



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPPF6044**

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

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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.***

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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.*

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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).

I will be using Gibbs Model 1988 (Gibbs, 1988) to critically reflect on my practice. Since qualifying as a social worker I feel I've had opportunities to develop my practice through varied experiences which include my approach to holistic and person centred practice and also engaging with supervision, training, research and observing practice of others. On reflection my skills and practice are continuously developing through a vast range of experiences including working collaboratively with service users, carers, families and professionals. This has helped identify learning needs together with ensuring high standards in my practice (Social Care Wales, 2022). The Gibbs model has enabled me to reflect and evaluate on my learning outcomes which includes applying analysis in assessment to inform intervention, collaborative working with professionals, individuals and carers alongside intervention and application of professional judgement in increasingly complex situations (Social Care Wales, 2017).

In social work the assessment process is at the heart of good practice and is an ongoing piece of work which the practitioner continually reassess the nature of the issues and the effectiveness of the approaches chosen to address it (*Birmingham's Children's Trust, 2015*). As highlighted by BCT assessments are a key process in social

work as it enables practitioners to collate information and analyse individuals circumstances and identify appropriate support for them to achieve outcomes and what matters to them in line with the Social Services and Wellbeing Act 2014 (Welsh Government, 2014). The assessment process enables practitioners to critically reflect on practice and evaluate the impacts and benefits to service users, whilst also analysing and identifying any safeguarding concerns ensuring that they are responded to accordingly (BASW, 2022). On reflection I have found confidence in completing assessments and analysing my practice although I feel applying social work models and theories difficult and lack confidence in this area. On reflection this is something to work on and aim to implement and apply them into my practice. This will support both of my confidence and knowledge to develop in critical analyses and evidencing my professional judgements alongside the information collated from assessment and observation, which will also promote accountability and anti-oppressive practice (Milner et al, 2015). At present my practice consists of varied and complex casework in which I analyse through the assessment process and in hand supports me to make complex professional judgements which goes on to evidence the interventions for the individual I am supporting. On reflection I feel my confidence has increased when managing complex situation however I can often find it challenging to deliver my professional judgements especially when the outcome is not desired or welcomed. Moving forward I look to implement the Action plan stage of Gibbs Model 1988, I feel this will support with reflection of practice as well as build my confidence within complex casework and delivery professional judgements to professionals, individuals and families. In order to implement this I will need to discuss my assessment analysis and professional judgements in supervision, mentor sessions and furthermore when I work collaboratively with professionals and through the observation when colleagues are making professional judgements as I feel this will support a holistic perspective.

Reflecting on supervision has supported and enhanced my practice as it provides me opportunity to critically analyse casework, knowledge, skills and values. I find it provides a platform to discuss and highlight my learning needs whilst reflecting on my current practices and training needs. This demonstrates that my work is in line with the Code of Professional Practice which states 'You must be accountable for the quality of your work and take responsibility for maintaining and developing knowledge and skills (Social Care Wales, 2017).

Furthermore my practice has provided many opportunities in working collaboratively with individuals, carers and professionals which continues to be a daily aspect of my practice, for example I often manage hospital discharges, supporting individuals in the community to access care at home and in care settings as well as undertaking mental capacity assessments. All of these experiences involve working collaboratively with individuals, carers, families and professionals in order to identify their strengths, needs and outcomes for the individual (SCIE, 2010). Initially when undertaking mental capacity assessments I found observing colleagues practice gave opportunities to work collaboratively which supported me to develop skills and confidence in the process whilst completing training in the Mental Capacity Act 2005 (Mental Capacity Act, 2005). Whilst these experiences have helped to develop my confidence in making professional judgements I feel further experiences of mental capacity assessments and in depth training on Mental Capacity would be beneficial to support me to work collaboratively in the future with individuals, carers and professionals. In order to achieve this I am going to implement this into my action plan (Gibbs, 1988). In order to support this I will look to discuss mental capacity

casework in supervision, mentor sessions and access further training on the Mental Capacity Act 2005 whilst undertaking research on mental capacity legislation and casework.

Word Count - 823

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: 6th September 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 aim of the social work practice was to undertake a review of service following the individual moving to residential care in line with the Social Services and Wellbeing Act Wales 2014. I will refer to the individual as person 1 to protect their identity and maintain confidentiality.

Person 1 is an 80 year old individual who identifies as a white, welsh women who has recently moved into a residential care home in the same borough as they previously lived in. Person 1 has a diagnosis of dementia and a degenerative condition which impacts upon her mobility, they recently moved into a residential placement following a best interest meeting decision due to them being deemed to lack capacity around their care and accommodation needs. It was assessed that they were not able to remain at home due to risk of self-neglect, wandering and being unsafe to remain at home due to the progression of her dementia and overall risks displayed. The purpose of the observation was to review how person 1 is settling into the placement and to explore if further support is required. Consent was gained from person 1 verbally during my most recent visit and further gained verbally in my visit prior to the observation taking place. Person 1 has chosen to communicate in English since my initial involvement and therefore all communication has since been in English. This was identified on my initial visit to person 1 through the Active Welsh Offer as outlined in the Welsh Language Measure Wales 2011 (Welsh Government, 2011). Person 1 also has a hearing impairment and finds that sitting to her left and verbally communicating clearly and at an appropriate volume helps her to hear what is being said. A person centred approach was adopted for person 1 to ensure that she was empowered to share her views, wishes and feelings about her accommodation and care.

Word count -315

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).

This piece of social work practice was to undertake a review of service following person 1's move to residential care, the aim of reviewing is to ensure that person 1's care and support needs are being met and outcomes are being achieved inline the with Social Services and Wellbeing Wales Act 2014 (SSWBWA 2014). I have supported person 1 for a period of time and am aware of their preferred communication language. This was gained during my initial visit in line with the active offer which is initiated from the Welsh Language Measure Wales 2011 (Welsh Government, 2011). This policy enables individuals to have their assessment and support to be conducted in the Welsh language. Person 1 chose to decline the active offer as their only language is English. The Welsh Government implemented the strategic framework More than Just Words (2012) (Welsh Government, 2012) to ensure services are delivered in the Welsh language for individuals who speak Welsh and choose to communicate in their preferred language without having to request this input - this supports practitioners to deliver quality care and meet the language needs of individuals which goes hand in hand with providing person centred care (Social Care Wales (SCW), 2022). The Welsh Language (Wales) Measure 2011 is also a legal requirement and maintains practitioners to be culturally aware of practice in Wales which is in line with Section 1.4 of the Social Care Wales Code of Practice which highlights practice to be 'working with individuals and carers in ways that respect their dignity, privacy, preferences, culture, language and rights' (SCW, 2017).

Consent for the observation was gained face to face with person 1 in my previous visit and on the day of the observation taking place. To ensure my practice was ethical and person centred I felt it was vital to revisit conversation and regain consent for the observation to take place with person 1 on the day due to their dementia diagnosis and nature of the illness. I explained to person 1 the purpose of the observation and why I was being observed and introduced person 1 to my observer, I also discussed feedback at the end of the observation with person 1, in which they consented to and later confirmed consent for feedback at the end of my observation. Person 1 has previously been assessed to lack capacity in their care and accommodation needs so prior to my observation taking place I discussed with staff how they felt person 1 was settling and the level of support they were providing person 1 and how they were engaging with this as well as engagement

with staff and residents. This provided me with a good indication as to how person 1 was settling and engaging with staff whilst observing and reading the room with staff and person 1. The purpose of this engagement with staff was to ensure person 1 receives care and support catered to their needs and a multi-disciplinary approach is adopted which enables person 1 to access holistic and person centred care (SCIE, 2018).

Through discussions with staff, the body language of person 1 and their initial interactions with me was able to gauge a good understanding on how they have been settling into their new home. This enabled me to direct conversation with person 1 whilst adapting to their communication needs. Person 1 has a hearing impairment and through previous practice I am aware of how best to communicate with them, by being aware of this information I was able to position myself to their left to ensure that they could understand what was being said whilst still being able to maintain face to face interactions which supported both myself and person 1 to engage in communication, both verbal and nonverbal i.e. body language. I could see person 1 was relaxed in her new environment through the way she was positioned in her chair and engaged in conversation which was fluid and presented in a cheerful manner. On reflection I feel my communication skills were able to meet their needs due to previous practice and adapting to person 1's communication needs. This supported me to gather the relevant information for person 1's review and identify that they were settling well into their new home and adapting to life with 24/7 care and support and living with other residents. When communicating with person 1, I was keen to ensure that my communication was open and honest and gathering information they wished to share whilst being mindful of person 1's dementia diagnosis and the impact that this can have on conversation. For example person 1 can find it difficult to recall the information they wish to share and often defer from the topic through changing the conversation to reflect past memories or what was relevant in their mind at that moment in time. Considering person 1 and their diagnosis and need I felt it was important to be respectful and engage with them around the change of topic and redirect the conversation when appropriate. On reflection this approach did cause the review to go on longer than expected and I feel that I need to consider allowing some additional time in my diary to accommodate with individuals with similar needs/diagnosis in the future. However I feel that my approach was person centred and enabled me to gather a good overview to review person 1's outcomes and how they have settled and adapted during their move into residential care. Mantel and Scragg (2008) recognises that the key to understanding the communicative needs of service users is to understand the impact of impairment they experience and the way this relates to their communication. On reflection of this quote from Mantel and Scragg I feel that I was able to communicate effectively with person 1 through using language they were familiar with as well as being attentive to their communication needs. 'Nonverbal communication plays a significant role in our lives, as it can improve a person's ability to relate, engage, and establish meaningful interactions in everyday life' (Goodtherapy, 2020). On reflection I was aware of my non-verbal communication skills and how these were perceived by person 1, I felt this helped to create a two way dialogue with person 1 and helped to ease them during the review process as they were able to gauge my non-verbal cues as well as my verbal cues. I felt through the communication dialogue I had with person 1 they were able to feel listened to which I ensure I was actively listening to them to engage in conversation, demonstrate good social work practice and demonstrate that I was empathetic towards them. Actively listening

throughout practice ensures that relevant information is gathered which can support in ensuring that an individual's care and support needs are being met as well as their outcomes and what matters to them, in line with the Social Services and Wellbeing Wales Act 2014. On reflection I feel my practice adopted the strength based approach which enabled collaborative working for person 1, for example I was able to gather relevant information to ensure that person 1 has settled and identify that their care needs were being met and furthermore identify outstanding needs through having an open dialogue with person 1 and staff at the residential home and identifying person 1's strengths in order to determine achievable outcomes and way forward for their care and support needs to be met. SCIE (2015) identifies the strength based approach as being a collaborative process between individuals and services supporting them, enabling them to work together and identify an outcome that determines on the person's strengths and assets.

On reflection of the overall observation and feedback received from person 1, I feel that it demonstrates that I have been able to develop a positive rapport with them. I feel it is an effective working relationship whereby person 1 is able to approach me in confidence to highlight concerns or worries as well as discuss the positives. Feedback from person 1 has supported me in my current and future practice, such as being confident in adapting my style of communication to the individuals communication need whichever that maybe and if unable to support seek advice on how best to support individuals. My practice has also supported me to understand the active offer and how vital this is in social work practice and to those who communicate in Welsh, although I am not a welsh speaker it is something I will continually offer in my practice to ensure service delivery for individuals within our communities.

Word count – 1430

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 I think so
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	I can't remember but I'm happy for you to be here

Were you clear why the social worker met with you today?	Yes
How well prepared do you think the social worker was for his or her meeting with you?	I think she always is prepared
How has the social worker listened to you and respected your views and wishes?	She is very good
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	Yes
How has the social worker's involvement met your expectations for this visit?	I like seeing the same face and like to see her when she visits
Are there any other comments or suggestions that you would like to make?	No I don't think so, she did well

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).

Wales Safeguarding procedures (2019) outlines safeguarding as a means to prevent and protect both adults and children at risk of abuse and/or neglect and educating individuals around them to recognise signs and dangers. This case study will focus on an individual I have been supporting for a period of time where safeguarding concerns have come to light. I will demonstrate throughout the case study the safeguarding legislations, procedures, policies and strategies that were used as well as reflect on my statutory duties and practice to safeguard the individual. Furthermore I will discuss and reflect on my professional judgements and collaborative working with both the individual and professionals in order to safeguard the person.

I will refer to the individual as person 2 in this case study to protect their identity. Person 2 is a 60 year old who identifies as male and originates from England where they were born and raised. Person 2 moved to Wales with their late partner around 10 years ago to an urban area of the authority where they continue to be resident. Person 2's chosen and only language is English however to ensure my practice is in line with Welsh social work practice and lawful, person 2 was offered services in Welsh via the active offer (Welsh Government, 2011). Person 2 has been known to social services for several years due to requiring supports to live independently and to have his care and support needs met due to a deterioration in their overall health and now being all care in bed. Person 2 has very limited support network and is primarily reliant on services to meet his needs. Person 2 was admitted to hospital approximately 6 months ago due to a significant deterioration in his health, prior to admission person 2 was supported to have his needs met via a package of care however due to the hospital admission and length of person 2's stay, the care package came to an end.

When person 2 was identified as being medically fit a care package from a new provider was later sourced and person 2 returned home after some months in hospital. Unfortunately due to the care crisis, impact from COVID-19 and general demands on social care, there was a two month delay in person 2 returning home due to waiting for a care package to become available. According to Wales Centre of Public Policy (WCPP) the latest census identifies that one in five of the 3.1 million population in Wales are aged 65 or over and with an ageing population comes an increase of complex health needs and demand for social care is intensified whilst there is not enough social care workers to deliver care (Wales Centre of Public Policy, 2022). It is important to reflect that Wales comprises of many semi-rural and rural locations in comparison to other areas of the UK and this can impact on service delivery of social care due to staff shortages and geographical areas. In 2021, the Welsh Government released the 'Rebalancing Care and Support' White Paper which highlights the challenges in recruitment in social care, financial implications, austerity and population growth and aims to create a national framework to commission social care that will rebalance care and support in Wales (Welsh Government, 2021).

Person 2 returned home from hospital with a care package that was assessed and care planned to meet their needs. However, concerns were identified on the second day in regards to the standard of care being provided to person 2. These concerns were rectified by social workers and raised with the service provider and put down to 'teething problems'. Unfortunately a few weeks went by and the issues around the standard of care being delivered to person 2 continued to be a concern and were identified during social work visits. The concern of the standards of care for person 2 consisted of several factors including not locking the door, key safe being left undone, person 2 not being provided adequate meals or snacks, food/snacks not being left in the reach of person 2, care staff not being trained accordingly and unable to act on professional judgements or meet the tasks addressed in the care plan amongst other issues which included not building a rapport with person 2 or including them in their care. As each concern arose these were discussed with person 2 and consent was gained to discuss with the carers and care provider. Attempts were made to rectify the standard of care being provided to person 2 through discussions with the carers and care provider. Furthermore discussions were had with my management team and the authorities commissioning team in relation to the concerns and to seek advice. Through discussion with management and commissioning it was evident that there were concerns and a unanimous decision to implement safeguards with the consent of person 2.

In Wales we are governed to safeguard adults by the Social Services and Wellbeing Wales Act 2014 (SSWBWA 2014) which gives everybody a duty of care to safeguard adults and children. The SSWBWA 2014, Part 7 of the Act identifies an adult at risk 'as an adult who is a) is experiencing or is at risk of abuse or neglect b) has needs for care and support (whether or not the authority is meeting any of those needs and c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it' (SSWBWA, 2014). There were no concerns in relation to person 2's capacity, therefore consent was needed before auctioning safeguard processes. I contacted person 2 via telephone and had discussions in relation to the concerns and options, person 2 agreed that we had attempted to rectify the concerns/issues however had not been successful and consented to the next steps being a safeguarding referral being submitted. When

reflecting on part 7 of the SSWBWA 2014 person 2 was at risk of neglect and potential abuse due to the care provider being the only persons to meet and address his care and support needs and to safeguard him day to day from risk and harm due to the intensity of his needs and health and having no support network. To manage the risks and implement safeguards for person 2 discussions were held with the safeguarding lead of the care provider and immediate safeguards actioned in relation to the immediate concerns and risk for person 2 which included the property being secured after every call and person 2 being offered and provided appropriate foods/fluids within his reach at every call. These immediate actions implemented to safeguard and risk manage person 2 are in line with Part 3, section 19 of the SSWBWA 2014 which highlights 'the duty to assess the needs an adult for care and support in order to minimise risk.' To finalise the initial safeguarding process

Following these safeguarding steps that were implemented, I reconvened with management to discuss further, update and initiate next steps. I feel that taking these steps supported best practice as it helped me to reflect on my practice and ensure that my safeguarding plan covered the immediate safeguarding concerns.

Furthermore this supported me to reflect on my professionals judgements where I had assessed and critically analysed the situation to make evidence based decision. This links to the National Occupational Standards, which demonstrates and outlines best practice in Social Work (SCW, 2014). From discussions with management, commissioning and with person 2 it was agreed to complete an adult at risk form to alert the safeguarding team in the local authority to enable them to action their safeguarding processes. On reflection my practice to risk manage the situation as discussed above links closely to the Social Care Wales, Social Work practice guidance – part 6.3 safeguarding individuals through risk management (SCW, 2019).

Further discussions were had with person 2 in relation to escalating the situation to the safeguarding team and what this could entail, from assessment and knowledge of person 2 there were no concerns in relation to his mental capacity. Through discussion person 2 was able to recognise that he was reliant on the carers to meet his needs due to him being isolated to his bed which affected his ability to protect himself and implement safeguards in the present and the future. Ultimately this made person 2 very vulnerable and meant his ability to protect himself was affected by his situation (Koubel, 2016). I felt that I was able to provide person 2 with key information around the risks and concerns on a level that supported them to understand and make a decision based on their own views, values, wishes and feelings whilst being knowledgeable of the concerns and risks. It is vital to provide the knowledge base to support individuals to be empowered to make decisions as outlined by Mantell and Scragg, 2008. Whilst working with person 2 I was always mindful to communicate in an open, accurate and transparent manner which links with section 2.2 of the Code of Professional Practice (SCW, 2017). This approach also supported my practice to be person centred through providing person 2 with all the available information whereby I was clear in setting out expectations and evidence based practice alongside actively listening the person 2 and providing them with reassurance and a professional accountability. All of this link into working with person 2 in a collaborative way and providing support emotionally and physically through implementing safeguards. Through being accountable and implementing the above practices this ensured that my practice was anti-oppressive and that person 2 remained at the centre of his care and

support. Although I did find that person 2's circumstances and the safeguarding concerns did challenge my personal and professional values as he was a vulnerable person and did not want to explore alternative supports where he would have his needs met on a temporary basis in a setting whilst we reviewed and amended the support at home to be of a good standard however person 2 was keen to remain at home despite the concerns and risks.

Reflecting on person's 2 decision in regards to his care and accommodation, I felt my practice needed to provide person 2 with empowerment due to the context around the safeguarding concerns and to provide person 2 with confidence and enable him to take a level of control around his care and support needs in hopes this will support him in the present and future. Following these identified needs I chose to implement the empowerment theory for person 2 due to the context and complexities he was experiencing. 'Empowerment theory social work involves using intervention methods to guide people towards achieving a sense of control (VCU, 2021).' This theory provides understanding around complex issues in relation to social political and economic factors which disadvantages and oppresses individuals in society. On reflection I felt this was an appropriate theory to implement for person 2 in order to support and empower him to advocate for himself with a level of confidence and ensure that he were to remain at the centre of his care in both the present and future. I feel that having worked with complex cases previously I had a good level of confidence in my approach although it is something that I wish to continue building my confidence in and implementing varied theories to enhance my practice. 7

Social work practice across the country is strengthened through collaborative working which is a key factor in safeguarding practices, in Wales collaborative working is strengthened by part 7 of the SSWBWA 2014. In England they are underpinned by the Care Act 2014 which is made up of six principles, one of them being partnership working which aims to partner work with the communities and services in order to detect, prevent and report alleged abuse and/or neglect, part 1 underpins the local authorities, police, health and other agencies to protect adults at risk of abuse and/or neglect. Other parts of the world have different perceptions of safeguarding adults in comparison to the UK. For example in New Zealand they do not have processes implemented via legislations to safeguard adults at risk of abuse and/or harm, instead safeguarding concerns should be reported to the police. New Zealand have the Criminal Act 1961 underpins that: 'Anyone who is over 18 and who is aware that abuse of a vulnerable adult is occurring in the household they live in or are a member of (whether or not they live there) must take reasonable steps to protect that vulnerable adult from death, serious harm or sexual assault (Community Law NZ, 2023). On reflection this piece of legislation is likely to put adults at further risk of abuse and/or neglect which could go undetected and under reported. Comparing New Zealand and Wales safeguarding practices it is clear that Wales demonstrates a clear commitment to safeguard adults and implement clear strategies and process for practitioners whilst giving everyone the duty to report safeguarding concerns as they recognise that safeguarding is everyone's responsibility (SSWBWA, 2014).

Wales continues to demonstrate their commitment to protect and safeguard adults through the Older Person's Commissioner, who's duty is to 'protect and promote the rights of people over the age of 60 people through

ending ageism and age discrimination, stop the abuse of older people and enable everyone to age well (The Older Person's Commissioner Wales, 2016).' The Older Person's Commissioner is specific to Wales and is the first role to protect, safeguard and advocate for the rights of people over 60 in the world. In addition to the Wales Older Person's commissioner there is further protection for all persons in the UK through the Human Rights Act 1998 which outlines the rights and freedoms which is underpinned by the European Convention on Human Rights 1953. Reflecting on the foundations of the Human Rights Act 1998 and European Convention on Human Rights 1953 it is clear that these are the basis for safeguarding principles throughout the UK and the SSWBWA 2014.

The SSWBWA 2014 and Wales Safeguarding Procedures 2019 outlines the duty for Local Authorities in Wales to make enquires within 7 days when receiving a safeguarding referral and there is reason to believe that an adult is at risk. From these enquiries decisions should be formulated by the safeguarding team as to whether any actions will take place, what action and by who (SSWBWA 2014). Once I had submitted the safeguarding referral for person 2, the safeguarding manager made contact to advise that the referral had been received and the concerns had been substantiated whereby they would be escalating to a strategy meeting (Section 126 of SSWBWA 2014). The allocated safeguarding social worker made contact within the 7 day timescale to arrange a date and time for a strategy meeting and to advise that they had acted on the information received and informed that the immediate safeguards implemented at the initial stages had been confirmed as being in place and acted on by the care provider. Due to there being a wider issues and concerns in relation to the care provider and the standard of care being delivered the safeguarding team were keen to escalate, information gather and explore the safeguarding concerns further. A strategy meeting was later held which was made up of all the professionals involved in person 2's care and support making it a multi-disciplinary meeting.

Discussions were held in relation to person 2 and the concerns and risks that he faced due to the poor delivery of care from the provider. It was founded that the care provider had recruited many international workers and the training and shadowing opportunities were not to standard. The issue around recruitment for health and social care has been an increasing issue within Wales and has now resulted in a 'care crisis' whereby there is a significant shortage of health and social care workers which puts the most vulnerable in society at risk (Senedd Research, 2022). In February 2022 the Home Office announced that international care workers and home carers could apply for a health and care visa to work in the UK under the skilled worker visa scheme, it announced that all 4 countries in the UK were experiencing a shortage of these roles (Home Office, 2022). It is clear that this scheme has been set up by the Government is bridging the gap in the 'care crisis' however from my experiences and research amongst colleagues there are concerns around the level of support and training international workers are being provided by care providers and how this is being implemented and supervised on a wider scale. For example how is the welsh context being applied to their training and how is this supporting them to apply it into their practice and adapt to the welsh culture and needs of individuals. This is something that was highlighted in the strategy meeting and implemented as part of the care and support protection plan for the care provider to address. The aim of this is to ensure person 2 receives a standard of care which acknowledges his cultural preferences and includes him in his care and support needs i.e. carers

engaging him in conversation etc. The care and support protection plan formulated in the strategy meeting clearly was focused on person 2 and created outcomes around what was important to person 2 focusing on their strengths and needs, this demonstrates a person centred and strength based approach which is in line with the Wales Safeguarding procedures, 2019. Going forward the care and support protection plan is currently being monitored and reviewed and will conclude once the multi-disciplinary team from the strategy meeting are in agreement that there are no further safeguarding concerns. In Wales there are six safeguarding boards and it is their duty to improve outcome to ensure adults are protected from abuse and/or neglect as well as identify the most appropriate multi-agency approach to safeguard adults within the local areas (Safeguarding Board Wales, 2023).

It is key to remember that whilst many risks can be managed through assessing potential harm and reducing the harm through strategies and care planning, not all risks that are identified can be removed from a person's life including when a person has capacity and chooses to make unwise decisions (Mental Capacity Act, 2005). Social Care Wales recognises this whereby they have related section 4.1 in the Codes of Professional Practice 2017 to risks and rights of a person, the section states 'working with individuals to balance rights, responsibilities and risk (SCW, 2017).' Furthermore when there are concerns around mental capacity or clear safeguarding concerns social workers can seek court intervention, support and advice in order to determine next steps to protect the individual from harm or abuse and/or neglect. In order for a social worker to go through these processes legal documents with supporting evidence would need to be prepared and submitted. Communication with person 2 has primarily been face to face although some has been over the phone, comparing the two different forms of communication in this scenario I would say that face to face has supported and evidenced the safeguarding concerns and enabled open, transparent and honest conversations with person 2. It has also provided time to help rectify the safeguarding concerns and issues, for example as I was present when the door was locked, I was able to ensure this was locked and key was secure upon leaving and act on this immediately with the carers and care provider. Throughout my visits and meetings to safeguard person 2, I ensured management were kept up to date with the progression of the case and utilised both case discussion meetings and supervision to gain advice and support.

On reflection I feel that I worked in a collaborative way with person 2 and all others involved in the care and support of person 2. This is a key element in the SSWBWA 2014 as it indicates the co-production working with individuals, their family, friends and carers to support the individuals care and support needs to be achievable and effective. Throughout my visits with person 2 I ensured that person 2 was at the centre of his care and supported him to have his identified needs and outcomes met whilst going through safeguarding processes. I also engaged person 2 to share their views, wishes and feelings in relation to the concerns of his care whilst incorporating his strengths and focusing on these as outcomes. Furthermore person 2's care and support plan was updated to reflect new outcomes as well as provide a clear and precise breakdown of tasks and needs to support person 2 to have his care and support needs met, this also helped to identify areas of learning/training for the carers where they were not meeting person 2's care and support needs and identified outcomes.

Alongside my practice accurate case recordings were documented on the social work system, ensuring that

they complied with the Data Protection Act 2018 and GDPR. It is key for social workers to record accurate information gathered in order to support with assessment processes, analysis and decision making. Recordings and documents are also identified as a legal document and if requested the courts and individuals can access these which highlights the significance and importance of them.

On reflection I feel that I maintained my professionalism and accountability throughout my practice which consisted of working collaboratively with both person 2 and all professionals involved including my management team. I feel that my practices and approaches supported me in my decision making process as I feel I was able to rationalise and evidence my concerns for person 2. Furthermore, I feel that this case has supported me to further develop my experiences and confidence in safeguarding by evolving my skills and knowledge in the processes and procedures whilst building my confidence in applying my professional judgements and analyse. I also found that case discussions and supervisions provided an arena for me to critically reflect and analyse my professional judgements, accountability, professional standards and understanding of legislations and policies implemented to safeguard individuals – the ability to reflect in these areas have supported me to develop my practice and confidence as well as my knowledge. I also feel that supervision has provided a platform to reflect on areas for improvement and identify new learning needs as well as reflect on my current learning needs. On reflection I feel this case has supported me with future safeguarding practices as I feel more prepared and confident to manage complex situations and work collaborative with individuals and professionals whilst applying my professional judgements alongside legislation and policies.

Word count - 3777

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.

The NSPCC defines safeguarding as 'the action that is taken to promote the welfare of children and protect them from harm (NSPCC, 2022). Wales developed The Social Services and Wellbeing Wales Act 2014 (Welsh Government, 2014) which provides professionals with a duty to safeguard children at risk of abuse. Under Section 130 of the SSWBA 2014 it outlines that all professionals involved in the care of children have a duty to report any concerns of safeguarding to the local authority. This provides Local Authority with a duty to undertake enquiries and implement safeguarding actions if required in order to protect a child from abuse or neglect. Following the need for safeguarding actions this would action Section 47 of the Children's Act 1989 (Children's Act, 1989). This Act instructs the local authority with duty to investigate if there is a reasonable belief that a child is likely to have experienced or is experiencing significant harm or abuse. The Wales Safeguarding Procedures 2019 (Wales Safeguarding Procedures, 2019) underpins safeguarding principles and guidance for social workers in child protection and supports their decision making and actions in order to ensure the wellbeing and welfare of the child. Section 47 of the Children's Act 1989 provides duty to conduct a strategy meeting with relevant professionals which aims to risk manage the situation and create a plan and strategy in order to safeguard the child. Professionals must ensure that they work collaboratively with the child's parents to minimise risks and plan effectively to maintain the child's wellbeing in accordance with Part 2 of the SSWBA 2014. If the child requires immediate safeguarding the police must exercise their statutory powers to ensure the safety of the child. This could mean that a child is placed in a safe place either with parental permission or through an emergency protection order which is obtained from court. Section 47 also implements the use of the child protection register this is where a child protection conference is held and determines if a child is at significant risk of harm and needs to be on the child protection register in order risk manage the concerns of neglect or abuse. Wales is the first country in the UK to adopt the United Nations Convention on the Rights of the Child 1989 into the SSWBA 2014. The UNCRC has 54 articles and is an international agreement that outlines the rights of a child and how countries and governments should make these rights accessible to children (UNICEF, 2022). Article 1 and 19 of the UNCRC provides anyone under the age of 18 with the right in the convention to receive protection from abuse and neglect (Save the Children, 2022). In Wales the Safeguarding

Procedures promotes and protects the rights of children and young people, this outlines the commitment that Wales has for children's rights and the UNCRC.

Word count – 473

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

Question b:

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

The Wales safeguarding procedures recognises that there are both commonalities and differences in legislations and safeguarding procedures for both adults and children (Wales Safeguarding Procedures, 2019). In order to safeguard adults consent is key and under the Mental Capacity Act 2005 (MCA 2005) capacity is to be presumed unless there is contrary evidence (Mantell et al, 2008 p11). The MCA 2005 outlines a person must be assumed to have capacity unless otherwise established that they may lack capacity using the five principles of the act. This can often be challenging for practitioners when an individual has capacity and does not consent or want to pursue safeguarding procedures as they may continue to be at risk of abuse or neglect. Practitioners can advise of safeguarding concerns and risks however it is vital that they respect the decision of individuals when they are not deemed to lack capacity as adults are entitled to make unwise decisions as outlined by the MCA 2005 and can decline intervention and assessment under the Human Rights Act 1998 as they are entitled to the right to privacy under Article 8 of the act (The Human Rights Act 1998). When an adult is deemed to lack capacity and requires safeguarding intervention then the best interest process should be initiated alongside safeguarding procedures, it is also vital when undertaking the best interest processes that the individual's views, wishes and feelings are considered. In adults safeguarding it is imperative to have consent from an adult or for decisions to be made in the adults best interest in order to initiate safeguarding and is loosely structured by legislation. Whereas safeguarding procedures and legislations in Children's services are rigid as they are more structured through timescales set by legislations and framework, ensuring that assessments, reviews and visits are managed within timescales and practitioners are duty bound to act. All Local Authorities in Wales also have a statutory duty to protect and promote the welfare of children, and in Wales a child is defined as anyone under the age of 18 (Welsh Government, 2014). It is the responsibility of all professionals and organisations to report a child at risk of abuse and neglect which is outlined under section 130 of the SSWBAW 2014 and also the Children's Act 1989/2004. When the Local Authority receives a safeguarding report for a child, they do not need to seek consent from the child or parent/s to undertake investigation and can initiate safeguarding processes as they deem appropriate in line with the Wales Safeguarding Procedures and Section 47 of the Children's Act 1989.

Word count – 427

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

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 Gibbs (1988) model of reflection to reflect on my CPEL journey and development review of my identified learning needs in task 1A, I feel there is growth in my practice and identified goals. I have analysed improvements in my practice and reflected on areas for progress development. From reflection I feel the action plan has enabled me to challenge and critically reflect in a more structured and methodical way in comparison to other models such as Kolb's reflective cycles 1984 (Kolbs, 1984). Using Gibbs model has supported me to understand my practice and critique myself around what went well and what I can improve on. My confidence in applying models and theories has increased throughout practice, whereby I make a conscious effort to evidence base my decision making. This has enabled me to look at situations holistically and evidence my professional judgements and decision making through both written work and in person practice. On reflection my confidence in practice has developed alongside my experiences and professional judgements as a practitioner, I feel I am more equipped to manage complex situations and confidently evidence my decision making. For example I have supported an individual who had a specific request for his care, I worked in collaboration with him to meet his outcomes and needs. The individual and his family feedback they were happy with my support and said they were grateful for the outcome focus support received. This feedback was appreciated as it reassured me, my practice is person centred. I will continue to strive to ensure my practice

supports individuals to meet their outcomes and needs where possible to do so in future inline the SSWBAW 2014.

In addition there are occasions where I feel nervous in practice however through reflection, communication, research and supervision I feel I manage my nervousness during practice and feel more confident around my professional judgements and decision making. I will continue to reflect in supervision, with colleagues and professionals, utilising feedback from service users and keep this logged as a learning need throughout my practice as a social worker.

Covid-19 has had a significant impact on the way social workers practice and since restrictions have lessened it is clear there is a new approach to practice through remote working. This has resulted in benefits within the role although it is clear there have been many challenges amongst individuals and families we support, multi-disciplinary working and colleagues who are new to the role. From reflection I have found one of the main challenges from the Covid-19 restrictions and working remotely is being unable to read the room, for example not being able to pick up on an individual's body language or presentation during a remote visit or how conversation is being perceived and translated. I have found this to some extent remove the holistic approach within social work which can be very challenging especially when the visit is a must and there being Covid-19 present for the worker or individual (Mishna F et al, Nov 2020).

Upon reflection a key element in my practice has been both supervision and mentor sessions, this have supported me to reflect on my social work practice, discuss my identified learning needs and enhance my knowledge in practice through discussing research. In my mentor sessions I have been able to focus time to reflect on my identified learning needs, how I am meeting these and what I need to continue to work on. This has been supportive in my role, especially due to my role being remote. It has allowed me to allocated time to discuss, reflect and implement creativity within my role as a social worker. Through supervision I have been able to identify mental capacity is now an integrated part of my daily role in which I feel confident undertaking, I have found that this confidence has developed through practice, reflection, observation of colleagues and training. Although training in Mental Capacity 2005 has been limited and restricted to online I have found that I have been able to implement the knowledge shared, I do not feel the training restricted to online has impacted upon my practice as I feel I have benefited from the combination of practice, observation, reflection and training which has enhanced both experience and confidence. Supervision has enabled me to reflect on next steps for my action plan and future learning needs which include continuing to enhance my experiences in social work through attending training, enhancing my knowledge, observing experienced practitioners in new and unfamiliar or areas I may not be as confident in – I feel this will support me to further my confidence in my practice enabling me to become an experienced social work practitioner which would ensure my practice reflects the Social Care Wales Code of Professional Practice 'section 6.1: meeting relevant standards of practice, following procedures and working in a lawful, safe and effective way' (Social Care Wales, 2017).

Word count – 818

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

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Detail of Workshops Attended

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

Consolidation workshop	Date Attended
1	16 th November 2021
2	3 rd January 2022
3	30 th August 2022
4	15 th September 2022

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 am the Manager in Neath network so am fortunate to not only mentor Jazzmin but also have the responsibility of allocating cases, authorising work and providing management guidance to her as required. This has given me a good overall impression of how Jazzmin has progressed throughout her first years in practise.

Jazzmin identifies in her portfolio how she uses the Gibbs Model 1988 (Gibbs, 1988) to reflect on her own practice experiences. Jazzmin explains how she utilizes supervision, training resources, research, etc to reflect on what she did and how her intervention has supported people to attain their Outcomes. Jazzmin reflects on collaborative working with people, their families, carers and other professionals involved in their care of the person to identify and reduce barriers to independence. This demonstrates Jazzmin works collaboratively with people, taking a person centred approach in her assessments and Care Planning for individuals on her caseload.

Jazzmin has also demonstrated the ability through reflection in case discussions, when seeking advice and guidance from both her colleagues and managers in the team; that she considers how she has worked with the person when assessing or supporting a person

through a crisis situation, why she intervened in the way she did and she also considers if there were other things she could have done in these situations that may have changed the Outcome for the person she is working with or if she was to have the same experience again, would she have done anything differently.

This approach to practice and reflecting on one's own practice enables Jazzmin to reflect on other interventions and social work theories that she could have adopted and through analysis of her practice, determining how she would intervene if she was presented with similar circumstances in future. This model as reflected on by Jazzmin promotes the worker's ability to recognise areas of practice they may feel less experienced or knowledgeable in and enables them to identify training needs through their own supervision and appraisal.

Jazzmin has always been very proactive in sourcing opportunities to learn and develop more, for example shadowing colleagues to gain more experience in areas she felt she needed to increase confidence in such as MCA and BI. Or approaching senior staff or supervisor to discuss training needs.

Jazzmin always approaches supervisor / senior staff to discuss anything she feels she needs additional guidance and support with. Jazzmin has over time dealt with more complex cases exposing her on occasions to some extremely difficult and challenging situations which has resulted in needing to respond to the immediate protection of a vulnerable adults. These situations have sometimes involved Jazzmin being exposed to risks herself by aggressive individuals. Jazzmin has always acted with professionalism and empathy, demonstrating resilience in coping with the impact of these events on her own feelings and values. Jazzmin has sort out support and help in these situations and reflected on the events to help inform her future practise.

Jazzmin's written work is of a very high standard, it is outcome focussed and person centred. Jazzmin always takes on advice and guidance and in turn offers support and guidance to her peers. We have had many new staff in the team over the last year and Jazzmin is always willing to offer shadowing opportunities, understanding the importance of this for new members of the team.

Jazzmin is a highly valued member of her team. In the time she has worked with me it has become clear that Jazzmin has become very competent and confident in undertaking the tasks and responsibilities of the social work role.

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: Jazzmin Roberts

2. Learner's University Number: 1815260

Address for Correspondence:

Neath Network Team

Civic Centre

Neath

SA11 3QZ

Telephone Number: 01639686600

E-mail address: j.roberts6@npt.gov.uk

Date of Professional Qualification: June 2016

Date of registration with Social Care Wales: August 2016

3. Name of Learner's Agency

Agency Contact details: Neath Port Talbot Social Services

Name:

Neath Network Team

Address:

Neath Civic Centre

Neath

SA11 3QZ

Telephone Number:01639686600

E-Mail address: p.cotgias@npt.gov.uk

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

Welsh only ☐ Welsh and English ☐ English only X☒

Mentor's details

5. Mentor's details

Name: Paul Cotgias

Address:

Neath Network Team

Neath Civic Centre

Neath

SA11 3QZ

Telephone Number: 01639686600

E-Mail address: p.cotgias@npt.gov.uk

6. Observer details

Name: Rachel Jones

Work Address:

Neath Network Team

Neath Civic Centre

Neath

SA11 3QZ

Professional Qualification and date of qualification: Social Worker - 2016

Telephone number: 01639686600

Email address: r.jones10@npt.gov.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: JRoberts (Learner)

Date: 26-FEB-2023

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: R.Jones _ (Observer)

Date: 26.02.2023

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 P. Cotgias (Mentor)

Date 24.02.2023

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: MR PAUL COTGIAS

SIGNATURE OF LINE MANAGER: P. Cotgias

DATE: 24.02.2023

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

NAME OF SOCIAL WORKER: N/A_____

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	Jazzmin Roberts
Name of Team/Agency	Neath Network Team
Name of Mentor	Paul Cotgias
Name of Line Manager	Paul Cotgias

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: JRoberts Print Name: Jazzmin Roberts Date: April 2022
(Learner)

Signed: Print Name: Paul Cotgias.....Date: April 2022

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

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