

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)**

Learner's name: Aled Evans

**Learner's University Registration Number:
1604959**

**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 Social Care Wales, for the Consolidation programme, including:

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

Contents

Portfolio Section	Topic	Task no.
1	Contents page	
2	Developmental Review	1
3	Observation and feedback	2
4	Safeguarding and working in complex situations – Case Study	3
5	Safeguarding	4
6	Developmental Review	1
7	Bibliography	
8	Learner details, Signatures and Line manager verification	
9	Learner and Employer Learning Agreement	

Section 2

Developmental review (a)

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

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

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

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

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

- *Working collaboratively with service users and carers*

Working collaboratively with Other Professionals

- *Applying analysis in assessment to inform interventions*
- *Intervention and application of professional judgement in increasingly complex situations*

The three learning needs that I consider most important to prioritise and develop are risk, the Trieste Model, and suicide prevention and mitigation of self-harm. I will present the reasons why I feel this development is necessary, and discuss the methods I intend to use to facilitate this development. I have chosen the Borton Reflection Model as the most appropriate with which to critically reflect on my current progress and assist me in identifying my chosen outcomes (Nottingham.ac.uk).

Working within the Community Mental Health Team (CMHT), risk is apparent within the majority of interventions we undertake when assessing and supporting individuals. Individuals who come into our service may pose a risk to themselves or to others, including professionals. Assessment of risk is a key aspect of my practice on a daily basis; in formal assessment situations and in day to day interactions with service users in all aspects of their care.

Hothersall and Maas-Lowit (2011) state that “those deemed to be at risk, be they individuals or the public at large, are afforded protection”. Therefore the more I develop my understanding of risk, the better placed I will be to analyse the information available in order to form professional judgements which maintain a balance between care versus control. As a social care practitioner I have a duty to protect both the service user and the public, whilst also promoting the service users choice and wishes as far as is safely possible. It is important to work in partnership with service users and to discuss their preferred outcomes. However, it is also important to be able to sensitively address

unrealistic or unsafe choices and encourage service users to consider suitable alternatives. Developing my knowledge of risk would assist me in this task. It would also enable me to better advocate for service users within multidisciplinary settings, where other practitioners may be more risk-averse.

I currently practice within a local authority and health board that is in the process of implementing a new model for mental health services. The Trieste model is very much a person centred model. It advocates that professionals should ensure the service user, rather than the diagnostic label, is at the centre of the treatment and care. It takes a holistic approach, recognising that wellbeing, citizenship and contribution to society play as vital a role within one's recovery and lifestyle as management of mental health difficulties through conventional treatment (Portacolone et al., 2015). Therefore, I have identified this as a learning need as I feel I need to develop a greater insight in order to be able to practice in concordance with the new model.

I would like to develop my knowledge around suicide prevention and mitigation of self-harm mitigation. Clearly risk is a key part of this area of work and the two overlap considerably. Developing my knowledge in this area is something which will serve me well in my ongoing practice, particularly within my current team who deal with such difficulties on a daily basis.

In order to improve my skills and knowledge base in the areas discussed above, I will seek and engage with relevant training courses. This is my preferred method as I feel I learn more effectively this way, rather than conducting research on an individual basis.

Word count – 543

References;

- Nottingham.ac.uk. (2017). Driscoll (by Borton). [online] Available at: http://www.nottingham.ac.uk/nmp/sonet/rlos/placs/critical_reflection/models/driscoll.html [Accessed 14 Sep. 2017]
- Hothersall, S. and Maas-Lowit, M. (2011). Need, risk and protection in social work practice. Exeter (England): Learning Matters, p.23.
- Portacolone, E., Segal, S., Mezzina, R., Scheper-Hughes, N. and Okin, R. (2015). A Tale of Two Cities: The Exploration of the Trieste Public Psychiatry Model in San Francisco. *Culture, Medicine, and Psychiatry*, 39(4), pp.680-697.

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: 19.4.17

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)

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? Translation - Oedd y gweithiwr cymdeithasol ar amser? Os oedd oedi wnaeth ef/hi gysylltu â chi?	Oedd.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed? Translation - A wnaeth y gweithiwr cymdeithasol gael eich caniatâd i'r arsyllwr fod yn bresennol? A wnaethon nhw esbonio pam eu bod yn cael eu harsyllu?	Gofynnodd ganiatad cyn dechrau.
Were you clear why the social worker met with you today? Translation - Oeddech chi yn glir pam fod y gweithiwr cymdeithasol	Roeddwn wedi derbyn gwybodaeth gan y gweithiwr cymdeithasol cyn yr ymweliad.

wedi eich cyfarfod heddiw?	
How well prepared do you think, the social worker was for his or her meeting with you? Translation - Yn eich barn chi, pa mor dda oedd y gweithiwr cymdeithasol wedi paratoi ar gyfer y cyfarfod gyda chi?	
How has the social worker listened to you and respected your views and wishes? Translation - Ydy'r gweithiwr cymdeithasol wedi gwrandao arnoch chi gan barchu eich barn a'ch dymuniadau?	Ofnadwy o dda a 'over and above'. Cerddodd Aled mewn a gwnaeth gysylltiad da yn syth. Roedd wedi meddwl am bopeth.
Did the social worker talk to you in a way that you understood? Did you understand the language they used? Translation - A wnaeth y gweithiwr cymdeithasol siarad gyda chi mewn ffordd yr oeddech yn ei ddeall? Oeddech chi'n deall yr iaith y gwnaethant ei defnyddio?	Mae Aled yn Gymro glan a defnyddiodd iaith rwyn yn ei ddeall.

How has the social worker's involvement met your expectations for this visit? Translation - Sut mae rhan y gweithiwr cymdeithasol wedi cwrdd gyda'ch disgwyliadau o'r ymweliad?	
Are there any other comments or suggestions that you would like to make? Translation - A oes unrhyw sylwadau neu awgrymiadau eraill yr hoffech eu gwneud?	Ers dechreuodd Aled rwyf yn teimlo ei fod yn edrych ar bopeth. Rwyf yn medru siarad yn agored gyda Aled. Mae'n ifanc ac yn gweld petthau o safbwyntiau gwahanol gyda llygaid ffresh. Gofalwr –Mae'r gefnogaeth y derbyniwn gan Aled yn eithriadol ac yn gyson drwy'r amser. Ar adegau teimlaf yn ynysig fel gofalwr, ond mae cefnogaeth Aled yn arbennig pan rwyf ei angen.

*A learner must choose an observation of direct **social work practice** within an individual using services, family 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 direct 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 and 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 individual 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 experience and to reflect on why language should be an integral part of assessment and service provision.

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.

The objective was to undertake a capacity assessment with a service user as the service user wished to purchase mobility equipment. The service user was under court of protection, due to having been assessed as lacking capacity to manage finances. An assessment was required to determine capacity specifically in relation to the purchase in question. This assessment was delivered through the medium of Welsh. I shall identify the service user as 1.

The Mental Capacity Act 2005 indicates that “it is important to do everything practical to help a person make a decision for themselves” (Mental Capacity Act 2005 Code of Practice) (MCA 2005 CoP). Therefore, I had chosen to undertake the assessment in 1’s placement. The Act also advises to “find out how the person is used to communicating” (MCA 2005 CoP). In this instance, I chose to do the assessment through the medium of Welsh, as this is 1’s first language, and he is more comfortable using Welsh than English. More than Just Words video regarding Wyn Gruffydd’s father having difficulty answering questions in English due to Welsh being his first language (Moodle.uwtsd.ac.uk).

Reflecting upon the Welsh Language Act 1993 (Legislation.gov.uk), giving 1 the option of communicating in the language of his choice, ensures Welsh has an equal footing with the English language and the Welsh Language Strategic Framework (Gov.wales) that would promote 1’s right to receiving a service in Welsh.

This ensures practitioners promote the active offer of a service being delivered through the service user’s preference. The Welsh Language Act 1967 (Legislation.gov.uk) also promotes the rights for service users and the public in general to receive Welsh legal correspondence.

Rurality can provide an obstacle to accessing services through the Welsh language, depending on resources, the ability and availability of Welsh speaking practitioners. The requirement for a Welsh speaking practitioner or translator might resulting in such interventions not being completed within appropriate time frames, increasing the frequency of unmet needs or a delay in needs being met.

Word count – 330

References:

- Mental Capacity Act 2005 code of practice. (2007). London: Stationery Office.
- Legislation.gov.uk. (2017). *Welsh Language Act 1993*. [online] Available at: <https://www.legislation.gov.uk/ukpga/1993/38/contents> [Accessed 14 Sep. 2017].
- Moodle.uwtsd.ac.uk. (2018). *UWTSD Moodle 17/18: Log in to the site*. [online] Available at: <https://moodle.uwtsd.ac.uk/mod/page/view.php?id=34367> [Accessed 11 Feb. 2018].
- Gov.wales. (2017). *Welsh Government|More than just words.... Follow-on strategic framework for Welsh language services in health, social services and social care*. [online] Available at: <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en> [Accessed 10 Oct. 2017].
- Legislation.gov.uk. (2017). *Welsh Language Act 1967*. [online] Available at: <http://www.legislation.gov.uk/ukpga/1967/66/enacted> [Accessed 14 Sep. 2017].

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)

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.

In describing the observation I shall reference geographical, legislative, cultural, ethnic and language context. I shall then discuss the communication skills and method that was considered and required for the observation. I will also consider the efficacy of such communication skills and methods and the additional factors that required consideration in order to promote the success of my approach. I will refer to various legislation, guidance and strategic frameworks that underpin a practitioner’s practice and enable such practitioners to deliver high standards of practice. I shall also use the Borton reflection model (Physio-pedia.com), to critically reflect throughout the essay and introduce my personal experience in relation to communication and the Welsh context.

The purpose of the piece of work observed was to undertake a capacity assessment, to establish whether 1 understood the implications of purchasing mobility equipment. This was necessary as a previous capacity assessment had resulted in 1 being made subject to the court of protection. Capacity is however, decision specific, therefore it should not be assumed that he could not make a decision on this occasion. The Mental Capacity Act 2005 explains that an individual must not be treated as not being able to make a decision unless all practicable steps to help the person to do so have been taken. 1 currently resides in an adult placement which is located in a rural part of the locality where the Welsh language and culture is still considered strong within the community. 1’s first language is Welsh, and he had 1 expressed a preference to receive a service in Welsh. This was captured via the local authority’s use of the Welsh government framework More than just words, which encourages local authorities to promote the active offer in order to ensure numbers of individuals requesting a Welsh

service are appropriately recorded. A Welsh-speaking practitioner or translator was therefore required to work with 1 through the task in question. This would ensure his choice of language preference was respected, and would offer him the best possible opportunity to fully express his ability to make capacitous choices regarding the specific subject in question. The Code of Practice explains the importance of completing a capacity assessment within the time and location deemed most appropriate for the service user. It is fundamental to ensure service users wishes are met, in this case being the language preference, however such wishes can become difficult to fulfil due to the rurality and resources allocated to this area, and the limited availability of Welsh speaking professionals who could instantly respond to such a preference. This was the case for 1, as he lives in county with a high population of Welsh speakers.

It is fundamental to consider the importance of the language and also the likelihood of a service user requesting a Welsh service. The rurality of a location can make this difficult at times and decreases the likelihood of the service being delivered within agreed timeframes. Furthermore, legislation such as the Welsh Language Act 1993 ([Legislation.gov.uk](http://legislation.gov.uk)) and the Welsh Language Act 1967 ([Legislation.gov.uk](http://legislation.gov.uk)) places the Welsh language on an equal footing with the English language and also places a duty upon the local authority to offer Welsh correspondence to be through the medium of Welsh.

The Welsh Language Strategic Framework (Gov.wales) promotes frontline professionals to offer a Welsh language service but also explains the importance of the active offer, which places a duty upon the local authorities to advertise the availability of a service through the medium of Welsh, without relying on the public having to ask for such a service. Such services may not be delivered within desired time frames, as stated above, due to the limitations in resources available to the local authority. Reflecting on the above I can recall my own personal experience as a child when I requested a Welsh service from my GP practice. At a younger age I was only able to fully express my thoughts and feelings through the medium of Welsh, therefore requested a Welsh speaking doctor. This was granted but did result in a delay in my

being seen. Further reflecting on my experience and also the more than just words videos (Dysgu.ydds.ac.uk), Guto had presented difficulty expressing his wishes and thoughts through a second language where he would have been able to effectively express his wishes and thoughts if a Welsh service would be made available to Guto.

The object of the task had been achieved and was also successful, as it concluded 1 had the ability and capacity to make the choice of purchasing the mobility equipment. As I ensured 1's choice of language preference was met, I also felt that gathering the view, thoughts and feelings of 1 would best be obtained through his first language. By understanding Argyle's Communication Cycle (Markedbyteachers.com), I could understand that in order for dialogue of conversation to occur, 1 would have to decode what I was communicating, understand the purpose of the communication and be able to respond appropriately to the information relayed. Therefore, by ensuring that I attempt to reduce the obstacles that could be present, obstacles being language and complexity of information, this helped to achieve the desired outcome. I could also reflect how 1 would not only present verbal acknowledgement of receiving the relayed information but also the non-verbal communication that was presented, this being through facial expression and body language. This further provided me with insight of 1 actually being successful of decoding and understanding my message, where it gave me the insight to deliver the information in a different form of wording or providing additional clarity.

I further reflect on the importance of observation, in respect of communication skills, as explained within Communication and interpersonal skills in social work; the importance of observation skills in particular to service users who may not be able to verbally communicate the answer or conclusion and instead present non-verbal communication that can be captured through observations (Koprowska, 2008). Understanding that non-verbal communication is important, verbal communication is also considered important, this being talking and listening skills.

The theory of Task-centred work had worked well within this task due to being able to support 1 to concentrate on the task, the reasoning of the task and informing 1 of the possible outcomes of the assessment. This also assisted 1 to concentrate on the task by reducing the chances of confusion or anxiety being introduced, this again promoting 1's chances of displaying his ability to present his capacity around the subject that was being discussed.

In reflection, the above theory had worked well but the success of the task had been dependent on the implementation of the MCA Code of Practice. I could also identify the use of Strength Approaches within the practice, as I identified that communicating in Welsh was a strength of 1's which I was able build upon, ensuring he could present his skill and ability to decipher information and weigh up decisions, thus presenting his capacity around the subject in question.

By reflecting upon the above, I felt that the task had been successful due to the implemented factors. It may not have been successful if I hadn't incorporated other factors into my practice, including the Codes of Professional Practice (Socialcare.wales) in particular code 3 and 4, and the National Occupational Standards (Socialcare.wales), section 9, sub-section P1, P2, P3 and P4. Such factors ensure that practitioners like myself deliver the correct and high standards of social work practice the public should rightfully receive. Again, it is possible for a practitioner to implement the skills, legislation and knowledge stated above but if the practitioner does not consider guidance set out in both the codes of professional practice and national occupational standards, then there is a higher risk of poor practice occurring.

Word count – 1294

References:

- Physio-pedia.com. (2017). *Borton's Development Framework - Physiopedia*. [online] Available at: https://www.physio-pedia.com/Borton%27s_Development_Framework [Accessed 21 Sep. 2017].
- Mental Capacity Act 2005. (2007). London: TSO, pp.29-30.
- Legislation.gov.uk. (2017). *Welsh Language Act 1993*. [online] Available at: <https://www.legislation.gov.uk/ukpga/1993/38/contents> [Accessed 14 Sep. 2017].
- Legislation.gov.uk. (2017). *Welsh Language Act 1967*. [online] Available at: <http://www.legislation.gov.uk/ukpga/1967/66/enacted> [Accessed 14 Sep. 2017].
- Gov.wales. (2017). *Welsh Government|More than just words.... Follow-on strategic framework for Welsh language services in health, social services and social care*. [online] Available at: <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en> [Accessed 10 Oct. 2017].
- Dysgu.ydds.ac.uk. (2017). *UWTSD Moodle 16/17: Log in to the site*. [online] Available at: <http://dysgu.ydds.ac.uk/mod/page/view.php?id=175059> [Accessed 10 Oct. 2017].
- Markedbyteachers.com. (2017). *Developing Effective Communications in Health and Social Care - GCSE Health and Social Care - Marked by Teachers.com*. [online] Available at: <http://www.markedbyteachers.com/gcse/health-and-social-care/developing-effective-communications-in-health-and-social-care.html> [Accessed 10 Oct. 2017].

- Koprowska, J. (2008). *Communication and interpersonal skills in social work*. 2nd ed. Exeter: Learning Matters.
- Socialcare.wales. (2017). *Information for workers | Social Care Wales*. [online] Available at: <https://socialcare.wales/basic-content-page/information-for-workers> [Accessed 21 Sep. 2017].
- Socialcare.wales. (2017). *National Occupational Standards (NOS) | Social Care Wales*. [online] Available at: <https://socialcare.wales/learning-and-development/national-occupational-standards-nos> [Accessed 11 Nov. 2017].

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)

*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 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.*

In regard to the question presented, I shall present the definition of adult at risk and abuse, including the different forms of abuse with possible signs that could indicate such abuse. I shall then briefly outline the case study relating to a situation in which it was necessary for me to implement various interventions to ensure the safeguarding of two adults at risk. I will discuss the legislation that governs and guides my practice, including legislation inherited from international agencies such as the European Convention on Human Rights, that influences practice within the United Kingdom. I will then discuss the theories that underpinned my practice, the code of professional practice and national occupational standards that ensure practitioners deliver a correct service to a high standard. I will demonstrate how the Welsh context plays a significant part within this situation and influences practice. I will also reflect on my personal experience with regard to the impact Welsh context has had on myself. I will utilise the Borton model (Nottingham.ac.uk) of critical reflection to discuss each subject and consider relevant issues. I will identify the alleged abuser as perpetrator or 1, and the adult at risk as 2 or victim.

The Social Services Wellbeing (Wales) Act 2014 defines an adult at risk as “an individual who is 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” (legislation.gov.uk). This provides a clear definition of an adult at risk which clearly informs professionals and involved parties. By providing such a clear definition, it ensures all parties understand the definition and encourages those parties to report such risk or abuse to the local authority, who are then duty bound to investigate the

allegation. The definition of abuse is also situated within the Act, which states that abuse “means physical, sexual, psychological, emotional or financial abuse” (legislation.gov.uk). This again provides a clear definition for all concerned parties and this can be seen as a prompt for such parties to reporting their concerns. Because of the duty placed by the legislation on all individuals to report such risks or abuse to the local authority, it is important that concerned parties understand the definition of adult at risk and abuse, and the different types of abuse. It is also important for concerned parties to understand signs and symptoms of abuse occurring, in order to be able to recognise it when they see it. The Social Care Institute for Excellence (Scie.org.uk) presents not only the types of abuse but also the possible signs and behaviour associated with such abuse, from isolation and physical injuries to psychological changes manifest by changes in behaviour and/or character.

In order to answer the question provided, I have chosen a case I worked on, where the perpetrator, identified as 1 and the victim, identified as 2 were husband and wife. The types of abuse that occurred within this situation were physical and emotional abuse, as the perpetrator had assaulted the victim, held a knife to the victim and had also presented verbal abuse towards the victim. Assisting both the victim and perpetrator proved to be complex and difficult due to the perpetrator’s mental health difficulties, the victim’s learning disability diagnosis and its impact upon the victim’s cognition and capacity. It was obvious towards the end of the safeguarding investigations that 1’s mental health and life stressors were contributory factors in his abusive behavior, but this does not excuse his actions or behavior. I shall discuss the case further by considering the complexities that were involved, along with various laws and policies that underpin social work practice.

There is various legislation that would govern safeguarding and the work of a practitioner in cases where adults are suspected to be at risk. Firstly, the Social Services and Well-being (Wales) Act 2014 (SSWBA 2014) (Legislation.gov.uk) can be considered the most relevant. The Act stipulates that one of the domains within the term wellbeing is ‘protection from abuse and neglect’. The Act sets out the duty of local

authority to ensure services are available to stop such abuse and neglect and prevent any recurrence. Furthermore, it explains how a duty is placed upon the local authority (Section 126(2)) to make enquiries when concerns arise, and to safeguard an adult at risk of, or experiencing, abuse and neglect. The Act further emphasizes the importance of partnership working occurring between the authorities and organisations involved where safeguarding concerns have arisen; i.e. the National Health Service, Police, Education department and so on.

The Data Protection Act 1998 (DPA 1998) also played a significant role in this case. Both partners were supported by their extended families and were in receipt of care and support provided by various organisations. Neither party wished to disclose any information to their extended families, making it very difficult to include them in the safeguarding investigation. After many discussions with both the families and involved professionals, consent was given by both 1 and 2 to make their extended families aware of the situation. It was also discussed within the professional meetings how such risks would need to be shared with appropriate individuals, regardless of consent. Consent was again given prior to the sharing of information but such information sharing may not have needed consent for sharing to continue. Such information was of course shared via a safeguarding referral and a MARAC (Multi Agency Risk Assessment Conference) in order to ensure all relevant support and tasks were actioned.

Section 7 of the DPA 1998 (Legislation.gov.uk, 2018) states that consent is not required to share information in situations where there is deemed to be a risk of potential harm to self or others, as the withholding of such information may increase that risk.

The outcome of the safeguarding strategy meeting was for additional support to be provided. Both 1 and 2 were happy to receive support from the local authority and health service but did not wish for additional organisations to be involved. There were various organisations involved within this case, such as an organisation that provided daily activities and functioning support to 2, where additional funds were in place for the provision of a set amount of hourly support per week. This would provide a further

safeguard, offering both parties an additional opportunity to discuss their thoughts and feelings with the professionals involved during visits and other activities. The Human Rights Act 1998 also gives important rights to both 1 and 2 but can also be a source of complexity in practice. Article 8 provides a right for individual such as 1 and 2 to have a private and family life, home and correspondence (Equalityhumanrights.com).

Therefore it was important to ensure that practitioners like myself sought and respected their wishes and desires. This can result in an ethical dilemma in finding the right balance between protecting an individual's right to privacy, and ensuring their safety and wellbeing.

The European Convention on Human Rights governs 47 countries to ensure the countries in question abide by the Human Rights Act. The countries had signed the international treaty to ensure that the rights of individuals residing within each respective country are protected. In comparison, there are countries that have not signed the treaty and which do not have any form of human rights legislation within their constitution, resulting in individuals not having the same rights that are promoted for individuals within the countries that have signed the international treaty.

The Mental Capacity Act 2005 (MCA 2005) also found its place within this case. Due to 1's mental health difficulties and 2's learning disability, capacity was questioned in relation to whether 1 and 2 understood the risks of continuing to reside together. Principle 1 of the MCA 2005 outlines the principle of assumed capacity; that is "a person must be assumed to have capacity unless it is established that they lack capacity" (Legislation.gov.uk). Therefore, a capacity assessment was undertaken. 1 was deemed to have capacity to understand of the consequence of his actions. 2 was eventually assessed as having capacity to understand the consequences of remaining in such an environment but the assessment process in her case was much slower and required much more detailed and rigorous explanation of the concerns involved, in order to ensure that she definitely understood and was able make a decision based on that understanding. The MCA 2005 further states that "a person is not to be treated as

unable to make a decision unless all practical steps to help him to do so have been taken without success” (Legislation.gov.uk). As the information was shared with family members, 2 presented the capacity to weight up the information and present understanding if 2 was to continue residing with 1 and the possibility of such occurrences happening again. The MCA 2005 also explains the importance of fair assessment and ensuring all practical steps are made possible to promote one’s ability to present capacity but the Equality Act 2010 (Equalityhumanrights.com) also plays an important role. The Act ensures that all individuals are treated equally within 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In this case, practitioners must ensure that mental health of learning disability difficulties do not impede a practitioner’s opinion in regard of an individual having capacity or not.

As 1 was under the care of the Community Mental Health Team, the Mental Health Act 1983 would partly govern the team’s actions. 1 had voiced ideations of suicidality and auditory hallucinations. After much discussion with a psychiatrist, I concluded that it was not necessary for 1 to be admitted to psychiatric ward, as he had identified protective factors, such as 2 and his extended family. 1 felt he could not action any suicidal thoughts due to his caring responsibilities towards them. Instead, I made the decision to involve of the Crisis Resolution Home Treatment Team (CRHTT) to provide additional support by offering daily contact for an agreed period, to ensure the individual’s safety within the community in respect of his suicidal thoughts.

It is also important to provide consideration to the Welsh Language Strategic Framework. This ensures that local authorities in Wales provide what is known as an active offer. This means that local authorities offer a service through the medium of Welsh but also to invite the public to choose a service through the Welsh language indirectly. Thus, it is important to advertise the availability of a Welsh service rather than relying on service users to ask for it. The Welsh Language Act 1967 and the Welsh Language Act 1993 places the welsh language on an equal basis with the English language and also places a duty upon the local authority to offer correspondence in the

medium of Welsh. In this instance, neither individual wished to receive services or correspondence through the medium of Welsh.

Being situated within a county that can be considered as rural, it was fortunate enough that 1 and 2 also resided within a town where services were available to assist both parties. Meeting such needs can sometimes prove difficult due to the rurality of the locality, where there may be a delay or lack of such services. The above situation should not be based on being fortunate depending on one's residing locality, what is sometimes referred to as a postcode lottery, but such a difficulty continues to occur depending on where the service user resides, particularly when residing in a rural area. I have experienced such difficulties personally, when it was not possible for me to attend a GP appointment due to rurality and transport difficulties. Due to living in a rural location and relying on public transport, I had missed my GP appointment due to public transport not being available. A further appointment was not then available for another two weeks. This is an example of my needs not being met due to rurality and lack of available services. In relation to such a difficulty, the Well-being of Future Generations (Wales) Act 2015 (The Future Generations Commissioner for (Wales)) ensures the future of Wales in respect of subjects such as poverty and health inequalities, stating "The Act will make the public bodies listed in the Act think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach" (Gov.wales).

Understanding the situation in question, I was able to identify the theories that had informed my practice and actions when working with 1 and 2. Due to the significance of the situation, I was able to identify that the theory of crisis intervention had informed my practice. By establishing protective factors for victim 1 in relation to suicidal ideation, and protection plans with victim 2 if such domestic violence / verbal aggression occurrences were to occur again, such discussions were only discussed at time of crisis. Empowerment theory also informed my practice. I actively sought to empower both 1 and 2 to act upon their protection plan when required, by encouraging them to taking ownership of the relevant issues and focus on their strengths as a couple.. As

both 1 and 2 wished to reside together, the only power that the involved professionals had was to try and inform both parties of the best method of ensuring their own safety from their own devices. By involving them in writing their own protection plan, they were able to feel more empowered to take control of their situation. The theory of Ecological perspective could also be identified, as professionals identified the relevant organisations within 1 and 2's support network and identifying the possibility of additional agencies and organisations who may be able to offer support.

Reflecting on the outcome of the situation and the theories used, I felt a greater depth of work within the theories mentioned above and other theories may have been more useful and appropriate. I will discuss some examples below.

The theory of biographical work could have been used in this instance. Such a theory could have explored each individual's biography, identifying where current life stressors and triggers may have occurred historically and enabling me to gain a deeper understanding of the situation as a whole. This might have enabled me to find out whether such instances had occurred in the past and what had assisted both parties to resolve them. Such a theory could further promote the theory of crisis intervention, as crisis intervention theory tells us how individual's manage crises better if they can reflect on how they have successfully dealt with such crises in the past. Also, if biographical work was introduced at initial engagement, prior to the safeguarding difficulties, then this may have allowed me to develop more of an understanding around 1's early relapse signs in relation to his mental health, where mental health was primarily the driving force behind the abuse perpetrated by 1. The early relapse signs could have been captured, if such signs were presented, and preventative work introduced to try to reduce the risk of a deterioration in mental health. This in turn may have reduced the chances of abuse occurring. Crisis intervention could therefore have been more detailed, in respect of protection plans, where the victim could have been informed of the early relapse signs and could have discuss such signs with her support workers or social worker in order for 1 to receive additional appropriate support and prevent the situation deteriorating into a crisis. The theory of ecological perspective could have also been introduced sooner in this case. Although I considered the formal support that was

possible to increase or implement, I do not feel I gave equal consideration to the informal support that may have been available. In association with biographical work, had I had a better understanding of both 1 and 2's informal support network early within the safeguarding process, it may have been possible to use peer support to help the situation. It became clear towards the end of the safeguarding investigations that the couple had close and supportive friends situated within the same town. It was written into the protection plan that either 1 or 2 or both of them could leave the household and reside with such friends if such abuse recurred, or if associated risks were to increase.

I believe the theory of strength approaches was implemented into practice but could have been implemented to a greater degree. Due to myself being newly qualified and this being my very first complex safeguarding case, I felt that the provisions involved were not adequate enough to be considered as safeguards. I discussed this on occasion with my manager and senior practitioner, allowing me the opportunity to reflect upon the balance of wishes and desires of 2 against the need to implement the safeguarding process as far as possible. As discussed above, 1 and 2 agreed separately that they did not want certain resources and support, hence the importance of recognising the strengths of both parties and promoting both parties to act on those strengths.

The Regional Safeguarding Adults Boards (RSAB) and the National Independent Safeguarding Board (NISB) also play a role within this situation. The RSAB will ensure that the national policies and procedures continue to be fit for purpose adequate, further ensuring multi-agency adult practice reviews are undertaken when serious incidents occur. The RSABs are also responsible for ensuring that best practice and learning arises from reviews and adequate training is given to practitioners dealing with adult safeguarding (Gov.wales). The NSIB has the responsibility of ensuring it supports and advises the RSABs as well as submitting recommendations to the welsh ministers on what improvements can be put in place to ensure effective safeguarding. This is outlined in more detail in Section 132(2) of the SSWBA.

The Wales Interim Policy and Procedures for the Protection of Vulnerable Adults 2013 ([Scie-socialcareonline.org.uk](http://scie-socialcareonline.org.uk)) policy guides local authorities and practitioners on how to correctly investigate any safeguarding concerns. Prior to the SSWBA 2014, the guidance gave a definition of adult at risk, however the SSWBA 2014's definition supersedes this.

Reflecting on the required knowledge discussed above, a practitioner cannot act on such knowledge alone to ensure high standards of practice. Practitioners must also ensure they incorporate the National Occupational Standards (NOS) and Codes of Professional Practice (COPP) into their practice.

In regard to the COPPs, I can identify all codes being appropriate to my practice but in particular codes 1.2, 1.3, 1.4, 2.2, 2.4, 2.6, 2.7, 3.1, 3.2, 3.6, 4.1, 4.2, 4.3, 4.4, 6.6, 6.8. These particular codes not only shape my practice, but also guide and shape the practice of social work and social care practitioners, ensuring correct and high standards of practice (Socialcare.wales). In addition, NOS's also shaped my practice in this case. In particular NOS 6, NOS 9, NOS 10, NOS 12, NOS 13, NOS 15 and NOS 16. The implementation of NOS's within one's professional practice Such National occupational standards shapes and guides a practitioners practice, ensures that social work professionals consistently work towards delivering a high standard of practice (Socialcare.wales).

It is also important to highlight the comparisons between safeguarding duties within countries. As discussed above, the Human Rights Act is not recognised within some countries. Therefore, individuals living within such countries are not afforded such rights. Lack of appropriate rights can also affect the delivery of safeguarding to vulnerable adults as legislation within such countries may not recognize or consider the articles within the human rights act. Within the safeguarding scenario in question, domestic violence may have been identified as a criminal act within countries which do not adopt the human rights act, but legislation governing the safeguarding of vulnerable adults may not recognize such abuse.

Another comparison can be made between the Social Services Well-being (Wales) Act 2014 and the Care Act 2014 (England) (Legislation.gov.uk, 2018). There are differences between the types of abuse that both pieces of legislation recognize. The Wales act does not recognize self-neglect as a type of abuse whereas the England act does.

Therefore, in respect of the case study identified, it could be argued that the victim was self-neglecting by choosing to stay with the perpetrator. This is where practitioners then rely on the Mental Health Act 1983 and the Mental Capacity Act 2005 to determine capacity and mental health stability.

In reflecting on the above, I can remember struggling to accept the outcome of the situation, as in 2 wishing to remain with 1 despite the risk of further abuse being presented by 1. It was difficult for me to accept that the decision of living with 2 lay with 1 as she was deemed to have capacity to make decisions in this regard. In addition to her having capacity, the situation was further affected by the Human Rights Act, which affords each and every individual have certain rights. Article 8, as mentioned above gives 2 the right to a private and family life. I was also bound by the Social Services and well-being (Wales) Act 2014, which instructs practitioners to ascertain wishes and feelings of the individual. In this case I had no choice to but to respect 2's desire to stay with 1.

Prior to this, I had no knowledge of such abuse occurring. Reflecting on this event I felt I should have known or should have recognized a sign or symptom of such abuse occurring. I had visited the perpetrator often, without witnessing any signs of abuse or any signs of deterioration in mental health. I have utilized supervision to discuss this with my team manager in order to ensure my confidence to practice with service users within similar cases will not be adversely affected.

It was also difficult to provide support to the perpetrator in this situation, due to understanding what the individual had done. Another colleague was then asked to work

with the perpetrator after my safeguarding intervention, as I felt I was unable to continue to offer support, due to his actions impacting upon my personal values and ethics but also due to myself not detecting such abuse prior to raised concerns. Such a situation had impacted upon my values and ethics possibly due to being newly qualified and this being my first safeguarding case. By developing my knowledge, understanding and confidence around mental health and also the forms of abuse, I have since been able to resume work with the perpetrator without compromising my personal values and ethics. I was able to do this by maintaining a professional outlook and recognizing that although individuals may exhibit behavior that we personally do not condone, it does not exclude them from needing support. Having said that, there are times when this proves to be difficult, but I have found it certainly become easier with experience and increased confidence in my ability to carry out my professional role.

Word count - 3844

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Section 5

Safeguarding

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

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

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

*Guidance: The care Council for Wales require newly qualified social worker 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 organizational policies and procedures for safeguarding.

I shall discuss the categories of child abuse and the duty placed upon the local authority and various organisations to ensure such abuse is reported. I will discuss the legislation, national and local policies that instruct and guide the practice of safeguarding children at risk of abuse.

Professionals and members of the public must understand what is meant by child abuse. There are four categories: physical, emotional, sexual, and neglect. It is important for professionals and the public to be aware of the signs and symptoms in order to respond accordingly. It is also important to understand the process of raising awareness when such abuse is witnessed or otherwise comes to light. Davies and Duckett (2010) assert that "Protecting children from significant harm, being proactive in keeping them safe from abuse and the crimes perpetrated against them, is a key role for all social workers". In reflection, the local authority is duty bound to ensure abuse is reported and investigated appropriately and in a timely manner.

The legislation, local and national policies that govern working with children within the United Kingdom are compatible with the United Nations Convention of the rights of the Child (Childrensrightswales.org.uk). The Children Act 1989 (legislation.gov.uk) obliges parents, local authorities and other parties to ensure the safeguarding and wellbeing of a child within their governing area of care. Section 47 within the Act instructs the local authority to ensure that concerns regarding any child experiencing or who is deemed at

risk of abuse, are investigated. Section 17.1 places a duty upon the local authority to safeguard any child in need, defined by the Act as a child subject to harm, situated within their governing locality. The Children Act 2004 (Legislation.gov.uk) obliges local authorities to listen to the wishes and feelings of the child in need or a child under investigation. Section 25 instructs local authorities to work in cooperation with other agencies, to share information and thus increase the likelihood of any signs or symptoms of child abuse being reported and investigated. Practitioners must also respect the duty placed on them by the Social Services and Well-being (Wales) Act 2014 to ensure a strengthened, robust and effective partnership approach to safeguarding (Gov.wales).

Policies at local and national level support professionals to ensure correct procedures are followed and to promote best practice. The All Wales Child Protection Procedures ensure procedures are in place within each local and regional safeguarding board, to make sure that children across Wales are safeguarded and their welfare promoted. These procedures outline specific actions to be taken in different scenarios; from suspected child abuse to procedures around the management of different types of abuse. Also, the policy programme for Children and Young People underpins the approach to child protection with its focus on the importance of children's rights where it also introduced the 7 core aims.

The legislations, local and national policies ensure the child at risk / harm is investigated. This doesn't necessary mean that the child is to be removed from his/her family but may mean that services and interventions are to be implemented in order to ensure the child can remain with its family in a harm and risk free environment if deemed possible. This explained in Section 17(1) of the Children Act 1989.

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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)

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

Section 53 of the Children Act 2004 (legislation.gov.uk) instructs the local authority to identify the wishes of the child, ensuring the welfare of the child is paramount. The Mental Capacity Act 2005 (legislation.gov.uk) applies to children from the age of 16 onwards, therefore practitioners must assume that the child has capacity to voice their desires around care and treatment. Meaning the parents cannot override the child's decision where the child's decision is to be final. Although the Children Act 1989 (legislation.gov.uk) recognises parental responsibility over the child until aged 18, that does not override the child's decision. Parental authority does not always apply to children under the age of 16. Practitioners should assess each child's capacity to make their own decisions; sometimes known as Gillick Competence (NSPCC). This further complicates the duty of the local authority to safeguard the child, whether this be implementation of services or removal of the child as it may result in a local authority acting against the child's wishes. A situation may arise in which the local authority deem that the child's decision is not in their best interest, and may seek to intervene.

Section 17(2) of the Children Act 1989 describes how the child is best brought up within their families but only if possible. The local authority is required to ensure services are implemented to ensure reduction or elimination of the risk, whether such services are directed towards the child and/or perpetrator.

In adult safeguarding, the local authority has a duty to ascertain the adult's wishes, as noted in the Social Services and Well-Being (Wales) Act 2014 (legislation.gov.uk). If the adult does not wish for safeguards to be implemented and has capacity to make that decision, as defined within the Mental Capacity Act 2005, then the adult's decision is final. Even if practitioners feel the adult is making an unwise choice that is not in the adult's best interest. Safeguarding adults may appear more straightforward than safeguarding children, as the adult is presumed to have capacity even if the adult decides upon outcomes that may not be within their best interests. Another comparison

is around the provision of services. If an adult at risk chooses to accept safeguarding support, the services may not match the desired support identified by the adult in question, as resources are less readily available, in comparison to those offered to children at risk. This not to say that safeguards for the adult will not be implemented, but that there may be less choice in terms of available interventions. The local authority is bound only to offer what they feel is adequate to meet the individual's needs and wellbeing.

Word count - 440

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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)

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.

I will present each need I had identified and reflect on how such needs were. I will discuss how I utilized training, research and supervision in relation to my identified learning needs. I will also identify additional learning needs that will assist me as an experienced practitioner. I will discuss the feedback I have gained from services users and their families and carers that have shaped my practice. I will apply critical reflection in the above areas, using the Borton reflection model (Nottingham.ac.uk).

I had identified the subject of risk as a learning need, as this is an area which I deal with daily, in assessing individuals who present a risk of harm to themselves and sometimes to others. As a newly qualified practitioner I felt that further knowledge in this field would benefit me and those whom I support.

I attended the Wales Applied Risk Research Network (WARRN) training (Warrn.co.uk). This improved my knowledge of risk, particularly in the field of mental health, and improved my insight in respect of creating an effective risk assessment. I am now able to complete a WARRN risk assessment rather than a standard risk assessment, which further enables me to provide more in-depth detail of the historic and current risks a person may present.

Other professionals have noted my development in this area, commenting positively on my ability to ensure information regarding current and historic risk is shared, ensuring the best possible outcomes for professionals and individuals receiving support. The training also taught me better communication techniques to use when discussing with

service users their thoughts and feelings. These techniques provide skills and insight for practitioners to have the best possible chance of obtaining significant information from service users, whether the service user is engaging or disengaging from discussions. Practicing such skills whilst attempting to promote rapport between myself and service user is an area which I am continuing to develop.

The health board and local authority are shortly adopting the Trieste model, as part of their transformation programme. I was aware that I needed to develop my knowledge in this area as before the implementation of the new model, as I felt uncertain and lacked confidence in my ability to put it into place. I had read various research articles due to doubts raised by others as to the efficacy of the model.. Research articles such as A Tale of Two Cities (Portacolone et al) informed my knowledge due to its discussions of San Francisco adopting this model. I was also fortunate to be chosen to go to Trieste to observe how the model worked. I gained a great amount of knowledge by observing practitioners implementing the model within their practice, and by talking to service users there who were experiencing the impact of the model. This gave me insight into how the model could work within the health board and local authority, taking into consideration the Welsh culture, rurality and the Social Services Wellbeing (Wales) Act 2014 (Legislation.gov.uk). This was a great experience which improved my knowledge and confidence and will inform my practice when the model is fully implemented.

I had identified suicide prevention and self-harm mitigation as a learning need. As discussed, the WARRN training I attended developed my knowledge around risk and creating effective risk assessments. It also gave me additional insight regarding appropriate questions and how to ask them, in assessing risk. I attended the Mental Health First Aid training which improved my knowledge around diagnoses, how mental health can impact individuals' lifestyles and how to best support individuals experiencing mental health difficulties. I can reflect upon how helpful this training has been, when I consider how anxious I felt when starting within the mental health team, particularly in respect of assisting individuals who were experiencing suicidal thoughts. I now feel much better equipped to offer support. The WARRN and Mental Health First Aid training

improved my confidence, lessening my anxieties around such a topic as I felt more able to engage with individuals having such thoughts and feelings.

In my first year as a qualified practitioner, I have identified additional learning needs. I am aware that I need more knowledge and experience of mental health tribunals. This is a process that occurs when a service user is detained under the Mental Health Act 1983 and either appeals their detention, or the detention is renewed. At present I do not feel confident in this area of practice. I have identified within supervision and discussions with my mentor and line manager the need to continue shadowing experienced practitioners undertaking this process, to empower my knowledge and confidence when attending and presenting evidence within tribunals.

In developing my learning needs, I have gained feedback from service users and their carers. I gained feedback from a particular service user and their partner having acted on disclosure of thoughts of self-harm. Utilizing skills from the WARRN training in respect of communication techniques, I was able to encourage the service user to disclose information regarding contemplating self-harm thoughts. The service user had not felt able to discuss this with their partner, I felt privileged to be in a position of trust, and to be able to act on such information in order to promote the service user's safety and best interests.

Word count – 879

References:

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

Consolidation workshop	Date Attended
1	27/3/17
2	4/7/17
3	13/9/17
4	24/1/18

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.

Mentor comments

At the start of the CPEL process, the learner had been a qualified member of staff for twelve months and had made an excellent start to his social work career, integrating well into the team and taking on a variety of duties with enthusiasm. The learner has continued to demonstrate this high standard approach throughout the CPEL process.

The integration of evidence and knowledge base is an ongoing discussion within daily practice with the mentor and other team members. The learner is encouraged to reflect on his practical experiences and identify appropriate methodology, theory and legislation that can be applied in each case.

A more formal discussion takes place in monthly supervision sessions, where the learner has the opportunity to raise a particular theory or piece of evidence based research and discuss this in more detail, or the supervisor might identify a theory and invite the learner to comment on its application in a given situation.

Theories which have particular relevance to the work undertaken by the team include the psychosocial model, crisis intervention, task centred and person centred approaches, the ecological perspective/systems theory and the recovery model. The learner has demonstrated a good understanding of these and the ways in which they can be applied to practice in a mental health setting.

The learner undertook research into relevant legislation as part of his first year in practice and continues to build on this knowledge, integrating it into day to day practice and statutory pieces of work such as safeguarding investigations, initial assessments and carer's assessments.

Identified learning needs

1. Working collaboratively with service users and carers

The Care and Treatment Planning model is the one currently used within the Community Mental Health Service, and is very much based on a collaborative approach to working. Working to this model, the learner has consistently demonstrated a person focussed approach to his practice, working inclusively and encouraging individuals (and their carers where appropriate) to share their views, wishes and feelings in order to contribute as far as possible to their assessments and care planning. The learner has a warm and engaging approach which puts people at their ease and encourages openness. The learner shows good listening skills which assist him in this. The learner has undertaken numerous carer's assessments which again involves a very person focussed approach in order to allow the carer the opportunity to discuss what is important to them, what their concerns are and what support they might need to enable them to continue in the caring role.

2. Working collaboratively with other professionals

The learner works collaboratively with other professionals on a daily basis. He has demonstrated this by undertaking a number of duties, such as covering the duty rota, undertaking safeguarding investigation and care co-ordinating individuals receiving a service from the mental health team. In order to fulfil these duties the learner has to liaise with a number of other agencies including the police, GP surgeries, pharmacies, schools, health visitors and midwifery services, housing, drug and alcohol support services and other voluntary services in the community.

To successfully implement the CTP model, one has to work collaboratively with other professionals. The learner has demonstrated his competence in this area throughout the CPEL process.

3. Applying analysis in assessment to inform interventions

The learner has undertaken a vast number of assessments in the course of the CPEL period and his development in this area has been clear to see. He has learned what questions to ask, and how to ask them in a sensitive and appropriate way which maximises the information obtained. He has become more skilled in analysing the information gathered, and more confident in recommending interventions or advising where interventions are not required. He has developed these skills through peer support – observing his colleagues and discussing assessments with them, and through attending the Multi-Disciplinary meeting on a regular basis to listen to feedback from other assessments and present his own.

4. Intervention and application of professional judgement in increasingly complex situations

The learner holds a caseload of between 15 and 20 individuals at any one time, aside from undertaking other statutory duties such as safeguarding investigations, carer assessments, 117 reviews, service request submissions and other such duties. On a day to day basis he is required to exercise professional judgement in a variety of situations, having to prioritise a pressurised workload as individuals in need of services come into crisis. The learner has developed his skill in this area and will utilise available support to enhance this, such as peer discussion and supervision etc.

Other information

The learner has clearly demonstrated his commitment to anti discriminatory and anti-oppressive practice and has evidenced this both in his interactions with service users and through discussions in supervision. The learner is confident in advocating for the rights of others and has demonstrated an anti discriminatory approach by considering both sides of a service user's 'story' when undertaking assessments.

The learner has taken on board the Welsh context by reflecting on issues such as the geographical landscape of the service area and the impact this has on service delivery, the use of the welsh language and availability of welsh speakers within the service, and culture and relationships within the local area. The learner has made

efforts to integrate the Welsh Language Act and local Welsh Language directive into all of his formal written work.

Overall impression

The learner has demonstrated a committed and enthusiastic approach to his work and is methodical and thorough in his practice. He has been willing to undertake all learning opportunities available to him and has maintained a good balance between working independently and seeking appropriate guidance. He has taken advantage of the different professional disciplines within the team in order to broaden his knowledge. He is compassionate without being naïve and is always respectful of the individuals he assesses and supports. He has made excellent progress to date and I have no concerns regarding his professional ability and accountability. My only advice to him would be that he continue to make use of professional supervision and peer support to ensure that, in his enthusiasm for the role and willingness to contribute to the needs of the team, he does not overlook his own wellbeing.

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.

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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

(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 – Aled Evans

2. Learner's University Number: 1604959

Address for Correspondence: 8 The Beeches, Llandysul, Ceredigion, SA444HS

Telephone: 07376133219

E-mail: aledevans1990@me.com

Date of Professional Qualification: 30/9/15

Date of registration with Social Care Wales: 7/1/16

3. Name of Learner's Agency:

Agency Contact details: Learning and Training department, canolfan theidol, llanbadarn fawr, Aberystwyth, SY23 3GA

Name: Debbie Ayriss

Address: Learning and Training department, canolfan theidol, llanbadarn fawr, Aberystwyth, SY23 3GA

Telephone Number: 01970633005

E-Mail address: Debbie.ayriss@ceredigion.gov.uk

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

Welsh only ☐

Welsh and English X

English only ☐

Mentor's details

5. Mentor's details:

Name: Therese Taylor

Address: Community Mental Health Team, Hafan Hedd Resource Centre, Adpar, Newcastle Emlyn, Ceredigion, SA389NS

Telephone Number: 01559364160

E-Mail address: therese.taylor@ceredigion.gov.uk

6. Observer details

Name: Emma Thomas

Work Address: Community Mental Health Team, Gorwelion Resource Centre, Llanbadarn Road, Aberystwyth, Ceredigion, SY231HB

Professional Qualification and date of qualification: BA Social Work 2009

Email and telephone number: emma.thomas@ceredigion.gov.uk / 01970615448

Signatures and Line Manager Verification

CONFIDENTIALITY and PLAGIARISM – to be completed by the learner

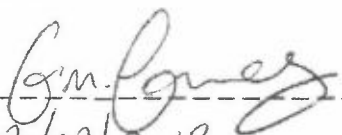
All information provided in this portfolio complies with guidance on confidentiality. I confirm that all work apart from comments by others (e.g. mentor, an individual using services, their family or carers) is all my original work and has not been copied. I understand that plagiarism is taken very seriously by the University and the programme.

Signed:  (Learner)

Date: 7/2/18

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:  (Observer)

Date: 07/02/2018

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: JOHN FORBES-JONES

SIGNATURE OF LINE MANAGER.: 

DATE: 7-3-18

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	Aled Evans
Name of Team/Agency	Community Mental Health Team
Name of Mentor	Therese Taylor
Name of Line Manager	John Forbes-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.

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.

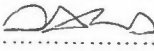
Completion and submission of portfolio

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.**

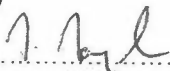
Pressure of work is not regarded as a reason for non-attendance at any Consolidation Workshop.

I understand and accept the terms and conditions of this learning agreement as stated above.

Signed: 
(Learner)

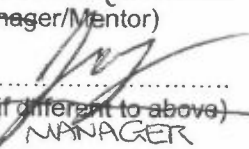
Print Name: PLED EVANS

Date: 20/4/17

Signed: 
(Line Manager/Mentor)

Print Name: THERESE TAYLOR

Date: 20/4/17

Signed: 
(Mentor, if different to above)
LINE MANAGER

Print Name: 
(JOHN FORBES-JONES)

Date: 24/4/17

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