



Personal Development Plan

Identified training (development) needs	Plan to address training needs	How will this help the Registrant in their job?	Achievement timescale
<p>To develop a working knowledge and understanding of the new Adult Safeguarding policy July 2015: prevention and protection in Partnership.</p> <p>Also to learn the new language and thresholds in relation to the protection of adults who are thought to be in need of protection.</p> <p>Continual training in management of risk assessment.</p>	<p>Attend in-house training sessions; team discussions and training within the team.</p> <p>Reading the policy and operational procedures; team training sessions and discussions; in-house training.</p> <p>Participation in supervision, team meetings, informal discussions with team members. Seeking information from professionals/families who may contribute to the risk assessment.</p> <p>Reading material in relation to risk and social work</p>	<p>This will develop my knowledge base of the new policy and will enable me to work in partnership with service-users. It will also enable me to share my knowledge and understanding with other professionals who seek advice.</p> <p>This will develop my understanding and skills with the new policy and will enable me to apply the procedures in my day to day work.</p> <p>This will develop my skills in risk assessment and planning intervention. It will also increase my confidence and enable me to work in partnership with the person who is thought to be in need of protection</p>	<p>Over 3 years.</p> <p>Ongoing</p>
<p>Signed (Registrant) </p>			
<p>Signed Line Manager/Mentor (if available) </p>			

PRTL Submission Form

Full name [REDACTED]

Employer name (if in employment) [REDACTED]

Registration Number [REDACTED]

Summary of Work Role (maximum 500 words)

Total words: 498

I am currently working as a Senior Practitioner with ^{Trust} [REDACTED] Adult Protection Gateway Team. My primary role is to act as Designated Adult Protection Officer (DAPO) in cases where a person or persons are thought to be in need of protection. My primary focus is working with older people who are living at home or in group care settings such as Nursing/Residential and Supported Living. However, the team that I work in also provides adult protection services to people with physical, learning and mental health needs. I have acted as DAPO also across these Programmes of Care.

One of the key functions of my role is to engage with adults in need of protection (previously known as vulnerable adults until the new legislation in July 2015), and their families and working with other practitioners and professionals. A key role is to promote service user participation while ensuring that the safeguarding process is person-centred with the service-user being kept fully informed and included in the decision-making process.

The DAPO is responsible for the initial assessment screening of each referral and will determine the threshold for intervention. The DAPO appoints an Investigation Officer; provides direction/support; manages the intervention; liaises with other professionals and agencies; ensures an interim protection plan is in place if required; ensures that referrals and information are shared appropriately with other agencies such as PSNI, MARAC, OCP, Child Protection and BSO; follows Joint Protocol procedures; co-ordinates and ensures that protection procedures are followed. Organises and chairs strategy & case discussions, completion of reports, minutes, risk assessments, reviews, and monitoring. The DAPO analyses information gathered and reflects on the role; gathering feedback from the service user and key people involved so that improvements can be made if necessary. The DAPO also contributes to governance arrangements as appropriate.

PRTL Submission

Personal Statement (page 1) (Maximum 1500 words):

This should demonstrate that you have evaluated your learning and describe how you met standards 3 and 4. Additional space is provided on pages 20 and 21.

Total words: 1360

I have been in the role of Senior Practitioner for nearly 6 years now. Initially this was huge learning curve for me; however, I had the opportunity to attend several training events and read literature in relation to adult safeguarding/protection work. I also used supervision, team meetings, peer support and forums to build on my knowledge base. The training events helped to increase my knowledge base, skills, and understanding; all combined increased my confidence in my ability to act in the role. I quickly learnt that the core skills of social work needed to be built upon to help me fulfil my social work role. My core values were often challenged especially in the protection work with older people and advocacy would become the key focus of my work and intervention.

Self-reflection and evaluation of what I was doing and why I was doing it were extremely important for my professional development. Knowing the legislation that underpinned my practice and using social work theories also made me confident in my role. The use of supervision was also extremely important in enabling me to build on the strengths I already had and assisted in directing me to areas of self-learning or training events that I may not have recognised as being helpful.

The training events that I attended that enhanced my learning were events on Human Rights, Capacity and Deprivation of Living, Dementia awareness / Living with dementia and what it means for the person and family; Risk Assessment , Achieving Best Evidence. Quite often professionals, families and other people who work with older people forget that the older person is still an adult and has the right to make decisions and be involved in the decision making process that is effectively going to affect the older person's life. Adult children 'become the parents' and try to exclude the older person in decision-making believing that 'they know best'. As a social work senior practitioner I often have to advocate, or advise others to advocate, on behalf of the older person to ensure that their Human Rights and self-autonomy is being upheld; society, families and some professionals do not always recognise that older people have the same rights as everyone else and that they have the same needs, wishes and ambitions. The need to feel included; have their wishes taken into account; feel really listened to; right to self-determination; ability to make choices. The older person has a right to 'privacy and family life'; and to have control over their own lives and environment. Older people should always be involved in, and be consulted on decisions affecting their lives. My role is often to remind families and other professionals about the rights of older people. Also to assist with enabling the older person to make choices; even if I, family, other professionals, organisations, society do not agree with the choices that are made and are often critical

of social workers.

My role is to help support the person making the choices, or support the key worker who is enabling, and assist others to understand. This is where the knowledge and skills of risk assessment/ risk management enable me to assist with care planning/intervention/protection. Many people are risk adverse and do not respect the rights of individuals to make decisions, or what they may interpret as 'poor life choices'.

The skills of listening, communicating, gathering and sharing information are all part of a social work assessment. Assessment is one of the core skills of social work. It is in my opinion one of the most important aspects of social work as it informs all other aspects of social work intervention. The assessment enables the social worker to work in a planned manner to intervene and empower the service user to make decisions that will affect their lifestyle. All information from all people contributing to the assessment needs to be shared with the service user so that he/she can make informed choices. Some people, especially professionals find this difficult. For example, in a case where it is found that it is a family member who has been financially exploiting an older person, and the person refuses to make a statement to PSNI; or wishes for that person to remain a part of their life, some people cannot understand this decision.

Or in cases where the person has been the victim of domestic, sexual violence/abuse and wishes to remain living with that person.

My role is quite often assisting people, especially family members and carers, to accept decisions they are not happy with. The skills of risk assessment and risk management are vital in assisting me to do this work. It often becomes conflict management/resolution and offering support to the service-user and other key people involved. Quite often negotiation and mediation skills are necessary. The service user rights have to be respected; and their right to take 'positive risks' needs to be respected. We all live with some level of risk in our lives. It is only when a person makes a decision that could harm others that these rights cannot always be respected. For example in a group care setting where the risk of smoking could endanger others' lives needs to be restricted; or leaving a pot on a stove where there is a danger to self, or others. However, the social worker can work in partnership and try to support the service-user in coming to terms, or trying to understand the decision.

Sometimes when working with people with a dementia diagnosis, it is often assumed the person does not have Capacity and understanding. There are varying degrees of dementia and capacity. For example a person may have capacity to make choices about where they want to live; what they want to wear, eat? Who they want to see? Have ability to give an account of an event. Often they are not included in the social work process or decision-making process. Dementia awareness training made me reflect on how I worked with people with dementia and helped me to understand the varying levels and degrees. Training made me stop and think. Previously I would have been swayed by professionals such as CPNs, psychiatrists who may have said a person would not understand. I believe

it is important that a social worker should always try to seek opinions/thoughts/wishes and try to engage all service-users.

Underpinning all of this work are social work theories and legislation. Theories I learnt in my initial training, or that I have learned in self-directed learning if I am faced with a situation that I may not be sure of. Referrals coming to the Adult protection team are often as a result of a crisis. For example it could be a carer under stress who commits an act, not by omission but through stress and not being able to cope. This type of referral may not become part of protection but be referred for social work input. Systems theory and task centred social work is extremely beneficial. It assists in the assessment by looking at all the informal, formal and social supports available in a person's life; while task centred theory offers the social worker a framework to focus on systematic, achievable agreed goals and tasks. It is time limited and is measurable.

Another social work perspective is 'strengths perspectives' which is working with the strengths that the older person already has with 'self-determination' as a central value. Older people are often judged on their frailty or physical abilities; their minds/knowledge and life experiences are ignored. By combining strengths with 'person-centred planning' the social worker can ensure that a person's dignity and respect are upheld. This can also help break down some of the discriminatory practices and beliefs that are held about older people, or that the older person may in fact have internalised as a result of the way they are treated or the negative behaviours they have been subjected to.

As a senior practitioner I am frequently learning and being faced with new challenges. This is an enjoyable part of my work. I believe we are always learning and our practice should be continually developed. Reflection and self-evaluation are key.

PRTL Submission

Personal Statement (page 2) (Maximum 1500 words):

PRTL Submission

Personal Statement (page 3) (Maximum 1500 words):

Total words:

PRTL Submission
Summary of PRTL Activities

Date	Duration (hours)	Brief description of activity
18-26 th January 2016	49 hours	Achieving Best Evidence Training in conjunction with PSNI. Designed to train specialist interviewers who work with PSNI to interview adults who are deemed to be in need of protection and need to have special measures to go to court.
6-7 th June 2016	14 hours	Refresher training on ABE.
2-3/9/2015	12hours	Deprivation of Liberty ,Human Rights and capacity assessment: looking at rights and implications for law and social work
2015 to 2016	45 hours	Formal supervision monthly
2015 to 2016	24 hours	Social Work forums for social workers with older people
2015 to 2016	24hours	Designated Adult protection Officer forums
2015 to 2016	30 hours	Self-directed learning/reading/research/
18-26 th January 2016	49 hours	Achieving Best Evidence Training in conjunction with PSNI. Designed to train specialist interviewers who work with PSNI to interview adults who are deemed to be in need of protection and need to have special measures to go to court.
6-7 th June 2016	14 hours	Refresher training on ABE.
2-3/9/2015	12hours	Deprivation of Liberty ,Human Rights and capacity assessment: looking at rights and implications for law and social work
2015 to 2016	45 hours	Formal supervision monthly

Total training and learning for period of registration

Hours: 318

