



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044**

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

Learner's name: Dawn Evans

Email address: 2024394@student.uwtsd.ac.uk

Learner's University Registration Number:

Cohort: 15, 16, 17

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

Portfolio Guidance

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

What is the portfolio for?

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

- applying analysis in assessment to inform interventions;
- working collaboratively with people in need of care and support, their carers and other professionals;
- intervention and application of professional judgement in increasingly complex situations.

Learner and employer learning agreement

At the end of the Portfolio, you will find a blank copy of a learning agreement that you need to read, discuss and agree with your mentor/line-manager. Once the agreement has been signed, replace it in the correct section of the portfolio.

How should the Portfolio be presented?

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

How to Submit your Portfolio

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

How is the Portfolio assessed?

During the programme, advice and support about the development of your portfolio will be provided as part of four mandatory Consolidation workshops and by your mentor. Guidance on all aspects of the work you are undertaking to develop the portfolio will be provided as part of these workshops. Wherever possible the programme will try to ensure that staff who may have delivered training to you during the Consolidation workshops will not be involved in marking of your portfolio after submission. Portfolios are marked by appropriately qualified staff who are usually from outside of your own employing organisation.

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Contents Page

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

Contents:

Topic	Task no.
Contents page	
Developmental Review	1 (a)
Observation and feedback	2
Safeguarding and working in complex situations – Case Study	3
Safeguarding in an area that is not your main area of work	4
Developmental Review	1 (b)
Reference List	
Details of Workshops Attended	
Mentor's Report	
Learner details	
Signatures and Line manager verification	
Learner and Employer Learning Agreement	

Task 1

Developmental review – Part a

Guidance:

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

Task one (part a and b) should incorporate the use of a model of reflection.

You must meet the Learning Outcomes for this task (see appendix 5 of the handbook).

Please answer the question below.

Question:

Using a reflective model critically reflect on your professional development since qualifying as a Social Worker. Make reference to the supervision, training, learning and research that has impacted on your work. Based on this and continuing to use a reflective model outline what you have identified and agreed with your manager and/or mentor for your development over the coming 12 months. You must demonstrate how you intend to meet all of the following learning outcomes:-

- applying analysis in assessment to inform interventions;
- working collaboratively with people in need of care and support, their carers and other professionals;
- intervention and application of professional judgement in increasingly complex situations.

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

My first role as qualified as a social worker commenced within the Looked After Children's Team (LAC) for a Local Authority (LA). I was afforded regular supervision with my senior practitioner which provided a safe space and opportunity to reflect on work I was undertaking and evaluate the impact it has on both myself and the individuals with whom I work.

Supervision between my supervisor and I centered around Kolb's Experiential learning model of reflection. Foote et al (2013) posit that this model consists of four stages of learning starting with concrete experience (the event), Reflective Observation (personal thoughts and feelings), Abstract Conceptualisation (drawing on previous knowledge and experiences to make sense of it) and finally, Active Experimentation (what you would do differently?). There are many benefits of reflection in social work practice including easing tensions and uncertainty (Munro, 2011)

Undertaking a range of assessments is integral to my role. During discussions with my senior practitioner I was able to recognise that I lacked confidence to challenge inconsistent and contradictory information due to personal fears that doing so would add to or cause conflict within family systems or damage the working relationships I had developed with individuals. Clarifying inconsistencies would enhance my knowledge and understanding of the situation/circumstances, thus supporting the process of analysis in order to make informed decisions regarding interventions and outcomes. To develop my confidence in this area I plan to undertake shadowing opportunities to draw on the skills and knowledge and adopt effective practice methods being utilised by more experienced practitioners. I anticipate that the application of experiential learning will support me to develop and become more confident in my own practice in this area. To support my development of applying analysis to assessments I plan to read a range of “good” assessments sourced by my supervisor to reflect on the use of analysis and seek to undertake report writing skills training to support further development.

Working collaboratively with people in need of care and support, their carers and other professionals is fundamental to social work practice. Hall et al (2014) postulate that communication skills are vital to developing collaborative working relationships. Throughout my previous employment I have experience of working with individuals from diverse backgrounds which has enabled me to acquire a range of skills which would support me in this aspect of practice. However, during supervision I was able to reflect that much of my experience has been with adults and a deficit of my development was in capturing the voice of children. Participation is one of the guiding principles of the United Nations Convention on the Rights of the Child (UNCRC). Article 12 sets out the right of children and young people to express their opinion and have their opinion taken into account when decisions are being made that affects them. Koprowska (2010) maintains that sitting down and talking face to face with adults for too long is not something children enjoy and therefore using age-appropriate toys and creative activities is a more effective method of engaging children. Woodcock Ross (2016) posit that social workers should prepare resources that are suitable to the child’s age, intellectual ability, interests and skills (Woodcock Ross, 2011).

To address this, I plan to source a selection of age appropriate tools collected from books, the internet and ones deemed successful by colleagues. I aim to use these techniques during direct work with children and reflect on the effectiveness during future supervision.

Woodcock-Ross (2016) postulate that in the field of social work, practitioners are required to work in circumstances which are often risky, ambiguous and complex. Drawing on Kolbs Reflective observation during supervision I identified that I lacked confidence in applying professional judgement. A study by Fleming et al (2015) found that when undertaking assessments social workers considered risks to the child, and the perceived 'reputational risks to the worker' and the fear of blame should things go wrong. Supervision enabled me to reflect on my evidence based knowledge and training which is significant to the process of applying professional judgement. Furthermore, my supervisor promoted further reflection and encouraged me to be aware of how my own values, experiences and the relational dynamics with families could influence my Professional judgement.

To help alleviate my fear and develop confidence in my decision making my supervisor encouraged me to bring cases to reflect on during supervision.

To alleviate my fears of making wrong professional judgements I plan to observe core group meetings and case conferences to experience the decision making and planning process within child protection. I plan to undertake shadowing opportunities of child protection investigations (S47) to support my understanding of the processes involved and with guidance and supervision I aim to take a more active role. By accessing ABE (Achieving best Evidence) training will increased my confidence in rationalizing complex decisions and practice.

Word Count: 803

Task 2

Observation of Practice

Guidance:

*A learner must choose an observation of **direct social work practice** with people in need of care and support and/or their carers. The observation cannot be from giving evidence in court, contributing to strategy group meetings, case conferences or tribunals or any other indirect activity. The consent of the individual/s in need of care and support and/or their carers must be sought before the observation is undertaken. The observation must be undertaken by an observer who is social work qualified and has at least 3 years' experience (criteria set out in the Programme Handbook). The observation must be for a minimum of 30 minutes. The observer will gain feedback from the individual/s in need of care and support and/or their carers using either the pro forma below or one of the learner's own design at the end of the visit.*

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

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

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

Please answer the questions below.

Observation Summary

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

Date of observation: 10/05/2022

To be completed by learner.

Question:

Context

Set out the social work objectives and give a brief description of the situation including geographical and legislative contexts and any relevant cultural, ethnicity and language issues, including how consent was gained and how you have considered the impact of the observation on the individual in need of care and support and/or their carers.

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

The objective of the observation was to meet with 1 to undertake a mental health assessment. The doctor referred 1 to the Child and Adolescent Mental Health Service (CAMHS) following an appointment she had attended during which she disclosed symptoms of low mood, lack of energy and motivation and feeling like she was “better off dead.” The assessment I was undertaking involves gathering a deeper understanding of the individual’s mental health and working collaboratively with them to decide what, if any, further advice, services and interventions are appropriate to their needs.

Under Part 1 of the Mental Health (Wales) Measure 2010, local health boards and LAs have a duty to work together to deliver an accessible and focused Local Primary Mental Health Support Service for communities in Wales. The Welsh Government’s “Together for Mental Health” (2012) strategy aims to improve the lives of individuals of all ages and their families using a recovery and enablement approach. The strategy embeds The Rights of Young Children and Young Person’s (Wales) Measure 2011 and the United Nations Convention on the Rights of the Child (UNCRC).

Several days prior to 1’s appointment I telephoned her to introduce myself and to request her permission for the assessment to be observed. I felt that this was appropriate given she was an older teenager. There was no inference in the referral to suggest 1 had any additional needs that would impact on her decision making and from speaking to her I was satisfied she understood what was being requested. I explained the reason for the observation and reassured her that she was not obligated to agree. 1 agreed to her assessment being observed and whilst on the phone, in recognition that she lives in Wales, I applied the “Active Offer” so that preparations could be made for an interpreter to be present for the assessment if required (Welsh Government, 2019).

Word Count: 313

Question:

Critically reflect on your communication methods and skills during the observation; including how you identified whether you had the necessary communication skills to work with the individual in need of care and support and/or their carers.

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

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

Prior to the assessment I read through the referral to gain insight into 1's difficulties, however, it lacked contextual detail that may be helpful when considering my method of communication. I was aware of 1's age, though my experience has taught me to appreciate that cognitive development happens at a different pace for every adolescent meaning adolescents of the same age may not have the same thinking and reasoning skills. Kolucki and Lemish (2011) argue that communication, when specific to the child's developmental age, they are able to understand better and aids effective communication promoting knowledge of the basics of child development. I referred to Erikson's theory of psychosocial development to enhance my understanding of 1s stage of development. Erikson believed that personality develops in a series of eight stages and each stage builds on the preceding stages paving the way for following periods of development (Cherry, 2024).

1 arrived for her appointment with her mother. Once seated I introduced myself and the observer and clarified the purpose of the observation out of respect for 1's mother whom I hadn't spoken to previously. I reassured them that it was myself being observed not them. Sensing 1's nerves I joked that I may have to buy my observer her favourite chocolate later so she would be more kind about her observations of me. I smiled when saying this and my observer intuitively responded by saying she will look forward to it making 1 and her mother laugh. Martin and Ford (2018) describe three humour theories. *Relief theory* focuses mainly on the motivational mechanisms of interpersonal needs, postulating that humour provides

relief of tension (ibid). Furthermore, the muscular and respiratory processes involved in laughter helps with the release of unexpressed nervous energy (ibid).

I felt it was important to apply the active offer recognising that 1's preferred choice of language may indeed be different to her mothers. The Welsh Language (Wales) Measure 2011 places a legislative obligation on Local Health Boards (LHBs) and Local Authorities (Las) to ensure that wellbeing, care and support needs, including language needs, are accurately assessed (Welsh Government, 2024). 'More than just words' is the governments strategic plan, which requires services offer support through the Welsh Medium, without it having to be requested , thus helping to improve the quality of care for individuals living in a bilingual country (ibid).

Initially I applied the procedural model of communication which requires the assessor to take a more bureaucratic role by going through specific Organisational checklists (Sharkey, 2007), though it reduces the opportunity for other aspects to be shared naturally through the individual's narrative (ibid). This was necessary as parts of the assessment are prerequisite and applied to ensure 1 understood the purpose and process of our meeting, was aware of her rights regarding consent, confidentiality and the legal context pertaining to risk and information sharing. Watson and West (2006) argue that Evidence of ethical and effective practice is essential to modern social work. I avoided using jargon and organisational terminology recognising that this this can create confusion and a feeling of disempowerment. I was alert to 1 and her mother's visual cues to help me identify whether I was conveying the information at an appropriate level and speed to aid their understanding. However, after going through the procedural elements I invited them to ask questions, acknowledging that the information I had shared was a lot to take in. I again drew on humour by remarking, "Don't worry, there isn't an exam at the end," recognising that providing all this information may have aroused feelings of tension and apprehension.

Out of respect for her rights to confidentiality and privacy as set out in Article 16 United Nations Convention on the Rights of the Child (UNCRC) (1989), I asked 1 whether she would like to speak to me alone recognising that having her mum present may limit what she felt she could/could not discuss, however this was declined. I shared the content of 1s referral and applied the exchange model by asking her to tell me more about how her mental health is impacting on her and what may have contributed to this. The exchange model views

individuals as the “experts” of their own problems (Milner *et al.*, 2015) and allows them to talk with greater ease through controlling the pace and detail of their account (Smale *et al.*, 2000). Furthermore the model underpins the fundamental principles of a person-centred approach of partnership and co-production between the individual and practitioner. The theoretical foundations of this approach maintain the dignity and value of individuals (Forrester *et al.*, 2012) whilst the non-directive approach separates the impact of power inequalities within the working partnership (*ibid*).

Using this model encouraged 1 to take an active role in her assessment where she was able to discuss her feelings and experiences. It was evident that by having the opportunity to speak openly and without judgement, 1 became more relaxed enabling her to expand on the detail and context of her own narrative. Had I applied the questioning model which according to Milner and O’Byrne (2002) is the process of gathering information by asking a series of specific questions, I believe that whilst 1 would have given concise answers she may have felt less able to provide additional detail which is shared naturally through the exchange model. Sharkey (2007) supports this notion by postulating that the questioning model largely focuses on individuals needs limiting the process of social workers gathering a holistic perspective of their experiences and needs which can result in unsuitable or unproductive services being offered.

To indicate to 1 and her mother that I was actively listening to the information they were sharing, I applied the OARS model of communication which Emlyn-Jones & Bremble (2012) posit is an abbreviation for Open questions, Reflections, Affirmations and Summaries. OARS is a skills-based, person-centred model of interactive techniques which consists of both verbal and nonverbal reactions and behaviours to create and maintain rapport with individuals and assess their needs. Using this method demonstrated to them that I was responsive to what they were saying and enabled me to check my understanding and clarify pertinent information thus reducing the opportunity of misinterpreting 1’s feelings and experiences which may affect the overall outcome of the assessment and/or minimise any potential risk to the individual.

Following the assessment I had the opportunity to reflect on the task I had undertaken with my observer. Brandon *et al* (2008) highlights the significance of effective and available supervision for practitioners in enhancing their reflective skills, critical thinking and analysis to

promote better outcomes, and supports their evaluation of risk and protective factors. Through Informal supervision I identified that I was naturally more able to reflect-in-action which simply means reflecting on actions as you are doing them (Schon, 1983; 2002) by drawing on a range of communication methods, and appropriately applying them whilst maintaining a person centred approach resulting in capturing a good understanding of 1's care and support needs. Parker & Bradley (2014) argue that undertaking assessments demands the ability to listen, observe and record all the information gathered. Furthermore it is essential that information collected is recorded correctly (Martin, 2010). I was able to recognise that my notes were initially detailed and specific but as 1 relaxed she was more expressive in her narrative making it increasingly difficult to capture everything. Courmoyer (2017) postulates that actively listening enables individuals to openly and more effectively express themselves supporting self-efficacy, personal goal setting and problem solving. This suggests that focusing less on note taking reduced some barriers enabling 1 to feel more relaxed thus balancing the flow of the conversation.

Word Count: 1275

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

Information for the observer

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

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

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

Before asking the questions, the observer must explain to the individual comments will be shared with the learner. It may be useful to explain that it is used as a learning tool for the learner to develop their own practice.

If the observer is unable to gain feedback, they should briefly say why.

Was the social worker on time? Or, if delayed, did he or she contact you?	Yes
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes, Dawn called me before the appointment took place. I was happy for Dawn to be observed because she told me why this was happening. She also asked me and my mum again when we came to the appointment to see if it was still okay.
Were you clear why the social worker met with you today?	Yes, to help me understand what's going on with me and to see if she can help.
How well prepared do you think the social worker was for his or her meeting with you?	Good
How has the social worker listened to you and respected your views and wishes?	Yes, she was really nice and listened to what I had to say. She explained some of the things that I am feeling which was helpful.

Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	Yes, I understood her She asked if we wanted to talk in English or Welsh
How has the social worker's involvement met your expectations for this visit?	She was nice and tried to help me feel relaxed, we laughed a little which was helpful because I was really nervous. She listened to me and seemed to understand what I was saying and how I was feeling. I think talking about it was good and has encouraged me to want to come back for more support.
Are there any other comments or suggestions that you would like to make?	No

Task 3

Safeguarding and working in complex situations – Case Study

Guidance;

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

Question:

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

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

This case study is based on the continual assessment of two children who are looked after by the Local Authority (LA). The reflective account will demonstrate my role as the children's social worker and the assessments undertaken to ensure the children's care, wellbeing and safeguarding needs were continuously and consistently being met within their placement. The principal duty of a LA in relation to looked after children is set out and described in the SSWBA 2014 and formed the basis of my statutory responsibilities and involvement with the family. More specifically Part 6 of the act, outlines the code of practice and guidance on functions and partnership arrangements in relation to Looked After and Accommodated Children.

The children, referred to as 1 and 2 were aged five and two when I became involved. Their mother, referred to as 3, was a single parent in her early twenties. Prior to my involvement 3 was in a relationship with the children's father, however records show there was evidence that the relationship was volatile. There had been numerous calls made to the police by 3 reporting

domestic abuse from Dad. Police visits raised concerns regarding poor home conditions. The LA were also alerted to missed antenatal appointments in relation to 2 whom, at that time, was unborn. There had been numerous reports made by members of the public raising concerns about 1, whom was only 3 years old at that time, being unsupervised whilst out in the garden, often appearing unclean and frequent shouting and swearing overheard between parents.

S47 of The Children's Act 1989 (CA89) places a duty on LAs to investigate circumstances relating to children considered to be at risk of 'significant harm. This is strengthened by S7 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBA). Parts 3 and 4 (SSWBA), mandates LAs to undertake an assessment of the child's needs to identify what further action is needed and progress a care and support plan to safeguard and promote their welfare.

The welfare checklist, outlined in S1 (CA89) and S7 (SSWBA) forms the basis of the assessment ensuring vital information is obtained which the courts utilise to support their decisions on any matters affecting the child. The courts principle concern with always be the child's welfare echoing the United Nations Convention on the Rights of the Child (UNRC) (1989) notion that "everyone working with children has a duty to act in the child's best interests."

Despite the LA's support, ongoing concerns resulted care proceedings in respect of the children being initiated. During the proceedings 3 ended the relationship with the children's father though despite this, 1 and 2, whom by now had been born, were made subject to full care orders under Section 31 of the CA89 and were accommodated by 3 on a "placement with parent." The reason for this was because of existing concerns regarding 3s parenting of 1. Now that 2 was born, it was felt this would place additional pressure on her, as a young, single parent to two small children. Oversight was considered necessary to support to the family should it be needed. A holistic assessment must explore the original risks and how these have been alleviated (Procedures Online, 2024). However Part 1 of the UNRC as set out in section 7 of the SSWBA (2014) states consideration is given of the child's right to know and be cared for by his or her parents (United Nations, 2024). Placement with parents should be seen as a short term, temporary arrangement, with a view to returning to court to discharge the Care Order.

At the time I inherited the case 2 was two years old indicating that the Care order for the children had been in place for 2 years.

The Care Planning, Placement and Case Review (Wales) Regulations 2015 provides statutory guidelines under part 6 of SSWBA for visits to be undertaken to looked after children (LAC), including the frequency, circumstances and consequences of such visits (regulations 31 to 33 and 35). Statutory visits allow opportunities to continuously assess and review care and support and to regularly evaluate the plan. Continuously assessing the needs of children and deciding how best to meet those needs is a necessary part of social work with LAC outlined under the regulations and code of practice relating to Parts 3 and 4 of the Act as stated above. Parts 2 and 6, Schedule 1 of the Act replace Part 3 and Schedule 2 of the CA89. Section 17 of the CA89 (children in need) is not replicated in Part 6, as the assessment of children in need and their families, and the delivery of any services to meet those needs, is covered under the provisions on assessing and meeting the needs of individuals under Parts 3 and 4 of the SSWBA 2014.

Prior to my first visit, I telephoned 3 to introduce myself and arrange a suitable time to visit. The family lived in a semi-rural town in Wales, classed as socially deprived. Even though I was advised that 3 had received services through the medium of English, I recognised the importance of offering the service in Welsh.

The Welsh Language (Wales) Measure 2011 places a statutory duty on Local Health Boards and LA's to ensure that wellbeing, care and support needs, including language needs, are accurately assessed and offered through the Medium of Welsh (Welsh Government, 2017). 'More than just words', is the Active offer which forms part of the Welsh Government's strategic plan. Its principal function is to ensure individuals accessing services in Wales are offered the option of the service in the Welsh without individuals having to request it (ibid). The intention is to promote empowerment and confidence that individuals needs will be met. When I arrived, 3 appeared apprehensive. Exploring connections and being able to relate with individuals are essential for skilfully building relationships (Hennessey, 2011) and so I applied Smale and Tuson's exchange model. The exchange model supports individuals to speak freely and control the pace and depth of their account. The approach acknowledges

individuals as being the experts of their own lives placing greater emphasis on working partnership thus supporting anti-oppressive practice (Watson & West, 2006). 3, however, appeared guarded and ambiguous with details when discussing the children.

On arrival, 2 was in a low chair eating his dinner in front of the TV. 1 was eating his dinner upstairs whilst watching TV in his room. As I chatted to 3, I looked around the room. It was sparsely furnished, no photos of the children or other family members and I was surprised to see no toys, games or books to occupy and stimulate the children. There was little fresh food in the fridge though there was food in the freezer. The children's room contained only a bunk bed and a broken set of drawers which housed the TV. The home was poorly decorated and the carpet on the stairs was dirty and ripped. As it was my first visit I avoided asking too many direct questions which 3 could have perceived as challenging and judgemental. I rationalised that the children were being fed and 3 may have tidied things away in anticipation of making a good impression for my visit. When 1 came downstairs he was a little shy initially but I chatted to him in an age appropriate way which helped him to relax. He responded positively and seemed to enjoy the attention which encouraged 2 to be more inquisitive.

I left the first appointment with conflicting thoughts. I reflected on my values in order to not make personal judgements which could impact negatively on the assessment. Force, argues that as a fundamental principle of professional suitability, "social workers should be capable of applying ethical principles and values to guide professional practice" (McGregor, 2011). However, González-Prendes (2011) posits "Conflicts between personal and professional values are common in social work practice."

Due to my conflicting thoughts which did not waiver following subsequent visits, I drew on Donald Winnicott's notion of Good Enough Parenting. Winnicott stated that a mother attuned to the infant's needs, results in offering the necessary environment for the infant to thrive (Sidebotham, 2017). Winnicott recognised that a mother cannot be perfect and stressed that the importance of providing 'good enough' parenting (ibid). 'Good enough' parenting is depicted by the Child Protection Resource (2025) as a child's need to survive and grow into a healthy, functioning adult. Physical survival is achieved through meeting their basic needs for food and shelter. Furthermore, If a child's emotional needs are neglected, it is likely to have serious implications on the child's entire life.

Before long before I noticed a significant decline in the home conditions. The kitchen was filled with bin bags overspilling with rubbish. The worktops were dirty and cluttered with unwashed dishes and left over food going mouldy. There were piles of laundry on top of the stairs and on the sofa and the floors were sticky and dirty. There were used nappies left open on the floor and though it was a hot summer, the tumble dryer was on and there was no windows or doors open for ventilation. There were lots of flies in the house and there was a musty odour. The children's room had dry cereal all over the walls, there were no books and the few toys they had were mostly broken. 2 would initiate for me to pick him up and take him outside to play, despite 3 assuring me that she regularly takes them to the local park. I had noticed that 2's verbal communication was very limited and the only words I could understand with any clarity were swear words.

During visits both children would quickly become over excited which soon escalated and became increasingly boisterous. They would jump on and off furniture and only when I told the children to settle down, fearing they would get hurt, did 3 yell at them to stop. More often they would ignore 3, though sometimes 2 would respond by telling her to "F@&k off." I observed little effort from her to make them listen to her, other than to shout louder at them. When they carried on, 3 did not initiate any age appropriate reprimands.

I adopted the humanistic approach developed by psychologist Abraham Maslow. The theoretical approach focuses on the individual's intrinsic motivation and self-actualization. It suggests that individuals can achieve their goals with the proper support and encourages social workers to treat all clients with respect and dignity. The humanistic techniques for the work with parents include listening, summarizing, explaining, retaining the focus on the welfare of the child (Forrester et al., 2008), and using open-ended questions or reflections to explore emotional content that ultimately reduces resistance (ibid). The approach supports individuals to recognise their strengths and weaknesses and encourages achievable goal setting and ownership of their decisions.

This approach enabled me to sensitively highlight areas that needed to be addressed and how they impact on the wellbeing of the children. I explained to 3 the need for 1 and 2 to understand boundaries and consequences, highlighting the long-term implications of not imposing these. I pointed out the risks to the children due to the home conditions on their

health and injuring themselves due to tripping and falling. Part 3 of the SSWBA states any assessment must reflect the duty under section 6(4)(a) in part 2 of the Act, meaning any person exercising these functions relating to a child must consider the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Article 18 Of the UNRC places a duty on Governments to support parents by creating support services for children and giving parents the help they need to raise their children. Recognising 3 was reliant on state benefits to support the family, I submitted a financial request to the service manager, and was given a budget to purchase items which included cleaning products, a washing line, pegs, laundry baskets. I arranged for a skip so 3 could safely dispose of the huge collection of waste that had accumulated in the home and garden. I brought educational toys to encourage 3 to interact in a fun way with the children. In agreement with 3, I arranged for the parenting team to work with her offering parenting support, tips and advice in relation to dealing with children's behaviours, promoting the importance of routines, play and general safety and wellbeing. I felt that this would empower and motivate 3, thus supporting the children's wellbeing. Studies have shown interventions that support early interactions, relationships and play can have widespread and long-term impacts on children's wellbeing and development (PEDAL, 2025).

Through the process of regular supervision I was able to discuss my concerns, and as I was newly qualified, I was able to seek guidance on local policies, procedures and interventions. Supervision also helped me to reflect on my practice and approaches. Article 8 of the Human Rights Act 1998 (HRA98), recognises individual's right to a family life free from intrusion, therefore social workers are required to ensure their intentions are legitimate and involvement is impartially balanced (Hunited olt and Kelly, 2014) and due to my concerns, I took guidance from my supervisor to increase the frequency, including unannounced calls to monitor any changes.

Supervision helped me to identify that throughout my practice I was applying Schon's (1993) theory of Reflective Practice. This model of reflection mainly focuses on three concepts which include knowing in action which is basically the ability to carry out a task without much thought. Reflection in action which is when the practitioner accesses their bank of knowledge

whilst in the situation to aid their decision-making. This can also be referred to as 'thinking on your feet' bringing together all the information available at the time to decide the best action to take. Reflection on action is a deliberate process following an event or situation to extract meaning and learn from the experience.

In spite of the support, in the ensuing weeks, the change made by 3 was minimal. Concerns were escalating following reports by other professionals regarding missed health appointments in relation to 2, low school attendance of 1, most of which were unreported absences. When I visited the home, I was approached by neighbours complaining about the rubbish collecting in the garden, and highlighting their fears for the children, due to different people going to the address, shouting and swearing being heard in the early hours of the morning and the children regularly heard crying and responded to by being yelled and swore at.

During visits, there was often a young man present at the property. Despite asking 3 directly whether he was her boyfriend and whether he stayed overnight she initially denied this. 3 was aware that anyone who has regular contact with the children were required to have a background check. This is formerly known as a Police National Computer (PNC) check, a database of criminal records held by the police in England and Wales. The PNC contains information on people who have been convicted of crimes, cautioned, or given a warning. She was aware of this as her brother had a conviction which meant that he was not allowed to spend time with the children unsupervised and not to stay at the home overnight.

Practitioners should gather a holistic picture of the individual's life and are therefore engage and work with other professionals, service providers, the individual's own network, etc is very important. Taylor (2013) posits that in spite of the multi-professional nature of work and the difficulty of foreseeing harm, social workers, in most countries, have leading role in child protection and, in the event of a tragedy, they are most likely to be blamed. Though the duties of many agencies share similarities, confidentiality being one, police, health and social care professional's states personal information is mainly held under legal and ethical obligations (ibid) Confidential information should not be used or disclosed unless it is to prevent risk of harm to the individual or presented to others by the individual (Op cit).

Through links I had established with other professionals I obtained a school attendance records which showed 1 regularly missed school, rarely completing a full week and a pattern emerged showing that this occurred more often at the start of the week. Article 28 of the United Nations Convention on the Rights of the Child (UNCRC) (1989) all children have a right to education. The Education Act (1996) section 8 states that compulsory education in England and Wales starts at five years old. I made a professional judgment and conducted visits to 1 in school. I avoided using direct or leading questions and I was able to gather information and have an unobjectionable understanding of what his experiences were. Having a sense of the child and a picture of the child's life from themselves contributes to effective analysis and professional judgements of risk and resilience, adversity and protective factors and, ultimately, to safeguarding (Research in Practice, 2025). 1 innocently revealed a very different picture of what homelife was like than that depicted by 3.

The health visitor provided a chronology of missed health appointments in relation to 2 including those with the Speech and Language Team which 2 was under due to his limited vocabulary. Article 24 of the UNCRC promotes children's rights to the best possible health.

Due to the nature of reports from neighbours, I contacted the housing association who confirmed there had been a number of complaints made in relation to the family and they shared footage from a concerned neighbours doorbell camera showing 3 shouting at the man whom she had since confirmed was her boyfriend, in the street in the early hours of the morning. Both children were wandering around outside with bare feet, witnessing the verbal altercation. Footage later showed the man shouting from outside the property and fiercely kicking the front door. The housing officer said that neighbours were reluctant to report concerns to Children's Services, fearing negative repercussions from 3 who had previously made threats when approached direct.

During an unannounced visit early one morning, after knocking loudly on the door for several minutes 3 reluctantly opened the door. 3's brother, whom was not supposed to be at the property overnight was found sleeping on the sofa with a girl who's young daughter was sleeping on one of the arm chairs. The floor of the living room was littered with clothes, shoes, empty takeaway boxes, dirty nappies etc. It was 8.30 in the morning and I told 3 that 1 was going to be late for school. Due to the state of the home 3 could not find 1's uniform and took

him to school, in his own clothes, without him having anything to eat or drink, a wash or brushing his teeth.

I ensured I kept clear and accurate records of my visits, cataloguing my concerns, what I had done and the outcome. With every new concern/incident, I submitted what was referred to within the department as a “managerial oversight” which was a way of alerting managers to the issues. It was the managers responsibility to respond and advise whether further action was needed.

As a result of mounting concerns, I shifted from a humanistic approach to task centred practice (TCP). Reid & Epstein (1972), originators of TCP proposed that it was a simple logical way of working and not theory based, however, throughout time it has been associated to behavioural and problem solving methods (Doel, 2009 & Payne 2005). It is believed that TCP works on the principle of overcoming problems in one area of an individual’s life, their motivation and confidence will increase and shift to other facets of their life (Marsh, 2007).

This approach yielded some positive changes in that 1’s attendance at school was more consistent and 2 was receiving the support he needed by SALT. There was also improvement in respect of the home conditions, however the improvements soon waivered. I was required to carry out several S47 investigations due bruises seen on both 1 and 2. During a visit 1, who was now 6 years old had no clothes on and I noticed what looked like a burn mark on the top of his leg below his hip. When I asked him what it was he said it was from the nappy. I asked why he would be wearing a nappy and he told me it was because he had diarrhea. 3 admitted that she had put 2’s nappies on 1 so that it would be easier to clean if he had an accident. The mark I had seen was a result of chaffing from the nappy due to is being way too small for him. When I highlighted concerns I was met with ambivalence. Forrester *et al.* (2012) suggest ambivalence occurs the more practitioners try to help by providing reasons for change, resulting in the individual arguing against the need for change creating a difficult dynamic making change less likely (Forrester & Harwin, 2011).

With so many concerns regarding the safety and wellbeing of 1 and 2 and what I felt were tokenistic responses by 3, I made a professional judgement and directly approached management. Despite the processes I had followed in terms of managerial oversights and interventions to support 3, I felt the risks and the long term wellbeing of the children

necessitated further intervention in order to safeguard them. As a result the decision was made by the service manager to commence pre-proceedings process. This process is often undertaken prior to commencement of the Public Law Outline (PLO). PLO came into force on 1st April 2008; its aim to ensure that child care public law cases were done quickly and fairly to address concerns that permanency was not being achieved in a timely way and children were being placed at a further disadvantage, though initially there was no timetable for completion but instead was set as 'the child's timetable'. The PLO arrangements were reviewed and revised to speed up the process for bringing an application for a care order and rolled out across England and Wales from July 2013. The PLO process 2014 outlined the entire care proceedings process with imposed timescales at each stage.

Pre-proceedings happen when the level of concerns about a child's welfare are identified as having reached the threshold beyond which a child protection plan would be effective. The arrangements used to monitor this period could be crucial in ensuring there is no drift and that decisions about whether plans need to be escalated or scaled down are timely and appropriate.

A report for the Joseph Rowntree Foundation 'Assessments of Parents and Parenting Support Needed' showed that professionals who worked with families, concluded the main components of good enough parenting involved; meeting children's health and developmental needs; putting children's needs first; providing routine and consistent care and parental acknowledgement of any problems and engagement with support services (Kellet & Apps, 2025). However, shortly after taking over this case, it was clear that 3 was consistently failing to meet any of these components.

On reflection I have recognised that 3 was resisting change and in doing so was demonstrating "disguised compliance". This term was coined resulting from inquiries in England (Hardy, 2018) which found that parents appeared cooperative to neutralise a professional's authority and reduce statutory involvement, ultimately delaying an accurate assessment of risk for the often unseen and unheard child (Brandon et al, 2008). As a result, the term 'disguised non-compliance' was introduced to describe the behaviours of adults responsible for the care of their child who appeared to undermine child protection procedures and who sought to reduce professional involvement (ibid).

Though TCP is considered to be empowering, one limitation of this method is that it is considered to be less effective in circumstances where people are mandated to work with social workers as they may not agree there are any problems to address (Teater, 2014). This was indeed the case when working with 3 and perhaps by using Motivational interviewing (MI) this may have been more effective. Cooper (2007) postulates that MI is linked to a number of social psychological theories including cognitive dissonance, the motivational state in which a person holds two or more values or beliefs simultaneously which contradict. The other being self-efficacy; a person's belief in their own capabilities to initiate the motivation and activities needed to meet given situational demands (Gist & Mitchell, 1992). Teater (2014) argues that motivation is fundamental to change and comprises of three components; importance, readiness and confidence. For most people, however, they hold conflicting motivations and the degree of their motivation and ambivalence often fluctuates (Arkowitz & Miller, 2008).

Therefore, when it comes to theoretical approaches there is rarely one ideal method of intervention. Watson and West (2006) argue that social workers are required to constantly review and change their approaches as each method has its strengths and limitations. Furthermore, applying abstract theory can often be too simplistic and not reflexive enough to deal with the dynamic complexity of social work practice (ibid). This is something that is likely to come more naturally with experience.

I also reflected on how legislation, policies and procedures guides Child protection practice, however, despite sharing my concerns for these children through the process of "Managerial Oversight" I wondered how long it would have been allowed to continue had I not had the support from my Supervisor who gave me the confidence to highlight my concerns directly to management. Had it been left too much longer, how may this have affected the long-term wellbeing of the children. Dennis (2018) notes, "*Social workers do not always take effective or timely action when children are living in neglectful circumstances. These weaknesses in practice are not tackled because of poor management oversight across all levels in children's services.*"

Good quality supervision has been identified as a factor in helping social workers form effective professional judgement (Laming, 2003). In terms of assessments, there is no absolute certainty of 'getting it right'; though thorough professional judgement reinforced by

analytical and critical thinking, and the purposeful use of assessment tools/measures helps practitioners reach good quality decisions (Brown & Turney, 2014).

Word Count: 4391

Task 4

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

Guidance:

*Social Care Wales require newly qualified social workers to provide evidence of their understanding of safeguarding work with adults and children. The assignment below will enable you to demonstrate this. **N.B.** if your usual area of work is with children please write about adult safeguarding. If you usually work with adults, then write about child safeguarding. Ensure you meet the learning outcomes for this task (see appendix 5 of the handbook).*

Question a:

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

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

The primary legislation guiding the responsibilities of Welsh Local Authorities in addressing the needs of vulnerable adults is the Social Services and Well-being (Wales) Act 2014. This Act places a legal obligation on local authorities to ensure the needs of adults at risk of abuse or neglect are effectively met, as stipulated in the Codes of Practice Part 4: Meeting Needs. Section 126 of the SSWBA 2014 provides a clear definition of an "adult at risk," identifying them as individuals who are currently experiencing or are at risk of abuse and neglect, possess care and support needs, and are unable to safeguard themselves from harm (SSWBA, 2014). Section 126 mandates that local authorities in Wales are legally obligated to investigate any abuse allegations involving vulnerable adults.

Section 134 of the Social Services and Well-being (Wales) Act 2014 mandates the establishment of regional National Safeguarding Boards throughout Wales. These boards serve three primary purposes: to provide guidance and support, to evaluate the effectiveness of existing safeguarding measures, and to propose enhancements to safeguarding services across the country (National Independent Safeguarding Board Wales, 2019).

The Wales Safeguarding Procedures for Children and Adults at Risk of Abuse and Neglect (2021) are designed to ensure that professionals working with vulnerable adults fully understand their roles and responsibilities. These procedures offer essential guidance for those engaged with adults at risk, facilitating the identification and addressing of their care,

support, and protection needs. A principal objective of these procedures is to support local authorities in implementing the core principles of the Social Services and Well-being (Wales) Act 2014 within the safeguarding framework. They advocate for a person-centred, collaborative, and outcome-focused approach in addressing the needs of adults at risk of abuse or neglect (Welsh Government, 2020).

The Mental Capacity Act (MCA) 2005 came into force in England and Wales in 2007 and provides a comprehensive legislative framework aimed at empowering and safeguarding individuals aged 16 and over to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process by allowing people to plan for the future when they might not have capacity (SCIE, 2025)

The Mental Capacity Act (MCA) is founded on the principle that individuals are presumed to possess decision-making capacity unless there is unequivocal evidence to the contrary (SCIE, 2025). In instances where an individual experiences a mental disorder that impairs their ability to make informed decisions, it may be necessary for another individual to assume responsibility for these decisions on their behalf (ibid). Additionally, in some cases, a formal capacity assessment is required to thoroughly evaluate the individual's ability to make informed choices regarding their care and support needs (Welsh Government, 2015).

In the event that safeguarding concerns regarding an adult arise, it is essential to adhere to the established procedures outlined by the local authority. Referrals should be directed to the Single Point of Access Team, and subsequently be forwarded to the Adults Safeguarding Team. A Safeguarding Manager will review and assign to a social worker within the Adults at Risk Team if deemed appropriate.

Word Count: 521

Question b:

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

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

Recent legislation, including the Social Services and Well-being (Wales) Act (SSWBA, 2014) and the Wales Safeguarding Children and Adults at Risk of Abuse and Neglect (Wales Safeguarding Procedures, 2025), demonstrates important similarities in how practitioners interact with both children and adults. However, it is essential for professionals to recognise the key distinctions in their approach. The SSWBA mandates that local authorities conduct investigations and provide support for individuals, encompassing both children and adults identified as being at risk. A significant consideration is that adults with mental capacity have the right to refuse intervention. While practitioners may believe that assisting at-risk adults is in their best interest, it is imperative to respect their autonomy and right to make decisions, even when those decisions may be perceived as "unwise" regarding their own well-being.

In circumstances where there is uncertainty regarding an adult's capacity to make informed decisions, practitioners adhere to the 2007 Mental Capacity Codes of Practice. These guidelines are designed to empower individuals to actively participate in their own care and support planning to the greatest extent possible. When an adult is determined to lack capacity, professionals must follow the statutory guidelines outlined in the Mental Capacity Act (MCA) 2005, section 4, referred to as the Best Interests Principle. This principle mandates that any action or decision taken in respect of an individual who lacks capacity must be made with their best interests in mind. Furthermore, the Best Interests Principle is comparable to the Paramountcy Principle articulated in the Children Act 1989, which asserts that the welfare of the child is paramount in all decisions concerning their care and protection.

Under Section 47 of the Children Act (1989), when there is concern that a child may be experiencing, or is at risk of experiencing, significant harm, local authorities are mandated to conduct child protection inquiries. It is important to note that, unlike in adult social work, families cannot refuse to participate in child protection investigations. Even if a child and their parents choose not to engage in the process, local authorities are obligated to proceed with the investigation to safeguard the child's safety and well-being. In situations involving child

protection, authorities may intervene, even if it is against parental wishes, as the welfare of the child remains the primary concern.

Word Count: 379

Task 1 (Part b) Developmental Review

Guidance:

Please ensure you refer to a reflective model and that you met the require learning outcomes for this task (See appendix 5 of the handbook).

Question:

Using a reflective model critically reflect on your development including reference to training, learning, research and use of supervision since completing Task 1 (part a) (when you began the programme).

Consider in discussion with your mentor/supervisor/line manager the extent to which your learning needs has been achieved. Identify any additional learning needs to support your development in the transition to becoming an experienced practitioner in your future career. You must include a reflection on feedback that you have received from individuals in need of care and support and/or their carers and how this feedback has informed your future professional development.

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

Using Driscoll's "What" Model of Reflection I will critically evaluate my development highlighted in Task 1 (part A) in order to reflect on my practice as a social worker over the last few years. I will consider areas of additional training and developmental needs to enable me to exercise my duties and practice effectively in the future.

Driscoll's Model focuses on three key questions that guide structured reflection process: What? - describing the situation or event, the context; the actions taken, and observations. So what? promotes deeper analysis and critical thinking by reflecting on the significance and impact experience described in the "What" stage. This stage encourages deeper understanding of the situation and identify emerging themes or issues . The last stage is Now what? Thinking about how to apply what has been learnt and applying it to future experiences. have learned from the reflection to future situations (Driscoll, 2007). Driscoll revised the model in 2007 to emphasise that reflection is an ongoing process (ibid).

I will reflect on my learning needs highlighted in Task 1, part A by applying 2 of Driscoll's questions – So What? And What Now?

So What?

One area I identified that I was lacking confidence in challenging inconsistent and contradictory information. I undertook shadowing opportunities particularly in relation to section 47's where I was able to witness the accounts parents gave, for example in relation to injuries to their children and the processes involved to which may accurately determine the cause. Where the account of the parent did not match the professional judgement of the medical professional, I was able to observe experienced colleagues in their interactions with parents and carers where there were inconsistencies.

Through the application of peer supervision, I was afforded the opportunity to reflect on the intervention and discuss what went well, what didn't and what we could have done/said differently. When it came to working my own cases, I fostered approaches which had yielded positive responses. However, the reflective opportunity taught me that individuals are different, therefore there will not be a "one size, fits all" approach and there is value in having good working knowledge of not only the child, but the systems around the child ie: their main caregivers, the child's teachers and other professionals involved with the child. Task 4 highlights my working practice as this was a challenging case but offered valuable learning and experiences in a number of aspects of social work. Whilst I had the benefit of legislation, policies and processes to guide the work I was mandated to undertake, I experienced working with resistance, learning and reflecting on different approaches to maintain working relationships with the parent for the benefit of the children. Not all the approaches worked, so I also developed methods of "repairing" working relationships to maintain collaborative practice.

Additionally task 4 supported my confidence to exercise professional judgements, which I had identified as an area of ambiguity. It taught me the significance of forming positive relationships with other professionals, for the purpose of sharing information to complete a holistic assessment of the child's life and provided further evidence of inconsistencies in the parent's account which supported my decisions and practice. This is something that I have continued to do since qualifying.

Since starting this Portfolio I have moved from Social Services to the NHS. I now work as a Therapeutic Practitioner within CAMHS specialising with LAC. I have been able to apply transferrable skills, knowledge and training from my previous role to my new role.

What now?

Although I no longer work for the local Authority, the NHS promotes training and development opportunities to support my area of work. This is something that is regularly discussed within supervision.

Whilst I endeavour to apply more creative ways of communicating with children in my current role, I still have a tendency to revert back to the “exchange model” which, particularly with younger children, is less effective. Going forward I plan to utilise the skills I have learnt and apply them within my assessments and interventions whilst being aware that this approach may take longer but is likely to be more effective in gathering pertinent information.

I have undertaken Dan Hughes' “PACE” training level 1 and 2. This is a therapeutic approach which focuses on building healthy and secure relationships between children and their caregivers. I have also undertaken Supervision Training which will allow me to support Students and new staff at CAMHS in the future

I feel the Local Authority was so fast paced and demanding that time for “meaningful” emotional support and interventions with children, was sporadic and not a priority and something that my current role affords. To be able to support children's adversities I have recently started CBT (Cognitive Behavioural Therapy Training), Level 6 and plan to undertake a 3 day Course in Motivational Interviewing.

Word Count: 806

Reference List

Information about referencing in written assignments and how to avoid plagiarism can be found on Moodle. It is important that you are aware of the importance of ensuring that the work submitted is your original work.

All Wales Child Protection Procedures. (2008). All Wales Child Protection Procedures: *Produced on behalf of All Local Safeguarding Children Boards in Wales*. Available online at: [Microsoft Word - All Wales Child Protection Procedures Final English Version August 2009.doc \(college.police.uk\)](#) [Electronically Accessed on 10th February 2025].

Arkowitz, H. & Miller, W. R. (2008), Motivational interviewing in the treatment of psychological problems, Learning, applying and extending motivational interviewing. New York: Guilford Press
Brandon M, Belderson P, Warren C et al (2008) The preoccupation with thresholds in cases of child death or serious injury through abuse and neglect, Child Abuse Review, 17 (5), 313-330

Brown, L. & Turney, D. (2014). Analysis and Critical Thinking in Assessment: Resource Pack. 2nd edition. Dartington: Research in Practice.

Cherry, K (2024), Erikson's Stages of Development. A closer look at the Eight Psychosocial Stages. Available online at: [Erikson's Stages of Development \(verywellmind.com\)](#) [Electronically Accessed on December, 2024].

Child Protection Resource, (2025): Good Enough Parenting. Available online at: [Good Enough Parenting | Child Protection Resource](#) [Electronically accessed on 12th February 2025]

Cooper, J. (2007), *Cognitive Dissonance: 50 Years of a classic Theory*. London: Sage.

Cournoyer, B. (2017), The Social Work Skills Workbook. 8th ed. Massachusetts: Cengage Learning.

Dennis, S. (2018), Community Care: Weaknesses' in social worker practice and 'poor' management oversight found in council. Available online at: ['Weaknesses' in social worker practice and 'poor' management oversight found in council - Community Care](#) [Electronically accessed on 12th February 2025]

Driscoll, J., (2007). *Practicing Clinical Supervision: A Reflective Approach for Healthcare Professionals*. 2nd ed. Edinburgh: Bailliere Tindall Elsevier.

Doel, M. (2009), *'Task Centred Work', Themes, issues and critical debates*. 3rd ed. Edited by Adams, R., Dominelli, L. and Payne, M. Basingstoke: Palgrave

Emlyn-Jones, R & Bremble, A. (2012) *Motivational Interviewing: A Course Handbook*. Version 2

Equality Act 2010. London: HMSO

Fleming, P, Biggart, L, Beckett, C. (2015) Effects of professional experience on child maltreatment risk assessments: A comparison of students and qualified Social Workers. *The British Journal of Social Work*, 45 (8) (2015), pp. 2298-2316.

Foote, S., Quinney, A. & Taylor, M. (2013), *The Social Work Assignments Handbook: A practical Guide for Students*. London: Routledge.

Forrester, D., McCambridge, J., Waissbein, C., Emlyn-Jones, R., & Rollnick, S. (2008), Child Risk and Parental Resistance: Can Motivational Interviewing Improve the Practice of Child and Family Social Workers in Working with Parental Alcohol Misuse?' *British Journal of Social Work*, Vol.38, pp. 1302-1319.

Forrester, D. & Harwin, J. (2011), *Parents Who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Child Protection*. Chichester: Wiley-Blackwell.

Forrester, D., Westlake, D. & Glynn, G. (2012), 'Parental resistance and social worker skills', *Towards A Theory Of Motivational Social Work*. Vol.17 (2), pp.118-129.

González-Prendes, A. (2011), Dissonance Between Personal and Professional Values: Resolution of an Ethical Dilemma, *Michigan Journal of Social Work Values and Ethics*, Volume 8, Number 2 (2011) Copyright 2011, White Hat Communication

Hall, C., Juhila, K., Matarese, M. & Van Nijnatten, C. (2014), *Analysing Social Work Communication: Discourse in Practice*. Oxon: Routledge.

Hardy, R. (2018). Community Care: Where does the concept of 'disguised compliance' come from? Available online at: [Disguised compliance: applying a relationship-based approach \(communitycare.co.uk\)](https://communitycare.co.uk/disguised-compliance-applying-a-relationship-based-approach) [Electronically accessed on 12th February 2025]

Hennessey, R. (2011), *Relationship Skills in Social Work*. London: Sage.

Holt, K. & Kelly, N. (2014), 'Administrative Decision Making in Child-Care Work', *Exploring Issues of Judgement and Decision Making in the Context of Human Rights, and Its Relevance for Social Workers and Managers*. Vol.44, No.4, pp.1011–1026.

Human Rights Act 1998, (c42), London: HMSO.

Kellet, J. and Apps, J. (2025), Assessments of Parenting and Parenting Support Needed. Available online at: [Assessments of parenting and parenting support need \(summary\) \(jrf.org.uk\)](https://jrf.org.uk/assessments-of-parenting-and-parenting-support-need-summary) [Electronically accessed on 12th February 2025]

Kolucki, B. & Lemish, D. (2011), *Communicating with Children: Principles and Practices to Nurture, Inspire, Excite, Educate and Heal*. United Nations Children's Fund (UNICEF)

Koprowska, J. (2010), *Communication and Interpersonal Skills in Social Work*. 3rd ed. London: Learning Matters Ltd.

Laming, H. (2003), *The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming*. Cmnd 5730. Norwich: HMSO

Marsh, P. (2007), 'Task Centred Practice' in J. Lishman, *Handbook of Theory for Practice Teachers in Social Work*. 2nd ed. London: Jessica Kingsley Publishers

Martin, R. (2010), *Transforming Social Work Practice: Social Work Assessment*. Exeter: Learning Matters Ltd.

Martin, R., & Ford, T. (2018). *The psychology of humor: An integrative approach*. Academic Press.

McGregor, K. (2011), Ethical dilemmas for social workers at a time of cuts. Available online at: [Ethical dilemmas for social workers at a time of cuts - Community Care](#) [Electronically Accessed February, 2025].

Mental Health Act (1983). London, HMSO.

Mental Capacity Act (2005). London, HMSO.

Mental Capacity Act 2005: Codes of Practice. London: HMSO.

Milner, J. & O'Byrne, P (2002), *Assessment in social work*, Basingstoke: Macmillan.

Milner, J., Myers, S. & O'Byrne, P. (2015), *Assessment in Social Work*. 4th ed. London: Palgrave

Munro, E. (2011) *The Munro Review of Child Protection: Final Report: A Child-Centred System*. Department for Education, *London*.

Parker, J. and Bradley, G. (2010), *Social Work Practice: Assessment, Planning, Intervention and Review*. 3rd ed. Exeter: Learning Matters.

PEDAL, (2025). PEDAL: Play in Education, Development & Learning. Available online at: [Play in Education, Development & Learning \(PEDAL\) : Faculty of Education \(cam.ac.uk\)](https://www.cam.ac.uk/research/education-development-learning/pedal) [Electronically accessed on 2nd January 2025]

Research in Practice, (2025) Research In Practice: Communicating with Children Under Five. Available online at: [communicating effectively with children under 5 frontline briefing 2013.pdf \(researchinpractice.org.uk\)](https://www.researchinpractice.org.uk/communicating-effectively-with-children-under-5-frontline-briefing-2013.pdf) [Electronically Accessed on 6th January 2025]

Procedures Online, (2025) Placement with Parents Practice Guidance. Available online at: [placement-with-parents-practice-guidance-september-2021.pdf \(proceduresonline.com\)](https://www.proceduresonline.com/placement-with-parents-practice-guidance-september-2021.pdf) [Electronically Accessed in December, 2024].

SCIE. (2025), Mental Capacity Act 2005: At a Glance. Last Updated: October 2022. Available online at: [Mental Capacity Act 2005 at a glance - SCIE](https://www.scie.org.uk/mental-capacity-act-2005-at-a-glance) [Electronically Accessed in February 2025].

Sharkey, P (2007) *The essentials of community care*. 2nd edn. Basingstoke: Palgrave Macmillan.
Sidebotham, C. (2017). Good enough is good enough! *British Journal of General Practice* 2017; 67 (660): 311

Social Services and Wellbeing (Wales) Act 2014. London: HMSO.

Smale, G., Tuson, G. and Statham, D. (2000), *Social work and social problems: Working towards social inclusion and social change*, Basingstoke: Macmillan.

Taylor, B. (2013), *Professional Decision Making and Risk in Social Work*. 2nd ed. London: Sage
Teater, B. (2014), *An Introduction to applying Social Work Theories and Methods*. 2nd ed. Berkshire: Open University Press.

The Care Planning, Placement and Case Review (Wales) Regulations 2015. London: HMSO.

The Children Act 1989. London: HMSO.

The Children Act 2004. London: HMSO.

The Equality Act 2010. London: HMSO.

Watson, D. & West, J. (2006), *Social Work Process and Practice: Approaches, Knowledge and Skills*: Basingstoke: Palgrave MacMillan.

Welsh Language (Wales) Measure 2011. London: HMSO

Welsh Government (2012), *Together for Mental Health A Strategy for Mental Health and Wellbeing in Wales*

Welsh Government. (2018). *Working Together to Safeguard People Volume 5 – Handling Individual Cases to Protect Children at Risk*. Available at: [Statutory guidance | Social Care Wales](#) [Electronically Accessed 10th February 2025].

Welsh Government (2022), *More than Just Words: 5 Year Plan 2022-27*. Available online at: [More than just words \(gov.wales\)](#) [Electronically Accessed 20th December, 2024].

Woodcock Ross J. (2011) *Specialist Communication Skills for Social Workers: Focusing on Service Users' Needs*, London, Palgrave Macmillan

Woodcock-Ross, J. (2016), *Specialist Communication Skills for Social Workers: Developing Professional Capability*. 2nd ed. London: Palgrave Macmillan

United Nations Convention on the Rights of the Child (1989). Available online at: [Convention on the Rights of the Child | OHCHR](#) [Electronically Accessed 2nd December 2024]

Detail of Workshops Attended

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

Consolidation workshop	Date Attended
1	9/2/2021
2	9/3/2021
3	18/5/2021
4	19/10/2021

Notes

Mentor's report

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

I have known Dawn for several years both in her role in CAMHS but previously as a social worker in the Looked After Children's Team in Flintshire Children's Services following her completing her Social Work Degree. Therefore, I have had the opportunity to see her grow in her role as a social worker and CAMHS clinician. I have supported and supervised her in both of these roles and witnessed her ability to work in a professional, caring and considerate manner to ensure the best outcome is achieved for the children and families she is supporting.

Dawn has clearly demonstrated her understanding and ability to use legislation and best practice to inform her work. Specifically, in CAMHS, The Children Act 2004 and The Mental Health Act 1983 which provides the legal framework for safeguarding and promoting the welfare of children and the National Institute for Health and care Excellence (NICE) sets out the guidance and best practice. Dawn's understanding of these enables her to provide the care and support to best meet the needs of the mental wellbeing of young people, ensuring mental

health measures are adhered to and child protection awareness and practice is used in her every day practice.

Dawn also engages in supervision sessions and uses this space to critically reflect on her practice and day to day therapeutic work and assessments. She approaches these sessions willingly to be challenged and consider different perspectives to her own as well as accessing support and guidance. Using this space to problem solve complex situations or to review long standing cases. Dawn attends these sessions prepared and organised with the understanding and knowledge of her young people, their needs and goals for a better life and improved mental health.

Within Dawn's assessments and reports it's clear that she is using reflective practice when considering a young person's needs and will professionally discuss her outcomes within the internal CAMHS MDT. This process enables Dawn to be clear about her formulation and rational as well as being professionally challenged and other viewpoints to be considered. Dawn participates in these for her own assessments but is also in attendance to support others with theirs and share her thoughts enabling and supporting others to reflect as well. Dawn has developed her ability in writing assessments, patient's outcome letters and court reports throughout her work and has been recognised by senior clinicians and psychiatrist for her professionalism to appropriate detail to enable other clinicians and family to clear see what has been assessed and formulated to inform the plan of treatment and support that is required.

Dawn demonstrates on a daily basis her ability to work collaboratively with a multitude of professionals and the children, young people and families to enable a clear plan of support to be in place collectively and systemically. As a Looked After children's CAMHS clinician she is able to recognise the need to look at the child / young person as a whole and not just what they bring to their CAMHS assessments or therapeutic sessions. A large part of her role is to consider the external influences that impact looked after young people's mental health and consider how this can be supported. At times this is difficult for other professionals outside of CAMHS to recognise and consider this as the priority to enable positive change and stability for them before therapeutic work can start or be effective. At times this can be challenging due

to having to manage differences of opinions in respect of managing risk and keeping a young person safe. Dawn is both respectful and professional in her approach to these difficult situations and can often enable the system to problem solve these differences of opinion professionally. Dawn manages these difficult discussions well and is able to reduce the anxiety of others when a young person is displaying risk taking harmful behaviour enabling them to be more measured. Working collaboratively to create safety plans that include the whole system around the child / young person to reduce the risk of harm both to themselves and others.

Within my role as the pathway lead for Children Looked After in CAMHS I have oversight of Dawn's work. I have gained a lot of positive feedback over the time she has been working in CAMHS from both the young people, their parents / carers and professional team around them as well as observing this for myself. Dawn's strength is to connect with young people and enables them to feel valued and listened too. Her attitude and approach is calm, caring, non-judgmental, no use of jargon and child focussed enabling her to connect and build positive and trusting relationships.

Dawn is a valued member of the team and will often support other less experienced staff members with complex casework. She is often approached for her expertise with Looked After Children within the CAMHS team. The development of her skills to manage complex Multi Discipline Meetings has also enabled her to support other clinician with this when they have found this challenging.

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

Learner Details

Learner details, Signatures and Line manager verification.

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

Learner Details

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

1. Name of Learner: Dawn Evans

2. Learner's University Number: 2024394

Address for Correspondence: CAMHS, Flintshire Childrens Centre, Catherine Gladstone House, Deeside, Flintshire. CH5 2EP

Telephone Number: 03000 859 152

E-mail address: dawn.evans9@wales.nhs.uk

Date of Professional Qualification: September 2018

Date of registration with Social Care Wales: September 2018

3. Name of Learner's Agency

Agency Contact details:

Agency Contact details: Flintshire County Council (July 2018 – November 2021)

Name: Flintshire County Council – Children's Services

Address: Chapel Street, Flint. CH6 5BD

Name: CAMHS (November 2021 – Present)

Address: Flintshire Childrens Centre, Catherine Gladstone House, Deeside, Flintshire. CH5 2EP

Telephone Number: 03000 859152

E-Mail address: n/a

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: Kirsty Crank

Address: CAMHS, Flintshire Childrens Centre, Catherine Gladstone House, Deeside, Flintshire. CH5 2EP

Telephone Number: 03000 859 152

E-Mail address: kirsty.crank@wales.nhs.uk

6. Observer details

Name: Kirsty Crank

Work Address: CAMHS, Flintshire Childrens Centre, Catherine Gladstone House, Deeside, Flintshire. CH5 2EP

Professional Qualification and date of qualification: BA Hons Social Work

Telephone number: 03000 859 152

Email address: kirsty.crank@wales.nhs.uk

Signatures and Line Manager Verification

CONFIDENTIALITY and PLAGIARISM – to be completed by the learner.

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

Signed:  (Learner)

Date: 18/02/2025

Feedback and comments from an individual using services, their family and/or carers (Task 2) - to be completed by the Observer.

I confirm that I am a registered social worker with knowledge of the learner's area of practice and that the observation summary and the comments above from the individual in need of care and support and/or their carers are about the same piece of practice that I observed on the date given.

Signed:  (Observer)

Date: 18/02/25

Mentors Report (to be completed by the mentor)

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

Signed:  (Mentor)

Date 18/02/2025

Line manager verification.

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

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

- level of supervision and mentoring support received by the learner;
- learning and development undertaken;
- reading and personal research undertaken;
- level of knowledge and skills demonstrated;
- understanding shown of the Code of Professional Practice and National Occupational Standards;
- core values of the learner;
- work and commentary referred to within the portfolio, that it is the learner's own work and based on current practice;
- completion of accurate, cogent, coherent and analytical recording skills;
- Line manager to verify the learner has been involved with safeguarding.
- Mentor's report, and that it provides evidence of observations of Professional Practice that has been undertaken over the duration of the Graduate Certificate in the Consolidation of Social Work practice pathway (work-based practice which is equivalent to 7,000 words).

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

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: KIRSTY CRANK

SIGNATURE OF LINE MANAGER: -----

DATE: 18/02/25

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

NAME OF SOCIAL WORKER: -----

SIGNATURE OF SOCIAL WORKER: -----

POSITION: -----

DATE: -----

Learning Agreement

PORTH AGORED AND UNIVERSITY OF WALES TRINITY SAINT DAVID
GRADUATE CERTIFICATE IN CONSOLIDATION OF SOCIAL WORK PRACTICE
LEARNER AND EMPLOYER'S LEARNING AGREEMENT

Name of Learner	Dawn Evans
Name of Team/Agency	CAMHS
Name of Mentor	Kirsty Crank
Name of Line Manager	Kirsty Crank

Study Duty

The learner will undertake all elements of the Graduate Certificate programme diligently, including mandatory attendance at induction, four Consolidation Workshops, and participation in an evaluation survey or focus group on completion of the programme.

The learner's full and effective participation on the Graduate Certificate is mandatory given that Social Care Wales has made completion of the programme a requirement within the first (three-year) period of registration as a Social Worker. This applies to social workers who qualified after April 2016.

Study Leave

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

Three further study days will be provided by the employer as a contribution towards the time involved in personal research and developing the portfolio for submission. The study days can be taken on any week-day (or combination of days) as long this is (i) appropriate to the stage of portfolio preparation at the time, and (ii) agreed with the Team Manager who will take into account team and service needs. Where the learner works less than 37 hours a week, mandatory days and study leave will be approved in accordance with the employer's local policies.

Resources

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

The employer's training department agrees to:

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

The learner agrees to:

- work actively towards completing the qualification within the agreed timescale of 12 months from the date of registration on the programme;
- identify with manager/mentor appropriate internal training and arrange to attend these courses;
- identify with manager/mentor and Training Coordinator/Manager any special requirements e.g. dyslexia and contact the University's Student Services office directly about additional support that may be required;
- attend induction and four Consolidation Workshops. These are mandatory components of the programme;
- produce work and evidence appropriate to the portfolio and learning outcomes within agreed timescales;
- make and keep agreed appointments with mentor/line manager;
- ensure they are prepared adequately and obtain all necessary consent for observed practice;
- inform mentor/line manager and training department immediately of any problems or changes in circumstances while undertaking the programme, especially where this may affect completion of the programme by the agreed deadline or ability to attend a mandatory workshop;

- liaise with their line manager/mentor to confirm study days and use their own time in addition for self-directed study, research and portfolio preparation;
- take personal responsibility for preparing and completing all work necessary to submit their portfolio;
- act at all times in accordance with the Code of Professional Practice and the employer's and University's policies, procedures and processes;
- ensure that they understand the need to complete the programme within the first (three year) period of registration with Social Care Wales. (Qualifying after April 2016).

Line Manager/Mentor agrees to:

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

- attend an induction meeting to become familiar with the requirements of the programme;
- provide or arrange to provide sufficient assessment opportunities in order for the learner to evidence competency and undertake required observations. Where opportunities may not be immediately available within the team arrange to provide these elsewhere within the Service;
- guide and support the learner for the duration of the programme;
- release the learner for the programme induction and the four Consolidation Workshops, and any internal training courses agreed as being appropriate to meet agreed learning needs;
- agree with the learner, use of up to 3 additional study days over the whole duration of the programme, as an employer contribution towards time needed for personal study, research or portfolio development;
- ensure that regular formal supervision is provided to the learner by their line manager in line with organisational policy (line-manager);
- ensure that mentoring sessions are provided in line with Social Care Wales First 3 Three Years in Practice guidelines. Mentoring sessions, where possible, should be arranged as a separate event from supervision. A full record of when mentoring sessions are undertaken must be kept.

Completion and submission of portfolio

Learners are expected to complete the Graduate Certificate and will normally submit their portfolio within 12 months of attending induction to the programme. Any learner anticipating any difficulty in meeting this requirement should immediately discuss the matter with their Training Manager/Co-ordinator. It is the learner's responsibility to inform the university if they are not going to meet the submission deadlines.

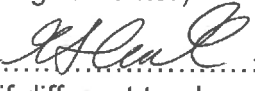
The portfolio submission process and dates for each programme cohort will be published on Moodle. Once registered on a programme, **learners CANNOT change the due submission date without gaining agreement from the employer and University.**

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

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

Signed:  Print Name: Dawn Evans Date: 18/02/2025
(Learner)

Signed:  Print Name: Kirsty Crank Date: 18/02/2025
(Line Manager/Mentor)

Signed:  Print Name: Kirsty Crank Date: 18/02/2025
(Mentor, if different to above)

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

