Critical Analysis of Practice (CAP)

*This document, based on the Lancaster University CAP Template, contains a compilation of anonymised extracts from CAPS written by UCLAN and Lancaster University students on placement. All students consented to their work being shared to support the learning of others.*

*All CAPS included were considered to meet the required standard, but no evaluation of the individual CAPS is offered: Critical Reflection is a highly personal process, and there is no ‘standard’ template for excellence in the writing of CAPS.*

*Some extracts have been extensively redacted but I have not changed word order, corrected grammar or factual errors, or added content. Some extracts are from CAP forms which follow a different structure, and may not be under the original subject heading.*

# Guidance

The aim of the CAP is for the student to engage in critical thinking about social work practice, social work process, their knowledge, values, skills and professional development. The intention is for the student to engage in critical thinking; therefore it is the quality of the inclusion that is important rather than the amount of writing.

The CAP should be used as a guide for discussion about cases or pieces of work that the student is engaged with. The student should be encouraged to complete elements of the template in respect of their cases and bring them to supervision sessions in order to engage in discussion with the Practice Educator. The Practice Educator will be able to verify the student’s work and development and refer to the CAPs in the Mid Point Review and final report.

The template is not to be completed at the end of the placement retrospectively. The relevant sections are to be completed to inform intervention as you go along. It is important to include references and links to the PCF domains as and when required.

There is no maximum number of templates that can be completed. However, all students are to submit a minimum of 3 templates as part of their practice portfolio.

Minimum 1500 words to maximum of 3000 words for the whole document.

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| **STUDENT** |
| **Pseudonym(s) of service users or carers:** |
| **A brief outline of the scenario at the point you receive the case** |
| All notes within this CAP are confidential and do not use any names or identification of the service users or professionals following the Data Protection Act (2018) and the placements GDPR policy (2021).  ***Student M 2021***  With regards to Section 2 of the Data Protection Act 2018, I will be protecting the identity of the service user and proceed with the use of the initials LH. **Student A 2021**  I started working with the client to support her through the process of her child being considered for a child protection plan…. The client’ s child was considered at risk due to the client being in a relationship where her partner was physically and emotionally abusive towards her. The client’s son had been present at an incident which police described as a serious incidence of violence. .. I was tasked with 1 to 1 support of the client through this process. This is using a person-centred approach to build a positive relationship with the client and work towards using Narrative Therapy in order to help the client to see that they have the power to change their life narrative…(McTighe, 2018). **Student C 2021**  I was 3 weeks into my placement on a [Children and Families] Team in Borough X and had been co-allocated to the case with a colleague. This case consisted of an 8-year old boy who was open on a child protection plan under the category of neglect. J was a heavy cannabis user and an alcoholic who had previously confessed that he did not think he could care for H. J legally had all caring responsibility of H … H was living at his grandmother’s …. in an unofficial capacity as [she] lived in an over 55’s block … there were also concerns around J … allowing H to have contact with J’s girlfriend L when she had not been risk assessed ... ***Student I 2022***  … The aim of the S project is to work with parents and children to help build social relationships. ….Within the group there are 6 families who attend with children age ranging from 1-4. Within a weekly session they focus on play time with the parent and child, encouraging children to play with each other and then an educational segment for adults to learn parenting skills. ..**Student M 2021**  Referral made 20/07/2021 under the children Act (2004) Section 47 Safeguarding. the child made a disclosure regarding sexual abuse from her father to school before the summer holidays. At the time I began the case her father currently has a restraining order from the police and cannot contact or see the child. … I attended a multiagency core group meeting on the 09/09/2021 to track how the child is doing and what has been put in place to support them ***Student M 2021***  ….[ED] fled from a domestic violent relationship and is currently living in a refuge. ..I attended a TAC meeting for ED’s two girls … This particular TAC drew out concerns of ED’s partner (CH) being caught on camera trying to visit the refuge.. social worker N also raised concerns about ED’s six year old daughter expressing that her mother had said she isn’t allowed to tell the social worker anything (**Student X, GLTP PE Training Handbook**)  LH is a 20-year-old woman who has been in the foster care system … and is now looking to move out and gain more independence. LH was referred to the Community Mental health team for an assessment of needs under the Care Act 2014 … LH is hoping to move into her own property by the end of the year and will require assistance in navigating this. **Student A 2021**  SU self-referred as she was introduced to the organisation by her mother who was accessing the services at the time. SU was abused by her father growing up... SU no longer has any contact with her father... SU has not been medically diagnosed but resonates greatly with the symptoms and experiences of Complex PTSD ... SU was home schooled growing up however she is currently attending college and experiencing difficulties adapting to this new environment.  **Student S 2018**  X is an education provider for alternative vocational training. The centre caters for young people and adults who are unable to thrive in mainstream educational settings. X provides a pastoral role with supporting young people in the factors that have led to them ceasing to attend school such as emotional and behavioural difficulties as well as learning difficulties… J attends X once a week with his school and is currently in the process of completing the joinery unit.  **Student A 2020**  A has a severe physical disability relating to Cerebral Palsy, he has left side Hemiplegia and is partially sighted, however is able to see small words and symbols very well. A had a major Spinal Surgery last year … this was the last time he was seen by his mother ever since his mother is in no contact with the agency after several attempts. Before he moved with the agency he was in a children’s setting many years and went through an unplanned transition period… A has displayed very challenging behaviour and caused physical harm to staff members as well the housemates he is living with. **Student B 2015**  D has made contact … about becoming a prospective adopter for a child. A social worker from the recruitment and assessment team made contact with her to complete an initial enquiry which gathers basic information on why she wants to become an adopter, and personal information such as her living situation and occupation. Following this initial enquiry call, D was offered a stage one assessment … which is where the case was assigned to me for completion. Policy states that stage one assessments should be completed within 8 weeks of the initial enquiry. **Student E 2021** |
| **ACTIVITY (FOR EXAMPLE: ASSESSMENT, SPECIFIC PIECE OF WORK OR A SET TASK)** |
| A brief outline of the activity including information about your role |
| Working with ED … has involved working with her therapeutically and practically. As ED’s keyworker, we have weekly 1:1 sessions and ED attends group work sessions twice a week, I also support her at TAC meetings (S17, Children Act 1989).  **Student X, GLTP PE Training Handbook**  Each week the families will attend the session within the school designated S room. … Within this time, I would work to play and chat with children and their parents to build relationships and observe behaviour. … During snack time I work directly with the children alone while the adults learn positive parenting with the family support worker. This provides them time to work efficiently without distractions from the children while I can build relationships and social skills alone with the kids.  For this intervention I have also conducted phone calls to parents to check on how the children are doing and if they have used the new methods of parenting taught the week before (PCF 9). This allows time to talk alone with parents and discuss what is working and what they have found difficult. This is helpful as I can refer this back to the family support worker as this is the first session of S in school and therefore can improve it for future years (developing standards SWE). It also allows to provide the parents with solutions to barriers, so they are treated fairly and equally (PCF 3). **Student M 2021**  My role during this intervention was to carry out an assessment of need under the Care Act 2014 on LH and help her in finding her house hunting process. ..As part of the assessment, it was my duty to establish a good working relationship with LH that allows her to comfortably disclose information about her support needs... **Student A 2021**  The aim of the intervention was to speak to B and together with him complete his pathway plan. The aim of the pathway plan is to document how independent B currently is and what needs to be done to ensure he is fully equipped to become independent once he turns 18 and moves out of foster care. The plan also aims to support B’s health and emotional needs, education or employment needs and his social and family relations. **Student Y, GLTP PE Training Handbook**  The first time I met J was when I had spent one afternoon in the joinery session engaging with the learners. During this session, a conversation began about gender stereotypes …After having this discussion with J, the possibility of him making these comments to someone else did concern me  **Student A 2020**  My role in this case was to work closely with A to identify A’s challenging behaviour, understand the reasons for his behaviours and to monitor members of staff and guiding them to minimise behaviour occurrence … My role was to understand why A was displaying challenging behaviour … My part in the assessment also involved noting down what behaviour he presents and how often and with whom. This was to make other professional aware of how often he does this and to one staff in particular or to all of them… **Student B 2015**  My role was to develop a working therapeutic relationship in which I was able to best understand A’s situation, wishes, goals and preferences; developing a clear understanding of A’s current level of coping to enable a thorough formulation and evaluation of necessary or appropriate support and pathway towards discharge. **Student C 2020**  My role in this intervention is to complete the stage one assessment of D within an 8 week timescale. … this assessment is very much lead by the prospective adopter as they are expected to provide the majority of information for us to analyse. My role in this intervention is to read through all the statutory checks and references that are being sent back. … I must make .. a recommendation on whether I believe D should progress onto the next stage of the adoption process. It is important that I work to timescales, keep accurate records and also keep the applicant up to date with the progress of her assessment. **Student E 2021** |
| **PLANNING (THIS SECTION CAN BE COMPLETED BEFORE THE ACTIVITY)** |
| What are the aims of the intervention?  How will you work towards achieving these aims?  **Consider legislation, policy, social work methods and theory and reference accordingly.** |
| There are two main aims of this intervention. The first aim is for me to use this intervention as a chance to be able to begin building a working relationship with H … Rogers’ “core conditions” (Howe, 2009, p.165) of warmth, congruence (genuineness) and empathy have been argued to be necessary and sufficient to be able to build effective working relationships … It will be important to show these conditions to H whilst working with him during this intervention through my communication and demeanour as this might allow me to be able to develop a level of trust in H towards me. As “the way people treat us matters” (Howe, 2009, p.155) … it will be important for me to ensure that I come across as genuine, empathetic and warm to H to both try to reduce his anxiety, as well as to allow me to be better able to elicit his wishes and feelings, linking to aim 2. ***Student I 2022***  The aim of the intervention is to build a client relationship based on trust and compassion …It is important to build respectful partnership working where there is an understanding of the client’s situation and how this impacts their ability to form this relationship(PCF 3.3). Tew (2006) states ‘What may be particularly important is for the social worker not to become part of such collusive power relations by taking on the role of rescuer, but to practise in a way that engages with the woman as an active partner in the work’. I will refer to current legislation in particular the children’s Act 1989 and the regulation around the assessment of children for an ICPC (section 7 and section 47). (the children’s Act 1989). My main aim is to build a professional relationship with my client using a person- centred approach (Rogers, 1951). I will achieve this with the use of open questions to get to know the client. I will give empathetic responses and encourage autonomy(Furlong 2003). It is also important to identify any discrepancies between the client’s problematic behaviour and their goals for themselves of their loved ones. (Corcoran 2011). This professional relationship is an important part of being able to support my client and work against the oppression she suffers being known to services prior to my intervention(PCF 3.2), in knowing my client’s circumstances and understanding her feelings on the intervention. My aim would be to express to the client unconditional positive regard (Rogers 1956), this will mean that I unconditionally accept my client for who they are and what they are experiencing. In this case I will seek to understand this client’s current experience in its own right without prior judgement about past interventions (PCF 3.2) **Student C 2021**  The second aim of this intervention is to complete a piece of direct work with H with the intension of ascertaining his wishes and feelings around his current living situation and how often he is able to see J … I need to get to know H, his needs, how he feels about his life and situation and what he wants for his future (Race & O’Keefe, 2017, p.3). The value base of child-centred practice buts central value on the child and their welfare being paramount (Race and O’Keefe, 2017, p.14) and by trying to incorporate some aspects of the theorical framework, I may be able to elicit H’s wishes and feelings in a way which makes him feel listened to and respected. This may also help to implement the core conditions that I am trying to show to H to build a relationship – he may see my warmth, congruence and empathy through listening to him and trying to show him that I trying to make his needs, wishes and feelings paramount in my work – this links aim 1 and 2, showing that my methods of achieving each aim overlap. ***Student I 2022***  When building this relationship, I will ensure I follow the Data Protection Act 2018 and the General Data Protection Regulation framework(PCF 5.2). This means that I must follow their guidance on confidentiality and data handling. I must also inform the client about confidentiality and explain that all information they disclose to me is confidential within WCM although if they disclose that they are going to harm themselves, harm another person or commit an act of terrorism I will have to inform other agencies and speak with the client about having to break confidentiality in order to do this. This is important as a breech in confidentiality could risk a client’s life, it can also destroy the trust a client has with the service and affect the capacity to build an effective relationship. **Student C 2021**  The main aim of the S project is to help families improve their relationships and skills either between parent and child or children and peers. The aim of the intervention is to also allow parents to understand they are not alone in situations and many families also need help. This aim will be achieved by continuously supporting the families and working to build on relationships between service users and professionals and the relationships between different families. For this I will use theory such as Bowlby’s attachment (1969) to understand these attachments and how they affect the child’s behaviours. By understanding the types of attachment anxiety, you can begin to help families who may experience this and work to improve these relationships as they are all individual to the service user… From then understanding the situation we can work together to improve these relationships so that these anxieties do not follow into future years of adulthood as these children are still extremely young and have time to rebuild them. This also relates to the families who have extremely strong attachments as the children then find it difficult to be separated from the primary care giver and struggle when entering early years independently. We will also use theory such as Bandura (1977) to understand why children may be acting in a certain way through social learning. This will also allow us to become a positive role model for these children so that they learn positive behaviours rather then negative ones such as hitting (PCF 5). **Student M 2021**  My keywork sessions with ED have always been on Microsoft Teams but on this occasion, the key work was going to be in the new house in person. The aims of the intervention was   * to understand if ED had any intentions of allowing CH into the house at any point, and to enable her understanding of what the consequences of the actions would be * to establish if the social worker’s concern of emotional abuse has anything to do with CH’s prior or future visit, or if ED is trying to control what her daughter says in any way * to enable ED understand the psychological effect of any form of emotional abuse on her older daughter   **Student X, GLTP PE Training Handbook**  The ultimate aim of this intervention is to carry out a care needs assessment under Care Act 20214 over a couple of visits to gain an insight into what LH’s social care needs are as well as sign posting and giving her advice about her housing options.  As I will be signposting and advising LH on her housing option, an understanding of social policy is important. LH is a 20-year-old woman who is not currently homeless, therefore if she chooses to look for housing via the council, she is likely not be seen as a priority. On the other hand, if she chooses to take the private rented accommodation route, LH could also face economic discrimination as a result of her being on benefits. My research has informed me that landlords are less likely to take on tenants who are receiving benefits. These are forms of indirect discrimination and under the Equality Act 2010, as a professional it is important that any form of discrimination is challenged, and LH is given as equality opportunity as anyone else to find housing. (PCF 3)  The ecological theory … focuses on how human beings interact with their environment and how a person’s environment greatly impacts them. A branch of the ecological theory is the … macro system…. This branch of the ecological system acknowledges the wider society; cultural and social factors have a direct impact on an individual’s environment. In LH’s case, stigmatised attitudes towards mental health disorders can lead to her being discriminated against in different areas of her life. (PCF 3) These include housing, social activities and education. Furthermore, LH disclosed to me that she had anxieties about money and becoming homeless due to the attitudes she feels society has towards people who are leaving the foster care system. Her anxieties a rooted from the fear that she will end up homeless because in her words “it’s what happens to people who leave the foster care system” My aim when I received this information was to validate these feelings that LH has and not downplay them. **Student A 2021**  ..B is more likely to work with me and answer my questions if I build a positive relationship with him first (Maclean & Harrison, 2015)... Communication was one of the most important skills that was needed during this intervention, as B understands and speaks only a little bit of English. To overcome this barrier, I organised an interpreter to join our meeting so that I could be sure B understood what I was asking him and he was giving his answers to the best of his understanding. **Student Y, GLTP PE Training Handbook**  **Strategies for intervention**   * Task centred – The Empowerment Star is a tool the service uses to help women create a life which is made right for them informed by their choices. The tool provides a holistic outlook on the individual's life by focusing on 9 areas including …. A task may present as evident to the individual after discussion which can then be inputted into the action plan with an agreed time scale to complete and review. ….. * Relationship based social work – the model by Ruch et al (2010) proposes relationship based social work should recognise past experiences affecting current attitudes and behaviours. …[SU].. finds it difficult to adapt her personal space being invaded by another student being placed near her…. * Ending violence against women and girls (VAWG) (HM Government, 2016) - This policy works towards early intervention to avoid reaching a crisis response. By SU making sense of the abuse, it can help towards SU recognising signs of an unhealthy relationship and use such knowledge for her future relationships. **Student S 2018**   I will look at Prochaska and DiClemente’s (1983) model of change in order to help inform the practice I am doing, and apply this to the case. Looking at transition or life course development theories will help me with a 7 framework for understanding some commonalities which affect people through different ages and during the life course. The client is in his 50’s and so therefore transition and life course development theories may help me to look at different stages in his life and how these have had an effect (Blythe, 2010). **Student M 2018**  I am going to make full use of the social pedagogical method of co-production … Working alongside learners on a joint project can sometimes work as an enabler to allow learners to open up. Some learners are often disinclined to speak to professionals however working alongside them helps to initiate conversation. In regard to the issue between me and J, this method could be a beneficial way of building our professional relationship … It gives me a chance to work one to one with J and possibly gain back his trust over time.  **Student A 2020**   * The aim of intervention was to support staff members and make them aware of positive behaviour management in order to support A in a better way. Also to monitor staff members if they were using the PRT training and applying them when working with A … * The aim of carrying out observation on restrictive practice was to protect A’s rights and making sure that he is not restricted without need. * Overall an aim was to gather all A’s information from his care plan to understand his way of communication, triggers, behaviours which would help me in building a positive working relationship.   In order to achieve the aims of intervention I will need to work closely with and his supporting staff team in order to understand his relationship with individuals and note his behaviour patterns down. … I will need to take into account … Mental Capacity Act … and how this Act would allow A’s professionals to plan and make decisions about financial matters, social care, medical treatment and research arrangements, as well as everyday decisions about his personal care …In order to achieve the aims I will be taking into account of … attachment theory, also understanding the attribution theory which has been introduced in the challenging behaviour management to support A. … I will also follow the Data Protection Act 1998 and agency’s confidentiality policy of keeping all A’s private information secure. Also monitor A closely to observe any form of abuse, danger or harm he may experience within the agency or when he is out in the community, this would be underlined within agency policy of safeguarding and protecting vulnerable people **Student B 2015**  In accordance with Standard 21.6 Fostering National Minimum Standards (2011), I must consider the needs of the sons and daughters of foster carers. As a social worker, I must ensure that every child's wellbeing is of paramount concern (s1 Children Act 1989) and that all children are safeguarded from the risk of harm (The Stationery Office, 2003). This applies to the birth children of foster carers as well as the looked-after children in the care of the local authority (PCF 2; SWE 3.1). As F has disclosed severe anxiety about fostering, I therefore must acknowledge and address these concerns. **Student D 2022** |
| What is your role in the intervention? Give more detail about what your role entailed. |
| My role in this intervention was mainly as a gatherer of information. Whilst working with H, I would be asking him questions whilst he was playing to try and create a more comfortable environment for H to feel as though he could be more open with me to allow us to work towards building a relationship. My role included asking H questions from the ‘All About Me’ sheets as well as asking him follow up questions to the answers that he gave me as well as changing the plan for the direct work session when it became clear that H was not comfortable. ***Student I 2022***  As my client’s project-worker it is my role to support my client throughout the process of her engagement with Organisation W. … In order for the client to want to engage with our services, she must feel able to trust me and feel comfortable discussing difficult personal matters with me. It was therefore my role to be professional, approachable, and empathetic. It was also important that anything I discus with the client I ensured I followed up for example as I said I would attend the ICPC it was important I did so. It was also my role to update the client’s file online with any contacts that I made around her case. It was also my role to take detailed notes during any parts of the intervention such as phone calls or 1 to 1 meetings and upload these notes to the clients file after each session. **Student C 2021**  As ED’s key worker, my role is to ensure she is supported within her TAC process, and with her general state of wellbeing. …My role in the intervention will be to facilitate the key work session, present my concerns (CH’s potential visit to the house) and those of the social worker (Emotional abuse), but also create a space where ED can express herself, see things from different perspectives and understand why things are the way they are.**…..**  **Student X, GLTP PE Training Handbook**  My role within this intervention is to work alongside the family support worker to support her throughout the weekly sessions. As there are many families who attend this intervention it is difficult for the family support worker to do it alone. Therefore, myself and a teaching assistant have supported in the weeks to get to know the families. This role meant communicating with the children and parents to learn about them and play to make the time enjoyable. My role is to also act correctly with the children so the parents can observe positive interactions and learn new techniques. I showed this by using positive praise such as “well done”, using kind words like “please and thank you” and sharing toys to teach good behaviours (PCF 2). These positive behaviours use Social Learning theory (Bandura 1977) of copying a role model behaviour (PCF 5). **Student M 2021**  My personal role within this meeting was to shadow the school safeguard lead and other professionals within the core group. As it was my first week into the placement, I did not have an active role, however I was still was able to think critically of situations through observing and abiding by the Professional Capabilities Framework (BASW 2018) and Social Work England standards (Social Work England Professional Standards 2021). As I was representing the school it was important that I followed the professionalism sector of the PCF. (BASW Professional Capabilities Framework, Professionalism Domain. 2018). I followed this by arriving on time, dressing smartly in professional clothing, and listening to the meeting without causing interruption (BASW Professional Capabilities Framework, Personal Values Domain. 2018). Personally, I believe my greatest role within this case was professional curiosity as it led me to take my own notes within the meeting, research beforehand any organisations and legislation, find information of the case and ask questions after the call had taken place. As it was my first meeting, I found it very informative and a good insight to what multiagency meetings look like to expand my knowledges of social work. It has also begun my development of critical thinking and analysis which I have taken into discussions within supervision and with my practice supervisor to expand my social work skills into practice. ***Student M 2021***  My role in the intervention was to gain all the relevant information and complete the document so that both B’s social worker and personal advisor know what work needs to be done with B to get him ready for independent living. … I was responsible for ensuring that B’s views and thoughts were heard, and he understands what his post 18 options are and what he is entitled to. **Student Y, GLTP PE Training Handbook**  I am going to do a recovery star assessment with the client to help me better understand his thoughts, feelings and circumstance. The recovery star assessment is a tool that looks at different aspects of an individual’s life, using a scale of 1-10 to identify where the client and worker believes the client is at the moment. …This will help break down barriers and explore his background, giving me an insight into what is going on for him, and how I can provide support.  **Student M 2018**  … my responsibility was to observe A and take into account of restrictive practice which links back to Deprivation of liberty safeguards 2007. The aim of this was that I could report these restrictive practices that are opposed on A into the best interest meeting.  My main responsibility of working with A was to observe and identify his challenging behaviours such as kicks, grabs verbal abuse and the reason for its occurrence for example: staff coming late to attend A for personal care which escalates his behaviour. Most importantly it was important to note down how often it occurs and whether it occurs with different staff members or one particular staff.  My role in A’s case was to get involved in all meeting in relation to A also to make referral to IMCA, to ensure that there is an advocate who speaks on A’s best interest and is involved in A’s case throughout.  My role was to note down my observation of his behaviour in his support plan also to have one to one interaction with A to get to know of his interest, likes and dislikes that can support key workers when working with A.  Keeping all these my main priorities I also had to make sure as a professional to take into consideration the safeguarding vulnerable people policy and confidentiality policy throughout, as the information I was holding of A was very intense and could only be shared on a need to know basis if there was safeguarding issue or harm to himself or others **Student B 2015**  My role in this intervention is to go through all checks that come back while critically analysing and assessing to see if there is anything significant that suggests D would not be a suitable adopter.  … Within the role, I am tasked to ring her personal references to validate the information they had provided in their written reference and challenge any areas of concern. I must ensure all of these references are returned, particularly from her employer. D has worked with children and therefore this requires a mandatory verification of the written reference as part of LCC policy.  …I must arrange a home visit where I complete 3 assessments. The first is a finance assessment which is where I looked at bank statements and pay slips from the last 3 months and identified if D is in a position where they are able to provide for a child financially. I then must complete a health and safety check. … Finally, I must complete a pet assessment if relevant. … Not only do I get these answers from the adopter, but also from my own observations of behaviour. **Student E 2021**  My role in this intervention is to further explore how F feels about fostering and explore the reasons behind him drawing the graphic picture of himself being harmed by a foster child. By unpicking F's concerns, I will be able to use his views to inform my fostering assessment (PCF 6; SWE 3.2, 3.5). Due to the severity of F's concerns, it is likely that this fostering assessment will be terminated. This is something I must discuss with the applicant foster carers, L and C. **Student D 2022** |
| What social work skills are relevant for the intervention? If there are skills you need to develop, how are you going to develop these? Reference accordingly. |
| The skills listed in the PCF End of Final Placement/Completion (BASW, 2018, p.9-10) domain 7, which I believe will be relevant for this intervention are as follows:   * **Apply a range of verbal and non-verbal methods of communication adapted in line with H’s age –** … it will be important for me to be able to use a range of questioning and listening skills to attempt to try and get H engaged in conversation with me. From having conversations with my colleague, I am aware that when H is asked something that he does not want to answer, he will often defer the conversation away to something else in an attempt to distract people … I intend to ask my colleague of things that H is always happy to talk about and this means that I might be able to keep H engaged long enough to be able to ask the other questions again. * **The ability to engage H and build a compassionate and effective relationship –** … I will try to incorporate aspects of person and child centred practice into my intervention to help with this…From prior knowledge, I know that H likes the H Potter series, which I also love and so sharing things like this about myself may help me to be able to build a relationship with H as well. * **Use a planned and structured approach, informed by social work methods, models and tools to promote independence and prevent harm –** in this intervention, I will be using aspects of person and child centred practice to inform my work as well as direct work tools to help H to be able to express his views and voice any worries that he might have about J or his grandparents which might be upsetting him. **…**   ***Student I 2022***  There are many social work skills that I brought into this intervention that I have learnt throughout my course and in accordance with the PCF. The first skill I used was empathy, as this case was extremely sensitive it was important to use this skill to feel connected to the service user and understand the situation from their perspective. This falls into my personal values and ethics as I personally believe it is important to listen to people’s feelings and thoughts especially in a scenario like this following the value and ethics section of the Professional Capabilities Framework (BASW, 2018).  Another important skill during this intervention was communication. This was shown largely by my active listening skills during the meeting to build my knowledge of the case. My communication was also important within school to ask to be apart of this meeting from the schools’ safeguard lead and asking questions before and after the intervention. This communication therefore falls under the knowledge section of the Professional Capabilities Framework (BASW, 2018) as through communication I was able to build a greater understanding of the case.  One skill I believe I achieved greatly were my reflective skills. This allowed me to reflect on how I acted during the intervention, after it had been completed and even more so now as I write about the case due to further discussions within supervision. This skill has allowed me to achieve the Professional Capabilities framework reflection and analysis domain which is a vital social work skill for developing practice (BASW,2018).  ***Student M 2021***  The skills I used that were relevant to this intervention were:   * Communication (PCF7.1)- it was important that I communicated clearly and concisely, ensuring I spoke to the client using appropriate terminology and language. It was also important to communicate effectively in the ICPC to be able to represent my client effectively and to be able to advocate for her in this setting. It was important that my views were delivered professionally and appropriately for this setting and so being able to adapt my the style of communication dependant on who I was communicating with is an important skill. * Relationship building(PCF7.3)- it was important I used my skills to be able to build a relationship with my client that was compassionate but also created professional boundaries. Part of building this relationship was in how I provided follow up care after the ICPC. I felt it would be appropriate to contact my client to see how she was feeling, understanding that this is a difficult process to be going through. Checking in with clients after difficult meetings can help with building an effective working relationship * Organisation skills(PCF1.4)- it was important to use a planned structured approach to the intervention and have completed relevant research prior to each stage of the intervention. These organisation skills are also relevant for time keeping to promote a professional image and being reliable for my client. * Identifying and drawing on appropriate frameworks is a skill that I feel I need to develop.(PCF7.5) I feel that at times even though I am following these frameworks sub consciously I would like to have more confidence in knowing what my options are in regards to the different approaches I could use. In thoroughly researching the options I would be able to increase my confidence in practice. **Student C 2021**   Actively listening, empathy, patience, organising my thoughts and effective communication are important skills needed for this intervention … How I went about trying to develop this skill was by talking to my flatmate about an issue I have a lot of opinions about.  **Student X, GLTP PE Training Handbook**  … it is important to anticipate that LH might experience some level of anxiety towards me coming into her home and conducting this assessment. To make the process less anxiety inducing, a relaxed and informal approach of assessing would be best. Good communication skills are important for the nature of this intervention. By wording questions in a casual and non-standardised format, takes away any pressure LH might feel but still ensures that important information is retrieved.  Another social work skill that I deem important for this intervention is being able to liaise with other professionals that also support LH in order to achieve the best possible outcome for this assessment. (PCF 8) (SWE 3.6). LH is currently being supported by ‘Leaving Care’ and they provide her with both social support and economic support e.g., funding for actives she may want to engage in such as going to the gym.…Getting in touch with LH’s support worker is also a form of advocacy which is outlined in PCF 4. **Student A 2021**  Skills for intervention: Skills central to self-awareness/self-discipline: how we come across and manage our own emotions/emotional responses and ‘use of self’ to shape our communication with others.  • Active listening skills: noting the factual/ emotional content of what is being said/not said/use of active responses.  • Emotional attunement skills: responding to the meaning/quality of feelings being expressed/shared.  • Appropriate use of self-disclosure.  • Use of counselling skills.  • Containing the anxiety of others.  • Skills central to self-care: our physical, mental, emotional, spiritual well-being.  • Working in partnership with others in ways that are collaborative, inclusive, unifying and empowering.  • Managing professional boundaries and confidentiality requirements.  • Conveying an appropriate sense of authority.  • Use of critical thinking/analytic skills/reflection/reflexivity to unravel complexity and to aid understanding. Trevithick, (2014) **Student S 2018**  … active listening. Taking into account of Carl Rogers 1961 core helping skills of being emphatic, genuine and warmth also develop my observing and reading A;s non-verbal behaviours and checking my understanding ( Parker & Bradley, 2010)….Understanding A’s questions and responding to his questions …… Having the skill of being able to negotiate, compromise and work well with others professionals involved in A’s case will be very essential to the management of efforts required in social work practice (USC, 2012). **Student B 2020**  …it is very necessary that I am very clear and sensitive in my communication. From the case notes and documents I have read, D is not looking to complete her stage one assessment until next year yet this will fall out of our timescale. Therefore, I must have a conversation with D and discuss whether she would maybe consider withdrawing her application. I need to handle this situation by being careful in how I word things whilst also reassuring her that if she did withdraw and come back, it would be seen as a strength because it shows she has identified this herself. Its important D does not feel discriminated against however is supported to understand the vulnerabilities that I have identified that may impact on her being approved as an Adoption Lancashire & Blackpool Adopter.  … I must have very good organisational skills during this intervention as I am receiving a lot of documents from the applicant as well as keeping on top of the other tasks assigned to me. It is important that I am monitoring what statutory checks are coming back because if I do not have them, they must be chased up. Also, if I had one back that I didn’t know about, I would not have had chance to read and analyse it in order to see if there were any things to be concerned about. **Student E 2021**   * *Child-centred practice* – I will need to have a child-centred approach throughout this intervention. Although L and C wish to become approved foster carers, it will not be appropriate for their assessment to progress if their son F is fearful of fostering. I will use direct work to help put F at ease and to ascertain his wishes and feelings about fostering (PCF 2, 6, 7; SWE 3.3). * *Critical analysis skills* – I will need to use my critical analysis skills to explore F's wishes and feelings about fostering and use these views to inform my fostering assessment (PCF 6). To help me develop these skills, an experienced social work colleague will be present for this session with F so that I can obtain a second opinion due to the severity of his concerns. I will then be able to reflect on this intervention with this colleague, my Practice Educator and my manager to inform the assessment (PCF 1). |
| Self-awareness: What are your own feelings about this situation? |
| …Upon reflection, I can see that there were many contributing factors to the nervousness that I felt. These factors included that this was only the second time that I was meeting H, and the first time I was doing a piece of direct work with a child of his age. I felt insecure in my abilities to be able to create a comfortable enough environment for H to feel as though he would be able to be open and honest with me as well as worrying whether he would enjoy the idea that I had for the direct work. … ***Student I 2022***  … I am fearful of missing something important, so I want to go over any paperwork and complete everything carefully and to my best ability. … I was apprehensive about how I would appear at the ICPC and had in my mind that there could be some conflict between what was expected of me professionally in the meeting in contrast to this work that I had done building a relationship with my client… **Student C 2021**  I initially felt out of my depth with this client as her personal situation was a very complex one. Having had no experience of court proceedings or the legalities around them I was aware that I did not want to miss inform my client. I was also conscious of providing the emotional support the client needed while having knowledge of the client’s situation through the reports I had accessed prior to the intervention. I was aware that I must put my personal feelings or assumptions aside to be able to effectively support my client. …The first few interactions I had with the client, I felt that I was being influenced by the information that I was privy to. I was aware to not show this to the client. Holding this information made me nervous to say the wrong thing or appear that I was not genuine in my responses to the client. The first few interactions were very intense and at times I felt I as the professional was not in control of the direction of the 1 to 1’s. … **Student C 2021**  I initially found it hard to enable ED completely express herself, I was eager to help her move past the fears she was expressing…. how I may be expressing my fear of the possible outcome may limit ED’s opportunity to have explore her thoughts and feelings.  **Student X, GLTP PE Training Handbook**  I had initial doubts about how well I would be able to carry out this assessment. As I had never carried out an assessment of this nature before, I had a lot of preparation to do beforehand. These include reading up on the different outcomes the assessment might bring, the formation in which the assessment can be conducted (on the phone or in person), and the laws that guide the assessment. … **Student A 2021**  Own feelings: Ruch et al (2010) explains as professionals we bring our own transference templates where the individuals we serve may transfer their feelings onto us. It was established early on that SU disclosed her experiences of anxiety and how her thought processes elaborated on the truth. I personally have experienced similar emotions and circumstances to which SU described. This similarity was usefully explored within supervision which allowed me to monitor my personal influence on future sessions and acknowledge the use of self- disclosure. It is important I do not mistake her experience as my own and provide her with the advice which resonates with my anxieties, instead to remain focused on her individual journey. I am aware self-disclosure on times can be appropriate and necessary to present we are all human and encounter difficulties. However, within these circumstances I identified it would not be appropriate to self-disclose my relatability to her anxiety as this is about her, not me. It is important to balance self-disclosure as without any can present to the individual that you are not interested or listening to them. This resonance alerted me to remain aware of the influence others thought processes surrounding anxiety may have towards my own. Evoking my past thinking patterns and returning to my old response before having effective strategies put in place **Student S 2018**  When beginning the programme, I did fear that parents would be unwilling to participate as it may seem as we are judging their capabilities… **Student M 2021**  On reflection I felt many different emotions going into this meeting regarding this case. Firstly, I felt empathy (Goleman, D 1995) for the victim of the sexual abuse as when first hearing about the situation I was shocked and hoped that she was okay after going through such a traumatic situation. In comparison to this I was also eager to begin my placement and be a part of my first professional multiagency meeting. Reflecting on these emotions I feel selfish to state that I was excited for the meeting when knowing that it is someone’s life and a serious issue.  These emotions changed to fear during the meeting as I hoped she would not be let down by professionals, as within the meeting some multiagency sectors did not attend. However, I was also relived due to the support given from education and reassurance that the victim is doing well and feels safe within the school setting. This placement has taught me the importance of school as a multiagency sector as it has provided the child with the most support daily to make her feel safe again.  Schon (1983) used the idea of reflecting in action, on action. I used this model within my reflective process as during the meeting I was critically analysing decisions from professionals, while reflecting on practice through my placement journal completed daily. By reflecting throughout this intervention and after, I believe it has improved my abilities as a future social worker as I hope to carry these feelings throughout my practice to follow my personal values (BASW Professional Capabilities Framework, Values and Ethics Domain. 2018). These are such as to hope to not let down service users and empower them the most I can while working as part of a strong multiagency group to include all sectors equally into the decision-making process. ***Student M 2021***  I now feel a sense of guilt. My concern regarding the conversation with J was the fact that his comments could possibly hurt someone else’s feelings and this is the reason my on-site supervisor spoke to J. After reflecting on this situation, I have considered the possibilities of whether I should have mentioned this to J myself or whether I should have involved myself in the conversation between my on-site supervisor and J. …I feel anxious about how J may feel towards me and I am worried about my ability to gain his trust back.. **Student A 2020**  Before starting my work with A, I was extremely worried as the multi-professionals meeting identified his extreme challenging behaviour and how staff members were finding it difficult to work with A…. **Student B 2015**  In the beginning when I was first assigned to this case, I was nervous to communicate with the service user herself and the referees provided. I felt as though, because I am a student, they would not value my professionalism as much as if it were a fully qualified social worker. I felt uncomfortable having this sort of power over someone’s future although I was always overseen…. **Student E 2021**  I was feeling quite nervous about this situation as I understood that if I could not alleviate F's concerns, this may lead to L and C's assessment being terminated. If L and C express that they wish to continue with the assessment despite F's concerns, I will need to make a negative recommendation about their ability to foster, as they would be ignoring the wishes and feelings of a child in their care. If L and C understand the severity of F's anxiety, they may choose to withdraw from their application to become approved foster carers. This is therefore a very sensitive time for the family.  I was also feeling overwhelmed by the situation until I spoke with my manager and colleagues. I also felt reassured by my colleague attending this follow-up session with me to offer a second opinion. This helped to alleviate some of my worries as I felt reassured that I was doing the right thing (PCF 1). **Student D 2022** |
| Tuning in: What might the service user’s possible feelings be about the agency, you, the situation? |
| ..I do not think that H will have been uncomfortable during this interaction as seems to have a good relationship with my colleague who was present at the time and seems to be happy that we are offering support to him and J. However, I also feel like there will be the possibility that H will have still been nervous as my colleague has said that it has been known before that H does not like saying anything about J that could negatively impact on his chances to go and live with his dad again… ***Student I 2022***  … the family may not appreciate the help and may feel it to be condescending from ourselves as professionals as the project focuses on parenting skills. **Student M 2021**  .. In my opinion and from meetings I have attended the service user does still have some fears and issues around the situation, the largest being the fears that the perpetrator will be allowed back into the home or try to contact her causing fear of recurrence. It was also discussed by the service users’ guardians that the child feels a lot of stress due to meeting with lots of professionals in a short period of time which is unnatural to her. Overall, the general feeling made from the service users’ parents as advocates stated that the child just wants to return to “normal life”. It is also important to take in account the feelings of the victim’s guardians as at this time they are also involved with professionals and may need their own support. Due to this they may currently be struggling with guilt as a person they love has been hurt by someone within their family. They may also feel overwhelmed as this situation is very hard to deal with and they just want the best outcome for their child.  ***Student M 2021***  The client may have felt embarrassed to disclose personal information to me as a stranger in her life. …. The client may have felt that she had nowhere else to turn and may have felt that any information or support she could get she would need as she talked of feeling ‘at the end of her tether’. The client may have felt helpless that a situation with her daughter was being taken out of her hands and powerless to do anything about it as the actions that were being taken were court ordered. The client may have felt upset at the rejection from her daughter and embarrassed that her daughter was saying that that she didn’t want to live with her. **Student C 2021**  : The client may have felt betrayed by me and that I had disclosed private information. The client may feel reluctant to speak honestly in future in fear that actions will have to be taken. The client may feel protected that there are people that care about her welfare. The client may feel that she cannot send text message in future or may feel unsure how to word future messages. **Student C 2021**  ED has previously expressed that she has not been heard by the social worker. I understand that part of the devices her step mother used on her when she was a child to ensure she kept quiet was telling her ‘no one would believe you’, and as such ED never felt she could be heard as a child….  In understanding the Drama triangle model (Karpman, 1968)... I understand that ED views herself as a victim of circumstance, the {organisation} team as a rescuer, and the social worker as a persecutor…… **Student X, GLTP PE Training Handbook**  I had been informed by LH’s support worker that she sometimes feels that she is judged and labelled as “dumb” by others. Therefore, LH’s perception of my role and the situation might be that she is going to be judged and picked apart by professionals. **Student A 2021**  B has told me that he is happy in his foster placement and was excited to begin college.  …..B is possibly overwhelmed by the changes he has faced in the last few months and the journey he travelled to arrive here. **Student Y example from GLTP PE Training Handbook**  The client may be suffering from social isolation or loneliness, as the client has moved from a different area... … I think that the client may have learned helplessness. Learned helplessness renders an individual passive and not willing to initiate responses which are aimed at gaining control in a situation. …They perceive any outcome as uncontrollable which leads to forced responses (Barber, 1986). **Student M  2018**  …She describes freezing when it comes to building her social networks and getting support. The concept of freezing means she gives up, numbs out into dissociation as if accepting the inevitability of being hurt. She recognises this places a barrier towards her developing friendships and trusting people. …. **Student S 2018**  I believe J was just seeing how far he was able to take the joke before it went too far. It was J’s first time meeting me and …making these comments would have been to weigh up if he was able to make these comments to me. The comments were made in front of a group of his friends who were also young males. J’s friends were laughing when he made these comments which could have encouraged J to carry on. I understand that it is normal for young people to want to impress their friends and make them laugh …I have not seen J since he has had a discussion with my on-site supervisor however, I feel as though J may now hold a negative opinion towards myself….J may not trust me anymore …. wish to have further in-depth conversations with me as he might feel as though he has got to be careful with what he is saying.  **Student A 2020**  …he must be feeling very unsettled and have gone through an emotional period of leaving a home where he spent many years. However; his feelings now may have been changed for the agency, as he receives care and support which allows him a lot of independence which he did not receive in his previous placement. A’s feeling about me would be confusion of me being there; he may have questions why I don’t do personal care and other things that his key workers do **Student B 2015**  F has expressed that he is feeling very anxious about fostering by drawing a picture of a foster child causing him harm. This is a very clear indication of the fear he is feeling and so this cannot be ignored. I hope that F feels comfortable with seeing me, as I have met him previously and have played games with him (PCF 7). However, it is likely that F may feel resentful towards me or may feel anxious about me attending his home as he may be worried that I will ignore his worries and may still decide to proceed with his parents' fostering assessment.  L is likely to be feeling quite anxious and upset about the situation. I know from previous sessions that her previous childhood experiences have motivated her to foster and so I feel that this is a very personal journey for her (PCF 3). I feel that L is also likely to be worried about F's emotional wellbeing and so may feel conflicted about what she should do next in terms of continuing or withdrawing from the assessment process. **Student D 2022** |
| **INTERVENTION (THIS SECTION CAN BE COMPLETED AFTER THE ACTIVITY)** |
| Were the aims of the intervention achieved? If so, how? If not, why not?  What theory/skills/methods did you draw on? Reference accordingly and link to the PCF Domains and Professional Standards (SWE). |
| The first aim, for me to be able to begin building a working relationship with H was achieved … In this intervention, I tried to use my communication skills to try and create a comfortable environment for H to allow us to be able to get to know each other and begin forming the working relationship. These communication skills included a variety of questioning skills, using both open and closed questions about a range of topics. ..H was able to see that I was interested in his life from topics ranging from who he lived with to his favorite food. On reflection I believe that this range of topics may have created a less tense environment for H and may have created a sense … of genuine interest and care about H’s life. … my listening skills may have also improved my ability to build a relationship with H during this intervention – throughout the intervention I was responding to H and relaying what he had said to me to help him see that I was listening to what he had to say. I also tried to keep my body language open and welcoming as well as positioning myself so I was sat near H to help portray that I am wanting to be a part of the conversation with him and that I want to hear what he has to say. Upon reflection, it seems that these communication skills may have worked to begin showing H the core conditions of person centred practice – I was able to respond to what H had said in an empathetic way, I was able to use my smile and laugh as well as my body language to create a sense of warmth. … With regards to the PCF, I believe that the communication skills that I used shows my ability to meet the first point on the PCF domain 7 around using a range of verbal and non-verbal communication skills adapted to H’s age. Due to H only being eight years old … I needed to ensure to keep my language plain and simple as well as thinking of how I could re-word things if H didn’t understand. …When looking with regards to the SWE Professional Standards, I believe that I have been able to achieve the standard 2.5 as this standard is also around using active listening and communication skills to build relationships, which has already been commented on above.  Achieving aim 2 was slightly more difficult … due to H not liking doing the work sheets that we had taken in preparation. My colleague had informed me before the intervention that this may happen and so I was not shocked, however, I still had to think of another way to engage H in the activity. … I used this opportunity to ask H what his favorite game was in school and if he wanted to play with the games in the room. From here, my colleague and I were playing these games, such as mini pool, mini air hockey and mini table football, whilst asking H questions related to those on the work sheets that we took with us. With H’s consent, I then wrote these answers down on the work sheets. I believe that in doing this, I was able to incorporate basic aspects of child-centred practice. The reason for this is due to how I placed H’s needs and wishes around the work that we were completing as a priority and so adapted my practice to enable H to express his views (Race & O’Keefe, 2017, p.3). As a result of changing my practice, H was able to show his day-to-day lived experiences with his grandparents and J because he felt comfortable to be able to answer the questions that we had. Through this, I was able to help H to have full participation in the session of direct work as well as allowing him to put is views forward with regards to seeing J more often. I am aware that these are very simple aspects of child-centred practice, however, it does still seem that they can be linked into my work. With regards to the PCF, I believe that I can link my practice here to a point under domain 6 around critical reflection – the link I see here is to the domain 6 point around formulating, testing and reviewing hypotheses in response to information and applying these to practice – I was unsure whether H would engage with the session or not and so I was testing this hypothesis and with the information I received from working with H, I then formulated another hypothesis that if I changed my approach, H may be more comfortable and likely to engage. I then tested this hypothesis by asking H if he would like to play with the games. With regard to the SWE Professional Standards, it seems I would be able to link my practice to standard 3.10 as it comments on maintaining skills in communication and adapting practice where appropriate...  ***Student I 2022***  .. I feel that I had used the person-centred approach (Wilkins 2010) effectively to be able to form a good basis for the building of our professional relationship. I felt that in dealing with the safeguarding issue that was raised in our first meeting sensitively and efficiently it ensured that there was a level of trust in the relationship. I felt that I was able to advocate for the client well in the multi-agency meeting having researched my role in delivering anti-oppressive practice(Scourfield 2021). Drawing on strength based approach (Grey 2009) I could work to problem solve with my client and build vision , hope and motivation for my client (Corcoran 2011). **Student C 2021**  The intervention I delivered wasn’t the intervention I had planned … … the immediate issue that needed to be addressed was the overwhelming and unsettled feelings E was feeling in the new house…. The skills, theories and knowledge I drew upon in accordance to points 5 and 7 on the PCF, enabled me to still transfer the knowledge I had to the present issue. By using my acquired knowledge and judgement from planning (Skills and intervention, Domain 7) I was able to still identify that the CBT approach originally intended for use would still provide E with support and enable her progress in the new intervention that was needed. Through actively listening and showing empathy, I was able to achieve the aims of the intervention. **Student X, GLTP PE Training Handbook**  Through service user feedback I have learnt that the parents have found this extremely useful and incorporated methods into their day-to-day parenting. Through active listening skills I have been able to learn what methods have been useful, what have not worked and what new issues have arisen. From this I have referred to the family support worker to focus new sessions on these issues and how they can adapt this intervention in future years (PCF 9. PCF 8, PCF 7). **Student M 2021**  One of the aims that was achieved in this intervention is promoting a strengths perspective. … During our first view visits, LH did not see herself has having many strengths, however as the visits went by, I continue to reiterate to LH that she is able to independently carry out daily tasks and she is has a lot more strengths than she thinks. **Student A 2021**  Although the intervention did not go how I had planned it to… I feel that I practiced with a person centred approach, by putting B at the centre of the intervention and following his lead on how he felt and ended the session when he asked to leave. S**tudent Y, GLTP PE Training Handbook**  It appears that the client is still suffering from grief and loss …Using theories can help me to support the client in the future, for example by applying Kubler Ross (1969)’s 5 stage model of grief; I can identify the stage in which the client is at, and provide further support. It is possible that I may refer the client for the befriending service at the agency and counselling at the agency if this is what he wants **Student M 2018**  Learning theory (Skinner, 1938) – one of our sessions focused on SU' guilt when purchasing items, including food. From the use of open and hypothetical questions she expressed feeling confused as to why she was punishing herself about something her father used to do, when he is no longer in her life. We explored the possibility that SU has associated money with a negative response and has brought this learnt behaviour and response into her adulthood.  Child development - From …. 5 to 11 years children are meant to start to learn social roles and cultural values. Learning to relate positively to peers and can work in a team. To be able to hold a secure base in mind when separated for example in schools so they are free to learn. 11 to 21 years children begin to have peers and activities outside of the home environment being important (Schofield and Beek, 2006). All of these opportunities within each milestone have been restricted and limited for SU through her childhood from being home schooled in an abusive environment. She has not been able to develop skills and experience of such stages to help towards her adulthood, potentially explaining her difficulty in adapting to college life.  Mental health – The way services and society socially construct mental distress determines our response to it. From SU’ tutor using her mental health against her this could be due to his own outlook on mental health. He may construct mental health as a personal deficit which requires medical input rather than social factors such as himself to help avoid triggers and maintain her positive mental health  **Lancaster Student S 2018**  Unconditional positive regard is a method that was introduced by Carl Rogers (1951). Unconditional positive regard is based around showing ultimate support and acceptance of a person regardless of what that person says or does. … Unconditional positive regard is rooted into the teaching approach used X…  Attachment theory focuses on the attachment and bonds between people, particularly between a child and their care giver. Bowlby (1958) observed the importance of the relationship between a child and their mother and how this can impact their social, emotional and cognitive development. …. Some of the learners at X are known to the social care system meaning that they may not have strong relationships with their care givers or they do not have any relationship at all with their care givers. … Most children who lack a secure attachment are not able to reach emotional development milestones therefore are likely to struggle managing stress, controlling impulse and rage and developing empathy. This is important to be aware of when working with looked after children who may attend X and could also be an explanation of why they attend X.  .  Maslow’s hierarchy of needs is a theory that explains … This theory provides staff at X … with a framework as a reminder that learners are less likely to perform to their full potential if they have basic needs that are unmet. …  A person-centred approach is a method that focuses on learners’ personal needs, wants, desires and goals. … Carl Rogers (1959) believed that all people would naturally rise towards fulfilment of their potentials if a safe psychological environment existed. … X provide a pastoral role and a sense of a safe environment for the learners, which is especially helpful for those lacking a secure home life, and this plays a role in achieving their full potential.  Thompsons (1997) PCS model … sets out three levels of oppression which are personal, cultural and structural. …. The cultural level relates to how groups share common values by reaching a consensus. This level is relevant to the issue with J and has helped me to understand the issue more. The discussion was conducted as a group and conformity to shared values are expected between a group. Thompson (2005) outlines the way that comic humour is used to maintain these norms. As a group, people are expected to fall in with jokes which may sustain stereotypes and this can make it difficult for people within the group to challenge these stereotypes.  **Student A 2020**  I believe my aims of intervention were achieved as I had successfully observed A’s restrictions and informed the best interest assessor about these restrictions and why they were in place. I feel my research on symptoms of Autism Spectrum Disorder have helped to me recognise when A was displaying certain behaviours that were autistic however; there has been no diagnosis in his reports and this could only be assessed by phycologists. Furthermore; my knowledge of Deprivation of Liberty Safeguards (2007) supported me in identifying certain restriction applied to him such as: continues supervision, harnesses, lap belt, wheelchair with brakes that restricts him from moving as he if he move he may put himself/others in danger, restrictions on toys and only 2 songs a day etc. However; all these restrictions were applied in A’s best interest which is evidenced in SCIE (2011) where it clearly states that DoLS under the Mental Capacity Act (2005) allows restraint and restrictions to be used but only if they are in a person’s best interests (SCIE, 2011).  In understanding A’s behaviour I have taken into account the attachment theory to recognise A’s connection with staff members and how he responds to them. … I have witnessed A calling out to staff members for attention and just to be with him. This indicated me that it may be due to his childhood experiences where he may have experienced rejection or not had any attachment which is now resulting in seeking attention from everyone. I have retained my focus on A’s attachment as this had impacts on his behaviour due to his unplanned transition and leaving a member of staff who he was very close to. As a result of this it may have caused him more anxieties to be in new environment and led him to aggression towards new staff members. This is also evidenced in Maclean & Harrison (2011) were it states that service user may become aggressive as a mean of asking if they can trust new staff and service user like A cannot sustain position (testing out staff) because of their own needs for support ( Maclean & Harrison, 2011, p.118).  … Positive Behaviour Support (PBS) training, … supported and guided me with legal laws of what can be done and not with A when he displays challenging behaviour also it was compliant and supportive of Mental Capacity Act 2005 and DoLS 2007 (BILD 2015). The aim of this training was to reduce the use of restrictive practice … I feel I have achieved the aims of intervention as I have used my knowledge of all the theories and approaches and informed staff members when they didn’t apply certain things. This gave guidance to staff members and made them aware that for future reference they avoid getting themselves and others at risk.  **Student B 2015**  **….** It was clear from this session that F still felt extremely anxious about fostering. He also appeared anxious about upsetting his mum by saying he did not want to foster. As an assessing social worker, it is my role to ensure that all children in the home feel safe, happy and protected (s1 Children Act 1989). I therefore could not positively recommend L and C as foster carers at this time due to the emotional difficulties F is currently experiencing. L understood the seriousness of F's worries after being shown the picture he had drawn and agreed to withdraw her application so that they could prioritise being there for F and ensuring that both he and P are happy and settled. The aims of this session were therefore achieved as I was able to confirm F's wishes and feelings regarding becoming a fostering family.  **Student D 2022** |
| What ethical considerations did you encounter? Reference accordingly and link to the PCF Domains and Professional Standards (SWE). |
| The ethical consideration that I believe to be relevant in this intervention was the PCF domain 2 points around respectful partnership work with service users as through this partnership work with H to include him in the session, helped to promote his decision making when it comes to him seeing his dad... ***Student I 2022***  …I encountered discrimination against my client in the treatment she received from other professionals within the multi-agency meeting. There were assumptions made due to the client’s previous interventions by social services and comments were made that suggested that the other professionals did not believe that my client would leave the abusive relationship. I had to ensure that I advocated for my client and supported her whilst also remaining professional … I was able to maintain professional standards by promoting social justice and helping to confront and resolve issues of inequality and inclusion. (SWE) **Student C 2021**  …One consideration I encountered was that the service user currently feels uncomfortable with the amount of care and professionals surrounding her meaning her human rights of choice is currently lost and she may feel a loss of dignity. This means as a social worker it is important to make the service user feel safe and as comfortable as possible through this process. Another ethical consideration that may be brought up in the future is when should care stop which was also a fear mentioned by the service users’ guardians during the multiagency. This is concerning as this service user has been through such a traumatic event and receiving lots of care currently but as the risk is no longer present, how long will care be provided? In my opinion I believe ongoing support should be available for the child if she chooses to want it especially focusing on mental health.  Finally, a current ethical fear I have regarding this case is the idea that the risk has been removed from the home and that the child is now safe, I fear this may not be the case as the perpetrator is on bail and only has a restraining order preventing him from being near the victim. This means that he may be able to see the child again and that the risk is not completely removed, I am also unaware of the relationship with the childs mother as he may be able to convince her to let him back into the family home. This ethical consideration can be evident in many cases as statistically about 12% to 24% of known or adjudicated sex offenders will reoffend. (Centre for Sex Offender Management, 2008 Referenced in National Sexual Violence Resource Centre 2015) This means it is important that this situation is monitored carefully to put the service user at the centre of care to safeguard her to reduce the chances of reoccurrence.  It is important in social work to follow ethical practice and challenge any dangerous ethical dilemmas that may put the service user in an unsafe or uncomfortable position. Therefore, ethical practice should be promoted following Professional standards of ethical practice (Social Work England Professional Standards, 2021).  ***Student M 2021***  One ethical consideration within this meeting was consent from the service user in relationship to opening a CAF for the child. As this assessment is voluntary the childS guardian could have refused help from school and declined external support. … This is important as some service users may not be comfortable with the idea of this intervention and therefore it is vital to explain what this intervention will include (BASW Code of Ethics).  **Student M 2021**  I encountered the ethical consideration of the client’s daughter also being a client of ORGANISATION W. This can be problematic for confidentiality as it is imperative that I do not share any disclosures by my client with anyone that works with her daughter (PCF 2.6).… I was aware to not let my own pre-judgments influence my practice and hinder the building of an effective professional relationship (PCF2.2). … I had to consider how my feelings and instincts changed throughout our interactions … The client herself is professionally trained which could meant that she knew the ‘right’ things to say rather than being wholly honest with me. (Professional Standards- Social Work England 3.7, 2021). **Student C 2021**  ED became emotional at some point of the session and whilst I wanted to give her a hug, I was mindful of respecting her personal space and maintaining a professional boundary **Student X, GLTP PE Training Handbook**  An ethical consideration I encountered was understanding and respecting LH’s request for independent living. During our initial visits, I asked LH questions about what domestic tasks she is able to complete on her own. LH had let me know that she doesn’t cook for herself and relies on her foster careers to make her feels as she has fears and anxiety when it come housing the cooker and oven. This amongst other things lead to me to question whether LH would actually be able to live on her own. However, as a professional it learned that it is important to promote an individual’s right to self-determination and independent living. According SWE 1.1 and 1.2, it is vital that professionals promote and uphold a client’s rights as well as recognising their strengths. …**Student A 2021**  Managing professional boundaries – … working with someone being the same age may cause some difficulties in them seeing you as the professional rather than as a friend. On the other hand, the similarity of age may make SU may feel I am too young and not experienced enough to provide her with the necessary support.  Challenging discrimination – … The behaviour explained by SU from her tutor on times presents as in-direct discrimination based on her mental health …SU is an adult and if she chooses not to challenge such unjust behaviour then I must respect this … **Student S 2018**  I understand that it may be difficult for the learners at X to understand my professional role. I am only of a young age and it is easy for the learners … to speak to me as though I was one of their friends rather than a member of staff…Petrie et al (2005) identified nine key principles of practice in social pedagogy when working with children and young people. One of these nine principles is that whilst they are working together, young people and staff are seen as inhabiting the same space and not existing in separate hierarchal domain. … Working alongside the learners at X, as equals, could present a difficulty for them in regard to them understanding my professional role which could lead to confusion of boundaries **Student A 2020**  …the ethical concern I have encountered when working with A was his unplanned transition into new setting which … resulted in A displaying aggression and physical injury towards members of staff. I feel professionals involved in making this transition happen could have been appropriately planned which could have avoided this behaviour. Another ethical concern which I have encountered was lack of continuity of professionals involved in A’s case as this had various impacts on A.  **Student B 2015**  Stereotyping was outlined by Vinacke (1949) as a way in which generalised and simplified traits and characteristics are attributed to groups of individuals, in order to form labels. This can be still seen in modern day society. The media provides information on subjects that normally individuals do not get access to – this may include information on the welfare state. In order for the viewer or reader to take an interest in the information being presented by the media, they tend to simplify information through the use of stereotypes (Curtis, 2012). The selectiveness of the media and what they present to the public including stereotypes can have an influence on public perception and attitude (Riffeet al 2014) **Student M 2018**  When going through D’s Expression of Interest, I recognised that she only worked a small number of hours and she lived with her mum and stepdad. Without judgement, my first though is that she must be getting another form of income from elsewhere to be able to provide for herself. The issue is, if this income is coming from her parents, it would not be a stable form of income because her parents could stop this at any point (PCF 3). She would have to be independent and be able to provide her a child herself. (PCF 7) ... **Student E 2021**  At first, I felt that I needed to balance the risks posed to F (namely his anxiety about fostering that may affect his emotional wellbeing) with the risk of upsetting his parents, L and C, by terminating their fostering application (PCF 2). However, as I am now at the end of my placement with the Fostering Recruitment and Assessment team, I fully understand the need to prioritise the wellbeing of all children (s1 Children Act 1989; Standard 21.6 Fostering National Minimum Standards, 2011). Although this intervention upset L and C as it was not the outcome they hoped for, L and C are adults and so are able to understand the reasons for this. However, F is a ten-year-old child and if I had allowed the fostering application to progress, I would have contributed to causing emotional harm to F. Further, if a looked-after child had been placed with this family, this may have resulted in placement breakdown and further emotional harm being caused to the looked-after child, with F possibly blaming himself for this. I therefore adopted a child-centred approach and not only listened to F's concerns but acted on these to prevent any further emotional distress (PCF 7; SWE 2.7; 3.7). **Student D 2022** |
| What has been the impact of the intervention on the service user? Reference accordingly and link to the PCF Domains and Professional Standards (SWE). |
| The impact of this intervention on H is centred around the visible increase of his level of confidence when speaking directly to me. At the beginning of the session, H was mainly talking to my colleague and I had to take control of the conversation again which H did not seem fully comfortable with. However, I believe that showing warmth, congruence and empathy throughout the session was able to begin showing H that I do care about him and what he has to say. This may have increased his confidence in talking to me, allowing an environment in which a working relationship can be made. As well as the person practice, using the aspects of child-centred practice based around the notion of showing a priority of discovering H’s wishes and feelings about the situation, as well as decision he thinks should have been made, will have helped to form a working relationship between the two of us (Race & O’Keefe, 2017, p.3-4). It seems that this would link to the PCF 5 around knowledge as although not extensively, I have been able to bring in theory that is relevant to social work from multiple professions, for example counselling and social work, and use that as a basis for my practice with H. … This means that in future interactions, H may be more likely to feel comfortable talking to me straight away due to an increased level of understanding between the two of us, allowing our communication to flow easier, increasing my insight into H’s situation. As well as this, H’s confidence when speaking directly to me may have also arisen from how I changed the session to play a game I know he likes as this will have shown him that I care about what makes him happy. Through this adaption of the session, it allowed me to ask H more questions as he was distracted and so is more likely to answer, which is a pattern that my colleague has noticed with H in the past. It was during playing a game of mini pool that I asked H what his favourite book series was, knowing it was Harry Potter, and when he didn’t answer, I then said that mine is Harry Potter – from this point there also seemed to be an increase in confidence talking to me directly as he would ask me questions all about Harry Potter. Overall, these different asepects of building a relationship, adapting my practice, and sharing a fact about myself which I knew that H would like has helped to increase H’s confidence in speaking to me directly, including when talking about his wishes and feelings with regards to J and H’s grandparents. It seems there is also a link with the PCF domain 7 around skills because, as said before, this confidence would have been improved as a result of verbal and non-verbal communication skills allowing me to develop a compassionate and effective relationship with Hand the SWE standard 2.5 also shows the importance of this. ***Student I 2022***  The impact of the intervention was that the clients were safeguarded from further harm.(PCF7.13) ..the client is alive and has not committed suicide. The negative impact was that the client felt that the actions taken were inappropriate and stated that she would not use the organisation again. There is the need to acknowledge (PCF6.3) that there are tensions between the clients right to autonomy on the one hand and the exercise of a protective duty of care on the other (Braey Et al 2007) **Student C 2021**  ED expressed that she felt much better after the session, she identified patterns of behaviours and is more empowered to remain assertive and positive to induce positive outcomes **Student X, GLTP PE Training Handbook**  The impact of the intervention on LH was that she was made aware of the funding she is eligible for when she chooses to move out. Furthermore, I provided LH with services that are available to her in the community … Signposting service user’s links to PCF 7 of interventions and skills as well as SWE 1.2… A further impact of the intervention is that LH’s independence was promoted, and a positive, collaborative relationship was built using effective communication. **Student A 2021**  The impact of the intervention on the service user has been positive as through the meeting more aid has been put into place to help the child following the children Act 2004. This has been shown in school by continuing access to rainbow room and 1 on 1 support, it has been provided through health for ongoing health assessments and pushed a referral to the sexual abuse support organisation to help with mental health. …  Another impact of this meeting is the continuance of family meetings with professionals to continue help… This is important as it means that care is continuously being reviewed for development best practice (Social Work England Professional Standards, 2021). This may also have a large benefit for the service users’ guardians as they may also need to receive care after this traumatic event …  Finally, another impact of this intervention has allowed the voice of the child through advocacy to have a voice in decision making to tailor it to her own personal choices. …(Social Work England Professional Standards, 2021) ***Student M 2021***  We discussed SU beginning to tune into her emotions and experience when she next uses money and recognise that the negativity of her father's behaviour does not surround her anymore. We explored SU potentially writing her feelings and response down in a diary so she is visually able to see that she is able to purchase items independently and remain safe. **Student S 2018**  The impact of intervention was that professionals worked together to make decisions on how to minimise these restrictions on A’s best interest. Minimizing the restriction would give more choice to A for example: he will able to listen to more than 2 songs. However, this may have a negative impact as later on he will demand to have more which will escalate the behaviour.  …My one to one interaction has had a positive impact on A, as he was able to tell me his likes and dislikes that will provision staff members when supporting A and to avoid things he dislikes  **Student B 2015**  an informative discussion with J and his peer groups as well as the other learners … will give the learners … an opportunity to gain knowledge and understanding of modern-day gender roles and possibly provide them with a different perspective on this subject. Conducting this discussion will link to the skills and intervention domain (PCF 7). **Student A 2020** |

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| **REVIEW AND EVALUATION** |
| How did you review the work you did? |
| When reviewing this work, I will explicitly show my reflections using the Gibb’s Reflective Cycle (University of Cumbria, 2020) **…** ***Student I 2022***  The work that was carried out was discussed with my PE and reviewed in supervision. I wrote reflectively in a journal after the intervention to document my thought and feelings at the time. **Student C 2021**  With ED’s permission, I taped the intervention and listened to it a couple of times to reflect on my practice and grow from it. **Student X, GLTP PE Training Handbook**  I reviewed the work I did mainly through reflection (PCF 6). For this I used the Kolb’s reflective model. I used this model as the intervention is weekly it meant I could reflect and improve every week (SWE Professional Standards). I would achieve this cycle by doing the intervention, reflecting on thoughts after it had occurred. I then explored these reflections further through theory (PCF 5) and analysis (PCF 6) of what I could have done better and reasons to behaviours. I would then incorporate this into the intervention the week after and so on…. I also reviewed the work I did through discussions with the professionals in the intervention and through supervision with my practice educator. This provided support on what I did well and how the session went overall with context from a registered social worker on how to improve and add theory to my knowledge (PCF 5). **Student M 2021**  Through all areas of this case, I have had many discussions with the family support worker and class teacher to receive feedback of the work I have done. This has helped as it has used professionals to analyse rather than reflect alone (PCF 8), therefore including new ideas I may not have thought of to develop further (SWE professional standards).  I have also reviewed the work I did through the service user feedback I received; this was helpful as it uses the service users’ thoughts who have worked with professionals in the past on how they have found my intervention in comparison to others. This also will help me in future work to understand what service users like/dislike and how to tailor my work to fit that. This will ensure my work is person centred and value my service users to interpret what they have said (PCF 2).  I also used the feedback from my direct observation to review the work with young service users from a registered social worker and practice educator. This was helpful as I could compare it to service user feedback to see how on a professional level I can improve and then from a direct service user to keep my work professional (PCF 1) but also beneficial for those who need it (PCF 7)…**Student M 2021**  ..I also found it helpful to discuss with other professionals after interventions had taken place such as the multiagency to discuss my own opinions and receive feedback. This allowed for discussions regarding my own personal views and critical reflection of the meeting while also receiving the insight from the safeguarding lead. This allowed me to understand the importance of different or similar values within professionals and begin to expand my thought process to how other may interpret or think. ***Student M 2021***  I had to regularly review it with my supervisor if there were any concerns or any new learnt behaviours that was causing concerns for staff members or harm to himself **Student B 2015**  I reviewed this intervention in peer reflection with the colleague who visited the family with me, immediately after visiting F and L. This reassured me that I had made the right decision and acted in F's best interests (PCF 1; SWE 4.2).  I also reflected on this intervention with both my team manager and my Practice Educator. This again provided reassurance that I had acted in a child-centred way and allowed me to process the disappointment I felt for L and her family (PCF 1; SWE 4.2). **Student D 2022** |
| Critically appraise your intervention with reference to theory, knowledge, research, skills and methods. Reference accordingly and link to the PCF Domains and Professional Standards (SWE). |
| *Students should reference the theories and models explored using Harvard referencing (guidance available on LU Practice Learning website). Students should briefly explain their understanding of the theory, and then how and why it relates to their experience. The number of theories used is not as important as the depth of reflection. Students should also explain clearly how their account demonstrates that they have demonstrated the PCF/ SWE standards.*  When looking at other theoretical frameworks that should be acknowledged when looking at my work building a working relationship with H, I believe that I can see links to attachment theory within the situation. … … As H was removed from the care of his mother when he was younger due to concerns around neglect, including emotional neglect, and whilst he has been in the care of David, he has seen J misuse alcohol and other illegal substances, it could be argued that H’s parental care has been inconsistent and unpredictable. … this may have created a sense of uncertainty and anxiety within Hand a sense of confusion when interacting with others (Howe, 2009, p.55). … Upon reflection, it is important to think critically about theories such as attachment within my work as this could have been a potential reason for H’s nervousness around me at the beginning of the interaction – of course, there is a possibility that H was nervous as someone he does not know is trying to talk to him, however, they may have also been a fear that I would be inconsistent in his life, as it seems his parents have been. Incorporating this critical thinking into my reflections of this interaction links to the PCF 5 around knowledge and the critical understanding of theories that impact social work practice, as well as the SWE professional standard 3.6 on the drawing of knowledge from other professions, as well as 3.5 around using evidence to inform decisions based on differing explanations of a situation. ***Student I 2022***  When looking at my direct work with H, I can critically reflect on the importance of my work from a legislative standpoint. By this, I mean that within the Working Together to Safeguard Children Statutory Guidance (2018), it states that when a child is on a child protection plan, the allocated social worker should “undertake direct work with the child and family…taking into account the child’s wishes and feelings” (p.51). This shows the importance of completing work with children during a child protection from a legislative perspective. Although I was not the allocated social worker, I was working alongside the social worker to try to gain H’s wishes and feelings. This helps to show that I working within the SWE standard 3.1 as I am working within the appropriate legal framework for my organization, helping to show that I am beginning to meet the requirements of SWE, also linking to the PCF domain 1 around professionalism. When thinking critically about this piece of work, I can see that one of the skills I tended to use, was not successful during this intervention. This is the use of a planned and structured approached informed by social work models and tools as stated with the PCF 7. Due to the nature of how I had to adapt the intervention to become more appropriate for H, it meant that plan and structure I had for the session was altered. Although I was still able to ask the questions and use the tools I took with me, the session did not go as planned and we were not able to have as in-depth conversations about the topis intended because we were playing games and conversations would often lean towards the game before I brought it back. Having said this, I still think the session was successful, this was just something I wanted to reflect on within this work, showing my ability to critically reflect on my practice, showing a link to the PCF 6. ***Student I 2022***  On reflection I feel I was able to build an effective relationship with the client (PCF7.3) using the Narrative approach to put the client’s own experiences at the centre of the intervention and to be able to help the client to see that she can be instrumental in altering her own narrative (McTighe 2018). I worked in this way to promote the clients right to autonomy and self-determination (PCF2.5). This was important as the for the client to have trust in myself as a practitioner, it was important the professional relationship was built on mutual respect (PCF2.4). I was able to gain a greater understanding in the legislation around child protection and the safeguarding protocols around this. I was able to refer to the children Act 1989 to explore the legalities around this process (PCF5.2). This was to be able to effectively support and advise my client on how this process may be for her (PCF7.2). I was able to identify the discrepancies between the client’s behaviour and their goals and achieved this by advocating for my client against the oppression she suffered by other professionals. By drawing on Feminist Theory (Humm 1989) I could better understand the wider picture of my client’s place in society as a woman and a mother. And was able to advocate against the oppression the client may face due to this (Professional Standards-Social Work England 2021 1.6). In practicing in this way, I was able to express to my client unconditional positive regard (Rogers 1956) to be able to accept my client for who they are and what they are experiencing. I was able to gain a greater understanding into the dynamics of abuse and to understand the client’s current experience without prior judgement, by using the empowerment approach (Hopps 1995) I was able to support the client to gain or regain power and control over her life. By understanding the dynamics of the abuse she has suffered as a victim of coercive control, I was able to identify how this put her and her family at risk of further harm (PCF7.12). I was able to work within the regulations of the Data Protection Act 2018 to appropriately share and store confidential information disclosed by the client (PCF7.9). **Student C 2021**    Throughout the intervention process, I was able to identify and behave like a professional social worker would. I was able to challenge any circumstances that may compromise my professionalism and stirred it in the direction of remaining objective (Professionalism, Domain 1). I was able to apply social work ethical principles and value to where appropriate to guide the intervention process. I was also able to recognise the impact my personal values and attitudes on the intervention process (Values and ethics, Domain 2).  Through research I was able to develop and apply relevant social work knowledge to the intervention process (Knowledge, Domain 5). I was also able to use my judgement, knowledge and authority to intervene in the situation (Skills and intervention, Domain 7). I believe at a point in the intervention process, my lack of knowledge impacted on the quality of response I gave to ED. This really made me understand the importance of effective preparation and also my confidence in addressing my lack of knowledge, and understanding it is okay to not know all the answers but to address it and not dodge it like I did.  Reflecting on the preparation process, I believe I already had a theory and an approach in mind to engage ED with in the intervention process. I believe I tailored the intervention to the theory as opposed to the theory to intervention. Whilst the approach adopted served its purpose, I believe there is a need for me to be cautious, not to always lean to a default method or style of intervention because it suits me best and not the intervention at hand. I believe it is easy to justify anything I believe is right, so I am mindful to explore different techniques and methods to not limit my capabilities or the outcome of interventions. Through critical refection, I am however able to reflect analyse my own experiences, to learn from my mistakes, put actions in place to grow and provide a rationale for professional decision-making (Critical reflection and analysis, Domain 6)  **Student X, GLTP PE Training Handbook**  Overall, I believe this intervention has been extremely successful and helpful and as it continues it will benefit all the service users massively through learning skills and relationship building. With the focus from theory such as Bowlby attachment (1969) and social learning (1977) we can understand how this intervention is created to help families. It also draws on ideas from development theory as stated by Piaget (1928) who discussed child sensorimotor stage of 0-2 and egocentric stage aged 2-6. This has been seen throughout the interventions as children begin to play together but still see everything from their perspective alone. This can result in an explanation for behaviours within sessions rather than a focus of deeper reasoning. In comparison to this Vygotsky 1934 defined development to be mainly impacted by culture and society. This suggests that rather than biologically developing children are taught through this secondary socialisation. This therefore reinforces further how important this intervention is on these young children for how they will develop in the future (PCF 5, PCF 6). **Student M 2021**  … In relation to the professional capability’s framework, I believe I achieved most areas due to following my own personal values to treating people respectfully and following the BASW Code of Ethics to achieve this. This was shown in practice through actively listening to the service user and communicating effectively after. I followed the Equality Act 2010 to not discriminate against the family history, age, disabilities, or personal values. I promoted the rights of the service user following the Human Rights Act of right of privacy if they did not want to share information. I believe my knowledge was my largest development during this intervention as I used theory cards to explore reasoning of behaviours and personal research of what a CAF is. I also used critical analysis to find opposing theory to the social learning theory. I reflected strongly on this case through supervision and using Kolbs model of reflection. During the meeting I developed my skillset further through practicing acting listening, communication and problem solving and showed professional leadership through running the meeting. Throughout all these areas I showed professionalism through behaviours appearance and speech. By using and developing these areas in practice I have improved my professional standards (Social Work England). I followed safeguarding and confidentiality throughout by keeping information private following The Data Protection Act 2018 school policy. **Student M 2021**  A client centred approach advocates that the persons is the expert in their lives therefore they are to be placed in the centre of whatever decisions are made in regard to their care and support. According to BASW, a client- centred approach *“is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect.”* (BASW, 2018).Applying this theory to practice displays a level of understanding of PCF 5, knowledge…. in LH’s case, I ensured that I created an environment where she could feel comfortable to expresses her wants and needs. Situations did arise were as a result of LH’s anxiety, she felt overwhelmed by the questions I was asking. When this happened, I assured her that we did not have to carry on if she was uncomfortable doing so. Showing compassion and understanding to a client’s discomfort displays levels of professionalism (PCF 1) and good usage of skills and interventions (PCF 7). **Student A 2021**  Upon reflection, I believe that I …could have possibly handled it better. I think the delay in me acting on this issue plays a big role in my mistakes and I should have discussed the situation with my on-site supervisor sooner to avoid elongating the situation.  **Student A 2020**  I feel I have used the attribution theory very well when working with A as this theory supported me in understanding whether in some situation A’s actions were intentional or not. According to Weiner (1974) internal, controllable attributions maximises negative effects such as anger and its avoidance whereas external, uncontrollable attributions generate positive effects such as sympathy that may give rise to helping behaviour (Weiner, 1974). Also it helped me to identify the *consistency* of his behaviour on a daily basis and whether it was to do with the situation he was in or *…* whether he was presenting the behaviour in all the other situations (Maclean & Harrison, 2011). This theory supported me to effectively make decisions about A based on his actions.  Also the use of behaviourist theory was useful in supporting A as to recognise the effects of environment that was causing A to behave aggressively also to ignore the behaviour such as swearing as if I respond and stop him he will say it louder. Another example would be A shouting and trying to kick people around him due to staff members talking amongst themselves; this is where staff members did not respond to his behaviour as he clearly wanted all the attention. This relates to operant conditioning where certain behaviour occurs and it will strongly be influenced by the response that an individual gets, therefore if A get little or no response he is more likely not to repeat the behaviour (Maclean & Harrison, 2011). …  I feel recognising A’s restrictions throughout my observations have supported me to identify whether it was done for a purpose an example I have observed I can relate to is: a staff member strapped A’s arm under his lap belt; this is where I question staff member if this was done for a purpose and it was just a mistake done by his key worker….  I feel I have used my active listening and communication skills very well in order to achieve the aims of intervention as during the course of my visits to A; he was very active and enjoyed verbal interaction when there was someone new around him. …  **Student B 2015**  From my knowledge of systems theory (Bronfenbrenner, 1994, cited in Maclean and Harrison, 2015), I understand that people are not individual beings but instead are part of larger networks. F is part of his family network and so anything that affects his family, such as fostering, will directly impact on him. Similarly, if something were to affect F's wellbeing, such as anxiety about fostering, this is also likely to affect the wellbeing of the family group. Drawing on this, I recognised the importance of speaking with F to fully understand his thoughts and feelings about fostering so that I could make a recommendation based on what is best for the family as a whole, rather than what may be best for L and C. This is also evident in Standard 21.6 Fostering National Minimum Standards (2011), which states that assessing social workers must consider the needs of sons or daughters of foster carers. I therefore fulfilled my role as an assessing social worker in accordance with the Fostering National Minimum Standards (2011, 21.6) and in accordance with s1 Children Act 1989 which states that the wellbeing of all children must be of paramount concern (PCF 2, 3, 5; SWE 1.4). **Student D 2022** |
| Reflecting on your experience, identify three things you did well (bullet points are acceptable) |
| * When I realised that H did not like sitting and doing written work, I adapted my plan and instead started to play the games he wanted to play but still asked him the questions I wanted, which made it more comfortable for him * When discussing H’s love of reading, I ensured to mention that my favourite book series is Harry Potter as I knew that was H’s as well, which allowed for us to have a conversation about Harry Potter when the conversation seemed to be ending * I believe that I was able to engage with H well when playing games with him as H asked me to play another game with me rather than my colleague and has also agreed to me going and seeing him in school another time, showing that I was able to start building a good relationship with H   ***Student I 2022***   * Built a professional relationship * Challenged oppressive practice * Gave follow up care to a difficult situation   **Student C 2021**   * Sufficient preparation and planning * Use of open ended questions * Requesting permission to tape session to aid reflection process   **Student X, GLTP PE Training Handbook**   * During this intervention, I think I did well in building a client social worker relationship that always put LH at the forefront of her care assessment. * Another thing I think went well was gaining an understanding of what a care needs assessment entails and the process of carrying one out * I was able to build on my skills of working with other professionals such as LH’s support worker and understanding the importance of information sharing.   **Student A 2021**   * The planning I carried out before the intervention (arranging a translator and getting the information sheets translated into Vietnamese). * Ending the session when B did not feel well, so that he could come back and do it another time when he felt better able to engage with the intervention.   **Student Y, GLTP PE Training Handbook**   * … I believe I have done well with my verbal and non-verbal communication skills. * I feel I have done well with applying PBS learning … when observing A as there were times when A was presenting behaviour that was unnoticed by a member of staff which I felt was dangerous … * I have done well with working with professionals from various settings as well A’s support team as I have learned a lot from each different professionals and recognised individuals different approach of working with A.   **Student B 2015**   * I think I have been very organised all the way through this assessment and have kept on top on the checks that have been coming back. * I think I have been appropriate with dealing with conversations surrounding sensitive topics such as finances. * I have been sensible by having a check in, regarding the case, with the recruitment and assessment manager. She gave me guidance on what to do when I could not get in contact with D for a visit.   **Student E 2021** |
| Reflecting on your experience, identify at least two areas for development in terms of your professional practice. How do you plan to address these areas? |
| One area for development in terms of my professional practice is around my confidence levels. Although I was able to think to adapt my plan when I realized that H did not seem happy, I still found it difficult to try and create conversation with H as he sometimes did not want to talk or would repeat his answers. During this time I felt very tense and I felt as though I was not going to be able to progress with the session as well as I had hoped. I did manage to create conversations after time, however I feel like at the start of the session, there were many unnecessary and awkward silences in the beginning. **To address** this in the future, I will try to ensure that I have a back-up plan of some form before going into a session so that if I struggle to get a child to engage in conversation, I have ideas of how I can change the session to try and reduce the tension. This development may allow me to improve my social work skills – PCF 7 – as it helping to improve both my communication and preparation skills. ***Student I 2022***   * I feel I would like to develop my skills for when working with other professional. Gaining experience in more multi-agency settings to gain better understanding of the expectations of each professional present. * I would like to develop my understanding of a broader range of theoretical frameworks to give depth and breadth to my understanding of the theory of social work. This will be done through wider reading on these areas. **Student C 2021**   I believe there is a need for me to be cautious, not to always lean to a default method or style of intervention because it suits me best and not the intervention at hand**….**Give room to service users to express their difficulty and low moods. I don't have to fix everything and definitely not impose my ideas and feelings onto a service user, but to allow them to come to a conclusion by themselves. **Student X, GLTP PE Training Handbook**   * An area of development for me would be to be more assertive about my role and reduce the number of times the topic of conversation strayed away from the assessment at hand. Though I recognise the importance of creating a relaxed environment for the service user, I also recognise that it is just as important to maintain professional boundaries * Another area of development for me would be to attend visits equipped with services that LH could be signposted to. This displayed good levels of professionality and preparedness. **Student A 2021**   As a social work student, communication and interpersonal skills are two significant skills that are going to be vital in my current and future role. I am actively gaining experience of working alongside other professionals as well as service users in different social work fields which will help me to continuously improve on my communication and interpersonal skills….  **Student A 2020**  I feel my listening skill is an area to develop when working with an individual like A. There were times when I was stating my notes on paper and A was asking me questions the same time, and at one point he called my name and asked me to repeat what he has said in order to get assurance if I was listening to him. This was the point I had to apologise and request him repeat the question for me. **Student B 2015**  …reflective practice is going to be one of my main strategies to be able to achieve this. At this current point, I have already discussed the matter with my on-site supervisor, my practice educator and also the teacher that was in the session at the time. These discussions have allowed me to consider exactly what happened and also guided me on how I am considering handling this situation. I find reflective practice extremely useful and my preferred reflective model is Gibbs (1988) reflective cycle. This reflective cycle includes what happened, my feelings, an evaluation, an analysis, a conclusion and an action plan for going forward.  **Student A 2020**  In order to address this area I will be extra careful when I work with A and to request him to let me complete my notes and I will get back to him straight after. **Student B 2015**   * I need to be more confident in myself when speaking to service users and have more confidence in the role of a student social worker. I am going to continue to communicate with all types of service users and continue to gain more confidence. * I am also to not let things drift too much due to being nervous about speaking. I delayed speaking to any references for the first week but then found that if I prepared some questions before hand, I felt much more comfortable. **Student E 2021** |

| **PRACTICE EDUCATOR** |
| --- |
| I confirm that the student has shared this document with me as the case has developed. We have discussed it in supervision and this document is an accurate representation. (please circle)  YES  NO |
| Was the student observed engaging and interacting with this service user? (please circle)  YES  NO |
| Please make comment about the student’s practice, critical thinking and ability to undertake social work tasks.  Student I has been involved with this family from quite early on in her placement. Parents both experience difficulties with their mental health and substance and alcohol use which impact on their ability to care for the child. This has resulted in the child being made subject to a child protection plan to support father who has a Child Arrangement Order for the child to address his difficulties. Student I has reflected on her involvement with the family during each supervision and admits that some of the presenting issues have conflicted with her own personal values and at times has felt frustration at father’s lack of progress. This has been a learning curve for Student I in the complexities of working with parents. At times father has presented as motivated in wanting to make changes and Student I has felt optimistic with the progress he has made for father then to suffer a relapse.  In Student I’s direct work with the child she was initially very nervous as Student I has limited experience of undertaking this kind of work with children. It is positive that Student I was emotionally intelligent to the needs of the child recognising he was not comfortable or wanting to engage with that specific tool and she adapted her approach. Student I has continued to undertake direct work with the child and she is able to see the value in building relationships which in some cases may take time. This has also assisted Student I in building her confidence and she has proceeded to use this new found confidence in her approach in other cases. PE to S***tudent I 2022***  The case was a complex stage 1 assessment with a number of potential vulnerabilities to be explored that might impact on Student E's decision making and whether they would be offered a stage 2 assessment.  Student E was able to use her family finding knowledge to identify potential vulnerabilities in respect of the applicants suitability to adopt that would need to be further explored within the assessment.  Student E utilised supervision appropriately to review and evaluate her work, she used the forum as an opportunity to reflect on the information she had gathered and the implications on her assessment.  Student E recognised her limitations and sought advice and guidance from the practice manager when needed. Student E has liaised with the practice manager on a number of occasions and has communicated her finding clearly and effectively so that the manager was able to gain an accurate oversight and give appropriate direction to Student E.  Student E has managed a complex assessment and completed a holistic assessment of the applicant's suitability to adopt. Student E has conduced a home visit to explore issues that are of concern in respect of the applicant's suitability to adopt a child at this time. Student E evidenced the ability to do so in an appropriate way, using language that was clear and sensitive. Although Student E had initial nerves, she has engaged confidently with the applicant on several occasions both in person and via telephone.  **PE to Student E 2021**  This is a very good first CAP, it shows C’s ability to understand and rationalise what she did and why she did it as well as understanding the effects on the client. C completed her own research around ICPC’s and this CAP very much feels like a person-centred intervention. Feedback from the client reflects this. **PE to Student C 2021**  Student X has demonstrated in this CAP that she has the ability to explore different theories, models and apply these to the intervention selected. She is able to critically reflect on these concepts and consider her own position in relation to how they are applied; what assumptions she can make. However, she is also able to demonstrate that with time and effort she can ensure that the experience for the parent is worthwhile. She took the time to practise how she could use the Mood Cards before she tried them as an activity with her parent. This highlighted that she will prepare and consider the parent’s needs before embarking on an activity. In addition, Student Social Worker, called ahead to check that the visit would be appropriate to carry out given we are in the midst of a pandemic; she risk-assessed the situation and she also sought consent for recording the interaction and explaining to the parent what the recording would be used for. Student Social Worker has demonstrated that she has met Domains 1,2,5,6 & 7. This is a well written CAP for a first CAP and places Student Social Worker in a strong position to complete her remaining CAPs. **PE to Student X, GLTP PE Training Handbook**  M demonstrates her relationship-based practice. She has worked hard to build relationships with the children and the parent, she is person centred in her approach, and recognised that one size does not fit all. She has critically reflected on the impact of the pandemic on the family’s well-being, and their attachment to each other(d6). Now that the world is opening again for more social interactions, she has reflected that the children are very dependent on their parents during these sessions for emotional support and reassurance. She has demonstrated the application of a planned and structured approach, informed by social work methods and models. She is a reflective practitioner and engages in supervision well, she has used the Kolb Reflective Model to reflect on her actions. She has used Bandura (1977) Social Learning theory, Bowlby Attachment theory (1969), and Child Development theories for instance Piaget (1928), and Newhall (1929), and critiqued these theories with Vygotsky (1934), to consider the impact of the children being separated from their parents during their play sessions(d5). PE to **Student M 2021**  There is very clear evidence that M has thoughtfully and correctly brought an ethical dilemma to supervision, she has identified self and shared feelings; she has shared in discussion, listened, conducted further research, evaluated findings, made plans for interventions, followed through with work and embraced learning. M raises with confidence some sensitive issues and she has been brave in naming her fears and asking if she was judgmental, she used supervision appropriately to consider her feelings and her worries about being ‘a bad social worker’, she developed her hypothesis and analysis, gained recognition, and ultimately understanding of self and the impact of self in social work.  It is evident that using our discussion as a reference point M has gone away and researched theory, she has then used this to underpin and substantiate her arguments …. This work provides strong evidence then against PCF Domains: Professionalism, Values and Ethics, Diversity and Equality, Knowledge, Intervention and Skills and Context and Organisation.  **PE to Student M 2018**  What I like most about this work is S’s awareness of ‘self’ and the impact of self on her work; she has researched transference and makes good links to her work with SU. SU is a similar age to S and S has identified with some of SU’s expression of anxiety. S used supervision to discuss her feelings, this was appropriate and allowed her to distance her own experience from that of SU, we spent time focussing on how S felt and how she had developed strategies to manage her initial anxiety in placement, S talked about how her confidence had developed. S was able to recognise this as personal progress, which allowed her to return her focus to professionally supporting SU. S was creative in her work with SU and used knowledge of social learning theory as a strategy, her plan to help SU make small but significant changes around her anxiety about spending money was successful. S has demonstrated she has extended her use of theory and models for intervention by looking at Post Traumatic Stress Syndrome and identifying factors in SU presenting behaviour trait  **PE to Student S 2018** |
| **How did the person with lived experience (PWLE) respond to the intervention by the student? It is expected that you will include feedback from the service user (this may be written, verbal or non-verbal feedback).** |
| The client very much felt as though C was ‘on her side’ in that she was able to challenge the professionals attending on their assumptions around domestic abuse. The client felt as though C has a god understanding of her experiences, wishes and feelings and she really appreciated C calling her after the meeting to check in. **PE to Student C 2021**  D planned well for this intervention by having a reflective supervision with me and the team manager. She was able to reflect and identify the vulnerabilities and strengths of the service users and analyse their suitability to become a foster carer and discuss this confidently with me and the team manager without being prompted….D has drawn on different theories that has supported her to deliver this information sensitively and has demonstrated that she is aware of the potential power imbalance and has therefore chosen a person-centred approach to be more relatable and put the service user at ease.  I feel that D has evidenced a wide range of skill set within her practice including PCF 1-9, particularly her professional leadership skills (PCF9). … I feel that D does struggle to identify her own strengths and needed support when writing her to CAP to reflect on how she applied the theory during the intervention. **PE to student D 2022**   * ***There is no ‘standard’ for feedback from the PWLE but it will usually be more appropriate for feedback to be sought by the PE or another professional, and not by the student.*** * ***The PWLE may be unwilling or unable to provide verbal or written feedback, but it should always be possible to get some meaningful feedback in the form of the person’s observed behaviour. This may be in the form of comments from a family carer, or staff supporting the person.*** * ***Informal carers and staff who know the PWLE well should be asked for advice about communication, and, where appropriate, for their assistance with gathering feedback.*** |

*Compiled by Clare Brown for Lancaster University SW Department May 2022*