. This is in line with the Social Care Wales Code of Professional Practice for Social Care Workers and promotes the voice and control of 2 whilst also supporting her to stay safe (Social Care Wales, 2017).

When communicating with 2 it can also be difficult to keep her focused on the topic being discussed. Before we were able to discuss possible solutions for the issue discussed above, 2 was ready to discuss something else. I did not interrupt 2 and instead made a note to return to the previous discussion once 2 had finished.

2 shared that she has been feeling 'anxious' lately due to her ongoing phobia of cats. 2 and I have previously discussed what it means to be anxious as due to her learning disability, she struggles with understanding emotions. I reassured 2 that a referral has been made to the psychology team and that they would be in touch that week to arrange an appointment to discuss this. I also reminded 2 that she could always discuss her feelings with her family, myself, support staff and college tutors. 2 shared that she felt better about this now and I therefore redirected the discussion back to the previous topic.

I continued to use a calm and reassuring tone throughout my visit. 2 can be very eager to please and I did not want to influence her wishes and feelings. I therefore used a person centred and strengths approach during this discussion. The strengths perspective has been widely used in learning disability services and can be seen as far back as the 1960's. Numerous writers have the importance of engaging with individuals with a learning disability as equals and how they benefit society (Brandon 1997, Neufeld, 1990 and Williams, 2006). Concentrating on 2's strengths will encourage 2 to recognise her own unique traits and talents and raises her confidence in decision-making. Using the strength's approach 2 could recognise that although she had been in a disagreement, she had dealt with the situation very positively. She had ignored the person, walked away and asked support staff for support. This encouraged 2 to realise that she would be able to deal with any further disagreements in the future and therefore did not want to leave the day service.

2 also wished to discuss the future and wanted to know what her options were once she was ready to move out and get her own tenancy. Again I used simple language, as this can become a complex subject. At one point during the discussion there was a need to adjust my language level as it became clear to me that 2 had not fully understood a question being asked. Once I reworded the question, 2 was able to fully follow the discussion. Due

to 2's ability to communicate well on a lower level she can at times be misunderstood as being more able than she is. The use of appropriate language is vital in ensuring that 2 has all the information needed available to make informed decisions regarding her care and support needs. 2 decided that she was not yet ready to further discuss moving out but would like to start working on independent living skills.

Word Count = 1285

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?	Yes, Linette was on time.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes, she asked me on the phone and also checked again when she arrived. Linette explained that Maria was there to observe her and that it was nothing to worry about.
Were you clear why the social worker met with you today?	Yes, Linette wanted to see if I was OK and see how I was getting on at different places.
How well prepared do you think, the social worker was for his or her meeting with you?	Linette has spoken to staff at the Day Services and College and also spoke to my mam. Linette had a worksheet from the Psychologist and understands that I have problems and that I'm scared of cats.
How has the social worker listened to you and respected your views and wishes?	Linette listens to me all the time, she gives me enough time to talk and comes to see me in work. Linette comes to meetings in college and finds out what I want. I need a lot of support.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Yes, I get trouble explaining myself and have speech difficulty. I can't express myself and I don't understand everything. I get anxious with cats and need support. Linette used language that I understood and she writes

	things down for me like appointments. I text Linette sometimes and ask if I can see her next day. I need a lot of support to get better and to understand more in my work place. My reading is not good and gone downhill. Linette writes simple sentences for me.
How has the social worker's involvement met your expectations for this visit?	Very good, Linette has said she will talk to the staff at College, Day service and Work placement to make sure that they support me.
Are there any other comments or suggestions that you would like to make?	Linette is a really good social worker and has helped my mam with me and is so kind. Linette is brilliant and is doing a good job.

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)

In this section I will be critically reflecting on a safeguarding case study based on an assessment. The case includes two individuals, a mother, who I will refer to as 1, and her daughter, who I will refer to as 2. I will discuss the legal background of the assessment, theories and models that informed my assessment and how working within a multi-agency approach benefited my assessment. I will discuss how the case relates to safeguarding legislation, safeguarding boards, policies, strategies and procedures as well as a reflective view of the dimensions of working in Wales.

In order to do this I will be using Gibbs' (1988) reflective cycle. Gibbs' reflective cycle will aid my reflection and encourage me to think systematically about the different phases of my work with 1; a description of what I am reflecting on, my feelings and thought about the experience, my evaluation of how things went, an analysis of the event, a conclusion and finally an action plan.

1 is a White Welsh Woman in her mid 40's, living in a City in Wales. 1 is an English speaker and does not speak Welsh although she can understand the language. 46.4% of non-student residents in the city speak Welsh (Office of National Statistics, 2011). 1 lives alone in a housing association house and works 4 different jobs. 1 has not been diagnosed with a learning disability, however due to her care and support needs and vulnerability has been previously open to the team.

2's daughter has been in serving 6 months in a youth offending prison for offences against her mother, these include physical, emotional and financial abuse. 2 has been receiving support from Youth justice Service by order of the court. 2 has recently turned 18 and as she had finished serving her sentence was no longer obligated to receive support from the team. 2 was offered support from the probation team, however refused this support.

My involvement with 1 began following a referral from the Youth justice service, as they were concerned about 1's safety following the release of her daughter in 2 weeks time. Once I received the referral I learnt that 1 had been previously open to the learning disabilities team, however refused an assessment for eligibility for the learning disabilities registered and stated that she did not need any support from social services. 1 is classed as an 'adult at risk' under part 7 of the Social Services and

Well Being (Wales) Act 2014. Under the act an adult at risk is defined as *'experiencing or is at risk of abuse or neglect, has needs for care and support (whether or not the authority is meeting any of those needs); and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.'*

I also learnt that 1 had been receiving support from a local domestic abuse service and was in regular contact with a member of the team. I contacted the team for more information and learnt that 1 was very worried at the moment and scared what may happen to her once her daughter's release. Due to information being shared by agencies, 1 was unhappy as she was frightened her daughter would find out that she testified against her in her previous court hearing.

Under section 126 (2) of the Social Services and Well Being (Wales) Act 2014, the local authority has a duty to make enquiries *'where reasonable suspicion exists that an adult is at risk of abuse or harm'*.

I made contact with 1 over the phone initially. I explained who I was and that I wanted to arrange a visit to discuss what was important to 1 and if there was anything myself or other agencies could do to support 1 following the release of her daughter. It became clear very early on that 1 had lost her trust in services, especially social services. She got very angry and started to talk about how she had been let down by services over the years. In Wales, all social workers must register with Social Care Wales and adhere to the code of practice. One of those seven codes includes acting with integrity and upholding public trust and confidence in the social care profession (Social Care Wales, 2017). With this in mind, I reassured 1 that I had not met her in the past, apologised that she felt she could not trust social services and again shared the reason for my visit. 1 agreed to a home visit with the presence of her support worker from the domestic abuse team.

During my visit with 1 she continued to share her feelings towards social services and how she has been let down over the years. Despite attempts to reassure she did not fully engage in the discussion and was visibly upset and angry. Myself and 1 completed a What Matter assessment under the social services and well being act (wales) 2014. 1 shared that her home and her work was important to her, she did not want others to know about her vulnerability as she was scared to loose her jobs. We discussed what would happen following the release of her daughter and ways in which we could safeguard 1, which included contacting the police for support. 1 agreed to hear what support the police had available but remained untrusting of their support.

I went on to explain the safeguarding procedures under the protection of vulnerable adults policy (POVA). I explained that 1 would have to consent and that if she decided to, a strategy meeting would be held with all agencies involved to discuss possible ways of safeguarding 1. 1 agreed although she said she did not think anything would be able to help and she would likely refuse any support offered.

Finally, I completed as assessment of capacity with 1 under the Mental Capacity Act (2005) due to 1's emotional state during the visit. Despite this, 1 was able to fully understand the potential risk her daughter imposes following her release and is aware of her right to refuse support even if this is deemed 'un-wise' by professionals (Department of Health 2005).

Following my visit I completed the POVA referral form and discussed my visit with my team leader who coordinates safeguarding referrals open to the learning disabilities team. A strategy meeting was then held under the 'Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse' (updated 2013) with representations from all agencies involved. Recommendations were made by the POVA coordinator and it was agreed that I would be best suited to discuss these with 1 with a member of the local police force.

I arranged another visit with 1 with a member of the police. 1 was unwilling to discuss the recommendations with myself and it became clear that she was not willing to accept support. 1 asked us to leave the property before we could continue.

Having discussed the above with my team leader it was agreed that I would case co-ordinate indirectly and reassess in a couple of weeks. The domestic abuse team continued to work with 1 and the police monitored the situation during 2's release.

In order to reflect on my feelings during this experience I used formal and informal supervision. Research completed by the Social Care Institute for Excellence (Scie) shows strong views from senior management about "supervision being the spine of a social care organisation and that staff must be supported in reflective practice" as well as important when building emotional resilience (Scie, 2013). I also received support from both my team leader and lead practitioner to try and understand 1's situation and why she felt unable to accept support. Community Care (2015) have conducted research to identify the policies, structures and support systems that can protect the wellbeing of social workers and help them practise effectively and sustainably. Evidence from the study shows that *'managers characteristics such as leadership style, support, consideration and empowerment strongly influence the wellbeing and performance of their staff and impact on absenteeism and retention'*.

Due to 1 having the capacity to make decisions regarding her health and welfare I felt powerless and unable to safeguard a vulnerable individual I had been allocated to support. Due to my professional values I was able to reflect on the importance of having the right to make our own decisions. Under the Human Rights Act (1998) 1 has the right to a *'private family life'* and the right to make *'un-wise decisions'* under the Mental Capacity Act (2005).

I also felt sorry for 1, she was a hard working women who felt let down by services so much that she was unable to accept support. I felt that I had let her down as I had failed to reduce her sense of distrust in services and I will reflect more on this in a latter stage of Gibbs' reflection cycle.

In order to evaluate my experience with 1 I wrote down what I felt went well, and what could have gone better. Due to the timescale of the referral and the impending release of 2 I was unable to build a rapport with 1 before discussing difficult issues. Young (2004) emphasises the importance of building a rapport with individuals in social work. As social workers we expect a great deal from individuals and often at times of crisis. Their current situation may make them feel frightened, angry, sad and humiliated and often wish they were not in the position to need support. In some situations, such as 1's, the individual may not have chosen to see a social worker and may be resistant or hostile and

expect the worst. As social workers we must enable individuals to give us the best possible information, regardless of time pressures and procedures required to complete. This is why social workers must be able to establish a rapport from the outset.

At the time it was decided that visiting with her support worker from the domestic abuse team, who 1 had a good rapport with, would resolve this issue. However it resulted in 1 losing trust in her support worker and disengaging further from services. Co working gave 1 the sense that agencies were discussing issues behind her back. Despite attempts to reassure 1 that her consent was needed before anything further could be discussed she did not believe me.

I feel that I reacted calmly and understandingly during my visit with 1. I listened to her whilst she was sharing information regarding past issues with social services and sympathised with her. I also reassured 1 that I had never met her before and that my only aim was to offer support. I do not feel that the support worker was very reassuring, she seemed scared of 1 and eager to please her. The support worker was in a position to speak positively about the support currently being offered, due to the strong rapport she has built with 1, however she did not take the opportunity to do this and I feel that this was a missed opportunity.

The work with 1 was left unresolved and I believe that this is largely to do with her own decision to refuse support from agencies. Having reflected with my lead practitioner in formal supervision I was able to understand 1's situation better by discussing and further researching power in social work, more specifically powerlessness. Maclean & Harrison (2015) state that many individuals experience a significant sense of powerlessness due to unwanted and significant changes in their lives, such as abuse. Maclean & Harrison continue by stating that an individual's powerlessness and lack of confidence is likely to lead them to believe that they are unable to change their life in a way they want to. The development of this view is termed 'learned helplessness'.

In order to better understand 1's situation I have used theories and research to reflect on my experience. Due to 1's care and support needs and vulnerability I have conducted research into outcomes for children with a parent with learning difficulties and further care and support needs.

In 2011 Mencap released 'Inclusive Support for Parents with a Learning Disability'. The paper outlines issues with parenting when one or more parent has a Learning Disability and how best to support them. The paper states that many parents with a learning disability face stereotyped beliefs that they are incapable of being good enough parents. Any parenting difficulties are usually blamed on their learning disability without considering other environmental or social factors. The paper shows that early intervention with parents with a learning disability improves outcomes for both parent and child. Parents with a learning disability can improve their parenting skills with support that is tailored to their needs.

A recent literature review, which focuses on the outcomes for children whose parents have a learning disability found that *'there is no consensus in the findings from studies reviewed about whether having a parent with intellectual disabilities [term used] inevitably results in poor child outcomes. Some studies suggest that these children will be disadvantaged by their parents' low intellectual capacity; others*

suggest that once other factors are taken into account, such as heightened risk in pregnancy and poor birth outcomes, poverty and troubled parental childhoods, and social isolation and stigma, child development approaches population norms.' (Collins and Llewellyn 2012 page 80)

This statement is useful to determine other factors that may have effected 1's ability as a parents and perhaps explain reasons why 2 behaves the way she does towards her mother, it was undertaken with children under 5 years old and therefore does not reflect on the experiences of older children or young people such as 2 and longer term outcomes. Mc Connell et al (2008) and Feldman (2002) also studied outcomes for children and their research suggested that children of parents with a learning disability are at risk of poor developmental outcomes. Both McConnell et al and Collins and Llewellyn suggest that children's outcomes differ depending on the individual family and are more likely to be linked to social isolation and stigma.

1 and 2 have had minimal support from social services. 1 and her daughter required more support due to 1's possible learning difficulties. Have been let down by services in the past. Research shows that when supported correctly with parenting early on. Parents with a learning disability can learn the skills needed to become a good parent. The support they have received came from children's teams with no knowledge of 1's support needs and therefore she was offered mainstream support such as parenting courses. If 1 would have received support tailored made to her needs from before 2 was born the families situation may be very different. 1 would have support on hand, easy read and visual ways of learning the skills needed to care for her child. In Wales, parenting assessments are not tailored made to suit a parent with a learning disability and in many cases specialist teams are not informed until after the parenting assessment has been completed and a court application made under the children act 1989. Cleaver and Nicholson (2005) recognise that Children's services are not experienced or adequately trained to work with parents with learning disabilities. Cleaver et al also claim that services are unable to provide pro-active and on-going support in a multi-agency manner to meet the needs of the parent and child.

It would also seem that 1 may have been fearful of asking for help with her parenting from professionals as a fear of losing her child. Traustadottir and Bjorg Sigurjonsdottir (2010) suggest that a parents resistance to seeking the support of services is their way of protecting their family.

In comparison to the UK, Denmark, have a provision for families with one or more parent with a learning disability, to receive continuous and comprehensive support. This has been proven to enrich lives and improve outcomes for both parent and child (Faureholm 2010).

Attachment theory could also be linked to 2's behaviour towards her mother. Attachment theory was first promoted by Bowlby in 1969 and has been research by many writers since. Attachment theory is widely used in Social Work in Wales to understand a person's situation and according to Maclean and Harrison (2015) is considered proved beyond reasonable doubt. All children are born with an innate need to feel wanted and loved by their parents. Not feeling such love could result in emotional hurt and the child engaging in a range of behaviours that re intended to get the parent to love them. These behaviours are often seen as counterproductive. Behaviours such as lashing out, getting into trouble at school or in 2's case being physically, emotionally and financially abusive towards her mother.

Ruptured attachments can also lead to a significant risk of the child finding relationships difficult, as well as poorer problem solving and coping skills throughout their life.

To conclude my reflection on the work completed with 1 I asked myself what else I could have done? What could I have done differently to ensure a more positive outcome for 1 and what I have learnt from the experience?

I believe that visiting with another agency that 1 had already built a rapport with may have been a misjudgement. Originally I felt that this would strengthen 1's trust in myself, however it left 1 feeling untrusting of the domestic abuse agency and therefore in a more vulnerable position than she was. Keeping myself unconnected in 1's view from this agency would have meant that 1 would still have a trusting relationship with her support worker who could continue to support even if 1 refused other support.

I have also learnt the importance of being aware of the power imbalance involved when working with an individual, especially one in a vulnerable position such as 1. Having spoken to other agencies and read 1's file before visiting I felt that I had a good understanding about 1's situation and life. This could have caused 1 to feel powerless due to not being able to fully share information. In 1965 Raven discussed the notion of 'informational power' and the phrase 'knowledge is power'. In social work, individuals may feel disempowered when a social worker seems to know everything about the individual and their lives. In the future I would still gather information before a visit, however would be mindful that the individual is the expert in their own lives and that sharing their story is important to regain power.

When allocated to make contact with 1 I was aware that my visit could potentially lead to a POVA referral and therefore researched the local authorities safeguarding policies and procedures under the Protection of Vulnerable Adults Policy and safeguarding duties under the Social Services and Well Being (Wales) Act 2014. Under section 126 of the Act, there is a duty on the local authority to make enquiries where reasonable suspicion exists that an adult or child is 'at risk' of abuse or harm. When abuse is reported there is a duty to make enquiries in order to decide with the police and any other agencies involved whether an investigation needs to take place. Such an investigation would follow the guidance set out in the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (January 2013). This would be a multi-agency collaboration to identify ways of safeguarding the individual considered to be 'at risk'.

Despite this experience not going any further than a strategy meeting, I had also researched the aim of the local adults safeguarding board. Under section 134 of the Social Services and Well Being (Wales) Act 2014 regional Safeguarding Adult boards are required. The objectives of these boards are to protect adults in its area who have care and support needs and are experiencing, or at risk of abuse or neglect and also to prevent these adults from becoming at risk of abuse or neglect. Having an understanding of safeguarding in Wales and the resources available to me with aid my practice in the future when safeguarding issues arise.

Having fully reflected on this experience and working with 1 I feel that I need to continue to develop confidence when working in complex situations such as safeguarding individuals. Having a better knowledge of the safeguarding procedures would be beneficial and I will discuss this with my lead practitioner. I also feel it would be beneficial to attend a further safeguarding training course.

I would also like to learn more about capacity and how it is linked to safeguarding adults. I intend to discuss this within formal supervision and discuss possible training with my team leader.

Having researched into the benefits of specialist support for parents with a learning disability, I would like to further research the topic and how different countries are supporting parents with a learning disability. I intend to continue to discuss this issue in supervision and with my colleagues and discuss better co-working with children's services to ensure better outcomes for parents and children in the future. I believe that having a person specialising in parents with learning disabilities completing parenting assessments and offering support from pre-birth would have benefited 1 and 2's lives.

The opportunity to experience more complex cases, especially those with safeguarding and capacity issues, and reflecting on those experiences will ensure my knowledge and skills continue to develop.

Word Count = 3687

Section 5

Safeguarding

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

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

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

'The welfare of the child is paramount' (Children Act 1989) is the underpinning legislative basis to safeguarding children, thus establishing a principal for all those who work with children and their families. Practitioners work with this in mind while working to protect children and young people from harm, being aware of current issues facing children and their families and balancing their right and any risks (Koubel, 2016).

Children's workers are coordinated by Safeguarding children's boards which is a statutory body that monitors and challenges partner agencies in safeguarding children in their area. Safeguarding Boards were set up following the introduction of the Children Act 2004, however since the implementation of the Social Services and Wellbeing Act 2014, the act now forms the basis of the new statutory framework for social care in Wales. The objective of these Safeguarding boards is to protect children in their areas who are experiencing or at risk of experiencing, harm abuse or neglect. The boards have a unique role to play in promoting safeguarding in their area, coordinate and ensure the effectiveness of work to protect and promote the welfare of children. Each board is made up of members from the local authority, chief officer of police, Local Health Board, NHS trust and probation.

The All Wales Child Protection Procedures (All Wales Child Protection Procedures Review Group, 2008) sets out child protection procedures for every safeguarding boards, these are divided into 5 parts. The context for child protection work, what to do if suspected that a child is being abused or at risk of abuse, procedures to follow once abuse or neglect has been reported, how to manage certain types of abuse, and finally protocol developed by the All Wales Child Protection Procedures Review Group since 2002.

In 2011 the Rights of Children and Young Persons (Wales) Measure made Wales the first country in the UK to incorporate the United Nations Convention of the Rights of the Child (UNCRC) into domestic law, meaning that all Welsh child policy and legislation has to take into account children's rights.

The Welsh government published its Programme for Children and Young People in 2015, which consists of 7 core aims, each of which are linked to the UNCRC.

The Social Services and Well-being (Wales) Act 2014 came into force in April 2016. The Act provides the legal framework for social service provision in Wales. Child protection concerns continue to be co-ordinated under s47 of the Children Act 1989, this includes the local authorities duties to consider whether action should be taken to safeguard or promote childrens welfare and when care proceeding should be initiated. Much of the Children Act 1989 still applies to Wales, however since the implementation of the Social Services and Well Being (Wales) Act 2014, part 3 of the Children Act, which relates to support fot children and families by local authorities under 'children in need', has been replaced in Wales by part 6 of the Social Services and Well-being (Wales) Act 2014.

The Social Services and Well-being (Wales) Act 2014 provides Wales with its own framework for social services. The Acts guiding principles include giving individuals more control over the care and support they receive and encourages a focus on prevention particularly early intervention. The implementation of the Act has also strengthened powers for safeguarding children in Wales.

Word Count = 553

Reflect on the difference between safeguarding in adult and childrens work

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

Adult safeguarding shares many similarities to safeguarding children. The same signs and symptoms of harm are relevant for both children and adults who may be at risk of harm. Despite this the law recognises that children and adults are different and should be treated differently and the whole construction of safeguarding adults is different. There is an assumption that children require safeguarding protection due to their age, inexperience and because of the environment and family dynamics in which they may live (Koubel, 2016).

Adults, however, in general have the right and capacity to make their own decisions unless assessed otherwise, even if these decisions are seen to be unwise by others. The abilities and capabilities of 'vulnerable' people in our communities are often overlooked because of their vulnerability and potential risks. Having their rights and liberty's removed could outweigh the risks that are perceived from 'unwise' decisions or actions.

Legislative power is one of the main differences between adults and children's safeguarding. Under the Children Act (1989) in Wales there is a provision for a child to be removed *'from the risk of significant harm'* through a court order, even if this is against the will of the child or family. However when it comes to safeguarding adults, the law assumes that an adult has the mental capacity to make their own decisions, even if those decisions appear 'unwise'. Therefore when safeguarding adults, the above can only be achieved if that individual has been assessed as having a mental illness and as being a danger to themselves or others under the Mental Capacity Act (2005) or having committed a crime. Attempting to remove an adult against their will when they are capacitated to make their own decisions would be unlawful under the Mental Capacity Act (2005) and the Human Rights Act (1998).

Therefore when working with adults, care professionals work on the basis of consent and confidentiality as adults have the right to privacy and confidentiality. Confidentiality also applies when working with children and young people, however is particularly important when working with adults.

The reporting process is another difference between child and adult safeguarding. Child protection concerns would be reported to children's services, these services adhere to interagency procedures drawn up by the Local Safeguarding Boards. Adult safeguarding concerns however are reported to adult social care and adult safeguarding is co-ordinated by Safeguarding Adult boards under the Social Services and Well Being (Wales) Act 2014.

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)

Gibbs (1988) states that it is not sufficient to have an experience alone in order to learn. Without reflection the experience may be forgotten and learning potential lost. Therefore in order to fully reflect upon the last 12 months in practice I intend to use the Borton's (1970) framework of reflection. The Framework encompasses three simple questions to asked following an experience or activity to be reflected on; What? So What? Now What? The framework has been criticised for being too simple (Maclean, 2017) however Jasper (2003) endorses the use of this model as it allows practitioner to reflect in the 'real world of practice', and as a result be analytical of their developing practice.

During the last 12 months I have continued to complete assessments along side individuals, their carers and other professionals under the Social Services and Well-Being (Wales) Act 2014. My confidence in analysing the information shared in assessments continues to grow. Attending training such as 'Theories, methods and models in practice' by Siobhan Maclean, as well as discussing theories in formal supervision has greatly impacted on my ability to understand individual's situations. As well as this it has given me the confidence to back up my decision making process in complex situations and truly advocate on behalf of the individual.

During assessments I have found that discussing theories to inform assessments with capacitated individuals and their carers beneficial. I have also received positive feedback from two carers that sharing theories to inform the individual's situation for which they care has been very beneficial. They felt able to empathise with the individual, to understand their situation, possible reasons for displaying behaviours of concern and the best way to support the individual to minimise such behaviour.

So what now? I would like to continue to develop my analytical skills by further researching theories and their use in Social Work practice. I will also continue to use theories in formal supervision and encourage the discussion of theories in the work place such as in monthly team meetings as well as sharing the benefit of discussing theories, methods and models with individuals and their carers where appropriate.

Following my first year in practice one of my learning outcomes was to continue to learn about alternative communication methods in order to support the individual to make their own decisions regarding their care. The Social Services and Well-Being (Wales) Act 2014 promotes a person centred approach and outlines that each person is an expert of their own lives (National Assembly for Wales, 2014). Therefore, in order to meet this learning need I have accessed 'Talking Mats' training, researched good practice as is outlined in the 'Five good Communication Standards', published by the Royal college of Speech and Language Therapists (RCSLT), as well as other research papers. I have also collaborated with other professionals and learnt that most people with a learning disability have some form of speech, language and communication difficulties. Good communication is proactive and ethical by giving the person a voice. It prevents the risk of reactive or unethical restrictive interventions for people with learning disabilities (RCSLT, 2016). Having used the 'talking mats' method with two individuals recently, I have received positive feedback from both individuals and their carers and been able to fully include the individual in their assessment and care planning.

Despite knowing more about the importance of good communication and some methods that can be used to encourage this, such as 'Talking Mats', I do not feel aware of many other techniques to include individuals who have communication difficulties within care and support planning and assessments. In order to continue to develop good communication skills I will research other methods and discuss with peers and colleagues. I will also continue to work collaboratively with other professionals such as Speech and Language Therapists and discuss further training options in formal supervision.

The final learning outcome following my first year in practice was to gain a better understanding of legislation, policies and procedures in order to inform practice in terms of working collaboratively with other services and agencies. Over the past 12 months i have had the opportunity to co-work with colleagues from the co-located health team on more complex cases, this has brought new challenges to practice but has provided the opportunity to reflect and learn on such experiences. I have had to research Acts such as the Mental Health Act (1983), the criteria and implications to the individual when sectioned under the Act. When working on more complex cases I have had to reflect on my personal and professional values, reflecting on these in supervision has continues to develop my understanding.

I have learnt that collaborative working is vital on such complex cases. Fox and Butler (2004) state that multi-agency working provides many benefits to the individual, such as increasing involvement of the individual and improving service delivery. Having worked with more complex individuals over the last year my understanding of the complex needs of people with learning disabilities have increased. I am more aware of how disabilities affect individuals on different levels. Following this year in practice I would like the opportunity to work with more complex individuals to continue to develop my understanding of capacity and adult safeguarding and how they affect each other in practice.

Word count = 879

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

Consolidation workshop	Date Attended
1 Outline Programme	03.05.17
2 Collaboration and Coproduction	12.07.17
3 Safeguarding	21.09.17
4 Personal Development Planning	30.01.18

Notes

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.

During my time as Linette's mentor she has built a set of skills based on knowledge and values. She has continued to learn and develop and has managed to work with a number of different individuals and families to assess and meet their needs.

The Social Services and Well-being Act (Wales) 2014 has had a significant impact on our work and the way we assess. Linette's assessments have always been Person Centred and over the last year she has been able to be more creative with her care plans ensuring they focus on what's important to the individual. The Care Plans have been outcome based and Linette has arranged a number of review meeting to see if each goal has been met.

During the last 12 months, Linette has been allocated a number of more complex cases. These involve working as part of a multi-disciplinary team, making best interest decisions when individuals lack capacity. Linette has worked well with the Learning Disability Health Team and has recently started working with the in-patient service to assess an individual that poses a significant risk to children. Linette has learnt more about the Mental Health Act and how and when it can be used to detain a person. Risk assessment have been an important part of her work in addition to recognising the individual's rights.

Linette has learnt more about funding services together with the local health board, and when necessary has challenged some decisions to advocate on behalf of an individual. Research and further understanding of the policies ensured that Linette had the confidence to share her concerns in a multi-disciplinary meeting.

Since qualifying Linette has discussed during supervision her interest in learning more about communicating with adults with learning disabilities. Linette has been able to work with our Speech and Language Therapist to develop her own skills and learn different methods of communication including the Talking Mats. By using different methods Linette gained a lot of information from individuals about their wishes and feelings.

During supervision Linette will always reflect on her practice especially following a difficult situation and will discuss different scenarios and how she could have responded or acted differently. Linette will ask for advice and will also ask for further training if relevant to her work which shows an eagerness to continue to develop. We have discussed different theories and how these impact our work. We have looked at Active Support and analysed some of the more 'institutionalised' services and discussed how we can use the progression model to enhance the individual's experiences and choices. Linette has been part of an investigation surrounding safeguarding concerns at a residential home. Linette was able to provide evidence during the investigation of neglect and worked with the multi-disciplinary team to improve the quality of life of a number of individuals.

The service user feedback was very positive, and I have observed Linette at meetings and on the phone with the individual on a number of occasions. The young person can be very demanding due to her anxieties and the need for constant reassurance. Linette is always very patient and has a great understanding of the young person's needs. Linette has worked with a number of different organisations to look at different services available for the young person including the advocate service. Linette recognises that each individual and their carers should be aware of their rights and what services are available to them.

It has been a pleasure to mentor Linette and see how well she has progressed and I'm certain she will continue to develop with each new opportunity.

Section 7

Bibliography

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.

Census (2011) *Office of National Statistics*. Accessed online at: <https://www.ons.gov.uk/help/localstatistics> (Accessed 2.1.18)

Community Care (2007) *The outcomes oriented approach and older people: Knowledge Zone*. Accessed online: <http://www.communitycare.co.uk/2007/01/10/the-outcomes-oriented-approach-and-older-people-knowledge-zone/> (4.4.17)

Community Care (2015) *How do good social work managers promote staff wellbeing?*

Collins, S & Llewellyn, G. (2012) Children of parents with intellectual disability: Facing Poor Outcomes or Fairing okay? *Journal of Intellectual and Developmental Disabilities* 37, 1, 65-82.

Cleaver, H. & Nicholson, D. (2008) *Parental learning disability and children's needs: family experiences and effective practice*. London, Jessica Kingsley.

Department of Health (2005). *Mental Capacity Act*. London, HMSO.

Faureholm, J. (2010) Children and their Life Experiences. In *Parents with intellectual disabilities, past, present and future* Eds G. Llewellyn, Traustadottir R., McConnell C. and Sigurjonsdottir H. B. (2010) Wiley Blackwell, West Sussex.

Accessed online (1.3.18) at: <http://www.communitycare.co.uk/2015/06/24/good-social-work-managers-promote-staffs-wellbeing/>

Fox, C. and Butler, G. (2004). 'Partnerships: where next?' *Community Safety Journal*, 3, 3, 36-44.

Feldman, M. A., Varghese, J., Ramsay, J., & Rajska, D. (2002) Relationships between social support, stress and mother-child interactions in mothers with intellectual disabilities *Journal of Applied Research in Intellectual Disabilities*. 15, 314-323.

Gibbs G (1988) *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit. Oxford Polytechnic: Oxford.

Jasper M (2003). *Beginning reflective practice*. Cheltenham: Nelson thorn

Koubel, G (2016) *Safeguarding Adults and Children*. Palgrave. London.

Llywodraeth Cymru (2014) *Social Services and Wellbeing Act (Wales)*. Wales

Maclean (2010) *Reflection Practice*. Great Britain.

MENCAP (2011). *Inclusive support for parents with a learning disability*. London

Milner, J and O'Byrne, P (2009) *Assessment in Social Work*. 3rd Edition. Basingstoke. Palgrave.

McConnell, D., Feldman M., Aunos, M & Prasada, N. (2011) Parental cognitive impairment and child maltreatment in Canada *Child Abuse & Neglect* 35 (621– 632).

Maclean, S. & Harrison, R. (2015) *Theory and Practice. A Straightforward Guide for Social Work Students*. Third Edition. Kirwin Macleans Associates. Great Britain.

National Assembly for Wales (2014) *Part 2 -Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to part 2 (General Functions) of the Social Services and Well-being (Wales) Act 2014*. Issued under Sections 145 and 169 of the Social Services and Well-being (Wales) Act 2014. (Accessed online at: <http://www.assembly.wales/Laid%20Documents/SUB-LD10420/SUB-LD10420-e.pdf> on 16.07.17)

Royal College of Speech and Language Therapists (2016) *Five Good Communication Standards*. RCSLT. London.

Simcock, P & Castle, R (2016) *Social Work and disability*. Polity Press. Cambridge

Social Care Wales (2017). *The Social Worker*. Llywodraeth Cymru. Caerdydd

Social Care Wales (2014) *More Than Just Words*. Cardiff.

Social Care Wales (2017) *Code of Professional Practice for Social Care Workers*. Accessed online (1.3.18) at: https://socialcare.wales/cms_assets/file-uploads/Code-of-Professional-Practice-for-Social-Care-web-version.pdf

Social Care Institute for Excellence (Scie) (2013) *How supervision can help care workers improve their practice*. Accessed online (3.3.18) at:

<http://www.communitycare.co.uk/2013/02/18/how-supervision-can-help-care-workers-improve-their-practice/>

University of West England (2004) *Rapport building*. Accessed online (3.3.18) at:

<http://learntech.uwe.ac.uk/communicationskills/Default.aspx?pageid=1381>

Williams, p & Evans, M (2013) *Social Work with People with Learning Difficulties*. Sage. London.

Young Peter *Understanding NPL, Principles and Practice*, (2nd ed 2004) Crown House Publishing, UK

Section 8

Learner details, Signatures and Line manager verification

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

Learner Details

(NB it is essential that you inform your Workforce Development/Training Unit **and** the University of Wales Trinity Saint David if your name or your address for correspondence changes).

1. Name of Learner: Linette Gwilym

2. Learner's University Number: 1605003

Address for Correspondence:

**Llys Awen,
Station road,
Llanrug,
Caernarfon,
LL55 4BA**

Telephone: 07545168413

E-mail: linettegwilym@hotmail.com

Date of Professional Qualification: June 2016

Date of registration with Care Council for Wales: June 2016

3. Name of Learner's Agency: Gwynedd Learning Disabilities Team

Agency Contact details:

Name: Helen Fon Owen

**Address:
Learning Disabilities Team
Gwynedd Council
Penrallt
Caernarfon
LL55 5BN**

Telephone Number: 01286 682 751

E-Mail address: HelenFonOwen@gwynedd.llyw.cymru

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: Maria Jones

Address:

Learning Disabilities Team

Gwynedd Council

Penrallt

Caernarfon

LL55 5BN

Telephone Number: 01286 682 751

E-Mail address: MariaJones@gwynedd.llyw.cymru

6. Observer details

Name: Maria Jones

Work Address: As above

Professional Qualification and date of qualification: DIPSW 2014

Email and telephone number: As above

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:

Address:

Telephone Number:

E-Mail address:

6. Observer details

Name:

Work Address:

Professional Qualification and date of qualification: DIPSW 2004

Email and telephone number:

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: h. Annlym (Learner)

Date: 13.3.18

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 service users and/or carers above are about the same piece of practice that I observed on the date given.

Signed: M Jones (Observer)

Date: 13/3/18

Line manager verification

Guidance: This section must be completed and signed by the learner's line manager or senior practitioner. He/she should be a registered social worker who is familiar with safeguarding work, can verify that the learner has been involved with the case evidenced in section 4 of the portfolio, and has also met all other required criteria listed.

In this section, please confirm that you have seen sufficient of the learner's work during the period they have been undertaking the Consolidation programme. If necessary, please consult with other managers that the learner has worked for. In signing this section, you are confirming that you are content with the:

- level of supervision and mentoring support received by the learner
- learning and development undertaken
- reading and personal research undertaken

- level of knowledge and skills demonstrated
- understanding shown of the Code of Practice and National Occupational Standards
- core values of the learner
- content of the development plan within the portfolio
- work and commentary referred to within the portfolio, that it is the learner's own work and based on current practice

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

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: Maria Jones

SIGNATURE OF LINE MANAGER.: M Jones

DATE: 13/3/18

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	
Name of Team/Agency	
Name of Mentor	
Name of Line Manager	

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 the Care Council for Wales has made completion of the programme a requirement within the first (three year) period of registration as a Social Worker.

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.

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	Linette Gwilym
Name of Team/Agency	Gwynedd Learning Disabilities Team
Name of Mentor	Maria Jones
Name of Line Manager	Maria Jones

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.

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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 the Care Council for Wales.

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: L. Cwilym Print Name: Linette Cwilym Date: 13/3/18
(Learner)

Signed: M Jones Print Name: MARIA JONES Date: 13/3/18
(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

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 the Care Council for Wales.

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.