



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

**LEARNER PORTFOLIO
(PORTH AGORED and UWTSD)**

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Learner's University Registration Number:0601961

Resubmission

**WALES ACADEMY for PROFESSIONAL
PRACTICE and APPLIED RESEARCH
2020-2021**

Portfolio Guidance

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

What is the portfolio for?

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

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

Learner and employer learning agreement

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

How should the Portfolio be presented?

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

All assessment materials may be submitted and assessed in English, Welsh, or a combination of Welsh and English. Your work will be marked by a suitably qualified assessor from another Authority. Submissions through the medium of Welsh will be treated no less favourably than written work submitted in English.

How is the Portfolio assessed?

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

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

Confidentiality

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

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

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

Dyslexia and other special circumstances

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

Section 1

Graduate Certificate in Consolidation of Social Work Practice - Learner Portfolio

Guidance:

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

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Section 2

Developmental review (a)

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

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

- Working Collaboratively with individuals who are using services, their families and 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 I can undertake Social Services and Well-Being (Wales) Act 2014 (SSWBA) assessments and care and support plans. I've sourced long and short-term placements, as necessary undertaking capacity assessments and making best interest decisions. This broad and challenging range of work has enhanced my ability to analyse situations/information and make informed decisions.

I'm able to identify the most appropriate intervention for supporting specific individuals and ensuring, as far as possible, that individuals can achieve their identified goals. My ability to consider an individual's circumstances/situation, then identify and apply theoretical approaches in the context of relevant policy or legislation, has been reinforced. Nonetheless, I continue to utilise supervision and mentoring whenever

necessary to discuss and reflect upon my practice which I find invaluable to my ongoing personal and professional development.

One of the key learning needs identified for me as a Newly Qualified Social Worker within an Adult Learning and Disability Team was continuing development of my confidence in working collaboratively with both the wider community and other professionals.

Discussions with my supervisor and mentor stressed the importance of the commonly used person-centred approach (PCA) in my role. The importance was stressed of my gaining a greater understanding of the theory to apply it when informing interventions. Thompson, Kilbane, and Sanderson (2008) emphasise that PCA is central in identifying what is important to an individual from their own perspective in alliance with their families/friends and carers. Indeed, research suggests that caregivers spend a substantial amount of time interacting with their care recipients (Hobson et al, 2006). Therefore, I consult the client's caregivers and families to identify and implement interventions to achieve positive outcomes and ensure continuity of care to their recipients.

Other learning needs identified with my supervisor and mentor were the acquisition of further knowledge and understanding of the key principles applied when carrying out SSWBA assessments, enhancing my ability to assess risks, and deepening my understanding of relevant legislation, policy, and procedures. This was about essentially providing the basic toolkit for me to undertake my role. I plan to read the information on the Social Care Wales hub to familiarise myself better with the key principles of the Acts.

I work collaboratively in a multi-disciplinary team, including a range of health professionals, and extensively with third sector providers. I've become an increasingly effective member of the team as I've gained experience. To further develop my skills in working collaboratively I intend to shadow colleagues undertaking specific tasks. This will assist me in gaining a better understanding of my role and remit within my settings. I recognise that this is vital to ensure high quality for the service user I work with.

I'm expected to assess the presenting risk to the individual or carer and to ensure that information is recorded in a timely, accurate manner. I am confident that currently I can provide relevant information and advice and complete an initial brief assessment to determine any requirement for a more comprehensive assessment. I agreed with my supervisor that I would identify and attend relevant training to further deepen my ability to assess risks. I recognise that the complexity involved in working with vulnerable adults makes it essential that I possess high-quality professional judgement and skills to assess the risk to ensure appropriate safeguarding measures are put in place.

Word Count 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: 22.10.2019

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 intervention concerned Mr 1, who is protected under the Court of Protection, Deprivation of Liberty Safeguard (CoP DoLs). Mr.1 is classified and assessed as an adult at risk of harm to himself or others in an unsupervised situation. He is not free to go anywhere without permission or close supervision; he is continuously supervised when going out in the community by his Personal Assistant (PA). The meeting which this observation covered was held in order to collate the necessary information to complete a renewal form for the CoPDoLs. Further, obtaining a rounded, fully accurate picture of the family and situation meant that multiple visits were required to properly complete the necessary paperwork.

During the initial stages of my interaction, when I visited Mr 1 in the presence of his mother and PA, there was extended discussion about the location of their current home, which is very rural, and where they had lived previously. Mr 1 mother reported that they had moved from England to Wales many years previously, as had her relations. This led to discussion about any interest on her part in the local area and the Welsh language. I used this opening to remind all three of them of their right to request that the service be provided in Welsh ("active offer"), as defined in the Social Service and Well-Being (Wales) Act (SSWBA) 2014 (legislation.gov.uk, 2017). However, Mr 1's mother stated that, as she was not a proficient Welsh speaker, they wished the meeting to be conducted in English.

Word Count 252

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)

During one of the visits I explained the requirement for me to undergo social work continuing development, specifically the obligation to undertake a direct observation, to Mr 1 and his PA and mother. I explained to them that there would be an observer, who would be my mentor, observing my practice and that feedback would be sought from them immediately after the observation about their perception of my practice. Although all three gave verbal consent, thus allowing the observation to take place, I also advised them that they had the right to withdraw from taking part in the observation and that if at any time they changed their minds they should immediately advise me of this.

I felt that my preparation planning was highly effective. Firstly, I was fully informed and prepared an outline of the issues which needed to be discussed. I had spoken to Mr 1's previous Social Worker and my mentor and supervisor to ascertain any additional information necessary to ensure that all the major requirements were met in the meeting. During the meeting I made notes which I used for three purposes: firstly, to ensure that I had addressed all the issues on my meeting plan; secondly, to orally summarise in the meeting what we had discussed; and, finally, to subsequently reflect on the meeting objectives and outcome. I also ensured that I explained how the issue would progress and what the next steps of the process would be. I feel Mr 1's mother was fully engaged in the meeting conversation; this was proved by the fact that she asked several questions for clarity. On reflection, I feel that I was fully supportive of her participation in order to determine the outcomes that she wished to be achieved, especially as the decisions would have a direct impact on her as the main care, given

that Mr 1's rights would be compromised. Being aware that my statutory role is a position of power, and as such could create a power imbalance, I actively adopted a non-judgemental, empathetic manner, particularly when Mr 1's mother was voicing her wishes. Doing this (Adams, 2008:47) encourages "greater participation by people who use services and carers" and empowerment is key to realising human rights.

Mr 1 did not take part on this meeting; his mother advised me that he would become agitated if he did not stick to his rigid routine and go out with his PA. She also stated that his severe disability meant that he would have been unable to fully participate or understand the information. She did, though, state that I was welcomed to arrange another meeting with him and his PA later, at a place he wished. I expressed my gratitude that she understood the requirement to ensure that Mr 1 is supported as much as possible to participate during the process. I used supervision and mentoring to guide my practice and later discussed the unexpected change occurring during the observation.

The observation meeting with Mr 1 and his PA meeting took place in a local café that he visits frequently, hence he was comfortable. At the meeting he had an iPad which he carries with him when he goes out in order to watch videos thus keeping him mentally stimulated. On reflection I found this meeting difficult and challenging. This was not due to unintended conventional labelling (Williams and Evans, 2013). Rather it was due to three factors; firstly, my previous involvement with individuals with severe learning disability was limited; secondly, I was uncomfortable about discussing highly confidential information in a public setting; and finally, I repeatedly attempted to ensure Mr 1's participation in the meeting. Nonetheless, Mr 1 and his PA, when I asked if they would prefer to hold the meeting somewhere more private, stated that they were happy for the meeting to go ahead at the café. Despite active encouragement to participate, Mr 1's engagement was minimal, most of his input being limited to little more than "Yes" or "No". He seemed quite happy playing on his iPad, which left limited room for further exploration. However, his response, when I asked whether he enjoyed going out with his PA, was "Yes". Due to Mr 1's disability I ensured that I used clear and unambiguous language and checked that he understood the information I had asked him for. I ensured that I refreshed my knowledge and understanding of non-verbal communication for people with learning disability in order to better communicate with

Mr 1. When conversing with him I ensured that I maintained appropriate body language. The PA, who has worked with Mr 1 for many years, clearly set out the reasons why he felt the CoPDoLs should remain in place to ensure Mr 1's safety and well-being. For clarity, Mr 1 is assessed as lacking ability to assess risks, hence could potentially put himself or others at risk of harm. In reflection, I feel my practice fully followed anti-oppressive practice and adhered to the SSWBA 2014.

My reflection on what I might have been done differently in the meeting particularly centred on whether the utilisation of an approach such as person-centred approach or empowerment might have achieved better results. However, for any approach to work an individual must be involved, prepared to consider, and willing to say and take control over what needs are and how they should be met (Carr, 1959 as cited in Teater, 2014). Having reflected on the meeting, I believe that the ability of an individual to successfully exercise choice and control may be limited by their mental impairment. Mr 1's severe disability and absence of effective communication skills likely means that none of those approaches were in reality viable.

I feel, during the observation I evidenced anti-discriminatory practice which is about developing a way of working that is not based on bias, discrimination, injustice or fair treatment whilst also being aware of the legislation and guidance with regards to disability rights in this case. All forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. In conclusion, I feel that I would like to continue to learn through further experience, CPD and reflection. Nevertheless, I feel, I have gained greater appreciation of people with complex needs and disability, especially during Mr 1 observation. Reflectively, I got to understand the need of meeting him in a place he desired (café) and found comfortable, regardless of privacy issues and adapting to a communication level that he understood. I found the experience gave me a sense of achievement, heightened insight and greater confidence with my communication skills.

Initially me and my mentor discussed of having feedback from Mr 1 by using emoji form, but we decided it was not appropriate due to his lack of understanding. Thus, we were unable to receive feedback from him. However, in Mr 1 mother's feedback she reported that Mr 1 had stated in my previous meeting that I was "a nice lady". She

also gave positive feedback in that she felt comfortable in my company and felt that I had explained the purpose of the visit and I was prepared for the meeting. Nevertheless, she also reported that she had to listen very hard to understand me, she acknowledged that this may have been due to my accent and stated “the more I get to know her, it will get easier. If there was something that I did not understand I would have asked her to repeat”. In future, I plan to evidence, my ability to ensure that I speak clearly and slow down to ensure people fully understand me.

Word Count-1266

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)

Initially, this reflective case study will offer a definition of abuse, discuss how policies and legislation play a major role in safeguarding cases, and discuss the importance of partnership working. It will then reflect upon my own practice, referring to a specific case relating to alleged financial abuse/exploitation against a vulnerable individual, the safeguarding concerns arising and the subsequent response.

Financial abuse is defined (WHO/INPEA, 2003) as *“illegal or improper exploitation and or in funds and resources”* (as cited in Wendt et al, 2013).

In order to protect the right to privacy, and comply with both the Human Rights Act 1998 (Equalityhumanrights.com, 2020) Article 8 and the Data Protection Act (DPA) 1998 as amended by the DPA 2018, which establishes the rights of an individual to confidentiality covering both paper and electronic records, the identity of the individual involved is anonymised throughout and he is referred to as Mr 1 (Moonie, Bates and Stretch, 2005).

Mr 1 is a 43-year-old white Welsh male who has lived alone, in a deprived area in West Wales, independently for a number of years, after moving out of his parents' home. He has been diagnosed with moderate learning disability, was statemented while in school, and is currently being further assessed for autism. He is a shy individual, with hoarding traits and communication difficulties, who suffers from severe

anxiety particularly when meeting new people or when his normal routine is changed or disrupted.

Before discussing my intervention with Mr 1 it is worth considering what is meant by the term “learning disability”, which has been used in the UK since 1991. The International Classification of Disease (ICD-10) refers to learning disability as mental retardation (Carr et al, 2016). Public Law 94-142 defines “*learning disability as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations*” (167) as cited in Garber 2010:68.

Case Study Description.

The safeguarding team brought concerns regarding possible abuse of Mr 1 to the attention of the local authority. These concerns focussed on a long-term (from school days) friend of Mr 1, hereafter identified as Mr 2, who visited Mr 1 on a daily basis purportedly in order to support him to access community resources. However, over a period of time Mr 1’s family noted that Mr 2 had apparently progressively isolated Mr 1 from both them and his broader social network (e.g. people Mr 1 had met through ghost hunting activities, which had been a particular of interest of his). Additionally, Mr 2 made Mr 1 believe that he was supporting him to manage his finances. However, family concerns were further raised when their examination of Mr 1’s bank statements showed that his financial resources were being rapidly depleted. The bank statements showed a series of purchases and direct debit payments going back 2/3 years for items which Mr 1 did not have, leading to concerns that Mr 2 was taking advantage of, abusing or exploiting, Mr 1’s vulnerability. There were a series of questionable financial transactions; for example, Mr 1 had paid for:

- Purchases of household items such as a washing machine, lawn mower etc;
- Regular (every few days) car fuel purchases;
- Direct payment for a storage container.
- Direct payment for allotment rent – Mr 1 had been told the rent was £60/year but he was paying £60/month.

Family members reported that Mr 2, when he became aware of the alleged financial abuse case inquiry, stopped visiting Mr 1 which led to further concerns about Mr 1's vulnerability in the community, potential isolation and lack of supervision/support, and his safety and well-being. The local authority knew, once the safeguarding concerns were highlighted, that there was a requirement for rapid action to prevent any further abuse or exploitation of Mr 1.

Legislation and Policy

There are divergent legislation and policies relating to protection of individuals, as this is a devolved issue, in the different countries of the UK. In Wales, "In Safe Hands" (National Assembly for Wales/ Home Office, 2000) was the first policy to address the protection of vulnerable individuals from risks posed by others. It defined abuse and highlighted a requirement for policies and guidance to safeguard adults against abuse and harm. *"While giving the lead responsibility to social services, it stressed the importance of multi-agency working, indicating that there should be wide-reaching cross-agency working, and emphasises that safeguarding is everyone's business"* (DOH 2008:5 as cited in Atherton et al, 2017). In England and Northern Ireland "No Secrets", which set out a model of inter-agency working to be adopted by the local authority, was the relevant policy in the same period (Gray and Birrell, 2013).

Scotland was the first country in the UK to establish a statutory basis for adult protection, setting stronger national direction, in the Adult Support and Protection (Scotland) Act 2007 (ASP).

England and Wales followed with the Care Act 2014 (CA) and the Social Services and Well-Being (Wales) Act 2014 (SSWBA) respectively. The three different pieces of legislation have broad similarities in law, each of them placing responsibility on the local authority to make enquiries where there is a cause to suspect that an individual is at risk of harm and to work in partnership with other agencies in doing so, but significant differences in terms of the powers available.

In Scotland ASP permits the local authority to enter premises if they believe an adult is at risk, to interview the person in private, to remove the individual for the purpose of assessment and to apply for orders to ban the alleged perpetrator from contacting the individual at risk. CA 2014 and SSWBA 2014 are similar to ASP but lack powers to

remove an individual from own premises (Elcock et al, 2019). Safeguarding obligations are a 'theme' that runs through SSWBA with S.2 defining protection from abuse and neglect as a 'key element of well-being' (S.2). SSWBA Part 7 emphasises that the local authority has a duty to investigate where they suspect that an adult is at "risk of abuse or neglect" (Wcva.org.uk, 2020).

My involvement

As a social worker, albeit of limited experience, my education and training meant that I was aware that there is a legal duty to make enquiries once a safeguarding concern had been raised with respect to an individual for whom the local authority provides care and support. Thus, once the concerns of the safeguarding team had been registered and I was assigned to lead on the case, I immediately recognised the seriousness of the allegations. When the case was assigned to me, I was advised that I would need to conduct an assessment in line with SSWBA 2014 and apply all appropriate legislation while also investigating the safeguarding concerns. Initially I was anxious about recognising and understanding the best approach to use in such a complex situation and indeed questioned my own ability to deal with such a case. I recognised that it was essential that my practice should be in line with the Social Work Code of Practice obligation for practitioners to be accountable for the quality of their work and take responsibility in maintaining and developing knowledge and skills (Socialcare.Wales, 2020).

I therefore proactively sought advice and guidance from more experienced social workers about the different approaches I could apply in this case. In parallel, to gain more clarity I researched relevant legislation, policy and literature to understand how best to deal with safeguarding matters/issues while ensuring that I was working in line with the Social Work Code of Practice and the National Occupational Standards (SocialcareWales, 2020), as well as organisational policies and procedures and the legislative framework.

I found Cooper and White (2017), which describes safeguarding as the functions of public bodies to enquire and intervene to protect an adult, unable to protect themselves from abuse and neglect or the risk of it, and the range of proactive measures expected to be taken by those responsible for providing safe standards of

care and support or treatment to prevent the risk of abuse or neglect, particularly useful.

SSWBA S.132 created a National Independent Safeguarding Board S.132 and provides *“in regulations for local Safeguarding Boards for adults and for children, whose objectives are essentially to protect and to prevent”* (Lukelements.co.uk, 2020). Guidance from regional safeguarding boards states that the purpose of a safeguarding inquiry is for the local authority to clarify matters and decide what, if any, course of action is required in order to protect the adult in question from abuse and or neglect. It is for the local authority, should any action be found necessary, to take the lead in coordinating what action is appropriate and by whom (Cysur.Wales, 2020).

I felt that the research, advice and guidance sought prepared me well, and increased my confidence in my ability, to deal with the case.

In taking appropriate steps to identify Mr 1's language need and reference, and thus empower him to communicate with the service in the language he felt most comfortable with, I ensured that I was mindful of the “active offer” principle (SSWBA, 2014) and the Welsh Language Act 1993. I had in mind statistics that 92.3% of the population reported that English or Welsh in Wales was their main language (Ons.gov.uk, 2020).

In my first communication with Mr 1, a telephone call to arrange a home visit, it became clear that he had communication difficulties and would require support to understand the process of the investigation, permit him to be actively involved in the assessment and to be able to express his feelings. Sutton (2009) argues that the ability to communicate effectively, whether verbally or non-verbally is of great importance.

I considered whether involving a Speech and Language Therapist might be beneficial in terms of assisting to identify ways that he could be assisted to communicate more easily. Johansson et al. 2012:45 as cited in Healy, (2018), claim that in all communication situations Total Communication (TC) plays a vital role in actively engaging with individuals with learning disability. TC involves supplementing spoken communication with other modalities which may include “written information, use of gestures and creative techniques, such as the use of pictures” etc. However, I had

concerns that such an approach could potentially delay any investigation and the assessment required to assess the situation.

I decided that it was sensible to asking Mr 1 directly how he wished to communicate in order to best express his feelings. He stated that he wished to have his sister and a close family friend involved during my intervention, as they could advocate on his behalf when he finds it difficult to express his feelings, views and wishes.

In preparation for my intervention, I considered social work theories/approaches and models I that I could draw on to inform my practice. Communication Theory is useful in social work practice because the work they do is complex and sensitive, requires the skill to establish and build effective relationships as well as the ability to get on with people from a range of diverse backgrounds and abilities (Payne, 1997; Socialcare.Wales, 2020).

The theory which I thought was most relevant to this intervention was Person-Centred Approach (PCA), which Rogers (1957) described as an optimistic perspective and belief in the individual's ability. Rogers hypothesised that clients will experience significant personality change within a warm and caring therapeutic relationship. This approach also aligns with anti-oppressive practice which has been argued (Dominelli and Capling, 2014) to be a critical social work approach that draws on critical social science theories and is informed by humanistic and social justice values, taking into account experiences and views of oppressed people.

PCA is not without criticism, particularly relating to timeliness. Smith (2016) stated that the approach required time to develop the relationship with the individuals and thus to enable the individuals to work in partnership with the professional. However, this conflicts with the procedural models and timescales within which social workers must deliver outcomes. Also, individuals need to be sufficiently motivated to respond to this type of approach which is difficult in a climate of organisational and resource constraints. However, most researchers continue to support Rogers' PCA theory. Thompson, Kilbane and Sanderson (2009) claim that PCA is designed to deliver services and support based on what is important to a person. The Social Work Code of Practice reflects the PCA approach stating that practitioners have to "respect the views and wishes, and promote the rights and interests, of individuals and carers"

(Socialcare.Wales, 2020). It is thus apparent that Rogers' PCA theory continues to form a significant part of the basis of the social work profession helping process.

Mansell (2010) advocates also the need to include carers and their circles of support as they are vital sources of ideas and information and should be experts with regard to the needs of the person they care for. With this in mind, I ensured that my practice was delivered not only in a person-centred approach but also in a family centred manner. A major focus of my intervention with Mr 1 was to ensure that I supported him, his family and friend, in identifying what was important to him. I made sure that Mr 1 was effectively supported to communicate his views by people who know him and understand him well in order to move towards his desires/aspirations in a way that kept him healthy, safe and well. In doing so, in the intervention I applied active listening, guiding, questioning and clarifying, paraphrasing and encouraging elaboration. Research suggests that this approach is a powerful way of optimising interaction and shows that practitioners are interested in the client's view, feelings and experiences (Counoyer, 2011).

I made several visits to Mr 1 in order to further clarify aspects of the case. Morris (2003) identified the establishment of joint working protocols to effectively meet the needs of the individual who need care and support as being key to supporting individuals with learning disability. Therefore, I proactively liaised with other professionals who had previously worked with Mr 1. I also made a joint visit to Mr 1 with the police who were investigating Mr 2's behaviour.

Mr 1 was supported by family and friend to express his concerns during the investigation. He stated that he felt let down, and in some respects taken advantage of. However, he had been dependent on Mr 2, relied on him to access the community, and not really considered the impact on his own financial situation. It was clear that Mr 2 had taken advantage of Mr 1's vulnerability. However, Mr 1 was reluctant to take legal action because of fears/concerns about his future. I feel that I worked in line with the Social Work Code of Practice with regards to respecting Mr 1 wishes while also seeking to ensure that his behaviour did not put him at risk of harm.

The serious nature of the allegations and the statutory duty to intervene in cases of where crimes has been committed meant that I had to think more broadly about the conflicting requirements of the relevant legislation and policies. Article 8, Human

Rights Act 1998 (HRA) upholds the right to respect for private and family life and the Disability Discrimination Act 2005 places a duty to provide equality of opportunity for disabled people. However, in this case interference could be justified in order to develop Mr 1's understanding of risks while also promoting strategies to minimise further risk going forward. Furthermore, there is a clear and established link between Human Rights and adult protection. The right of all persons to live their lives free from violence and abuse is underpinned by the duty placed on public agencies by HRA to intervene proportionately to protect the rights of citizens. Additionally, research shows that experience of abuse and neglect is likely to have a significant detrimental impact on a person's health and well-being (Forrester and Griffiths, 2010).

Thus, I convened a multi-disciplinary meeting to discuss how best to progress the case. The primary concern was that without appropriate intervention Mr 1 would likely continue to be at risk of financial abuse. One issue discussed in the meeting was Mr 1's mental capacity; specifically, whether he was able to fully evaluate information provided and potential risks in decision-making. It was agreed that a formal Mental Capacity Assessment (MCA) needed to be undertaken to establish his capacity in this area.

I was tasked with completing three assessments, namely a decision specific MCA, an assessment of the ongoing safeguarding concerns and a finance capacity assessment. I initially felt apprehensive and concerned about undertaking such inevitably complex, given the nature of the case, assessments. However, after discussing the issue with my manager by means of both informal and formal supervisions, where I received further guidance and also reassurance, I felt more able to complete the tasks. My concern about aspects of the task is reflected in the literature. Kelly (2018) claims that financial capacity assessment is multi-faceted and extremely complex as it by necessity focuses on an individual's ability to manage their financial affairs in accordance with their own self-interest and morals. Prior to undertaking the capacity assessment, I ensured that I took all necessary steps such as consulting his family to ensure that he was well supported and that he was able to choose a location for the assessment to take place where he felt most comfortable.

MCA stipulates that people should not be labelled incapable and therefore the starting assumption of any assessment of mental capacity is that the individual has capacity.

The capacity assessment outcome determined that Mr 1 had capacity to understand the case/inquiry with regards to safeguarding concerns. However, it also determined that his disability meant that it would not fair for him to have to act as a witness in person (i.e. stand in a box in Court if and when the case went to court; he was deemed to be an unreliable source. With regards to his financial affairs Mr 1 was deemed to lack capacity to manage his finances.

Regrettably, the information gathered showed no evidence of undue pressure or coercion being placed on Mr 1 to spend money. As a result, the safeguarding team stated that Mr 1 did not meet the threshold for further input from their team. He fell into the category of “moderate adult at risk of harm”, but it was felt that consideration of appropriate management from the local authority meant that the level of risk could potentially be reduced. (Cysur.wales, 2020). Nevertheless, completion of an assessment in line with Part 3 S.19 of SSWBA showed that Mr 1 definitely met the eligibility criteria described in part 4 S.34 of the SSWBA. S.32 SSWBA states that abuse can trigger eligibility and support services can be provided when deemed necessary to protect people from abuse or neglect [S.35 (3) and S.37(3)]. Consequently, arrangements were made to provide Mr 1 with a package of care that meet his identified needs/outcomes. He is supported by experienced and supportive staff to access the community safely and enjoy his life as much as possible whilst also being protected from risk of abuse.

Presently, the police identify the type of abuse Mr 1 was subject to by Mr 2 as “mate crime”. Research shows that mate crime is high among vulnerable individuals, particularly people with learning disability. Landman (2014) as cited in Chisnell and Kelly (2016) states that individuals with learning disability tend to have fewer opportunities to make real friendships, leading to isolation and lack of structure in their lives. This, on reflection, seems to be highly consistent with Mr 1’s experiences. The police have not excluded criminal action against Mr 2 and are considering the possibility of a video of Mr 1 explaining his experience being presented in Court.

On reflection, I found the safeguarding process incredibly protracted at times and believe this likely could be very frustrating for victims of abuse. It seems safe to assume that most people would want the case to be dealt with in a timely manner and not have to wait for a prolonged period of time to know the outcome. These views are

derived from my conversations from Mr 1 and his family. I felt a great deal of empathy for Mr 1 during this process; there were times where I had to constantly reassure him due to his anxiety in waiting to hear what the next phase of the investigation entailed from a police perspective.

I believe that this was, at least in part, due to the absence of a professional responsibility on the police to deliver a service within an agreed timescale and also the lack of mutually agreed outcomes. For example, my involvement in the case meant I had a requirement to exchange emails on a regular basis with the police. However, their work rotas and resourcing issues meant that often these emails were not responded to in a timely manner. Nevertheless, evidence shows that with vision, trust, commitment, and a conducive organisational environment partnership working can be effective. On reflection, in this case the merging of organisational structures and arrangements with different perspectives, different perception of status and autonomy and, very importantly pooling of budgets could have been helpful.

Looking back, I feel that I was able to fully listen to Mr 1's choices and needs while actively addressing organisational and professional responsibilities to pursue issues where there is significant risk involved in following an individual's wishes. I ensured Mr 1 rights were fully considered throughout the adult protection process while still making informed decisions, with support, about his safety and welfare.

Gibbs' (1988) model of reflection aided my critical analysis and evaluation of this case. On reflection, my initial feeling was one of concern and frustration at being asked to take responsibility for managing this safeguarding issue. This was exacerbated by my perception of the magnitude of the task and the associated accountability. In fact, Munro (2010) explains that by its very nature safeguarding involves high levels of scrutiny from other staff members, health services and the police force. This directly fuelled my apprehension at having to make such decisions.

On reflection, I believe my interaction with Mr 1 and his family gave me useful insights into my own practice. I noted that vulnerable individuals, and those who have been failed by services, lacked trust and confidence, and took time to open up. Thus, the experience taught me a greater degree of patience as I consistently ensured and checked that Mr 1 understood my questions. Particularly, his limited communication

abilities meant that his family had to explain things to him in ways that he was able to understand. During my work with Mr 1 I ensured that I constantly reflected on both action and inaction to see what worked and what was not working from session to session (Basot, 2013). In doing so I showed an appreciation of the impact of broader social factors on Mr 1 particular his communication needs.

I felt that safeguarding cases require a safeguarding lead who can flag an issue if needed during the investigation. The lack of an appointed safeguarding lead meant that I had to seek advice from a non-safeguarding team. Although the advice offered was mostly appropriate, I felt it lacked focus and clarity and thus was forced to have the information confirmed by the safeguarding team. While no-one is an expert in safeguarding, and it would be wrong to assume that, I feel that it would be beneficial for social workers to be provided with a point of contact for support/advice when faced with issues in safeguarding practice. This would, I believe, lead to safer more consistent practice.

In conclusion, in this assignment I have explained all the case issues, explained how I prepared a plan addressing all the major requirements and undertook necessary home visits, and showed how research evidence was considered and links with theory, social policy and legislation were explored. I will continue to utilise the critical reflection model in my practice for my own personal development. I would like to gain more knowledge about mate crime issues, particularly among individuals with learning disabilities.

Word Count: 4041

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)

The Social Services and Well-Being (Wales) Act 2014 (SSWBA), with guidance in the Wales Safeguarding Procedures 2019 (WSP), aims at ensuring effective safeguarding for both children and adults at risk of abuse or neglect.

An adult at risk, to the extent they are able, is central to and involved in all decisions relating supporting them to address safeguarding concerns. The spirit of the Mental Capacity Act 2005 (MCA) must be embedded in practice for all adults at risk. MCA expressly accepts the individual's choice as determinative in law and suggests that adults are best placed to judge their own well-being, having the right to make unwise decisions. An adult at risk should not be excluded in participating in any decision making regarding themselves unless deemed to lack capacity (Mandelstam, 2019).

The United Nations Convention on the Rights of the Child 1989 (UNCRC) gives children the same legal rights as adults. It's guiding principle is that "all children have the right to express and have their views given due weight in all matters that affect them and the best interests of the child shall be a primary consideration in all actions and decisions concerning that child (Tobin, 2019). The overriding principle of the Children Act 1989 (CA) is that, in proceedings affecting children, their welfare is the Court's paramount consideration. CA specifies that children be informed about what happens to them and participate in decisions about their future (Pountney, 2007). However, in child-related cases consent may be overridden due to the age of the individual, particularly if their wishes are deemed to put them at risk. The Gillick competence measures the mental abilities of minors under 16 to consent to treatment without parental consent. It considers their ability to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects/risks, chances of success and other options available (Gillick competency and Fraser guidelines, 2020).

In adult services authorities must decide, if there is reasonable cause to suspect an adult is at risk, whether any action should be taken and, if so, what and by whom. Enquiries, usually within seven days, are made under SSWBA s126. In children's services if, under CA s130, there is reasonable cause to suspect that a child is at risk of significant harm, the local authority determines whether to initiate s47 enquiries, usually within 14 days (Social Care Wales, 2020).

On reflection, the significant detail differences between adult and children safeguarding are far outweighed by the common general principles. SSWBA emphasises that safeguarding is everyone's business. Practitioners in all agencies need to recognise children and adults at risk and act. (SSWBA, Part 7, Section:126-142).

Word Count- 440

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 re-phrase should 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?	The Social Worker arrived at the time specified
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	The Social Worker did telephone beforehand and sought my permission for her Senior Social Worker/Mentor to be present and explained fully the purpose of her being there.

Were you clear why the social worker met with you today?	When the Social Worker contacted me by telephone, she explained the purpose of her visit and the reason why she need to come out and see me in my home.
How well prepared do you think, the social worker was for his or her meeting with you?	I could see that the Social Worker had prepared beforehand. She had a notebook with her and had written down questions that she needed to ask me.
How has the social worker listened to you and respected your views and wishes?	'Absolutely' 'I felt comfortable in her company'. My son (Mr.1) said 'she was a nice lady' when she visited the first time.
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	I did find that I had to listen very hard to what she was saying, but this is not her fault, it is not because I did not understand her, it was her 'accent'. The more I get to know her, it will get easier. If there was something that I did not understand I would have asked her to repeat it.
How has the social worker's involvement met your expectations for this visit?	The visit met my expectations.
Are there any other comments or suggestions that you would like to make?	Initially, when she rang to make the appointment, she came over as a little 'erratic' and I was not clear what she meant. She appeared to calm down and I was able to understand her fully.

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)

Social workers, in seeking to safeguard children from abuse, are guided and directed by both legislation and policies and procedures set out by both government and the local authority itself.

The Children Act 1989, as amended by S.53(4a), the Children Act 2004, (hereafter CA) states that local authorities should give due regard to the wishes and feelings of the child. Local authorities have a duty to investigate and carry out initial child protection enquiries under S.47 if there is sufficient reason to suspect that a child living, or found within, the local area is suffering, or likely to suffer, significant harm (Welsh Government, 2010). S.22(4a) of the Act includes children that are, or may be, looked after by the local authority. The Social Services and Well-Being (Wales) Act 2014 (SSWB) S.7 mandates the local authority to comply with Part 1 of the United Nations Convention on the Rights of the Child (UNCRC) (Legislation.gov.uk, 2020)

The CA established “significant harm” as the threshold for compulsory intervention, i.e. if a child should be made subject to a protection plan or provided with support in the children and families arena (O’Loughlin & O’Loughlin 2008). SSWB S.37 states that the local authority must meet the child’s need of care and support if it satisfied that is necessary to protect the child from risk of neglect, abuse or harm.

In England the Daniel Pelka serious case review found that failure to talk to Daniel in a timely manner meant that, by the time he was spoken to, he might not have been able to articulate himself. Consequently, his wishes and feelings had not been properly heard. His death, had they been done so, may have been avoided (Lock et al, 2013). This case directly led to the tighter obligations of “The Working Together to Safeguard Children’s Guidelines 2013”.

Article 10, the Human Rights Act 1998, stresses the importance of the child’s voice: the ‘wishes and feelings’ of children should be given due consideration, with regard to the child’s age and understanding, when determining what services to provide/what action to take (Munro, 2011:24). This effectively implements Article 12(1), UNCRC (ratified by UK in 1992), regarding ascertaining and paying due note, in accordance with their age and maturity, to the views of children on issues affecting them (UNCRC, 1989: 5).

The Children and Families Act 2014 affords children greater protection and support, ensuring that all children can be successful (Donovan 2014). SSWB established local safeguarding children boards. The “All Wales Child Protection Procedures 2008” address prevention, safeguarding, representation and implementation of national policies and procedures. It also created the National Independent Safeguarding Board which determines effective safeguarding nationally. Local authorities must also follow the National Minimum Standards for Adoption (2013) and Fostering (2011).

The Welsh government states that safeguarding is everyone’s responsibility: all agencies and organisations are responsible for ensuring that children at risk are safeguarded from abuse and their welfare upheld (Welsh Government, 2018). The “signs of safety” model, which aims to strengthen social work practice by employing principles and disciplines relating to assessment, management and safety planning when working with children and families, has been adopted across Wales to create better outcomes for vulnerable children. Familial strength is included as an element of safeguarding (Ferguson, 2010).

Word Count- 541 words

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)

Description

I have reflected, in the context of this role, using Gibbs' (1998) reflective cycle (as discussed in Watts, Beesly and Harrison, 2017) to guide me through the stages of reflective practice. I considered my practice, focussing on requirements, going forward, for further professional development. In doing so I identified areas where either I could improve/adjust my practice or additional training would be beneficial.

Evaluation

At the start of the programme, I aimed at developing skills and experiences (set out in Section 2) jointly identified by my mentor and I. I was afforded opportunities to shadow experienced social workers regularly applying the person-centred approach, carrying out Social Services and Well-Being Wales Act (2014) (SSWBA) assessments and effectively collaborating within multi-disciplinary teams. Shadowing a Mental Capacity Assessment (MCA) gave me useful insight into the principles utilised, how to adapt my communication style appropriately and what factors should be considered when making decisions. I realised that assessing mental capacity, particularly for individuals with learning disability, can be complex and problematic. It is essential when assessing mental capacity to, whenever possible, immediately provide all practicable help to the individual, their family and carers. I proactively engaged in research and study

including accessing material on the Social Care Wales hub. I noted that this research proved useful both in my practice and professional development.

Analysis

There were times during my practice when I had doubts about the appropriateness of my intervention approach after evaluating my skills and (limited) experience of social work. However, as a result of my shadowing, training/research and practical hands-on experience, I feel that I've gained confidence in my social work practice. This is important to me being properly equipped to be an effective social worker. The current climate of austerity means that recognising resourcing issues within Health and Social Care bodies is vital. Consequently, I've become adept in conducting challenging conversations aimed at ensuring maximised use of all the individual's resources prior to requesting additional resources from the authority.

Conclusion.

I feel that I've critically demonstrated how my learning needs evolved and how I addressed them as I progressed from a newly qualified to a more experienced social worker. I feel that both my skills and knowledge and my confidence and ability to relate to clients, their families and carers and relevant professionals continue to develop and improve in this post. Importantly, I am now much better able to identify, taking full account of the complexity of the case and organisational requirements for decision-making and authorisation, when I should work independently and when it is appropriate to seek advice from my manager, mentor, or work colleagues. I ensure that I apply the Social Work Code of Practice and Human Rights 1998 and relevant equality legislation in my approach.

I have tried to regularly take time to reflect back on things that I've learnt which made a difference to the way I approach my role. Feedback, whether from managers, colleagues or individuals, their families or carers, forms an important part of that reflection.

Feedback from managers, whether the recent unsolicited feedback from my current team manager about my progress in assessment writing or that from my then-manager during my first few months as a NQSW in another authority about the outstanding quality of my referrals, was reassuring and helped to build confidence in my practice.

Feedback on my performance provided by a number of social workers I worked with during interventions requiring joint visits was constructive, encouraging and positive. Feedback from a carer that my accent meant that sometimes they had to listen very hard made me realise the importance of clarity in communication. I now try to speak slower and rephrase and summarise what I've said in a different way to ensure that the carer/individual understood my interaction with them.

I feel in doing all of this I have learnt to be a better practitioner; I am able to identify those areas that need improving and ones where I could develop. This is a striking reminder of the importance of reflection.

Action plan

I recognise that reflective practice is an excellent tool to both maintain and continually improve the quality of my practice. I also believe, given that social services face ever-increasing pressures, that it is critical for practitioners to reflect on their practice in order for the profession to develop and serve its client well. Given the numbers of individuals with autism and research (Murphy et al, 2016) suggesting an increased prevalence rate of Autistic Spectrum Disorder I believe that training in this area offers potential for improvement in my practice. For similar reasons I've identified training relating to the effects of learning disability as beneficial.

As I become more experienced, and operate independently more often, I believe that I would benefit from additional training relating to The National Outcomes Framework Wales and the eligibility criteria outlined in SSWBA e.g., training which offers depth and dimension on the difference between maintenance outcomes, progressive outcomes and service outcomes.

I would welcome additional training relating to risk management, specifically how practitioners can adopt a strengths-based approach and manage risk to empower individuals to meet their own needs.

I would also welcome the opportunity to further develop my communication skills, specifically those collaborative communication skills vital to maximise outcomes for individuals.

Word Count- 879

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

Consolidation workshop	Date Attended
1. St David's Park, Carmarthen	20 th February 2019
2. Prendergast, Pembroke	20 th March 2019
3. St David's Park, Carmarthen	26 th June 2019
4. Prendergast, Pembroke	11 th September 2019
5. St David's Park, Carmarthen	28 th November 2019

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.

The student has demonstrated that she is able to develop effective working relationships with service user, their family, carers and other professionals in an open and transparent way. She has shown that she works holistically and ensures that her practice does not discriminate or disadvantage people and considers the needs of others who support the Service User. This was apparent in the direct observation that I undertook with the student when consulting with the mother whose son is subject to Deprivation of Liberty Safeguards (DoLS) under of the Court of Protection (COP).

The Student has demonstrated that she is able to work in a person-centred manner and is always considerate to the Service User's wishes and feelings. This was evident when she considered the needs of Service User 1 with whom she had to meet with his Personal Assistant (PA) for the purpose of the DoLS COP. Mr 1 has a profound disability, the student considered the environment, and despite his significant communication difficulties included him in the process by involving his PA who communicated on his behalf and with the use of his communication aid.

The student has demonstrated that she can carry out a complex piece of work when she was asked to undertake a Deprivation of Liberty Safeguards renewal for the Court of Protection and had to work closely with our legal team to ensure the necessary documents were completed in a timely manner. By undertaking this piece of work, the student has gained knowledge of the Mental Capacity Act 2005 and through supervision and mentoring sessions has been able to apply this to her

practice when assessing risk and recognising what is in the person's Best Interest when the individual lacks capacity. However, the student would have benefited from training opportunities available to her to increase her knowledge of the Mental Capacity Act, specifically around 'Assessing a person's Capacity' and 'Best Interests'.

Through supervision the student has shown that she has further developed her skills in assessing service user and/or their family circumstances. Her supervisor has commented that the Student has with guidance produced good quality assessments and care plans under the Social Services and Wellbeing (Wales) 2014 Legislation. She has demonstrated that she is able to successfully apply for necessary funding to set up appropriate packages of care through the Local Authority's commissioning and brokerage department. She has demonstrated that she is able to undertake and complete Statutory reviews for the department and has adhered to both Local Authority and Welsh Assembly guidelines.

The Student has attended regular supervision and mentoring sessions throughout the programme. However, during her mentoring sessions the student has not always come prepared and at times has not shown the ability to reflect on her practice. Whilst she demonstrated her ability to work to tight deadlines in relation to the COP DoLS application, the Student has not demonstrated her ability to apply this to her own continued professional development. Section 6 of the programme was not submitted in a timely manner with less than 48 hours to the final submission deadline. I have read Section 6 and feel that the Student could have been more proactive in utilising the learning opportunities that were available to her.

In supporting the student in meeting the deadlines for this programme, Her Supervisor and as her Mentor we both checked her progress and she was reassuring us that she was on target. As the completion date draws near it has become apparent the student had not completed as much work as was expected.

Section 7

Bibliography

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

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Section 8

Learner details, Signatures and Line manager verification

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

Learner Details

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

1. Name of Learner: Caroline Kangangi

2. Learner's University Number:0601961

Address for Correspondence: 19 Bancyffynnon, Crosshands, Llanelli, Carmarthenshire, SA14 6ST

Telephone: 01269 841 151

E-mail: ckangangi@yahoo.co.uk

Date of Professional Qualification: W5005541

Date of registration with Social Care Wales:13.07.2017

3. Name of Learner's Agency:

Agency Contact details: 01267 244388

Name: Corinne Everett-Guy, Team Manager

Address: CTLD Learning Disability Team, I Penlan Road, Carmarthen

Telephone Number: 01267 244388

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

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

Welsh only ☐

Welsh and English ☐

English only ☒

Mentor's details

5. Mentor's details:

Name: Monica Davies

Address: CTLD, 1 Penlan Road, Carmarthen, SA31 1DN

Telephone Number: 01267 244 388

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

6. Observer details

Name: Monica Davies

Work Address: CTLD, 1 Penlan Road, Carmarthen, SA31 1DN

Professional Qualification and date of qualification:

Email and telephone number: MGDavies@carmarthenshire.gov.uk