

Social Care Wales



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

LEARNER PORTFOLIO (PORTH AGORED and UWTSD)

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**Learner's University Registration Number:
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**WALES INSTITUTE for WORK-BASED LEARNING
2017-2018**

Portfolio Guidance

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

What is the portfolio for?

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

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

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Section 2

Developmental review (a)

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

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

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

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

During my first year of practice in a long term child care team I had the opportunity to develop my knowledge, understanding and skills from being a student. I was able to attend a variety of different training to widen my skills and knowledge base in different areas of my practice. I have gained experience in managing a diverse caseload with children and families and working such cases has given me an opportunity to understand the different procedures that are required in this area of work. I've learnt that working in partnership with families is a fundamental part of Social Work and this is at the forefront of effective practice. Holland cited in Howarth (2010) states that Social Worker's (SW) should work towards a positive and constructive assessment relationship, as this appears central to decision making and outcomes in child welfare situations.

Within this role I worked collaboratively with other professionals on a daily basis to share information. I feel that as a newly qualified SW I would benefit from becoming more assertive with professionals but recognise this often comes with experience. The importance of collaborative working has been continually voiced through serious case reviews. Laming (2003) cited in Barrett et al (2005 p13) stated that *"there is evidence that a failure of collaboration can have tragic consequences and the breakdown in communication between professionals is a common theme of child protection enquiries."*

The assessment process has given me an understanding of the importance of gathering and analysing appropriate information in order to promote better decision making and outcomes for children and their families. Parker & Bradley (2006 p9) state the purpose of assessment is to *“enhance understanding of the service user’s situation, helping workers to identify areas for potential change that will assist the development of a rationale for future intervention.”* Due to the demands placed on SW’s in regards to excessive caseloads and time constraints, I have found it difficult, at times to balance getting to know/understand service users and their situations whilst ensuring assessments are completed within timescales. As reported partnership working and undertaking assessments with families is a crucial component of social work (Fowler 2003) and I recognise that I need to be better organised in order to meet the high demands of the profession. I also need to work on my time management skills as this will allow me to better plan and produce thorough assessments which will promote better outcomes for children. Parker and Bradley (2006) support this as they believe effective assessments make it more likely that successful intervention will follow.

Social Work involves making professional decisions which impact on children and their families. Reflecting on actions/decisions during supervision can help us to learn from the experience and help assist us with informing future practice and the decisions we make (Knott & Scragg 2010). This is supported by Taylor (2010) who reports that we must use sound professional knowledge in our judgement in order to be transparent and fair in the decision making process which in turn will achieve better outcomes for service users. I would like to further develop my skills in better utilising supervision in order to enhance my decision making/professional judgement in a more confident manner.

Word Count 536

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: 18th October 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)

For the purpose of this observation I was observed undertaking a home visit and working directly with a Mother, a Father in relation to their Child (C2) who is 1 years old. I had sought consent for the observation beforehand and explained the purpose of why I was being observed. The family reside in a small Welsh rural area of the Authority.

The purpose of the visit was to review the plan that had been put in place following the completion of an Assessment of Care and Support with the family (SSWBA 2014). Both parents are Welsh and Mother is a fluent Welsh speaker but during my involvement she chose to converse in English. Mother and Father are cannabis users and recently reconciled following a period of separation when C2 was born. During the observation consideration was given as to whether the parents were able to manage their substance misuse whilst being able to meet the needs of C2. I also explored the family's support network in line with the Signs of Safety approach the Local Authority has now adopted and how this could assist with keeping C2 safe. The family had received previous support from Social Services but felt they'd had a negative relationship with the previous SW and believed they had not benefited from this. I will look at how this relationship impacted on Mother's ability to initially work openly during my involvement and how this was addressed. When considering the parents minimisation of the problems as well as their initial denial of their cannabis use I will consider the Cycle of Change Model which helps to understand a substance user's behaviour and the motivations behind it. This Model also assists workers involved with people who misuse substances and how to understand which stage a user is at (Noonan & Moyers 1997). Schon's Reflection In Action Model was also used (Schon 1991) in order to reflect on my communication methods and skills used.

Word Count 325

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)

I had worked with Mother and C2 for approximately three months following a referral being received from a voluntary agency for parents and babies who the Mother was engaging with at the time. Concerns in the referral centred around Mother’s suspected substance misuse whilst caring for C2, Father was also known to use cannabis. Jenkins & Cooke (2013p2) state that *“Substance misuse alone is not a reason for referral to social services, but the compounding factors that often come into play are.”*

Prior to the observation an Assessment of Care and Support was undertaken with the family which recommended a period of on-going involvement so further work could be done with the parents around their cannabis use and relationship. Mother was wary of SW’s and she attributed this to her previous experience of the SW the family had when C2 was first born. Due to this Parents were initially reluctant to be truthful about their cannabis use. Mother had felt the previous SW had been judgemental of them and in her words “had no understanding of cannabis use.” Mother had felt the worker and not listened to her and was quick to make negative judgements. Forrester & Harwin 2011 report that SW’s can misunderstand the nature of the risk in relation to substance misuse and it is likely that their own values affect the way in which they understand/work with families. This is supported by Kroll (2004) who identified that SW’s involved in parental substance misuse cases can struggle with such issues and be presented with a range of challenges due to this. As parental substance misuse is a common factor in families involved in Social Services, the need for workers to undertake training in this areas is evident. The British Association of Social Workers has urged employers to provide training/support in working with substance misusing parents. (Community Care 2008). However, my own personal view is that there are still many gaps in some workers knowledge in regards

to parental substance misuse and how this can potentially be managed where children are concerned.

Due to the parent's negative experience I remained mindful throughout the observation of how I communicated with them and ensured I took the time to listen to what they were saying and their views on the situation (CCW 2015). Thompson (2006) reports that SW's need to ensure that they connect and engage with families in the early stages of the process. Trevithick (2009) states that SW's also need to have the ability to communicate and ask questions in an effective way and that such skills allows workers to enter into discussion with service users and significant others and this is pertinent to the assessment process. I did not use any jargon when working with the family and was always aware of the power imbalances that may be present due to their already negative perception of SW's. Thompson (2009) states that the relationship between Service Users and SW's must be based on a degree of respect and trust which is unlikely to take place if an individual feels that they are being judged.

During the observation both parents were asked for their views on the support plan and whether they felt any progress had been made in regards to addressing the concerns from the referral (SSWBA 2014 & CCW 2015). Father was a quiet character and during the observation it was Mother who took the lead. Having worked with the parents prior to the observation I was aware of Father's tendency to remain silent and let Mother do the talking. I ensured that I addressed Father directly when discussing issues relating to him and gave appropriate eye contact to make clear that the situation was also about him and his role within the family. This allowed Father to open up about his long standing history of using cannabis and how he felt this helped with his anxiety following the sudden death of his Uncle. I was respectful of Father's views around the situation and how this had affected him (CCW 2015). Koprowska (2005 p109) states that when working with families SW's must *"respect members' knowledge and expertise about themselves."*

I had built up a positive working relationship with the family and I believe this was reflected in the observation as both parents spoke openly about their cannabis use and how they were now managing this. In my opinion both parents were able to show insight into their drug use and its

possible effects on C2. I felt this was a huge turning point given that they had previously minimised and denied their usage. It was at this point during the observation that I gave consideration to the Cycle of Change Model and how an individual experiencing substance misuse issues can often be expected to go through the cycle many times before reaching maintenance/abstinence (Social Work Tech 2017). I felt both parents were now at the 'Action' stage as they had begun to modify their behaviour and taken actions to better manage their substance misuse for the sake of C2. I used the Motivational Interview approach in order to elicit change through the parents own motivation to manage their cannabis use (Miller & Rollnick 2002).

The Signs of Safety model focuses on producing action plans for increasing safety for a child, and to reduce risk and danger by identifying areas that need change while focusing on strengths, resources and networks that are available to the family (Bunn 2013). Using this model with the parents I was able to highlight what was going well in regards to the changes that they had made and their care of C2 and being able to manage their cannabis use whilst implementing safety measures to protect C2 from this. Examples of these included only one parent smoking cannabis out the back garden when C2 was in bed so that one of them was not intoxicated and able to safely care for C2, parents accessing family support for C2 when they both intended on smoking cannabis together and Mother gradually cutting down her cannabis use. The role of the family's support network was discussed and the paternal grandmother was considered to be a protective factor when it came to safeguarding C2 from parental cannabis use. Wellard & Wheatley (2010) report that parental substance misuse has led to family and friends supporting children affected by parental substance misuse. The safety plan was reviewed and it was agreed that both parents had made enough progress for the case to be closed. The Health Visitor was also in agreement with this as she too had no concerns around the care C2 was being provided with.

Reflecting in action (Schon, 1991) during the observation not only allowed me to reflect on the family's negative experience previously but also the fact that Mother had a right to communicate in the Welsh as this was her first language. Collins (2009) reports that it is important when communicating that we recognise each person's unique way of communicating and do not discriminate. Whilst Mother had been given the opportunity to undertake an assessment in a

language of her choice (SSWBA 2014 & Welsh Language Act 1993) she had declined this at the point of my initial involvement. Despite not being able to speak Welsh I am fully aware of the need for such provision and the positive outcomes that can be achieved by this, however whilst the Active Offer had been adhered to, Mother had refused this (WG 2012). I therefore strived to ensure that I spoke clearly at all times to avoid any difficulties and made sure both my verbal and non-verbal skills were appropriate/clear.

I had built up a positive working relationship with the parents and I was able to identify strengths in their parenting whilst being confident in addressing the negatives in order to always maintain focus on C2 and his developmental needs. I am a firm believer that adopting an anti-oppressive approach and empowering parents to work on strategies can positively change their behaviour and circumstances and better equips individuals to handle future problems with greater confidence. I felt the observation as a whole went well and had a positive outcome for the family.

Word Count 1364

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, on time today and usually is. Once or twice she was running late but phoned ahead to let me know.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes, Lucy explained about a week before the visit and said she was being assessed and that it wasn't me who was being assessed so I was happy to be involved.
Were you clear why the social worker met with you today?	Yes today Lucy called to discuss my son's case being closed as things are much better.
How well prepared do you think, the social worker was for his or her meeting with you?	Very well prepared – she remembered what we had discussed last time.
How has the social worker listened to you and respected your views and wishes?	I think Lucy has really listened me to and my partner and not judged us like the previous social worker did. She has been understanding and realistic so it's been easy to be honest with her.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Yes Lucy definitely explained things simply so we understood why she was worried so I could see where she was coming from. She explained any words on the paperwork I didn't understand so after that I was comfortable to ask her to explain something I didn't understand rather than being too scared to ask, like how it had been with the other social worker.

How has the social worker's involvement met your expectations for this visit?	Lucy has been the same as she always is when she visits. I have no complaints and am happy to have her as my social worker.
Are there any other comments or suggestions that you would like to make?	If we have to have another social worker I would want to have Lucy again.

Section 4

Safeguarding and working in complex situations – Case Study

Complete a critically reflective case study based on an assessment, undertaken with others (**in your own area of work**) concerning the safeguarding of either an adult or a child. Demonstrate how the case relates to safeguarding legislation and your Safeguarding Boards safeguarding policies, strategies and procedures. Ensure that you cover the learning outcomes, National Occupational Standards, legislation (domestic and international), the specific dimensions of working in Wales and relevant social work theories. Please find list of learning outcomes in the handbook

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

This essay will include an analysis of safeguarding whilst working with a vulnerable mother where substance misuse issues, domestic violence and neglect were the main factor for Social Services involvement with her young son. The impact of the Mother's own childhood on her parenting will also be discussed and how her mistrust of Social Services contributed to the risk factors. The essay will focus on the policies and procedures that were used in order to safeguard the child and how relevant theories assisted with working in a complex situation and how this contributed in the decision making process. The essay will also consider the personal/professional dilemmas that were encountered when working with the family and how this was approached with the child's needs always being paramount. The use of Gibbs reflective model (Gibbs 1988) and the use of supervision will also been considered to critically reflect on my practice in regards to the safeguarding of the child.

The family consists of a Mother and her three year old son who I will refer to as Child 1 (C1). Both are Welsh and are English speaking. Prior to C1 being born his Mother had been in an on/off relationship with his Father for two years before becoming pregnant. They separated when C1 was a few month's old. Father has a long standing history of substance misuse which includes using heroin intravenously and he was not able to remove himself from the drug culture lifestyle. Domestic abuse/violence had also been a factor in their relationship with both of them being the perpetrators. Mother had always denied using drugs extensively but had admitted to some recreational use which included cannabis and stimulant drugs. It is my opinion that Mother was able to function to a certain level and provide Child 1 with a good enough standard of parenting before her drug use escalated. Taylor et al (2008) report that many parents who misuse substances are still able to provide good enough parenting for their children. Street Et Al (2004) cited in Frazer, McIntyre & Manby (2009) also found in their research that maternal drug use does not always lead to an unacceptable standard of parenting.

Both parents had a troubled upbringing. Father's parents had died when he was a young teenager and he turned to drugs as a way of coping with his loss. Hamdan Et Al (2013) in their research found that bereaved young people, especially teenage boys are at a greater risk of alcohol and substance misuse or even dependence than those who have not suffered parental loss. Mother's parents were both heroin users and she had extensive Social Work involvement as a child which included time spent living with relatives as well as her name being placed on the Child Protection Register (CPR). Barnard (2003) found that parents who misuse substances frequently required support from extended family members or social services. Templeton (2014) also states that children of parents who misuse substances are at a greater risk of developing drug or alcohol issues or offending behaviour themselves. Mother was sceptical of Social Services and had a mistrust of workers as she felt she had been failed by the system as a Child. Mother's Father had also died when she was a young age and her mother had continued to use drugs to the present day so there was a lack of family support on both maternal and paternal sides.

When C1 was born the Local Authority felt the risks were too great to be managed in the community due to Mother's refusal to engage with services including antenatal care as well as her violent relationship with father. Under Section 47 of the Children Act 1989 there is a duty on Local Authorities to investigate if they suspect a child is suffering or likely to suffer significant harm within their area (Children Act 1989). One of the main principles of the Act also states that when safe to do so children should be brought up within their families and Social Workers need to assess whether the care provided to a child is reasonable or a good enough standard of parenting (Woodcock 2003). Assessments of 'good enough parenting' can sometimes present personal dilemmas for Social Workers given that individuals can have different perceptions of what constitutes as 'good enough parenting.' Brookfield (1998) cited in Maclean (2010) reports that one of the essential activities of being a reflective practitioner is being able to think in ways which challenge our

personal beliefs, he states that *"in doing so, we assess the impact of our assumptions on our way of seeing reality and our daily functioning (p112)."* His Honour Judge Jack (2014) states that *"society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. It follows too that children will inevitably have both very different experiences of parenting and very unequal consequences flowing from it. So we have to have a degree of realism about prospective carers who come before the courts."*

Due to the assessed risks C1 and Mother spent a long period of time in a Mother & Baby Placement so her parenting could be assessed and monitored closely. This was a lengthy process and was not without its difficulties, however Mother was assessed as being able to meet C1's needs to a good enough standard and they returned to the community with a vast amount of support being put in place. Mother and C1 had been back in the community around twelve months before issues within her parenting started to resurface. Mother had met a man on the internet and allowed him into the home without informing Social Services she was in a relationship despite having previously agreed to do this. A number of domestic incidents occurred at her property and again Mother was reported to be the perpetrator in some of these. Statistics show that there was a rise in domestic violence crimes in Wales between 2013-2015 (Price 2017). C1 had been present during these incidents which would have caused him emotional harm having witnessed such frightening behaviour as well as raising concerns around his safety. There is research which states that parental substance misuse can be strongly related to domestic violence (Stella Project 2007).

Concerns also started to surface that Mother was misusing substances and leaving C1 with known drug users for long periods of time due to her lack of support network. C1's attendance at nursery had also decreased as Mother was struggling to get up in the mornings. Evidence suggests that there can be protective factors when considering

children of parents who misuse substances. Such factors can have a positive impact on the way in which children of drug using parents respond, cope and survive in the care of their parents (Kroll & Taylor 2003). Bancroft et al (2004) found that two of these factors which includes a supportive educational environment and support from immediate and extended family can contribute in promoting resilience in children affected by substance misuse. However, when considering C1's circumstances many of the protective factors were absent and deteriorating which heightened the risk posed to him.

There were also concerns around the lack of supervision C1 was being provided with as he would present with bruises which Mother was often unable to give an explanation for. The strong bond that had been evident between Mother and C1 had also started to suffer as a result of her chaotic behaviour and use of substances. Bowlby 1969 cited in (Colmer et al 2011) states that the quality of attachment relationships form the basis for emotional development and emotional security and begin in infancy. Barnard & McKeganey (2003) report that drug using mothers are likely to become emotionally disengaged and unresponsive to their children's needs compared to none substance misusing mothers. This is supported by Howarth (2010) who states that children who experience parental substance misuse can face a range of complex issues which include developing insecure attachments to their caregivers. When working with C1 and his Mother I was also mindful of how Mother's own childhood and her experience of parenting was impacting on her parenting capacity. Howe cited in Howarth (2010) states that *"parents who have a history of suffering abuse, neglect, loss, rejection and trauma are at an increased risk of being emotionally and psychologically unavailable to their children at times of need. Howe states that "to make sense of parents' capacities to care and protect, we need to consider both their childhood and adult relationship histories"* (p195).

Mother's reluctance to engage with myself and other professionals made the risks in respect of C1 difficult to manage. Throughout my involvement with the family I worked

closely with other agencies such as the Health Visitor, Nursery Provider and the Police. As complexities in the case grew the need to share information on a regular basis became more frequent as concerns around Mother's ability to keep C1 safe continued to heighten. *"Following the Laming inquiry in 2003 joint working was made a priority for children's services."*(Barlow & Scott 2010 p83). The Working Together to Reduce Harm Strategy for Wales (2008-2018) also sets out the vital need for a multi-agency approach to ensure the well-being of a child when considering parental substance misuse.

I worked openly with Mother and was clear what the concerns were and what needed to change (CCW 2015). Despite attempts to engage with mother and encourage her to work with services in order to help reduce the risk posed to C1 she became more avoidant of professionals and would not make herself available for visits especially when it was suspected that she was under the influence. As discussed Mother was already sceptical of Social Workers owing to her own involvement with Social Services as a child. This coupled with her denial of the issues made it very difficult to engage with her. Forrester & Harwin (2006) found that parents who misuse substances are often reluctant to engage with services, in particular Child Care Social workers due to the fear that their child may be removed from their care.

Professionals concerns for C1 grew as there were issues around his safety within the home due to him being left unsupervised. On one occasion C1 was found alone in the street whilst Mother was in bed. He had managed to open the front door without Mother waking and was found in his nappy by a stranger. There were also significant concerns around the individuals who were around C1 and who was caring for him. Other concerns centred around a number of domestic incidents that C1 had been present during, the lack of routine and stimulation he was receiving as well as concerns around his presentation both physically and emotionally. As discussed C1 had presented with bruises which were believed to have been caused through a lack of supervision, his appearance went from

being extremely clean and immaculate to unkempt and this again coincided when Mother was believed to be under the influence yet it was yet to be established exactly what substance she was using due to her denial of this. Connor et al (2014 p67) states that in relation to parenteral substance misuse *“Neglect, increased risk of emotional abuse, exposure to violence and the complex emotional impacts of stigma, secrecy, anxiety and role reversal have been identified as risk factors for children.”*

Discussions took place with the team manager around the current concerns and a strategy discussion was held between the manager and Police. It was agreed that an Initial Child Protection Conference (ICPCC) would be convened (AWCPP, 2008). The purpose of an ICPCC is to share information amongst professional and family members so a decision can be made whether a child's name is placed on the CPR and under what Category. The conference will also need to establish to some extent the cause of the significant harm or of the likelihood of significant harm to the child (AWCPP 2008).

The precipitating incident which lead to the ICPCC was Child 1 had again being present during a domestic incident then left alone with the perpetrator who Mother had denied being in a relationship with. C1 was found to be in a distressed state alone downstairs whilst the male was upstairs asleep. Senior Managers were concerned as Care Proceedings had been issued in respect of C1 when he was born and despite the Care Order being discharged when he returned to the community to live, there were now again significant concerns around his safety and no family members to intervene and support. Following the discharge of the Care Order Child 1 had been receiving support on a 'child in need' basis pursuant to Section 17 of the Children Act 1989. This has now been replaced by Section 21 of the Social Services and Well-being (Wales) Act 2014. This section places a duty on Local Authorities to assess whether a child is in need of care and support in addition to the care and support provided to the child by their family (SSWBA 2014).

Following the Strategy Discussion I asked Mother to attend the office so I could inform her that an ICPCC had been arranged due to the accumulating concerns (CCW 2015). Mother was understandably upset by this but minimised professional concerns. Whilst being able to empathise with Mother I had to make clear to her that I along with other professionals had significant concerns around her son's welfare and the situation needed to change. Mother said she was now willing to engage with services which included undertaking work around domestic abuse/violence and a family support worker being introduced to help her with routines, boundaries and stimulation. Whilst this was a positive step Mother was still refusing support from the substance misuse team. I felt this support would be vital for Mother as it was evident her care of C1 had deteriorated not only because the abusive relationship she was in but also because of the effect that substances were having on her and her behaviour. However, Mother refused to engage in this and continued to deny using drugs. The Hidden Harm Report (2003) which focuses on parental drug use and its effects on children states that there should be a focus on a joined up approach between child care services and specialist drug/alcohol agencies (Hidden Harm 2003). Whilst the need for such services to work collaboratively is deemed as essential especially in the child protection arena, Taylor & Kroll (2004) identify dilemmas Child Care Social Workers face when working with substance misusing parents and how differences within agencies can affect the way in which they interact and how professionals work together.

From my own personal experience of having a family member who previously misused substances I was aware of the stigma that can be attached to drug users and how this can often act as a barrier in them accessing support. Davies (2008) states that there is a lot of stigma and shame associated to substance misuse issues and this is often magnified by the media and individuals who have a limited understanding of substance misuse and its effects. In 2010 the Equality Act was introduced in order to reduce specific forms of discrimination within society, it is also attempts to ban the unfair treatment of individuals

and promotes equal opportunities in wider society and the workplace. However, drug/alcohol users fail to come under any of the categories outlined in the Act. The guidance states that certain conditions such as addiction or dependency to alcohol/drugs or any other substances other than in consequence of a substance being medically prescribed are not regarded as impairments for the purpose of the Equality Act (DWP 2010). It can be argued that this can reinforce the stigmatization and oppression individuals are already encountering and in turn can have consequences for children when parents are fearful of accessing support for their issues with substances. However, Under the Children Act 1989 “*Local Authorities have a duty to safeguard and promote the welfare of children and protect them from significant harm*” (Johns 2009) and protecting children when they are at risk should always take precedence no matter what the parental vulnerabilities are.

The Social Services and Well-being (Wales) Act 2014 is now in place and the core aim is to put service users and their needs at the centre of care, assessment and planning. As many people who misuse substances are often vulnerable and in need or at risk they now meet the eligibility criteria within the SSWBWA 2014 for an assessment and services. The Act sets out the fundamental principles and duties that should be considered and carried out in order to achieve the best possible outcomes for Service Users and their situation (SSWBA 2014). The SSWBA 2014 also places a greater emphasis on Local Authorities to provide early intervention services to individuals and families. Whilst this is positive and can be seen as a preventative measure the reality is that due to there being a continued lack of resources and funding, preventative services are either not available within the local area or the ones that are available are inundated with referrals which places a greater strain on Social Services. Bulman (2017) supports this and found that cuts to funding within Local Authority budgets have pushed Children’s Social Services to

“breaking point.” Weale (2017) also found that there was a shortfall in early intervention work due to the cuts in government funding.

It was due to my own experiences that I felt I was able to relate to some of what Mother was going through and empathise with her as I’d witnessed first-hand the consequences of drug use and the devastation that can be caused to individuals as well as their families. However, I had to be mindful of my feelings and make sure they were not influencing me in any way. To help ensure my judgement was not being clouded I used supervision to reflect on my practice and to discuss any resurfacing feelings of my own and how to manage these. Thompson & Thompson (2008) report that supervision in Social Work can support workers through any difficulties they may face which could impair their ability to work effectively with families.

On the day of the ICPC Mother did not attend, however the Chair felt it was necessary for the meeting to still take place due to the significant concerns for C1’s welfare. C1’s name was placed on the CPR under the Category of Neglect and he was made subject to a CP plan. It was hoped that this would help ensure his needs were being prioritised and met by his Mother, to help try and refocus Mother on her parenting roles and responsibilities, to reinforce to Mother the importance of working with the professional network to help her build on existing strengths and to help reduce and manage the identified risks to C1. The plan included extensive support from services as well as weekly visits to the family. It had also been recommended that I undertake a Parenting Assessment in respect of Mother and a Legal Gateway Meeting being arranged in order for the Department to obtain legal advice in respect of the current situation and concerns for C1. There was a robust CP plan in place which set out the expectations of both Mother and the Local Authority. The plan would be reviewed every six weeks within Core Group Meetings (AWCPP 2008).

Following the Conference I met with Mother who said she had been too frightened to attend the meeting as she felt everyone would be judging her. I discussed the plan that had been put in place and Mother initially appeared committed to working with it. Despite the issues that were present it was evident that Mother loved C1 and she said she was desperate not to have him removed from her care. Mother's attitude was often dismissive and she had an inability to engage with professionals which continued throughout the child protection process. That being said there was something very likeable about Mother and it was felt that some of her behaviour was her own strategy of coping with the situation owing to her own experiences as a child. However, she needed to be motivated to change her behaviour and build on her strengths as a parent.

For the first few weeks of the CP plan being implemented Mother allowed professionals access into the home and the parenting assessment commenced. However, the change was short-lived as mother reverted back to not allowing professionals into the home, her substance misuse became more evident and her chaotic behaviour continued which in turn impacted on C1. It was later established that mother was using a range of substances such as street Valium, tramadol which she was buying off the street, cannabis and alcohol. C1 was also not attending nursery and although this was not a statutory requirement given his age, whilst he was there professionals knew he was safe and his welfare was being monitored. There was also another domestic incident at the home in front of C1 and members of the public had also reported concerns around Mother being under the influence whilst caring for C1 as well as concerns relating to the way in which she had been heard speaking to him. It was very difficult to find out any information or assess Mother's partner as he too was reluctant to engage with the department.

The parenting assessment concluded that the Local Authority were of the view that the risks in respect of C1 were too great for him to remain in his Mother's care. A Legal Gateway meeting was held which concluded that threshold had been met in relation to C1

suffering and being likely to suffer further significant harm (Children Act 1989). A decision was made that the Local Authority were to issue immediate Care Proceedings in respect of C1. As the Christmas period was upon us the relevant paperwork for Court including a proposed care plan for C1 had to be completed within a timely manner. When an application is made to the Court under Section 31 of the Children Act 1989 the Local Authority must ensure that a care plan is submitted within timescales and this is to set out the long term planning of a child (Brayne & Carr 2010). The Court Hearing was listed to take place following the Christmas Holidays, therefore safety plans had to be implemented for the present time which consisted of daily visits to the home. Whilst this could be viewed as intrusive and infringing on the family's rights, the overall need was to ensure C1's safety which at the time outweighed the right to a private family life (Human Rights 1998 & UNCRC 1989). Mother had agreed to be at home with C1 so these visits could take place, however she did not make herself available for all visits which resulted in the Police having to be called in an attempt to try and locate her and C1. The visits Mother was available for were very difficult as she was very emotional and scared about what the outcome of the Court Hearing would be. C1 was also picking up on these emotions and anxieties and this was reflected in his behaviour. I too found the situation difficult as this had been my first Care Proceedings case and despite the situation I could not help but feel for Mother. Thompson (2009) states that we not only need to recognise the impact of our own behaviour on others but we also need to be conscious about how other people's attitudes and actions impact on us. Thompson (2009 p4) also states that "*in order to be able to become attuned to other's feelings, we need to be 'in touch' with our own feelings and aware of how situations are affecting us emotionally.*" These feelings again led me to question my practice and I did this through supervision and through discussions with not only management but also colleagues who were all of the opinion that the right course of

action was being taken in order to safeguard C1 and ensure that his welfare remained paramount (Children Act 1989).

On the Initial Court Hearing the Local Authority were granted an Interim Care Order in respect of C1 and he was placed in foster care. During the Care Proceedings Mother did not engage and her drug use escalated to the point whereby she was using heroin. This was more than likely her way of trying to cope with the situation and an attempt to suppress her feelings. C1 was later adopted and reports were that he was thriving in his new environment and had adapted well. My contact with Mother ceased at the end of the Care Proceedings but she had been given updates in respect of C1 (CCW 2015).

I feel that this case taught me a lot during my first year in practice and helped me to develop my skills within the Child Protection and Court arena. It has also been valuable to my on-going development as a Child Care Social Worker. As C1 was reported to be making positive progress in his adoptive placement and all his needs were being met, I felt reassured that the right decision had been made for him and I will ensure that I continue to work within a child centred approach.

Word Count 4,242

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)

Whilst currently employed in a child care team, I also work in the 'out of hours team' which works out of office hours during evenings and weekends. This is a generic team which covers child and adult care. It is within this role that I worked in situations where adults have been at risk. This has helped broaden my knowledge within this area and gain a better understanding of the legislation, policies and procedures in adult safeguarding. I have also encountered adult safeguarding issues within my role as a child care SW and this has also supported me in working holistically in order to promote better outcomes for those in need. Taylor (2010 p86) states that *"as a competent professional you should be knowledgeable on risk factors for the safeguarding areas of your practice."*

"Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect" (Welsh Government 2016). The Human Rights Act (HRA) 1998 sets out the fundamental freedoms that everyone is entitled to within the UK with the focus on promoting and upholding rights (Brammer 2010). There has been Legislation in place in order to help protect vulnerable adults in regards to their rights to be supported to make their own choices/decisions. The Mental Capacity Act 2005 provides the statutory framework to protect and empower vulnerable adults who are not able to make their own decisions (Brown 2010). Mantell & Scragg (2009 p56) state that *"The Mental Capacity Act 2005 adopts a positive approach, in which capacity to be able to consent is assumed and worked towards, even if there are risks, challenges and conflicting agendas."*

The Mental Capacity Act 2005 and the Mental Health Act 2007 both reflect the rights of adults to take risks, providing they have the capacity to do so. Professionals working with vulnerable adults have a duty to report concerns but there is no statutory duty to investigate

if someone is assessed as having capacity. This is different in the safeguarding of children as there is a statutory duty to intervene when a child is deemed as being at risk. There is also a difference in obtaining consent as the Children Act 1989 advocates that whilst parental consent should be obtained, the Law has the power to override this if a child is deemed at risk of suffering significant harm (Brayne & Carr 2010).

The initial policy to underpin the protection of vulnerable adults within Wales was the 'In Safe Hands' Policy 2000 which implemented adult protection procedures in Wales (Welsh Government 2014). The SSWBWA 2014 now provides the current legislation that ensures adults are safeguarded. Section 126 of the Act places a duty on a Local Authorities to undertake an investigation when it suspects that an individual is an "adult at risk," which has now replaced the term "vulnerable adult." The expectations in the SSWBWA 2014 to report both children and adults deemed as at risk is a positive step in promoting the safeguarding of adults and providing appropriate interventions.

Word Count 502

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)

One of the main differences between safeguarding in adult and child care is that adults with capacity have the choice and right to make informed decisions which includes the right to take risks. Adults with capacity are able to choose whether they protect themselves and it is only in extreme circumstances that the law intervenes, this often happens when an adult is assessed as lacking capacity or where the concerns may extend to children (Craft 2018). This can make the matter of safeguarding adults more complex and I have experienced this within some areas of my work. An example of this was when working with a Mother who was suffering with mental health issues but had the capacity to engage in risky behaviour. I was not only concerned around how Mother's behaviour was impacting on the children as their Social Worker but also how she was placing herself in danger with her behaviour. My duty to report these concerns lead to Mother being sectioned under the Mental Health Act 1983 but she was later discharged. However, the need to protect her children remained paramount (Children Act 1989).

"The All Wales Child Protection Procedures 2008 are an essential part of safeguarding children and promoting their welfare. They inform child protection practice in each of the local and regional safeguarding children boards across Wales" (WG 2017). The threshold to investigate when an adult is deemed at being at risk is very different from the area of child protection and prior to the Care Act 2014 coming into place there was no particular legislation that ensured the protection of vulnerable adults. The Mental Capacity Act 2005 provides the legal mechanism for adults at risk of harm by virtue of lacking capacity. Hothersall & Maas-Lowit (2011) report that adults making 'unwise decisions' is not a reason to assume they lack capacity.

Safeguarding children and vulnerable adults from harm is an essential element of health and social care in Wales (NHS Wales 2012). The Social Services & Well-being Wales Act 2014 has introduced a strengthened and robust partnership approach to the safeguarding of both children and adults. The most fundamental principle of safeguarding is that it is

everyone's responsibility including professionals as well as members of society. Organisations and professionals must always ensure that children and adults at risk are protected from abuse (Welsh Government 2017) and the welfare and safeguarding of children and adults at risk will override any other principles (SSWBWA 2014).

Word Count 409

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)

Reflecting on my first year of practice I believe I had the opportunity to further develop my skills, knowledge and confidence as a SW through a range of activities and experiences. I feel I was able to meet my identified learning needs through the invaluable experiences I had working in complex situations with children and their families. Since qualifying as a SW I have reflected on my practice which has helped me recognise my strengths as a practitioner as well as areas that I could further develop in. Supervision has been vital in ensuring I am working to the best of my ability and I ensure that I now access/utilise this opportunity to reflect on my practice. I believe that Gibbs (1988) reflective model has been the most beneficial to me during my first year in practice as it has allowed me to learn from my experiences, make sense of situations and identify gaps which has helped inform my future practice (Gibbs 1988).

Whilst I have always been passionate about advocating on behalf of Service Users, as a newly qualified SW I initially struggled when it came to being assertive with other professionals, in particular teachers. Through reflection during supervision I was able to see that this was due to my own experience of secondary school which had not been a positive one for various reasons. I began to understand how this was impacting on my professional ability to challenge teachers when needed. I remember feeling anxious if there was an issue that needed challenging and required me to be assertive. McBride (1998 p20) states *“once we recognise we have a behaviour we’d like to change, it’s helpful to look at our defences to see why we’ve built them up.”* Upon reflection I was also able to identify that this was also partly due to my “newly qualified SW” title and my lack of experience at the time. Trevithick (2009) states that SW’s along with Service Users can find being assertive difficult, especially when dealing with higher status professionals. I too would agree with this as I recall often feeling intimidated. Through experience and supervision I was able to widen my skills/confidence within this area. I was able to reflect

on my experiences within supervision and discuss ways of improving my anxieties. This allowed me to work on my own confidence which positively changed the way I handled situations. An example of this was when I had to chair a meeting in the school I had attended as a child. The meeting had presented some differences between the school and other professionals. However, from recognising the underlying issue I once had, I was able to handle the situation and be more assertive with greater ease and confidence (Gibbs 1988).

Being organised and managing my time effectively has always been something I have struggled with even prior to becoming a SW. However, as Social Work is a demanding job which comes with considerable responsibility I was mindful of how my lack of organisation could negatively impact on my practice if I did not strive to better myself within this area (CCW 2015). Thompson (2010) reports that as SW's have a large responsibility for how their time and workload is managed, the skills of managing a heavy workload are deemed as very important. In order to help meet this learning need I undertook organisational skills training and I continually reflect on this during supervision with the support of my manager. I have now become better in managing my time more effectively and prioritising tasks which has allowed me to spend more time with families to gather the relevant information around their situation which informs the intervention suited to them (CCW 2015). Thompson (2006 p107) states that *"we must invest time to save time and the busier we are, the more important it is to be reflective in order to make sure we are being focused, avoiding mistakes and time wasting situation."*

The Social Services and Well-being Wales Act 2014 places a greater emphasis on Service Users being at the centre of their care planning and how this is delivered (SSWBWA 2014). I am now employed in a Child and Family Assessment Team within a more rural area of the Local Authority. Since working in this area I have recognised the increasing amount of Service Users that converse in Welsh compared to the previous team I worked in. In line with the new SSWBWA (2014) and the Welsh Language Act (1993) it is important that Service Users are able to participate in assessments in a language of their choice. Williams (2007) also supports this and reports that it is essential SW's understand the Welsh Culture and make Service Users aware that they have a choice for services to be delivered in Welsh (CCW 2015). I have therefore identified that as a non-Welsh Speaker there is a need for me to develop my skills within this area and I am currently undertaking a Welsh language course to assist with this.

Word Count 837

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

Consolidation workshop	Date Attended
1	24/4/17
2	18/07/18 – Swansea Campus
3	12/9/17
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.

Having acted as Lucy's supervisor and mentor I was shocked to read in her reflective feedback that she has considered herself to have difficulty with organisational and time management skills: Lucy has always appeared to be organised and focused in terms of her work and prioritising what needed to be prioritised. It may be that as Lucy has been conscious of having a weakness in this area during past experiences of college and work, that she may have 'over compensated' in this area. Whatever the cause, as her supervisor, although we do discuss which tasks need to be prioritised as a routine part of the supervision process, I have certainly never felt that I have needed to prompt or especially support her in terms of organisational skills.

Another area of strength which I feel Lucy has a natural ability for, is having what may be called the 'common touch': she is able to communicate with clients in a down to earth 'no frills' manner which I feel has assisted in empowering the client to be open and honest. Lucy's style of communication greatly assists in minimising the unavoidable power imbalances that exist in the client- social worker relationship. As Lucy has gained experience, I have observed that her ability to form a positive working relationship with clients has only increased further, thus allowing her to have very difficult and challenging discussions with clients that do not result in a breakdown of their working relationship. This has been reflected not only in the observed practice that I have seen but generally in the assessments and work that Lucy produces: She has been able to address difficult issues and themes that other far more experienced workers in the team would have required considerable preparations and support to address.

In regards to Lucy's ability to challenge other professionals, with particular reference to teachers, I feel Lucy has shown great self-awareness and made excellent use of supervision: Having identified that her anxiety regarding challenging teachers may stem from her own early life experiences, Lucy has addressed the issue rather than avoiding it, thus resulting in a situation where she now appears to feel much more in control of situations where she needs to challenge. During supervision, we have discussed how the objective of any interaction or situation is to seek to improve outcomes for the particular

child Lucy is working with. Given she has such a commitment to, and natural empathy for, the children and families she works with, I feel that this has allowed Lucy to keep focused on her objective and overcome anxieties and negative past experiences of certain professions.

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 Lucy Davies

2. Learner's University Number: 1403275

Address for Correspondence: 37 Stepney Road, Burry Port, Carmarthenshire, SA16 0BE

Telephone: 07792157323

E-mail: lucydavies86@hotmail.co.uk

Date of Professional Qualification: 20/06/2013

Date of registration with Social Care Wales: 24/06/2013

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

Agency Contact details:

Name: Carmarthen, Dinefwr Assessment Team,

Address: Iscennen Road, Ammanford SA18 3BD

Telephone Number: 01269 598270

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

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

Welsh only ☐

Welsh and English ☐

English only ☒

Mentor's details

5. Mentor's details:

Name: Rhiannon Jones

Address: Carmarthen, Dinefwr Assessment Team, Iscennen Road, Ammanford SA18 3BD

Telephone Number: 01269 598270

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

6. Observer details

Name: Rhiannon Jones

Work Address: Carmarthen, Dinefwr Assessment Team, Iscennen Road, Ammanford

Professional Qualification and date of qualification: DipSW Qualification 2005

Email and telephone number: Rhijones@carmarthenshire.gov.uk 01269 598270

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: _____

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: _____

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: _____

SIGNATURE OF LINE MANAGER.: _____

DATE: _____

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 Social Care Wales has made completion of the programme a requirement within the first (three year) period of registration as a Social Worker. .(Qualifying after April 2016)

Study Leave

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

Resources

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

The employer's training department agrees to:

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

The learner agrees to:

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

Line Manager/Mentor agrees to:

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

Completion and submission of portfolio

Learners are expected to complete the Graduate Certificate and will normally submit their portfolio within 12 months of attending induction to the programme. Any Learner anticipating any difficulty in meeting this requirement should immediately discuss the matter with their Training Manager/Co-Ordinator

The portfolio submission process and dates for each programme cohort will be published on Moodle. Once registered on a programme, **learners CANNOT change the due submission date without gaining agreement from the employer and University.**

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

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

Signed:..... Print Name:..... Date:.....
(Learner)

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

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

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