



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

LEARNER PORTFOLIO (PORTH AGORED and UWTSD)

Learner's name: Rachel Jones

**Learner's University Registration Number:
1911430**

**WALES ACADEMY for PROFESSIONAL PRACTICE
and APPLIED RESEARCH
2019-2020**

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

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

Since qualifying as a social worker I have had the opportunity to develop my practice and skills, as well as identify further learning needs which will help me achieve excellent standards of social work practice (SCW, 2017).

I continue to work on developing my confidence skills to ensure that I am able to work collaboratively with health professionals and support service users. Improving my confidence when communicating will also support me to establish a mutual understanding of roles and responsibilities. Hospital discharge cases require person centred practice to be implemented due to the difference between medical and social models. Individuals in hospital are often experiencing a decline in health and may have significant disabilities. The medical model would emphasise the impairment or support required to 'overcome' their current health needs (Wilson, 2008).

Embedding the social model in my practice and empowering service users to recognise their strengths and abilities, whilst ensuring their strengths are identified within my assessments is a continued learning need. I aim to develop this learning by using supervision and peer support to access advice and knowledge on different cases which require more skills to work collaboratively. Supervision will support me to not only reflect, but become accountable for my own work whilst managing increasingly complex cases (Galpin et al, 2012).

I work with increasingly complex cases which supports my professional development. My assessments have developed in line with my experience and my professional judgement is developing, supporting my decision making in practice. Analysis within assessments is essential to outline interventions and judgement within practice. Developing my assessments will ensure that any interventions and services used to support a service user would be clearly justified within the assessments and ensure safeguarding concerns or risks are managed and minimised. To meet this learning outcome, I will look at using social theories and models within my assessment analysis to support my decision making. By using theory models, it supports anti-oppressive practice and ensures accountability of assessment writing (Milner et al, 2015). This also relates to my learning need with hospital discharge cases where working collaboratively with health colleague's supports information gathering and completion of my own assessments and decision making (Lundy, 2011). There is currently a significant demand to ensure that hospital discharges are completed safely and social care is secured for individuals; so completing assessments with clear analysis will support individuals during the planning process.

Mental Capacity assessments is an area of practice that is essential within my current team. The Mental Capacity Act 2005 provides a legislative framework for working with individuals who may lack capacity to make specific decisions. I feel that I have become more confident since qualifying to complete these assessments, however I feel that my professional judgement could continue to develop. This would help when I am managing a case that is more complex and requires further professional judgement in relation to decision making and managing the thresholds which are not as clearly outlined in legislation. I think that observing other social workers completing these assessments with support me to develop further. I can also use academic reading and information sources to increase my knowledge around mental capacity and completion of assessments.

Word Count: 529

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: 29th January 2020.

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)

This observation was a social work assessment with an individual (who I will refer to as 5) and was in hospital. 5 is an 84 year old female who is widowed and lived alone in the community before admission to hospital. The social work objective of the observation was to complete an integrated assessment of the individuals needs for care and support in line with section 19 of The Social Service and Wellbeing (Wales) Act 2014.

5 is a white Welsh woman who has lived in her local area for all of her life. Although 5 is not a Welsh speaker, the assessment was offered to her in the Welsh language to follow legislative guidance from The Welsh Language (Wales) Measure 2011. Section 4 of the act requires promotion and facilitation of the Welsh language where possible.

5 was admitted to hospital after experiencing an overall decline in her physical health and mobility. 5 was acutely unwell in hospital and received Reablement from therapists on the ward to assist with minimising identified risks. 5 has capacity and is able to make decisions about her care and support needs. However, 5 does like to ensure that her sons are involved where possible and they are able to advocate for her when needed. 5 has a visual impairment and this can affect her confidence. A person centred approach was required to ensure 5 was empowered to recognise her strengths and make an informed decision regarding her future care and support. It was important for me to recognise the barriers that 5 has had to overcome since her sensory loss and the affects that this has had on her life. Further consideration must be given to any adjustments that can be made whilst communicating with individuals with a visual impairment (Thyer, 2010). Within this assessment it was essential that I communicated clearly with 5 and ensure she was able to voice any preferences to how the assessment was completed.

Word count: 326

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, culturally sensitive practice, language needs including the “Active Offer” principle, and ethical practice.

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

The purpose of this observation, as explained in previous section, was to complete an integrated assessment of the individuals needs for care and support in line with section 19 of The Social Service and Wellbeing (Wales) Act 2014. Before the observation took place, I had gained consent from 5 to complete both the assessment and observation. Ensuring that 5 was consenting to the actions taking place was essential in maintaining an effective working relationship and trust. The Code of Professional Practice, section 5 states “you must act with integrity and uphold public trust and confidence in the social care profession” (Social Care Wales, 2017). The Code of Professional Practice provides a framework for all social workers to maintain standards; supporting social workers to remain accountable for their practice.

Before completing the assessment, I accessed documents that were available, to gather information and identify any known risks. I was able to discuss the case with a Discharge Liaison Nurse (DLN) prior to the assessment and gather information from a health perspective. Payne (1995) explains how multi-disciplinary working is essential to ensuring that effective practice take place and professionals must understand each other’s role and boundaries when supporting individuals. I was advised by the DLN that 5 did not have any nursing needs and care and support could be met through social care. The DLN was able to provide information about needs that may require monitoring by social care staff and this was essential to ensure safe planning and discussions during the assessment. I feel that liaising with health colleagues supported me to adhere to safe practice and more effective communicate with 5.

When the assessment was starting, I checked with 5 again if she consented to the assessment taking place and also for it to be observed by another social worker. 5 agreed and was happy to provide feedback afterwards. I started by providing the ‘Active Offer’ principle as guided by The Welsh Language (Wales) Measure 2011 which 5 declined as she preferred to communicate in English. The Active Offer

provides an individual with the opportunity to complete assessments and have a service delivered through the Welsh Language; which supports anti oppressive practice and minimises social discrimination (Williams et al, 2002). I feel that this is important within Wales as it centres on cultural practices and also maintains a person centred approach for all Welsh speakers by acknowledging their right for all cultural engagement. If 5 wished to proceed with her assessment in Welsh then I would have been able to utilise a Welsh speaking colleague to support. Understanding what resources are available to support Welsh speakers is important as it ensures that equality can be maintained in all aspects of Social Work (Rogers et al, 2016).

The assessment was taking place in a hospital environment and 5 was in a shared room with another patient. This created an ethical consideration of privacy and data protection by discussing personal details in a communal area. I confirmed with 5 if she would like the option of completing the assessment in a quieter and private area to ensure she felt comfortable discussing her current situation. 5 declined this option and said that she didn't mind if the other patient was in the room – the curtain was drawn between them to create as much of a private area as possible. I felt that it was important to create a space where 5 felt comfortable as this has been shown to support more effective communication and lead to individuals being more open to exchange information (Kirst-Ashman & Hull, 2008).

When communicating with 5 I had to ensure that my verbal communication was clear and incorporated aspects of communication that I would normally convey through non-verbal communication. 5 has a visual impairment which has caused partial sight loss through her Diabetes. Without clear non-verbal cues, I was reliant on verbal communication to ensure that 5 was understanding and retaining information. Lishman (1994) says "Non-verbal communication from clients can inform us how much they feel comfortable with us and how much is being understood". This aspect of reduced non-verbal communication I found difficult when completing the assessment as I was not able to have the same level of eye contact and engagement as I would normally like to use when working with individuals. I adapted my communication to ensure I was working effectively with this individual and it allowed me to develop my skills and acknowledge that it is important not to rely on one aspect of communication to form a rapport (Beesley et al, 2017).

The assessment was about 5 and her options for care and support leaving hospital, so it was important to have 5's voice and wishes clearly portrayed throughout, in line with The Social Service and Wellbeing (Wales) Act 2014. Using a person centred approach was paramount to ensure that 5 was empowered and encouraged to express her wishes in relation to the services she was going to receive. A person centred approach also supported my own knowledge about 5's cultural background, family networks and understanding of her own strengths and barriers (Hall & Scragg, 2012). When completing the assessment, 5 said that a personal outcome of hers was to remain as independent as possible. To empower and maintain 5's wishes around her independence, I used a strengths based approach to identify the support networks in place in the community and ensure that 5 was active in the recognition of her own strengths (Berkman, 2006). The use of open questions was also beneficial as it provided 5 with the opportunity to talk more freely and without guidance from my opinions (Wilson, 2008). I feel that using open questions within this assessment supported me to learn more about 5 and convey my interest in her thoughts and wishes by giving her the opportunity to communicate them fully with no barriers in place with closed ended questions.

During the assessment and discussions, 5 occasionally deferred from the topic of her care and support to talk about something she felt more comfortable with. 5 expressed that her cat was very important to her and her body language changed when she spoke of her cat to show her happiness. Although this was not a part of my planning for the assessment, I wanted to ensure that 5 had the opportunity to talk to me about her cat to build rapport and ensure 5 remained relaxed throughout. Pillari (2002) explains how building rapport at the start of a working relationship can support more empathetic communication and help to build a relationship where more effective working can take place. Although this was not planned into the timeframe of the assessment, I feel that it was important to integrate into the process and I wouldn't change how I managed this aspect of the assessment.

In addition to the above, 5 also communicated frequently about 'needing to check with my son if it's okay'. I felt that this statement was a clear indication that 5 had reduced her independence by allowing family to make decisions for her and also plan arrangements. Although I understood the importance of family networks and their

needed support on discharge from hospital, I also wanted 5 to be able to communicate her wishes firstly so give a clear idea of her own personal outcomes. To further apply a strengths based approach, I encouraged 5 to communicate independently about her own wishes and support her decisions based on her life experiences and acknowledging healthy developments in older adults who should make decisions about the late stages of their lives (Apgar, 2016).

The feedback received from 5 about the observation and assessment allowed me to reflect on the verbal communication I used and how this supported both 5 and myself to build an effective working relationship. I feel that the feedback provided has shown me how preparing for assessments and communicating openly leads to individuals having more control over their lives and the services they receive.

Word Count - 1328

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

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

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

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

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

Was the social worker on time? Or if delayed did he or she contact you?	She did tell me that she was coming but I forgot about the time
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes she asked me if it was okay and she told me it was part of her training.
Were you clear why the social worker met with you today?	She is helping me to make decisions
How well prepared do you think, the social worker was for his or her meeting with you?	I think she was very prepared, she had asked me questions and seemed to know what the options are
How has the social worker listened to you and respected your views and wishes?	I think so and she took some notes
Did the social worker talk to you in a way that you understood? Did you understand the language they used?	Yes, she was very clear and explained things to me about having carers

How has the social worker's involvement met your expectations for this visit?	I needed some help with knowing information and she gave me what I had hoped and what I had expected. She was very interested and asked me lots of questions about my situation.
Are there any other comments or suggestions that you would like to make?	I have been very satisfied with everything since I first met her.

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)

Safeguarding of adults should be a multidisciplinary and collaborative objective that supports the best interest of an individual (Mantell and Scragg, 2011). Safeguarding is complex and must recognise all risks in line with the individuality of the particular case (Spreadbury and Hubbard, 2020). This case study will focus on an individual who was referred to our team and allocated to myself for safeguarding concerns.

9 is a white British female who is in her 60's. 9 lives in a semi-rural area with her Husband, who will be referred to as 8. Both 9 and 8 have a history of mental health and substance misuse, which has affected their day to day living. 9 experienced significant physical injuries in her early 20's following a car crash and has been reliant on her husband for support both physically and emotionally. 9 has been receiving support from The Court of Protection for the management of her finances and from a home visit, they raised concerns to our team regarding 9's emotional and psychological wellbeing. They also had concerns about 9's Husband pressuring her to send him large amounts of money for setting up a business. 9 was not previously known to Social Services and there was no context to the needs of the individual.

I was able to identify some initial considerations in relation to 9's location as the area she lives often has more difficulties in sourcing care and support through care agencies. This is due to the more rural location and shortage of staff covering these areas. This is a particular issue in relation to the Welsh context as other areas of the UK, or even Wales, may not experience this problem. It is important for Social Workers to have knowledge of the services available in the areas they work, and in certain areas of known concern, problem solving approaches are key to identifying immediate solutions (Daley, 2020). I also had to consider the barriers to 9 travelling to access any services due to her physical and mental impairments, and the impact

this may have on her wellbeing and realistic longevity of engagement (Pugh and Cheers, 2010).

Following the legislative framework of The Social Services and Wellbeing (Wales) Act 2014, 9 was considered an adult at risk under Part 7 of SSWBA 2014 and urgent contact was required to identify and manage risks. Section 19 of SSWBA 14 also outlines the duty to assess an adult for care and support which would also be required to possibly minimise risks. Local safeguarding policies also incorporates the principle for protecting adults who are at risk of harm, neglect or abuse (Corporate Safeguarding Policy, 2016).

Before completing an initial visit, I consulted with my Deputy Manager and Social Work colleagues to risk assess lone working. As this case appeared to be complex with the relationship between 9 and 8, I decided to complete my initial visit with a Senior Social Worker. I reflected on the advantages and disadvantages of a joint visit, taking into consideration safety and risks. However, I felt that having another Social Worker present would support my practice and help with collaborative working (Scourfield, 2017). I discussed the Adult at Risk referral with the Senior Social Worker and prepared for all risks and situations that could potentially arise during the visit. I also contacted the referrer, safeguarding team and Physiotherapist involved in 9's care to gather further information and clarity on the concerns raised to support my professional judgement. I believe that open communication between professionals is essential to ensure that information is gathered effectively and feel that this supported my practice by understanding concerns from a holistic point of view (Hepworth et al, 2009).

When we arrived at the visit, we started by introducing ourselves and explaining our role and purpose for the visit. Consent was gained by 8 who answered the door and then following this, 9 consented when we entered the property. When explaining to 9 the purpose of the visit, I ensured that clear language was used and verbal consent was gained in a direct way which I felt was important to establish ethical decision making and provision of choice for the individual (Dolgoff et al, 2009). I ensured that an active offer was made to identify if social work intervention and services would be preferred in Welsh following the framework of The Welsh Language Act 1993. 9 expressed that she would like to undertake all communications in English as she was unable to speak Welsh. Discussion was held with 8 about the completion of a Carer's Assessment, as I felt this was important to establish any needs or risks under Section 24 of SSWBA 14. Whilst this was undertaken by the Senior Social Worker, I had the opportunity to speak with 9 in a private setting where she could communicate more freely. I explained to 9 about confidentiality and also the importance of information sharing to other professionals for any safeguarding concerns. I ensured that 9 understood my remits in relation

to confidentiality due to the nature of the safeguarding concerns and did not want to affect our working relationship if information was disclosed (Cordess, 2001).

9 explained that she has been visited by a Court Of Protection worker and also her Solicitor that manages most of her finances. 9 was visibly upset and communicated her uncertainties around the future management of her finances. 9 was forthcoming with information and was happy to share anxieties around money, however I noticed that this changed when discussing her relationship with 8. I noticed that 9 was reluctant to reflect any negative suggestions towards her Husband and appeared to be quite nervous about her responses. When reflecting on this, I can see that 9 was placed in an isolated situation where she was anxious about the outcome of communicating concerns (Lombard and McMillan, 2013). I reassured 9 that her Husband was not listening to our conversation and was completing a Carers Assessment in another room, which helped 9 become more at ease. 9 discussed her own mental health, followed by her Husband's current mental health interventions which appeared to be more complex. I quickly identified some safeguarding concerns around domestic abuse and particularly around coercion and control, as well as possible care and support needs which were unmet. 9 expressed that she did not feel that any abuse was taking place and did not feel that she was at any significant risk. 9 declined any formal support with safeguarding processes and did not consent to an Adult at Risk referral from myself to the Safeguarding Team. 9 however did give consent for me to liaise with other professionals about any concerns or questions I may have following the visit. If 9 had chosen for further actions to be taken in relation to her protection, as well as safeguarding processes in the Local Authority, The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 would have provided a legislative framework to make 'arrangements for the protection of victims of gender-based violence, domestic abuse and sexual violence' (WAG, 2015).

9 discussed her previous physical injuries which has resulted in lifelong effects on her day to day life both mentally and physically. 9 would be protected under The Equality Act 2010 which aims to prevent discrimination and in Social Work practice, avoid use of anti-oppressive practices.

When completing a Social Work assessment with 9, I ensured that a person centred approach was used to express the voice and wishes of 9. This was essential to establish a positive working relationship with 9 and ensure that she was able to communicate freely about her current situation to support a valuable assessment in a complex situation (Lynch, 2013). Adopting a person centred approach, and supporting 9 to be in control of the situation, allowed for a solution focused approach to start and communication to open on change and positive aspects of social work intervention (Green and Lee, 2011). I was able to communicate with 9

about the services available and the support that could be provided to improve on any areas of concern. Reflecting on the discussions held with 9, I feel that I was able to utilise a strengths based approach and encourage 9 to reflect on her own situation and the positive changes that had taken place, such as Physiotherapy input which had increased her mobility. I think that applying a strengths based approach is essential in complex situations where it could become an opportunity to only focus on adverse experiences and become oppressive. By focusing on the strengths of an individual, you can empower them to recognise their own capability to leave a potentially high risk environment (Nash et al, 2005).

To ensure that I followed all legislative processes, I considered The Mental Capacity Act 2005 and 9's own capacity in relation to her current situation. I was able to identify that 9 had capacity in relation to her care and support needs and also in relation to her current situation with 8. I was able to apply professional judgement in assessing 9's capacity and incorporate the complexity of her mental health to make an evidence based decision (Brown et al, 2015). I was conscious of principles within The Mental Health Act 2007, which refers to respect of the individuals wishes and also avoidance of discrimination. This assessment was complex in nature as I had to identify capacity against unwise decisions made by 9. I feel that I was able to make an evidence based decision, specific to time and place, which reflecting back was incorporating legislative guidance effectively when completing a 'functional test'. The complexity of this assessment, was discussed with other professionals to ensure that I was able to fully evidence my decision and ensure that any future assessments followed the same level of effective practice.

Towards the end of the visit, 8 returned to the room and a discussion was held on the current situation and support options available. 8 was very forceful in his opinions and was open about the level of support he was providing for 9. I noticed that 8 was discriminatory towards 9 and was using language that portrayed a dissatisfaction in the relationship. I was particularly mindful of this as I understood the significance that verbal and psychological abuse can have on an individual from training undertaken since qualifying. I aimed to provide 9 with the opportunity to communicate her feelings within the discussion to manage any harmful aspects of 8's actions which has been shown to create long lasting negative effects (Laing et al, 2013). Whilst 8 was talking, I noticed that 9 became very anxious and tried to follow his statements with contradictory statements such as 'oh no, were fine most of the time though' and 'we have a very loving relationship'. I was able to consider 9's attachment to 8 and the dependency that had been created through a complex combination of 9's physical injuries and mental health. Attachment Theory by John Bowlby (1958) refers to relationships formed in early life which contribute to the development of an individual and possible affects to relationships in later life.

I was conscious of this theory during the visit as I could see the attachment that 9 had with 8 and I could link this to information she shared about a previous marriage which had broken down due to infidelity and abuse, which 9 expressed was very distressing for her. Attachments in marriages are often linked with a feeling of security and when an individual is unsecure they have increased anxiety about abandonment and vulnerability (Austrian, 2008). I was careful in the approach I used when communicating to 9 and 8 together, as I did not want to exacerbate the situation and emotions which were becoming quite significant. I wanted to ensure that I was ethical in my practice and did not reflect anti-oppressive language which may have resulted in further risks to 9 when the visit had ended. 8 was also becoming increasingly frustrated by finances and explained that he wanted 9 to assist him to start his own business. 8 was very forceful with his opinions around the support he had provided for 9 and his feeling around being paid accordingly. Again, 9 was easily persuaded by 8 that this was something she owed to him and evidence of control and coercion were present. The visit ended with 9 declining any care and support, and 8 being very frustrated with another visit from professionals. Due to 9 having capacity to make decisions, and taking any further risk of abuse and harm, I had to leave the property without clarity on further actions to be taken.

Immediately following the visit, I was able to liaise with the Senior Social Worker who had jointly undertaken the visit and share relevant information gathered from both 9 and 8 during the assessments. I was able to identify key areas of concern and risks that were evident for both 9 and 8, which I wanted to highlight to Safeguarding Co-Ordinators to ensure that they were satisfied with the outcome of the visit. When I left the visit, I felt apprehensive about the situation and was toiling between my own personal values and my professional values. I felt anxious because I felt that there were risks evident but without consent from 9 I was unable to immediately act upon this. I had to consider The Human Rights Act 1998, Article 8, which respects an individual's right to privacy and family life; which underpinned the outcome of this visit. Reflecting on how I felt after the visit, I can see that my own beliefs and experiences can affect my professional thinking and can challenge ethical issues within my practice. Following this I was able to identify that further experience was needed to ensure that my personal values did not affect any outcomes of social work practice. Although I was able to convey my professional values when communicating directly with 9, in order to develop professionally I understand that this ethical dilemma can be discussed within supervision to receive support and also increase my emotional resilience with complex safeguarding situations (Akhtar, 2013). Overall, I feel that I was able to adhere to The Code of Professional Practice and maintain the confidence of 9, whilst also being accountable for my own work and developing my knowledge and skills as set out in section 2.1 and 6.1 (SCW, 2017).

I liaised with the Safeguarding Co-ordinator and updated on the information gathered and outcome of the visit. I explained that I had concerns around 9's welfare and agreed with the Adult at Risk referral received about the abusive nature of the relationship. I updated on the outcome following The Mental Capacity Act 2005 and explained that 9 had capacity to make decisions in relation to her care and current relationship. I was advised that due to consent not being given for further action, the Safeguarding team would be unable to threshold the case. The Safeguarding Co-Ordinator was satisfied that I had enquired into the situation, following Section 126.2 of The Social Services and Wellbeing (Wales) Act 2014 and the outcome was clear to make a thresholding decision. If 9 had been assessed as lacking capacity to make decisions in relation to her current situation, then a referral could be made to Safeguarding for thresholding in her best interest.

Although this case was not thresholded and formal investigations undertaken; I have a clear understanding around the processes and actions that would need to be taken in line with current legislation and policies.

Firstly, if a case is thresholded by Safeguarding then a strategy meeting would be arranged within seven days of the enquiry ending. This strategy meeting would be a multi professional meeting which outlines the risks that are present to the individual and agreements made on which professional will action safeguarding processes. A care and support protection plan can be devised, which is led by a Designated Lead Manager (DLM), to ensure that progress can be monitored and reviewed accordingly (WSP, 2020). Following the initial strategy meeting, a decision is made in relation to the actions to be taken, which are often in three approaches:

- 1. Immediate protection**
- 2. Adult not at risk but may have other needs for care and support services**
- 3. Adult at risk and action to protect needed**

Following the actions taken on the above options, the care and support protection plan will be reviewed regularly until all professionals are satisfied that any safeguarding risks have been managed or removed. It is important to note that not all risk can be eliminated from an individual's life, and this cannot always been achievable due to the complex nature of some cases (Spreadbury and Hubbard, 2020). However, professionals can work towards high risks being managed or removed, to protect from immediate harm or abuse. Within all safeguarding processes, an individual's Human Rights must be protected (Older People's Commissioner for Wales, 2014). These safeguarding processes are created by the local Safeguarding Board who decide the best multi agency approaches to safeguard adults in the local area. Their aim is to provide better outcomes for adults and ensure that they are protected from harm and abuse (XXX Safeguarding Board, 2020). Cases where disputes around Mental Capacity or

safeguarding are severe, could be subject to court processes where a Social Worker can prepare legal documents and provide evidence of actions taken. The role of the court would be to decide and advise professionals on actions to be taken to protect the individual from harm and abuse (Laird, 2014).

Multi-agency risk assessment conferences (MARAC's) is another form of safeguarding for individuals experiencing domestic abuse. Professionals are able to meet and share information on cases where risk management is needed and safety strategies need to be arranged (Chisnell and Kelly, 2019). Independent domestic violence advisors (IDVAs) are able to work with individuals experiencing domestic abuse and are qualified to advocate for individuals during MARAC meetings (Safelives, 2020). 9 did not meet the threshold for a MARAC, however looking at government figures on individuals receiving support from IDVA's, it is clear that 9 would be within some high risk categories. 96% were women, 87% white British, 42% had a mental health problem in the last twelve months and 15% had a disability (ONS, 2019). Looking at these statistics shows me how vulnerable 9 is and how a combination of complexities in her situation could contribute to her being at high risk of domestic abuse. Walsh (2018) explains how there is often a complex range of factors that can lead towards violence, rather than one individual factor.

The Older People's Commissioner in Wales was introduced to prevent discrimination of older adults and ensure that services in Wales were improved to meet older adult's needs (Birrell, 2009). The National Assembly of Wales (2011:66) states "Wales has an ageing population. In 2008, 18 per cent of the population was over 65; by 2033 this is expected to rise to almost 26 per cent". This continued rise of older adults in Wales creates a more complex situation where specific outcomes need to be agreed to ensure that they are protected from harm and abuse. The Older People's Commissioner is specific to Wales and has the best interest of older adults in Wales at its core. I feel that this is an important government network that can support Social Workers with up to date knowledge and guidance on how to safeguard adults within Wales. I believe that this commissioner is working effectively as it has led to other UK nations evaluating their own adult social care and possible implementation of a commissioner in their country (Oldfather, 2013).

In New Zealand, the safeguarding processes for adults differs to that in Wales and the rest of the UK. If 9 had been living in New Zealand, risks around abuse would have been reported to the Police for them to investigate. There is no adult safeguarding services in New Zealand within the Social Services system. This has resulted in many vulnerable adults in New Zealand experiencing ongoing abuse because individuals, neighbours, professionals do not feel that police involvement is suitable (Eder, 2018). If 9 was in New Zealand, then she may not have

received the same level of safeguarding and support due to the improper services being available to manage safeguarding concerns. Interestingly, New Zealand has a Ministry for Vulnerable Children which investigates concerns around child abuse and has statutory processes in place (NZC, 2017). Looking at the difference between Wales and New Zealand, I can see that we have put many positive services and systems in place to support older adults and ensure safeguarding concerns are investigated. I personally feel that Wales recognises the long term pressures of an ageing society and is positively reacting to this by ensuring that Social Workers have appropriate legislation and guidance to follow.

Following the visit, I completed an assessment which outlined information gathered from the visit along with accurate case recordings in line with the General Data Protection Regulation (GDPR), Data Protection Act 2018. Recording factually accurate information whilst being sensitive to the information shared was difficult as I did not want this to have a negative impact on 9 if she wished to read it (O'Rourke, 2010). I felt that it was important to record information accurately as this would not only support my own assessment analysis and decision making, it would support future Social Workers who may be involved with the case and also assist in multi-disciplinary working (Beesley et al, 2017). Information that is not recorded accurately could result in risks being overlooked and potential Social Work case management being subject to ethical problems (Kagle and Kopels, 2008). I ensured that 9's wishes and feelings were recorded within case notes and assessment analysis in line with Section 6.2 of The Social Services and Wellbeing (Wales) Act 2014.

Once I had recorded all relevant information and analysed the risks, I was able to liaise with other professionals and discuss plans. Firstly I contacted the Solicitor and Court of Protection caseworker who made the Adult at Risk referral as it is important for Social Workers to liaise with other professionals in safeguarding processes to support analysis and decision making (Davies, 2015). As Court of Protection were managing 9's money, I discussed my concerns around the control and coercion with finances and was advised that not all finances were being managed currently. Due to the risk of mismanagement of finances by 9's husband, and the possibility of her experiencing debts in her own name, an agreement was made with The Court of Protection for them to arrange full management of 9's money (Kirst-Ashman, 2016). This was fundamental to safeguard 9 and risk manage for possibilities of financial abuse. There was a clear balance that was needed in this complex situation to manage risk and provide 9 with choice (Kemshall, 2013). There were most certainly ethical considerations in this decision, however all professionals shared professional accountability and judgement by following safeguarding procedures in our relevant organisations. I also liaised with the Physiotherapist involved to update her on safeguarding concerns so she could monitor on all future visits.

This case required on-going support from Social Services and I was able to continue with managing risks around safeguarding concerns. I remained accountable for the work I undertook and as part of this I continued with updating my manager with all actions taken to ensure that I was able to clearly outline my reasoning for decision making. Parrott (2014:73) states that “accountability means that as social workers we are prepared to be open to the scrutiny of others for our actions, prepared to accept praise and blame in equal measure and prepared to explain our actions”. I used supervision as a tool to discuss my professional judgement and decision making on this complex case and this also supported my accountability throughout my time supporting 9. I was able to discuss plans in supervision and have these plans monitored to ensure that my professional judgement was reviewed in line with new evidence and situations of the case (Howe and Gray, 2012).

I feel that by implementing the reserved functions of a Social Worker, which is to assess, plan and safeguard the most vulnerable adults, you are able to ensure that individuals are supported by a professional who is trained to manage complex situations (Hothersall et al, 2008). In Wales, Social Care Wales ensures that all Social Workers continue to register as professionals and maintain their continuous development to meet standards of social work practice (SCW, 2020).

I am now more confident working within complex safeguarding remits and feel that my knowledge and skills have developed since the commencement of the CPEL. I have reflected on the actions taken with this case and feel that along with the research and evaluations I have concluded within my work, I now have a clear understanding on how to continue meeting the professional standards of Social Work (Lishman, 2015).

Word Count: 4176

Section 5

Safeguarding

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

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

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

Social work practice has developed and incorporated the necessary safeguarding procedures required to ensure that all children are protected from abuse and neglect, whilst legislative changes assist in managing risk (Chisnell and Kelly, 2019). The recent introduction of The Social Services and Wellbeing (Wales) Act 2014 has created new legislation that supports professionals to safeguard children at risk of abuse. The SSWBA 2014 provides framework for statutory social workers, health professionals and other relevant professionals involved in a child's care to report any concerns of safeguarding under Section 130 of the act. Professionals report cases of possible abuse to relevant statutory bodies due to the implementation of legislation and the guidance they received through safeguarding legislation (Baginsky, 2008). The SSWBA 2014 builds upon the Sustainable Social Services for Wales Frame work which aims to strengthen children's safeguarding and ensure that professionals can be supported with all safeguarding processes (WAG 2011). The SSWBA 2014 also embeds the United Nations Convention on the rights of the child (UNCRC) and Wales has become the first country in the United Kingdom to adopt these rights into their own laws. The UNCRC came into force in the UK in 1992 and has 54 articles in total which outline the rights of a child. Article 1 and 19 reference to anyone under the age of 18 having the rights in the convention and receiving protection from abuse and neglect (UNCRC, 1989).

The Children Act 1989 & 2004 explains that the local authority has a duty to investigate if there is reasonable belief that a child is experiencing or likely to experience

significant harm under Section 47. Locally, The Wales Safeguarding Procedures (2019) provides guidance for social workers in child protection in relation to the actions and decision making required to uphold the welfare and wellbeing of the child. If a child is at risk under section 47, a strategy meeting is held with relevant professionals to plan and minimise risks associated to that child. If professionals feel that a child is at significant risk then a child protection conference can be held with family to decide if they should be placed on the child protection register. Article 9 of the UNCRC states that a child should not be separated from their parents unless it is in their best interest, such as safeguarding concerns around significant harm (UNCRC, 1989). 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. A social worker can complete pre-birth risk assessing and planning if there has been historical safeguarding issues within a family network. This safeguards a new born against likely abuse or neglect in line with current legislation.

Locally, there is a safeguarding board with individuals from different organisations that plan how to keep children in the local area safe from harm. The safeguarding board has links with local authorities and social services teams to provide advice and guidance to social workers who work with children at risk of abuse and neglect. The local safeguarding boards also have a duty to ensure that The Wales Safeguarding Procedures (2019) are implemented within their own local authorities.

Word count: 536

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)

There continues to be differences between adult and children safeguarding procedures in Wales despite the overarching legislation of The Social Services and Wellbeing (Wales) Act 2014.

Within adults safeguarding, an individual is able to consent to any safeguarding interventions and procedures if they are deemed to have mental capacity. The Mental Capacity Act 2005 provides principles and a framework for social workers to assess if an adult has capacity to make a time specific decision regarding an aspect of their life. The Mental Capacity Act 2005 states that an individual must be deemed to have capacity and a professional must prove that they do not have capacity regarding a specific decision. If an adult who has capacity declines any safeguarding procedures then this must be respected. The code of practice outlines guidance for social workers working within the legislative framework (MCA Code of Practice, 2005). The Human Rights Act 1998 outlines the right to privacy under Article 8 and this applies to local authorities. An adult is able to maintain their family and home life with privacy if they feel this is necessary. The Equality and Human Rights Commission states that "you have the right to live your life privately without government interference" (EHRC, 2018). This means that an adult is able to decline any safeguarding assessments or interventions even if they are at risk. A social worker can advise an individual about concerns around their safety and minimise risks where possible by providing options for assistance if needed (Rogers et al, 2015).

This is a significant difference to children's safeguarding, where all safeguarding concerns do not require consent from a child to investigate. However, The UNCRC, Article 12 and 13, both state that a child's views and wishes should be taken into consideration with any matters affecting them (UNCRC, 1989). The Children's Act 1989 explains that a child's welfare is paramount and they must be protected from abuse and harm. This makes safeguarding a child a forefront for social workers and a main duty within their role. The process within children's services around safeguarding

is also more precise in relation to their processes and timeframes. A local authority must see a child who is at risk of significant harm within 24 hours to ensure their safety is paramount; an assessment and strategy meetings are then to be held to safeguard that child. Child protection procedures within Section 47 of The Children Act 1989 overrides The Human Rights Act 1998 (Article 8) in relation to a child at risk. Local safeguarding boards can ensure that the welfare of the child is coordinated effectively and follows framework of national legislation.

Word Count: 439

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)

Since the commencement of my CPEL and identifying my development needs in Section 2, I feel that I have made improvements in progressing with the aims I set out to achieve. To reflect on my practice I have applied reflective models to guide my thinking and understanding further areas of learning that I will need to support my development in becoming an experienced practitioner. Kolb's reflective cycle (1984) has supported me to understand what aspects of my practice I can further develop and areas that I can improve in the future through further thinking and reflection (Bolton, 2010). Although there are many models of reflection, such as Gibbs (1988) and Borton (1970), I felt that Kolb's reflective cycle (1984) has helped me to critically reflect on my practice more effectively than others.

For a significant period of completing my CPEL, my working arrangements have changed in line with recent Covid-19 guidance and legislation. I feel that this has made a difference to the opportunities of development that I may have been able to access otherwise. Although I have been working from home and visits to individuals using services has been limited, I have been able to continue practising and learning new ways of managing a complex case load and collaborating with other professionals. This includes using digital and virtual equipment such as video calls to complete assessments and meetings.

I have worked collaboratively with both health professionals and service users when managing hospital discharge cases and feel that whilst this has been more difficult over the recent months, I have continued to develop my communication skills to ensure my practice has improved. I have changed from face to face meetings to online

meetings and telephone calls to manage my hospital discharge cases. This has been challenging, particularly at the start, as I had to adapt my working practices and keep up to date with new legislations and policies to manage hospital cases as outlined in Lewin's change model (1951).

This new way of working has showed me how resilient and adapting both myself and service users can be when normal practices change rapidly in often complex situations (Martin 2010). However, there has been elements of difficulty with working more remotely and this is mainly due to the age range of individuals I work with and their preference for face to face meetings. Although Reamer (2014) says that service users can prefer to engage remotely if they are anxious, I do not believe that this is the case with older adults that have additional needs such as visual/hearing impairments or dementia. There has been times where gathering information and communicating collaboratively has been challenging due to the inability to hold more formal in person meetings. When transitioning to an experienced practitioner, an additional learning need will be to improve on communicating with both health professionals and individuals to ensure that I can continue to embed the social model within my practice remote working.

I have continued to develop my assessment writing skills and in particular strengthening my assessment analysis to identify care and support options for individuals. My caseload has increased in complexity and I have been working on more cases where safeguarding concerns and complex needs are prevalent. During the last year, whilst working through the Covid-19 pandemic, the provision of services has become more challenging and I have had to ensure that my assessments clearly reflect the needs of an individual. I have reflected on the assessments that I have undertaken since starting CPEL and can recognise the importance of my assessments and the need for them to be more clear and concise. I have learnt that assessment analysis is the vital aspect that can provide clear reasoning for what services are needed and the risks presenting for each individual (Martin, 2010). Moving forward, I will continue to develop my assessment writing and analysis by discussing cases within supervision which can provide shared knowledge on practice and skills (Wonnacott, 2012). I will continue academic reading that supports my practice around assessments and utilise the knowledge of other Social Workers in the team who can support with knowledge on services and support options.

Mental Capacity assessments have been an ongoing core aspect of my role as a Social Worker and I have continued to complete these assessments whilst developing my professional judgement. I was able to complete training around The Mental Capacity Act 2005 which helped me to consolidate and develop on my knowledge and skills around legislation. I also had the opportunity to participate in further informal training from my Deputy Manager who helped with guidance and knowledge on applied practice skills. I was able to discuss my concerns around current gaps in knowledge and discuss these in an informal learning opportunity which I found very beneficial to my overall development. I feel that further informal learning opportunities at a more frequent interval would be more valuable for me whilst transitioning to an experienced practitioner as I can focus on specific learning needs (Tovey, 2007). In relation to my professional judgement, I feel that this has developed in line with my experience and confidence. I hope to continue consolidating my learning around all the needs identified and develop my knowledge, skills and confidence to transition to an experienced practitioner.

Word Count: 880

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

Consolidation workshop	Date Attended
1	13/11/2019
2	27/02/2020
3	14/10/2020
4	22/10/2020

Notes

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

I have worked with Rachel since she joined the Neath Community Network Team in October 2018. Rachel initially was employed on a temporary contract and has since secured a permanent post. The team works with individuals aged 18+ generically. In my role as mentor I have met with Rachel on both a formal and informal basis to discuss social work practice in general and discussing her caseload. We worked in the same office and I observed Rachel to be extremely conscientious and committed to working with the individuals on her caseload. Rachel has always contributed to team meetings and team development sessions, showing an interest in both her colleagues and the wider remit of professional practice in a busy local authority context.

During mentor sessions Rachel is pro-active, open-minded and questions her own practice, the context of the situation in which she is working and commitment to the individual. Rachel prepares prior to meeting a new case, researching the area if applicable and ensuring she has considered all relevant information. This evidences a person centred approach at the forefront of her work and she then questions the

systems and processes, both statutory services and exploring the community around the person to identify the best ways to support and provide an exceptional social work service. Rachel clearly demonstrates reflective practice with all her cases. Rachel is organised and methodical in how she manages her caseload, clearly able to identify areas of priority need and the cases that require speedy responses while balancing the remainder of her workload.

Rachel identified one of her learning needs to be in the area of mental capacity assessments, we have engaged in discussions in relation to the principles of the Mental Capacity Act and the completion of Mental Capacity Assessments. Rachel demonstrates clearly her ability to analyse in such assessments, taking all factors into consideration, how opinions from others including medical professionals may differ and applying and having confidence in her own judgements. We discussed the complexity of such assessments and that this is an area which will continue to prove challenging for all social workers at times. I have no doubt that Rachel will continue to make these challenging decisions based on her analysis and judgement, if Rachel is any way unsure she will continue to ensure she has considered all the information, discussing in supervision or seeking peer support or management support when applicable.

From my observed interview it was evident that Rachel had developed a good rapport with the individual, ensuring that the individual understood each element of the information and the process. The questions Rachel asked allowed the individual to be able to identify her strengths, explore her outcomes and the options that were open to her and to explore any barriers to achieving the outcomes. Rachel understood fully what was important to the individual which helped her to build confidence and trust. The individual was in hospital and Rachel ensured that she looked at the medical records and explored all views of the medical professionals. Rachel balanced the theory of the medical model with the social model in this assessment.

Rachel's caseload has increased in complexity since the start of mentoring and she has developed more insight into complex needs and safeguarding concerns. In one of our mentoring sessions Rachel identified her concerns in relation to being able to

speak to the individual alone and how to ensure that she could develop a relationship of trust. Rachel identified her concerns in relation to likely domestic abuse and specifically the impact of coercion and control within a relationship. Rachel identified the risks around lone working and identified the need for a joint visit. Rachel was able to give rationale and identify that this case would likely not meet thresholding for safeguarding but had a clear understanding of the processes that would be involved if it were.

Working with the additional pressures due to the Covid-19 pandemic, Rachel has adjusted well and has continued to contribute to the team working from home, she has supported colleagues via email and Microsoft Teams case discussions groups.

Rachel identified development in confidence and in her communication with other professionals, since joining the team this has continued to develop and Rachel has become more assertive in her role as a social worker and understanding of how the role fits in to a multi-disciplinary context. From my sessions with Rachel I believe she has demonstrated commitment to developing her confidence and taking a pro-active approach to learning and development. In Section 6 Rachel reflects on how she has managed to continue to develop this aspect of her work by using other means of communication, particularly in the area of hospital discharges where this has had a significant impact on these cases for all the team. From my interactions and observations of Rachel within in her role, I consider that her confidence and assertiveness has grown and developed over her first year in practice and this will continue as she gains more experience.

Rachel will continue to develop her knowledge, her ability to critically reflect on her practice and her consideration of research and social work theories will continue to support her development. Rachel will continue to utilise the support that is available and identify her training and development needs. It has been a pleasure to see how far Rachel has developed since she has joined the team and that she will continue to learn and develop over her career.

Section 7

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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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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: Rachel Jones

2. Learner's University Number: 1911430

Address for Correspondence:

**54 High Street
Grovesend
Swansea
SA4 4GT**

Telephone: 07910187059

E-mail: r.jones10@npt.gov.uk

Date of Professional Qualification: June 2018

Date of registration with Social Care Wales: September 2015

3. Name of Learner's Agency: Neath Port Talbot Council

Agency Contact details: Neath Network Team

Name: Sian Walker

Address:

**Cimla Health and Social Care Centre
Cimla
Neath
SA11 3SU**

Telephone Number: 01639 684714

E-Mail address: s.walker1@npt.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: Bethan Pettifer

Address:

**Cimla Health and Social Care Centre
Cimla
Neath
SA11 3SU**

Telephone Number: 01639 684714

E-Mail address: b.pettifer@npt.gov.uk

6. Observer details

Name: AS ABOVE

Work Address: AS ABOVE

Professional Qualification and date of qualification: Bsc Social Work - 2016

Email and telephone number: AS ABOVE

Signatures and Line Manager Verification

CONFIDENTIALITY and PLAGIARISM – to be completed by the learner

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

Signed: _____  (Learner)

Date: 14 December 2020

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

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

Signed: _____  (Observer)

Date: 14 December 2020

Line manager verification

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

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

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

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

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

LINE MANAGER VERIFICATION:

Sian Walker
NAME OF LINE MANAGER: _____
SIGNATURE OF LINE MANAGER.: <i>S Sian Walker</i> _____
DATE: 14.12.2020 _____

Section 9

PORTH AGORED and UNIVERSITY OF WALES, TRINITY SAINT DAVID

GRADUATE CERTIFICATE IN CONSOLIDATION OF SOCIAL WORK PRACTICE

LEARNER AND EMPLOYER'S LEARNING AGREEMENT

Name of Learner	Rachel Jones
Name of Team/Agency	Neath Network Team – NPTCBC
Name of Mentor	Bethan Pettifer
Name of Line Manager	Sian Walker

Study Duty

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

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

Study Leave

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

Resources

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

The employer's training department agrees to:

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

The learner agrees to:

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

Line Manager/Mentor agrees to:

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

- Hold supervision with the learner, ideally monthly, and ensure this incorporates mentoring support and monitoring of the work undertaken and still outstanding. Maintain a full record of supervision dates and record discussions and agreements.

Completion and submission of portfolio

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

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

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

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

Signed: *R Jones* Print Name: Rachel Jones Date: 14 December 2020
(Learner)

Signed: *Sian Walker* Print Name: Sian Walker Date: 14 December 2020
(Line Manager/Mentor)

Signed: *Bethan Pettifer* Print Name: Bethan Pettifer Date: 14 December 2020
(Mentor, if different to above)

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