



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

LEARNER PORTFOLIO (PORTH AGORED and UWTSD)

Learner's name: Paige Worrall

**Learner's University Registration Number:
1604977**

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

Portfolio Guidance

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

What is the portfolio for?

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

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

Contents

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

Section 2

Developmental review (a)

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

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

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

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

Since qualifying as a Social Worker in 2014 I have had two Social Work roles, my first as a Supervising Social Worker in an independent fostering agency and my current role in an Adult Social Care team; that receives all referrals and enquiries. These differing roles have allowed me to develop my skills and knowledge in my role as a Social Worker when working with both Adults and Children including the relevant legislation, policies and methods for assessment.

Skills required for effective communication have been identified during supervision with my supervisor, as an area for my development including building my confidence and assertiveness when working collaboratively with individuals, carers and other professionals. Trevithick (2005) states "positive practice must involve service users if it is to achieve agreed objectives". The ethos of the current legislation, the Social Services and Wellbeing (Wales) Act 2014 includes improving the wellbeing outcomes of individuals in need of care and support, with co-production being one of the main principles. The information and learning hub of Social Care

Wales (2017) defines coproduction as “working with and involving individuals, their family, friends and carers to make sure their care and support is the best it can be”.

Despite this, Beckett (2011) states “research shows there are still barriers to effective working which have a negative impact on clients and hinder integrated practice” adding “...joint working has always been recommended as the best way of delivering coherent and effective care in health and social work practice”. A lack of effective communication between professionals has frequently been highlighted in social care inquiries (Beckett, 2011). By developing my confidence and assertiveness, I am hoping that this will allow me to competently communicate individuals’ wishes and views and if necessary, appropriately challenge the views of other professionals in order for the individuals’ outcomes to remain the focus.

I qualified in England and within my current role another area for development identified and discussed in supervision, is my knowledge of the Welsh Context including social divisions, culture (including language needs) and geographical context. Developing my knowledge of this will, allow me to have an understanding of the needs of adults within Wales when identifying relevant support, service provision and appropriate signposting. Having this cultural awareness allows Social Workers to apply analysis to inform interventions. Martin, (2010) states that you need to have an understanding of the individuals culture, ethnicity, nationality and socio-economic levels as “there may be social pressures that impact on the levels of need” when applying analysis to assessments. “Analysis calls for a process of weighing the significance of the elements of an assessment and forming a judgement based on valid evidence to support it” (Beckett 2011).

Analysis links to the required skills for making professional judgements. Taylor (2013) defines professional judgement as “when a professional considers the evidence about a client or family situation in the light of professional knowledge to reach a conclusion or recommendation”.

I ensure that I am receiving regular supervision, allowing me to reflect on work undertaken and discuss allocated casework including the increasingly complex Safeguarding cases. Due to the complex nature of this work, frequent supervision provides me with the necessary guidance to develop my skills of applying analysis, making professional judgements and deciding on appropriate interventions, ensuring collaboration with individuals, carers and other professionals.

Words: 550

Section 3

Observation from an individual using services, their family and carers

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

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

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

Observation Summary

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

Date of observation: 14th June 2017

To be completed by learner

Set out the social work objectives and give a brief description of the situation including geographical and legislative contexts and any relevant cultural, ethnicity and language issues.

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

The objectives of this observation are to work in collaboration with Adult1 to identify their wellbeing outcomes and solutions in order to conclude my involvement.

Adult1 is long-term unemployed although volunteers daily at a local government scheme. He resides in a highly populated residential area and recently suffered the loss of his main caregiver. Relationships are strained with other family members. Adult1 is a Welsh male aged in his 40's with vulnerabilities around the management of his finances, learning difficulties, neurological/mental health issues and previous substance use. A safeguarding referral was submitted to Social Services with concern for financial abuse and neglect.

Initially, the relevant legislation was part 7 of the Social Services and Wellbeing (Wales) Act 2014. I attended an initial meeting with the Designated Lead Manager and Adult1 and the safeguarding process was ended, however agreed that I would complete a Social Work assessment with Adult1. This is under part 3 of the Social Services and Wellbeing (Wales) Act 2014 and constitutes a 'What Matters conversation' that aims to identify outcomes and solutions to barriers to achieving wellbeing. The Code of Practice for Part 2 General Functions of the Social Services and Wellbeing (Wales) Act 2014, stipulates that Local Authorities must provide adults with information, advice or assistance required to "achieve what matters to them" (Welsh Government, 2015).

Adult1 is not a Welsh speaker. Should he have identified as a Welsh speaker I will have utilised the Active Offer. This is the offer of the service to be provided in Welsh without having to request it and is a core element of the Welsh Government's Follow on strategic Framework for Welsh Language Services in Health, Social Services and Social Care. This will ensure compliance with this framework and promote equality in the Welsh Language.

Words: 296

Critically reflect on your communication methods and skills during the observation including how you identified whether you had the necessary communication skills to work with the individual using services, their family or carers. Show how you adhered to social work values using a person centred approach, Code of Professional Practice for Social Care Workers, cultural sensitive practice, language preference including the "Active Offer" principle, and ethical practice..

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

I had already met and built a professional relationship with Adult1 prior to this observation. This provided me with the opportunity to gain Adult1's permission for the observed meeting. Adult1 agreed to the meeting being observed however I was concerned that an observer may impact on Adult1's participation in the meeting, as they had not built a relationship or trust with the observer. In order to reduce this, I explained to Adult1 that the observer would be there to observe me and not him, for the purpose of reviewing my development, which appeared to provide reassurance.

There are some social and cultural differences between myself and Adult1, that could have impacted on effective communication including age, gender and ethnicity. Despite this, I value anti discriminatory practice and ensure that I utilise the same methods and skills when communicating with adults whether or not their age, gender and culture is similar to my own. I identified the skills required including respect, active listening, positivity, confidence and assertiveness. I have personally experienced an individuals' initial reluctance to work with me, based on my age and how a perceived lack of experience could impact on the effectiveness of their assessment, however this was later retracted. As a result of this, I am aware of the impact of initial assumptions and social divisions.

I had already determined Adult1's language preference as English, however as I am practicing Social Work in Wales, the consideration of cultural needs is important and aware that Adult1's may differ to my own. One element of cultural needs is language. The 'More than just words Strategic Framework for Welsh Language Services in Health and Social Services' details an approach to 'improve services for those who need or choose to receive their care and support in Welsh' (Welsh Government, 2012). It details that for those individuals who speak Welsh, they should be offered the service in Welsh and it is not their responsibility to request it; this is the provision of the 'Active offer' (Welsh Government, 2012). The framework lists those groups of individuals where Welsh language services may be more important, including 'people with learning difficulties and people with mental health problems' (Welsh Government, 2012).

The follow on framework of 'More than just words' details that the Welsh Language (Wales) Measure 2011 have since become law which will ensure that the Welsh language is treated equally to the English language within Wales (Welsh Government, 2016). This is supported within the Social Services and Wellbeing (Wales) Act 2014, as it states that in order to support people to achieve wellbeing, having regard to the characteristics, culture and beliefs of the individual is paramount. The follow on framework states: "for many Welsh speakers, language is an integral element of achieving their care" (Welsh Government, 2016). This was supported when watching the 'More than Just Words' videos. Video 3 particularly made reference to how the individual did not feel valued when the service was not provided in Welsh. By promoting the service in Welsh, it improved their experience, establishing a rapport and assisted to "explain themselves better" (Welsh Government).

Had it been determined that Adult1's first language was Welsh I would have ensured to utilise the Active Offer. Davies (date unknown) references research undertaken by Dewaele and Pavlenko regarding bilingualism and emotions within the 'Different Words, Different Worlds' publication regarding how some respondents of this study feel like they are 'acting' when conversing in a second language and how natural it is to be speaking in their first language. Koprowska (2010) supports this stating that individuals who speak little or no English are at risk of being "misunderstood, inaccurately assessed and thus disadvantaged". Ensuring effective communication with individuals and having 'cultural sensitivity' is also referenced within the Social Care Wales (2017) Codes of Professional Practice. This is supported under section 2 of the Code of Professional Practice for Social Care as it states that you must "actively support individuals...to communicate their views...using their preferred...language." (Social Care Wales, 2017). Although Adult1 is an English speaker, there were still terms/local dialect that I did not understand including "snapping". This initially caused a barrier, as I was mindful that this may impact on the rapport built with Adult1 and was concerned about asking him to clarify, however I openly asked Adult1 what was meant by this and was honest that I had not heard it before. Reflecting on this, it has taught me to be mindful of the use of geographically derived terms or slang language.

I reaffirmed Adult1's permission for the contact to be observed. Throughout this contact with Adult1 I used verbal and non-verbal communication methods, including eye contact, visual cues such as nodding my head and being aware of open/closed body language of myself and Adult1. It is my view that this assisted to create a relaxed and comfortable atmosphere. I wanted to ensure that I was using a person centred approach and although Adult1 was

supported by their family member, I ensured that my questions were directed to Adult1, to ensure that they were not disempowered and remained central to the meeting. Martin (2010) adds that an expectation of person centred approach to assessment is that the needs of the individual are paramount. Adult1's carer did contribute in the meeting and where I felt that they were leading, I ensured to bring the focus back to Adult1 by asking their thoughts on what their carer had said. The Social Services and Wellbeing (Wales) Act 2014 introduced a duty on the Local Authority to assess the needs of carers as equal to assessments of Adults with care and support needs. To ensure compliance with this duty, I offered an assessment to the carer.

There are some aspects of Adult1's lifestyle choices that I consider to be unwise, including substance relapse. Despite this, I ensured not to show my personal views regarding this, adhering to ethical practice by respecting their self-determination and being non-judgemental. In respect of discussion around substance use, I provided information and advice regarding where support can be sought locally.

Being considerate to non-verbal communication is within the remit of active listening. To ensure that I am actively listening an imperative method of doing this is the use of paraphrasing what the individual has said back to them to clarify the accuracy of understanding. It is my view that this assists to empower the individual, as it will confirm that their views are being heard. I was mindful of the importance of paraphrasing during this observation; however reflecting on this experience, I think this is something that I could utilise more, particularly as it was an ending meeting. Wilson et al (2011) discusses the importance of paraphrasing and confirms that it allows you to "articulate how the service user experiences

and makes sense of their experiences and circumstances". Koprowska (2010) adds that paraphrasing allows you to check your understanding.

Reflecting on this observation, a development opportunity has been identified which is to incorporate the use of paraphrasing into my conversations with individuals. Despite this, I believe I was able to keep the conversation focussed on the outcomes of Adult1 and the role of social services in assisting them to achieve their wellbeing. The location of the meeting was not ideal in relation to assessing risks. The meeting took place within Adult1's home environment and my location was furthest away from the exit from the room. If I were to be completing the observation again I would ensure to utilise the concept of paraphrasing and have further consideration of the environment to inform risk assessments. By applying this learning to my practice, it will allow me to ensure that I am a person centred practitioner who can communicate with individuals using an array of communication methods and skills. I will continue to ensure that I am receiving regular supervision to continually reflect on my practice and ensure that action is taken to improve on the developmental areas identified.

Words: 1326

Feedback and comments from an individual using services, their family or carers

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

Some or all of these questions may be used by the observer (who should re-phrase and add explanations and prompts as required). Alternatively, the learner is able to design their own method of obtaining information for the Observer to use if this is more suited to the needs of the individual. The observer should record responses below or by using the alternative method from the individual using services, their family or carers.

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

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

Was the social worker on time? Or if delayed did he or she contact you?	I met her a few times; she was never late or anything.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	I knew what was going on, I didn't mind talking to anyone.
Were you clear why the social worker met with you today?	To see everything was alright.
How well prepared do you think, the social worker was for his or her meeting with you?	She gave me a lot of advice, things to help me out.
How has the social worker listened to you and respected your views and wishes?	Yes, I'm happy.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Yes, my [relative] helps with things like that when I don't understand.

How has the social worker's involvement met your expectations for this visit?	I'm happy with my new flat; she has listened to me and gave good advice. I know I can go back to her if I need anything.
Are there any other comments or suggestions that you would like to make?	No.

Section 4

Safeguarding and working in complex situations – Case Study

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

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

The Welsh Assembly Government was formed in 1999 following the Government of Wales Act 1998 as a result of a referendum in 1997 regarding Welsh devolution (Gov.uk, 2013). The Welsh Assembly Government has responsibility regarding Health and Social Care and powers to create legislation for Wales (Gov.uk, 2013). The Welsh Assembly Government set out the “Sustainable Social Services for Wales” paper in 2011, which outlines their vision for Social Services and references Safeguarding stating “Responsibility for safeguarding is a shared responsibility across a number of statutory partners: the NHS, education and the police, as well as social services...Social services have a pivotal role in safeguarding. It is their responsibility to pull partners together but it is not their responsibility alone.”.

It is as a result of this paper, that the current legislation regarding assessing, meeting needs and safeguarding of Adults was produced, the Social Services and Wellbeing (Wales) Act 2014 (referred to throughout at SSWB(W)A 2014), implemented on the 6th April 2016, replaces all previous adult safeguarding policies and guidance. There are four key principles of this legislation including: Voice and Control, Prevention and Early Intervention, Wellbeing and Co-production. Other essential pieces of legislation relevant to safeguarding adults include the

Mental Capacity Act 2005 and the Human Rights Act 1998 incorporating the European Convention on Human Rights.

Part 7 of the SSWB(W)A 2014, outlines the role and duties placed upon Social Workers for Safeguarding adults. This Part introduced new terminology for the individuals that come under this remit including a definition for an "Adult at Risk" replacing the term of "vulnerable adult" previously defined in the Welsh Assembly guidance 'In Safe Hands 2000'. The All Wales Adult Protection (Interim) Procedures 2011 state that a Vulnerable Adult may include a person who "is an older person with care/support needs" or "has a physical or sensory disability", amongst others. These procedures are yet to be updated to reflect the ethos of the SSWB(W)A 2014. The Local Authority that I work within, are writing interim guidance on the Safeguarding procedures under the SSWB(W)A 2014 to ensure legal compliance.

An Adult at Risk is defined as; a person who is experiencing, or at risk of abuse or neglect and they have care and support needs, and as a result of their care and support needs is unable to protect themselves from abuse, neglect or the risk of it. Part 7 of the SSWB(W)A 2014 places a duty on the Local Authority to make section 126 enquiries where it is suspected that a person is an "Adult at Risk". Within Adult2's case, it is my belief that they fall within this definition of an 'Adult at Risk'.

Adult2's referral into the department was a Safeguarding referral from a Health professional involved, detailing their concern for Adult2's inconsistent access to food, medical and financial resources under categories of neglect/emotional and financial abuse. In order to prepare for

my work with Adult2 I reviewed previous involvement and determined that Adult2 is relatively unknown to the department. Adult2 is a female, older person in their 70's who is vulnerable to isolation from their local community, due to the nature of their physical disabilities. As a result of this, Adult2 is at risk of abuse, as alleged within the referral to the department, with care and support needs around access to resources including food, medication and finances. Adult2 has a small family whose support does not appear to be consistent and has resulted in Adult2's limited access to the resources outlined above, of which she has gone without, on occasion.

In Adult2's case, the All Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse, were initially followed, dividing the process in to ten stages. Stage 1 'alert' involves making a decision to take action and make a referral. Stage 2 'referral', includes completing the referral and submitting to Social Services. Stage 3 'initial evaluation' is regarding the decision that the Adult Protection Procedures apply. A strategy discussion is stage 4 of the process and constitutes the gathering of information, evaluating all of the identified risks and decisions being made about whether a criminal investigation is required. The remaining stages are stage 5 'strategy meeting', stage 6 'investigation', stage 7 'reconvened strategy meeting', stage 8 'case conference', stage 9 'reviews' and stage 10 'closure'.

Stage 1 and 2 of the process above, were completed by the referrer. As it had been determined that Adult2 had capacity and had consented to the referral, I made contact with her to initiate the assessment and gathering of initial information through a home visit. During this first visit to Adult2, I explained the reason for my visit and gathered further information

regarding the allegations. The outcome of this visit assisted to determine that the adult protection procedures apply, stage three of the process outlined above.

Adult2 has limited verbal communication however given time and a relaxed environment, she is able to verbalise her wishes. Adult2 advised that family have spoken Welsh during her lifetime although her Welsh language skills have reduced over time. In order to build a rapport with Adult2, I shared some of my limited knowledge of Welsh numbers, and from Adult2's response it appeared to be words that she recalled and brought her joy. As it was determined that Adult2 is not a Welsh speaker the 'Active Offer' was not required. Despite this, should Adult2 have been a Welsh speaker I would have ensured to provide the 'Active Offer' to facilitate a meaningful assessment. Adult2 informed me of her circumstances, leading to the referral being made and her personal outcome, which centred around; ultimately having access to her finances.

Although I followed the ten stages of the All Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse 2011, I also applied Adult2's case to the current legislation. From this initial visit, information I gathered enabled me to establish that Adult2 meets the 'Adult at Risk' definition, as defined within part 7 of the SSWB(W)A 2014 and as a result there is a duty placed on the Local Authority to make section 126 enquiries.

The interim guidance created by the Local Authority that I work within, to ensure compliance with the SSWB(W)A 2014, identifies that section 126 enquiries consists of "screening – to check general factual accuracy of any referral", "initial evaluation – collecting, reviewing and

collating information” and “determination – deciding from the outcome of the screening or initial evaluation what, if any action should be taken”.

I initiated the section 126 enquiries from the initial visit to Adult2 and following this, with Adult2's consent, I attempted contact with family members and supportive friends. Contact with her relative, who was identified as the 'alleged perpetrator' on the referral, and facilitating a meeting, was Adult2's solution to achieve her wellbeing. I was initially dubious about this, as I did not want my contact to impact on Adult2's relationship with this relative. Despite this, I was mindful that due to Adult2's communication difficulties, she may struggle to verbalise what she wanted to say in what could have been a pressurised and emotional meeting, suggesting that she would need support in order to do this. My decision to support this request and attempt to facilitate this meeting for Adult2, evidences my commitment to the Code of Professional Practice to respect their views and wishes, strive to establish and maintain trust and confidence, and promoting voice and control. As part of this task, I considered the risks to Adult2 and myself along with the impact on Adult2's social, family and community networks. This was an ethical dilemma for me as I wanted to respect her wishes and maintain trust with Adult2, however I was concerned that doing this may put Adult2 at further risk of abuse. This concern was further exacerbated when Adult2 was unable to advise how she would call for assistance in an emergency. Nevertheless this was unsubstantiated when all of my attempts at contact with this relative were unsuccessful.

I held strategy discussions with other professionals including Health and the Police. This forms stage four of the adult safeguarding process and I agreed with the Police and Designated Lead

Manager (DLM) that a criminal investigation could be initiated. I discussed this with Adult2, however she did not initially want to involve the Police in the process. As section 126 enquiries were not successful alone to achieve Adult2's wellbeing outcome; during supervision with the DLM for this case, we agreed that additional powers that the Police have, may assist to make progress towards achieving Adult2's outcomes. I assisted Adult2 to consider the positives and negatives of involving the Police and discussed it at length in order for Adult2 to make an informed decision. I suggested the option for an informal conversation with the Police and was honest with Adult2 about the potential for a lack of improvement without engaging with them. Adult2 evidenced her ability to weigh up information, including balancing the impact on her relationship with this relative against not achieving her wellbeing outcomes when contacting the Police, in relation to making this decision and was able to recall it on subsequent visits and contact.

I applied my knowledge of the Mental Capacity Act 2005 and the five core principles including 1. the assumption of capacity unless established otherwise, 2. all steps are taken to assist the individual to make a decision, 3. a person does not lack capacity just because they make an unwise decision, 4. any decisions made on someone's behalf are done within the best interests of the person and 5. the least restrictive option is sought (Gould and Martin, 2012). On my initial contact with Adult2, I assumed that she had capacity to make decisions for herself. Her ability to weigh up information when considering wellbeing solutions such as contacting the Police; provides evidence that she has capacity to make decisions according to the tests for capacity under the Mental Capacity Act 2005.

In order to determine capacity, the Mental Capacity Act 2005 provides a 'two stage test' and states that there must be an "impairment of, or disturbance in the functioning of the mind or brain". This applies to Adult2 given the nature of her previous medical history and neurological condition. Graham (2016) states that good practice in this first stage ensures professionals do not suggest someone lacks capacity due to an impairment or disturbance of the brain alone, without the application of stage two. Stage two includes determining whether the individual can understand the relevant information, retain the information, use or weigh the information as part of the decision making process and communicate their decision (Gould and Martin, 2012). As Gould and Martin (2012) state, if only one of the above points are not substantiated the individual is deemed to lack capacity in relation to the decision required. I am aware that the test for capacity is time and decision specific. As evidenced in the previous paragraph, Adult2 demonstrated her ability to do this.

The SSWB(W)A 2014 introduced a Wellbeing Duty that indicates the responsibility for achieving the individuals wellbeing is shared with the individual. The previous discussions evidences that Adult2 has been involved throughout the process. Adult2 has been empowered to have voice and control throughout the process, of which constitutes one of the principles of the SSWB(W)A 2014. I empowered Adult2 by promoting her participation, sharing ideas regarding achieving her wellbeing and respecting her solutions as the expert of her situation. I used a person centred approach throughout this assessment and it appeared to be successful in assisting to build a rapport, development of a mutual respect, trust and by being open and honest with Adult2.

The SSWB(W)A 2014 outlines a duty under Part 2 Section 6 (2)(c) which states that “the person exercising functions under this act, must have regard to the characteristics, culture and beliefs of the individual (including, for example, language)”. It is important that individuals are encouraged to communicate in a way that allows them to relay their wishes and feelings. I understand the barriers that language can have on the assessment process and how, what individuals are attempting to communicate can be misinterpreted. In Adult2’s case, her previous medical history has caused a permanent change to her communicative ability. As described by Koprowska (2011) this can affect their ability to “understand language, formulate their thoughts and express them”. I have altered my communication skills to ensure that Adult2 is able to participate in a meaningful assessment by ensuring that my questioning was direct, specific and not overcomplicated with ‘jargon’.

During my contact with Adult2, it became apparent the importance of non-verbal communication including facial expressions and body language. These skills are imperative for the use of active listening when engaging in assessments with individuals. Trevithick (2012) discusses the active listening responses, showing that you are listening, and how these can impact on how the individual continues with what they are communicating. This includes the use of comments, gestures and tone of voice, suggesting that all of these responses can encourage/discourage the individual from continuing (Trevithick, 2012). Martin (2011), supports this, stating that these responses assist to make the individual aware that you are listening, encourages them to say more and can assist them to reflect on what they have said. Reflecting on my communication with Adult2, I believe that the use of encouraging responses; were imperative to facilitating meaningful and effective communication. Given Adult2’s

communicative ability, it is my opinion that there has been an affect on her confidence when communicating and I have found the use of the encouraging responses has assisted her to feel less pressure to speak quickly. I supported this further by not showing in my body language, responses or cues that she needed to rush by offering reassurance and encouragement to take her time.

With regards to the alleged financial abuse, and analysing the information I gathered from Adult2, it would appear that this has occurred by abuse of position, which Mandelstam (2009) advises is "particularly relevant to safeguarding adults". In summary this is when an individual is in a position where they are expected not to act against the interests of another, uses that position to make a gain for themselves or another (Mandelstam 2009). Mandelstam (2009) states that Human Rights are allied with adult safeguarding, particularly identifying articles 2, 3, 5 and 8 of the European Convention on Human Rights, as being relevant. McDonald (2010) supports this, stating that respect for family life (article 8), freedom from inhuman and degrading treatment (article 3) and support for life (article 2) are relevant to older people and it could therefore be suggested that these articles are relevant in Adult2's case as an older person at risk of financial abuse. On considering these articles, I believe that articles, 2, 3 and 8 are particularly relevant to Adult2's case. Article 2 was compromised prior to the referral to Safeguarding due to the inconsistent access to food and medical resources. Article 3 is relevant due to the 'inhuman and degrading' act of Adult2 going without food or medication and her being unclear when she would next have access to this.

I respected Adult2's article 8 right to private and family life as; only once I had obtained consent from Adult2 did I facilitate a meeting between Adult2 and the Police. I requested that the officer allocated, attended in plain clothing to assist with not drawing attention from residents within close proximity to Adult2. I felt that this would assist Adult2 to be more comfortable and feel less pressure, promoting her to feel able to communicate her views independently. I was aware of how added pressure or anxiety can affect Adult2's ability to verbally communicate coherently. Nonetheless, I attended to support Adult2 and advocated for her when she was particularly struggling. This work evidenced my ability to work collaboratively with other professionals, being aware of their roles and responsibilities throughout the safeguarding process, while upholding the views of the individual.

The Designated Lead Manager (DLM) chaired an initial strategy meeting, which is stage five of the process outlined earlier, inviting all professionals involved with Adult2, including Health and the Police. I provided a summary of Adult2's circumstances, worked with others to evaluate the risk/s to Adult2 and generated a protection plan, discussing in a multi agency way, steps that can be taken to safeguard Adult2 from future harm and the risk of it. The outcome from this protection plan identified actions for the Police and myself. I informed Adult2 of the outcome of this meeting and provided information, advice and assistance regarding the relevant community services available and what support they can provide.

As it was determined from my initial assessment with Adult2 that she had capacity to make decisions regarding the management of her finances, although would have care and support needs regarding the long-term management of this, we discussed the community options

available. I assisted Adult2 to make a decision regarding the long term safeguarding of her finances to ensure bills were being paid on time and to safeguard her finances from mismanagement, through engagement with community services. I provided Adult2 with the information relevant to the decision, to enable her to make an informed decision. I devised a plan with Adult2 regarding the long term safeguarding of her finances and accessibility to food and medical resources.

Theoretical perspectives that underpin assessment practice in Social Work, include person centred and outcome focussed approaches. One fundamental principle of the SSWB(W)A 2014 is 'voice and control' that is about "putting the individual and their needs at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve wellbeing" (Social Care Wales, 2017). This principle coincides with the ethos of person centred approaches, which Martin (2011) states in practice includes accepting the individuals' views and feelings. Trevithick (2012) argues that although person centred practice is an understandable and accessible approach for Social Work, it is "difficult for social workers to demonstrate empathy, unconditional positive regard and congruence in everyday work" questioning whether person centred approaches can be "used with 'problems' that are severe". This suggests that, as adult Safeguarding cases often incorporate individuals more 'severe' circumstances, the reliability of person centred approaches within this remit of Social Work, could be challenged. Nonetheless, the principles of person centred approaches including empathy, unconditional positive regard and congruence are in line with my personal and professional Social Work values due to the focus on attributes of being caring, warmth, respectful, non judgemental and authentic. Taylor (2013) also states that supporting individuals

and their families in more complex decision making processes, they require a person centred approach.

Reflecting on my work with Adult2, I ensured that I practiced with a person centred approach that assisted to build a professional rapport and ensuring Adult2's personal outcomes remained paramount throughout the process. Ultimately with the support provided and working in collaboration with Adult2 and the other professionals involved, Adult2's personal outcomes were achieved, assisting to improve her overall wellbeing. A further strategy meeting was convened that reviewed the protection plan and identified additional actions required to reduce the risk to Adult2 of further abuse occurring by formulating a plan of engagement with community services that assist to safeguard Adult2's finances and access to the community for food and medical resources. Within Phillips' (2015) research and analysis in to Wales' safeguarding practice, they comment that Wales, has the "poorest" and "highest proportion of ageing populations, all in need of care and support" that they suggest could become adults at risk. Despite this, the outcomes of the Local Safeguarding Board (date unknown) are to protect adults, within the area, with care and support needs, from abuse and to prevent those adults becoming at risk.

The "Interim Adults Safeguarding Policy" devised by the Local Authority of which I work within, outlines how any professional working with an individual should incorporate a person centred approach by; seeing, speaking and listening to the individual; taking their views, wishes feelings seriously; understanding their outcomes, working in partnership with them and taking steps for them to participate in the process. With regards to Adult2's case, it is my view that I

have achieved this by including Adult2 in the process, assisting to identify their personal outcomes from the beginning, being aware of what matters to Adult2 and developing an equal professional rapport. Trevithick (2012) states a person centred approach encourages an "equal, non-authoritarian, significant, and meaningful relationship between the service user and social worker".

It was helpful to draw on the Systems Theory when analysing Adult2's case, as it would appear that an imbalance of their systems has escalated to the presenting safeguarding concerns. This theory suggests that the people that we have contact with, form our networks/systems, that should "sustain us" by creating a balance of our systems (Maclean and Harrison 2011). The development of this ecological model by Bronfenbrenner in 1994, outlines five levels of systems including Microsystems, Mesosystems, Exosystems, Macrosystems and Chronosystems (Maclean and Harrison, 2011). As explained by Teater (2014), the use of the Systems theory allows Social Workers to determine the main systems and subsystems for an individual that allows Social Workers to determine the systems that may be negatively impacting on the individuals' network. Ultimately identifying the necessary intervention required to result in change for the individual (Teater, 2014). As identified during the initial strategy meeting it was important for community services to be discussed with Adult2 to attempt to reduce future risk, and assist to rebalance their systems. This support includes long term formal support to manage finances and access the community for resources; it also includes informal support to access medical resources. I also drew upon Maslow's theory regarding hierarchy of need. As Maclean and Harrison (2011) state the 'basic biological' needs need to be satisfied before meeting higher needs such as safety and security. Linking this to Adult2 the

referral received suggests that some aspects of Adult2's biological needs are not being consistently met nor are her safety and security needs. This theory assisted me when considering Adult2's motivation and assessing for service provision. (Maclean and Harrison, 2011).

Myself and the 'DLM' arranged a further strategy meeting alongside the Police to review the protection plan. This meeting evidenced Adult2's outcome of having access to her finances, has been achieved. This forms stage 7 and stage 9 of the Adult Protection process. All Safeguarding work has been completed and I have continued to work with Adult2 under the remit of 'care management', as stated in the Ten Stages Adult Protection Process, to ensure that the support that I have referred for is running seamlessly for her and ultimately reduce the risk of future abuse or harm.

Critically reflecting on the safeguarding process, upon further reading of safeguarding legislation, the introduction of the SSWB(W)A 2014 has provided a legislative status for safeguarding adults (Phillips, 2015). Despite this, the lack of statutory guidance to support this legislation has brought about challenges when safeguarding Adult2. I was initially concerned that by using the previous guidance, the All Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse, that is not in line with the SSWB(W)A 2014 it may impact on the process for Adult2, potentially coming across fragmented. Although I have been following this guidance, throughout I have attempted to match the actions against the current legislation, by incorporating use of the language and overall ethos of identifying personal outcomes to assist to improve the individuals' wellbeing. Phillips (2015) suggests that the

guidance for this legislation may “be subject to high expectations” and states that “Wales is at risk of failing to develop fit for purpose practice guidance” which they attributed to the limited challenge and analysis of Wales’ safeguarding practices and therefore no opportunities of comparisons with England and Scotland.

Further research undertaken by Manthorpe and Martineau 2011, analysing the position of serious case reviews in England and Wales undertaken by adult safeguarding teams, states that the majority of the reports within their sample identified shortfalls in “interagency communication”, lack of clarity of the lead agency and a lack of awareness of the adult safeguarding procedures. McDonald, Postle and Dawson (2007) discuss how the affect of limited interagency working can impact on a Social Workers professional skills and confidence, identifying that their participants recognised “little sense of shared responsibility”, and a “shift of responsibility” onto an individual Social Worker. They suggest that this can lead to a lack in confidence to “challenge other professionals appropriately or act assertively” unless supported by others (Manthorpe, Postle and Dawson, 2007). It is important to note that the introduction of the SSWB(W)A 2014 covers all professionals with a duty of care towards adults, particularly adults who may be at risk. Furthermore, one of the main principles of this Act is ‘multi-agency’ which is a “strong partnership between all agencies and organisations is essential to improve the wellbeing of individuals in need of care and support”. Phillips (2015) discusses how the SSWB(W)A 2014 will introduce a legal duty to “cooperate with relevant partner agencies, which includes the NHS”. Following this experience of Safeguarding Adult2, it is my belief that working with other professionals has been positive, there has been a shared concern for the

wellbeing of the Adult2 and other professionals have been willing to engage in the safeguarding process.

This experience has allowed me to draw upon relevant Social Work theories when applying analysis to my assessment of Adult2. I have worked with Adult2 with a person centred, outcome focussed approach in a complex situation that revealed some ethical dilemmas for my personal values. Nevertheless, I feel that I have overcome this by drawing on my professional values, ethics and Codes of Professional Practice to ensure that Adult2's outcomes remained the focus. I have kept thorough records throughout this process to show the work that has been undertaken with Adult2, her views and wishes, including updates of her 'What Matters' assessment. Should I work on future Safeguarding referrals, I will feel more confident on my knowledge of the process, when working with individuals, their carers and other professionals. I would like the opportunity to undertake further work that is increasingly complex as the challenges will allow me to broaden my knowledge and skills.

Words: 4391

Section 5

Safeguarding

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

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

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

The Social Services and Wellbeing (Wales) Act 2014 also covers assessment and service provision in Wales, in relation to Children and families. Part 6 of this Act, covers 'looked after and accommodated children' and replaces Part 3 of the Children Act 1989, regarding support provided by the Local Authority to children and families and 'children in need'. The assessment and service provision for children and families is covered under Parts 3 and 4 of the Social Services and Wellbeing (Wales) Act 2014. (NSPCC, date unknown) and (Social Care Wales, 2017).

In relation to Safeguarding children, Part 7 of the Social Services and Wellbeing (Wales) Act 2014 introduced a new definition for a 'child at risk' and places a duty on 'relevant partners' of a Local Authority to report a 'child at risk' to the relevant Local Authority. A 'Child at Risk' is defined as a child who "is experiencing or is at risk of abuse, neglect or other kinds of harm and has needs for care and support (whether or not the authority is meeting any of those needs)" (Social Services and Wellbeing (Wales) Act 2014). The duty to investigate children at risk remains in section 47 of the Children Act 1989.

As with the definition of a 'Child at Risk' within Part 7 of the Social Services and Wellbeing (Wales) Act 2014, section 47(1) of the Children Act 1989 states that the Local Authority 'shall' make enquiries required to make decisions regarding necessary action to "safeguard or promote the child's welfare" where they "have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm" (Children Act 1989). Section 47(8) supports this further and states that following these enquiries, where the Local Authority determine that they need to take action in order to "safeguard and promote the child's welfare", "they shall take that action" (Children Act 1989).

As with safeguarding 'adults at risk', safeguarding 'children at risk' procedures are yet to be updated in line with the Social Services and Wellbeing (Wales) Act 2014, therefore the relevant procedures for safeguarding children is the All Wales Child Protection Procedures, 2008. The All Wales Child Protection Procedures, 2008 state that they provide guidance for "child protection practice for every Local Safeguarding Children Board in Wales" including a "framework within which individual child protection referrals, actions, decisions and plans are made and carried out". Prior to the introduction of the Social Services and Wellbeing (Wales) Act 2014, the Safeguarding children: working together under the Children Act 2004 issued in 2006 by the Welsh Government "sets out how all agencies and professionals should work together to safeguard and promote children's welfare and protect them from harm" (Welsh Government, 2006). Despite this the outstanding code of practice in relation to Part 7 of SSWWA 2014 will replace this (NSPCC, Date Unknown).

The Local Safeguarding Board also issues particular guidance for Social Workers including 'supporting children, supporting parents' regarding the safeguarding of children whose parents have severe mental illness or substance misuse, the Safeguarding Disabled Children Policy and a Multi Agency Pre Birth Pathway to "identify those babies most at risk".

Words 529

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

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

Reflecting on safeguarding policies and procedures in relation to adults and children, differences between the two are apparent. Until recently, April 2016, there was no similar legislative framework for adult safeguarding, as the "support and protection" outlined in the Children Act 1989 (Wilson et al, 2011 & Mandelstam, 2009). The Social Services and Wellbeing (Wales) Act 2014 has introduced a central Act for assessment, meeting needs and safeguarding adults and their carers.

One of the most notable differences is the concept of self-determination, autonomy and mental capacity in relation to working with adults than when working with Children. As discussed by Wilson et al (2011) adults are assumed to have capacity to make decisions for themselves, where as children are not. There is relevant legislation that encompasses the needs of adults when concerns regarding their ability to make decisions arise (Wilson et al, 2011). This legislation is the Mental Capacity Act 2005, which provides a framework regarding individual decision-making (Wilson et al, 2011). There are five principles of this legislation two of which would be relevant to this argument including the presumption of capacity and ability to make unwise decisions.

Koubel (2016) considers this alongside the significance of age with safeguarding adults and children, stating that children may be safeguarded due to their "youth and inexperience" whereas adults who are assumed to have capacity, have the right to make decisions for

themselves even if it is unwise. Reflecting on this, although adults are able to make unwise decisions, it is my opinion that exploring the risks and consequences of making a particular decision with adults, may assist them to make more informed decisions and ultimately help to safeguard them from future harm or the risk of it. There is also the concept of "Gillick Competency" which is being applied in circumstances where consent is required from a child, although it was originally regarding consent to medical treatment (Taylor, 2013). The NSPCC (date unknown) add that it assist professionals to "balance children's rights and wishes with our responsibility to keep children safe from harm".

A further argument explored by Koubel (2016) is that one of the main differences between safeguarding adults and children is that children can be removed from a "risky situation" via a court order without their or their family members' consent, whereas this does not apply to adults unless they have engaged in criminal activity or fall within the remit of Mental Health legislation. Koubel (2016) further states that attempting to remove an adult with capacity could be challenged under the Mental Capacity Act 2005 and the Human Rights Act 1998.

Words 433

Section 6

Developmental Review (b)

Critically reflect on your development including reference to the training, learning, research and use of supervision since completing section 2. Consider in discussion with your mentor/supervisor/line manager the extent to which those learning needs have been achieved. Identify additional learning needs to support your development in the transition to becoming an experienced practitioner. You will consider here, the feedback you have received from individuals using services, their families and carers, and how this has impacted on your practice.

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

Completing this process has allowed me to critically reflect on my development since qualifying and particularly my development over the last twelve months. I have been able to adapt my skills between children and adult services within the two Social Work roles that I have had. Parrott (2010) states that critical self-reflection is imperative when developing accountability as a Social Worker and to the individuals you work with. I will utilise Gibbs' reflective model to consider my practice and development over the past twelve months.

At the start of this programme, I had been a qualified Social Worker for just over two and a half years, however only practicing within a statutory setting for approximately 9 months. During supervision with my manager, it was identified that areas for development included my communication skills particularly in relation to building my confidence and assertiveness when working collaboratively with other professionals, individuals and their family or carers. A further developmental need was identified as my knowledge of the context of Social Work in Wales and how cultural needs may assist to apply analysis during assessment and intervention.

At the start of this programme I felt that there was a lot of information to learn and many skills to develop to become an experienced practitioner. I was feeling confident that I could develop the skills that I set out at the beginning of the programme and reassured that I would be supported through the use of formal and informal supervision from my manager. I was confident that my personal values of being compassionate, open, honest, trustworthy and respectful would assist me to work in a person centred way with individuals, focussing on their strengths and outcomes throughout initial Social Work assessments and the more complex safeguarding processes. I felt that I had good knowledge of Social Work theories and relevant legislation to support my role throughout the programme.

Reflecting on the two pieces of work referenced throughout the portfolio, I feel that I have shown my commitment to person centred working that is focussed on the individuals identified outcomes, by ensuring that there is an equal power balance evidenced by the positive professional rapport's that were developed. I did this by ensuring that the individual remains the expert of their circumstances and by being positive, open and honest with Adults 1 and 2. I believe that I have positively worked with other professionals, by advocating on behalf of the individuals and appropriately challenging when necessary. Although I have identified some positives from this experience, there have been some identified areas for future development. This includes my on-going recognition of risk assessing of situations and being mindful of the safety of myself, my colleagues, the individual, their family/carer and other professionals involved. Despite this, Parrott (2010) discusses that an emphasis on risk can lead to decisions being made that are 'defensible' rather than 'ethically appropriate'.

I also identified a learning need as part of the active listening process, which is regarding the use of paraphrasing as it not only shows the individual that you are listening but also assists you to make sense of their experiences.

Ethical dilemmas were identified, particularly in respect of Adult2 due to the request to facilitate a meeting between her and the alleged perpetrator. I believe that this arose due to my personal values regarding Adult2's situation and that the alleged perpetrator was a relative. I did not want to impact on their relationship, however wanted to uphold our trust and respect. Banks (2012) identified that reflective practitioners are able to recognise ethical dilemmas and consider why they arise. The consideration of the systems theory was helpful in analysing Adult2's case.

I have attended training courses throughout the programme in order to further develop my knowledge and skills, including training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards that assisted when applying the Mental Capacity Act 2005 to Adult2's case as it strengthened my knowledge of how to apply the two stage tests. I have also completed training for work within a Secure Estate in Wales, evidencing my commitment to continuing professional development and the context of practicing in Wales. This training assisted to develop my confidence, to be assertive and assess risk in my practice. Feedback was sought from Adult1 and the comments are all positive, however I am aware that they may have been reluctant to provide negative or constructive feedback.

With regards to a plan for the future, I recognise the importance of reading relevant and recent research in order to keep my knowledge up to date and will endeavour to continue to do this. I

will continue to seek support from my manager particularly when increasingly complex cases arise, to ensure that I have an opportunity to reflect in action, during contact with individuals as Wilson et al (2011) states a Social Worker's capacity to reflect in action becomes greater as they become more skilled.

Words: 822

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

Consolidation workshop	Date Attended
1	24/04/2017
2	11/07/2017
3	20/09/2017
4	17/01/2018

Notes

Mentor's comments

Please comment fully on the learner's development over the duration of the whole programme. Reflect on information provided by the learner in section 2 at the outset of the programme and the later perspective given at section 6. Where you have seen or discussed feedback from individuals using services, families or carers, you are encouraged to comment on this with regard to the learner's development.

Since her appointment to post Paige has continually reflected on her practice and identified areas for personal and professional growth and development. Over the past two years Paige has proactively sought opportunities to undertake pieces of work with increasing levels of risk and complexity. This has allowed her to develop her skills and confidence in multi disciplinary work and formal social work tasks such as participating in professional meetings of concern. Paige has crafted her communication skills to an enhanced level, which I have observed her using in a range of situations, empowering individuals to achieve their desired outcomes. I have witnessed Paige utilise and hone her skills to ensure she continues to practice in a calm, person centred manner advocating for Citizens where appropriate whilst balancing this with her own professional accountability and risk management. As evidenced in her Citizen

Feedback following assessment and subsequent intervention Paige has given appropriate information, advice and assistance as outlined within the SSWB(W)A 2014.

Paige recognised from the outset as outlined in Section 2 that as she had previously qualified and practised in England she needed to develop and consolidate her knowledge of working within Wales and the Welsh context. Paige has demonstrated throughout formal and informal supervision that she is culturally sensitive, demonstrated in her use of 'the active offer'.

On further reflecting on her practice through supervision and the duration of her consolidation programme Paige has identified that she plans to continue to undertake increasingly complex pieces of work. In addition Paige is planning to undertake a role within a secure estate working with individuals with offending behaviours to assess and manage risk. This area of work has afforded Paige opportunity to enhance her skills in assertiveness, risk management and develop positive working relationships with other professionals within the establishment. In discussing her future career and development Paige has verbalised that she has an interest in undertaking the Practice Teacher qualification as well as supporting newer members of the team.

Section 7

Bibliography

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

Adult Protection Fora. (2010). *Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse*.

All Wales Child Protection Procedures. (2008).

Banks, S. (2012). *Ethics and Values in Social Work*. (4th ed). Hampshire: Palgrave Macmillan.

Beckett, C. (2011). Part Two – Challenges and Dilemmas in Practice. In: S. Walker and C. Beckett, *Social Work Assessment and Intervention*. 2nd ed. Dorset: Russell House Publishing.

Children Act 1989. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/section/47#commentary-c20474471>. [Accessed: 4th February 2018].

Davies, E. (date unknown). *Different Words Different Worlds?*. Care Council for Wales: Welsh Assembly Government.

Gould, N. & Martin, D. (2012). Mental Health Law and Social Work. In: M. Davies, *Social Work with Adults*. Hampshire: Palgrave Macmillan, pp. 108-119.

Gov.uk. (2013). *Devolution of Powers to Scotland, Wales and Northern Ireland*.

<https://www.gov.uk/guidance/devolution-of-powers-to-scotland-wales-and-northern-ireland> [Accessed: 14th January 2018].

Graham, M. (2016). Safeguarding Adults and The Law: The Significance of the Mental Capacity Act 2005. In G. Koubel. (ed). (2016). *Safeguarding Adults and Children: Dilemmas and Complex Practice*. London: Palgrave.

Koprowska, J. (2010). *Communication and interpersonal skills in social work*. (3rd ed.). London, United Kingdom: Learning Matters.

Koubel, G. (ed) (2016). *Safeguarding Adults and Children: Dilemmas and Complex practice*. London: Palgrave.

Maclean, S. and Harrison, R. (2011). *Theory and practice*. 2nd ed. Lichfield: Kirwin Maclean.

- Mandelstam, M. (2009). *Safeguarding Vulnerable Adults and the Law*. London: Jessica Kingsley Publishers.
- Manthorpe, J. and Martineau, S. (2011). 'Serious Case Reviews in Adult Safeguarding in England: An Analysis of a Sample of Reports', *British Journal of Social Work*, 41 pp. 224-241.
- Martin, R. (2010). *Social Work Assessment*. Exeter: Learning Matters.
- McDonald, A. (2010). *Social Work with Older People*. Cambridge: Polity Press.
- McDonald, A., Postle, K., Dawson, C. (2007). 'Barriers to Retaining and Using Professional Knowledge in Local Authority Social Work Practice with Adults in the UK', *British Journal of Social Work*, 38 April, pp. 1370-1387.
- Mental Capacity Act 2005. Available at: <https://www.legislation.gov.uk/ukpga/2005/9/contents>. [Accessed: 9th February 2018].
- NSPCC. (Date Unknown). *A Child's Legal Rights Gillick Competency and Fraser Guidelines*.
<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/> [Accessed: 13th March 2018].
- NSPCC. (Date Unknown). *'Child Protection in Wales, Legislation, Policy and Guidance'*.
<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/legislation-policy-guidance/> [Accessed: 4th February 2018].
- Parrott, L. (2010). *Values and Ethics in Social Work Practice*. (2nd ed). London: Learning Matters.
- Phillips, C. (2015). 'Wales' Safeguarding policy and practice: a critical analysis', *The Journal of Adult Protection*, 18(1) December, pp.14-27.
- Social Care Wales. (2017). *Code of Professional Practice for Social Care*. Cardiff: Social Care Wales. Available at: https://www.socialcare.wales/cms_assets/file-uploads/Code-of-Professional-Practice-for-Social-Care-web-version.pdf [Accessed: 23rd January 2018].
- Social Care Wales. (2017). 'Looked After and Accommodated Children Summary'. Welsh Government. Available at: <https://socialcare.wales/hub/hub-resource-sub-categories/looked-after-children> [Accessed: 4th February 2018].
- Social Care Wales. (2017). 'Overview'. <https://socialcare.wales/hub/sswbact>. [Accessed: 4th February 2018].
- Social Care Wales. (2017). *'Principles of the Act; Co-Production'*. <https://socialcare.wales/hub/hub-resource-sub-categories/co-production>. [accessed: 18th February 2018].
- Social Services and Well-being (Wales) Act 2014. Available at: <https://www.legislation.gov.uk/anaw/2014/4/part/7>. [Accessed: 4th February 2018].

Taylor, B. (2013). *Professional decision making and risk in social work*. 2nd ed. Exeter: Learning Matters.

Teater, B. (2014). *An Introduction to Applying Social Work Theories and Methods*. 2nd ed. Berkshire: Open Univeristy Press.

Trevithick, P. (2012). *Social Work Skills and Knowledge, a practice handbook*. 3rd ed. Berkshire: Open University Press.

Welsh Assembly Government. (2011). *Sustainable Social Services for Wales: A Framework for Action*. Welsh Assembly Government. Available at:

<http://gov.wales/topics/health/publications/socialcare/guidance1/services/?lang=en> [Accessed: 14th March 2018].

Welsh Government (2006). *Safeguarding Children: Working Together under the Children Act 2004*. Welsh Assembly Government.

Welsh Government. (2012). *More Than Just Words Strategic Framework for Welsh Language Services in Health, Social Services and Social Care*. Cardiff: Welsh Government. Available at:

http://www.wales.nhs.uk/sites3/documents/415/WEB%20-%2016184_Narrative_e_WEB.pdf [Accessed: 27th February 2018]

Welsh Government. (2015). *Social Services and Well-being (Wales) Act 2014 Part 2 Code of Practice (General Functions)*. Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/151218part2en.pdf> [Accessed: 21st February 2018].

Welsh Government. (2016). *More Than Just Words Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care*. Cardiff: Welsh Government. Available at:

<http://gov.wales/docs/dhss/publications/160317morethanjustwordsen.pdf> [Accessed: 21st February 2018].

Wilson, K., Ruch, G., Lymbery, M., Cooper, A., Becker, S., Bell, M., et al. (2011). *Social Work An introduction to contemporary practice*. 2nd ed. Essex: Pearson Education Limited.

XXX Authority. (date unknown). *Interim Adults Safeguarding Policy*.

XXX Wales Safeguarding Board. (date unknown). <http://www.XXXwalessafeguardingboard.wales/policies-and-procedures-children/>. [Accessed: 4th February 2018].

XXX Wales Safeguarding Board. (date unknown). <http://www.XXXwalessafeguardingboard.wales/about/> [Accessed: 14th March 2018].

Section 8

Learner details, Signatures and Line manager verification

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

Learner Details

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

1. Name of Learner: Paige Worrall

2. Learner's University Number: 1604977

Address for Correspondence: 51 Alvanley Rise, Northwich, Cheshire, CW98AY

Telephone: 07825234359

E-mail: paige.worrall@wrexham.gov.uk

Date of Professional Qualification: 18/09/2014

Date of registration with Care Council for Wales: 01/07/2016

3. Name of Learner's Agency: Wrexham County Borough Council

Agency Contact details: Wrexham County Borough Council

Name: Initial Response Team

Address: Crown Buildings, 31 Chester Street, Wrexham, LL13 8BG

Telephone Number: 01978 298248

E-Mail address: irt@wrexham.gov.uk

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

Welsh only ☐

Welsh and English ☐

English only ☒

Mentor's details

5. Mentor's details:

Name: Jodie Murphy

Address: Initial Response Team, Crown Buildings, 31 Chester Street, Wrexham, LL13 8BG

Telephone Number: 01978 298248

E-Mail address: Jodie.murphy@wrexham.gov.uk

6. Observer details

Name: Jodie Murphy

Work Address: Initial Response Team, Crown Buildings, 31 Chester Street, Wrexham, LL13 8BG

Professional Qualification and date of qualification: Social Work, October 2009

Email and telephone number: Jodie.murphy@wrexham.gov.uk 01978 298248

Signatures and Line Manager Verification

CONFIDENTIALITY and PLAGIARISM – to be completed by the learner

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

Signed:  (Learner)

Date: 13/3/18

Feedback and comments from an individual using services, their family or carers (Section 3) - to be completed by the Observer

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

Signed:  (Observer)

Date: 13/3/18

Line manager verification

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

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

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

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

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

LINE MANAGER VERIFICATION:

NAME OF LINE MANAGER: ANNETTE GREEN

SIGNATURE OF LINE MANAGER.: A. Green

DATE: 12.3.18.

Section 9

PORTH AGORED and UNIVERSITY OF WALES, TRINITY SAINT DAVID

GRADUATE CERTIFICATE IN CONSOLIDATION OF SOCIAL WORK PRACTICE

LEARNER AND EMPLOYER'S LEARNING AGREEMENT

Name of Learner	Paige Worrall
Name of Team/Agency	Initial Response Team
Name of Mentor	Jodie Murphy
Name of Line Manager	Annette Green

Study Duty

The learner will undertake all elements of the Graduate Certificate programme diligently, including mandatory attendance at induction, 4 Consolidation workshops, and participation in an evaluation survey or focus group on completion of the programme.

The learner's full and effective participation on the Graduate Certificate is mandatory given that the Care Council for Wales has made completion of the programme a requirement within the first (three year) period of registration as a Social Worker. (Qualifying after April 2016)

Study Leave

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

Resources

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

The employer's training department agrees to:

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

The learner agrees to:

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

Line Manager/Mentor agrees to:

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

Completion and submission of portfolio

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

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

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

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

Signed: Paige Worrell Print Name: PAIGE WORRELL Date: 21/4/17
(Learner)

Signed: A. Green Print Name: ANNETTE GREEN Date: 21/4/17
(Line Manager/Mentor)

Signed: [Signature] Print Name: JODIE MURPHY Date: 12/9/17
(Mentor, if different to above)

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