
CPD profile

1.1 Profession: Social Worker

1.2 Name: Manager

1.3 CPD number: AB1234

2. Summary of recent work / practice

I work as the Joint Service Manager of an Older Peoples Mental Health Service. The post is jointly funded by the local authority and the local Health trust. I manage the community based services for older people including the Memory service, Community Mental Health team and Crisis/Home Treatment team. I also manage the Older Peoples Mental Health Liaison team based in our local acute general hospital and a new Care Home In-reach team that works specifically with residents with dementia in care homes across three local authority areas.

In my teams I have a mix of health and social care staff and I work to the procedures of the two organisations. My role includes managing the staffing budgets for both organisations. I am the lead person for recruitment. I supervise both health and social care staff and have overall responsibility to ensure that all staff receive appropriate clinical and managerial supervision and annual appraisals. I have overall responsibility for the smooth running and quality of all the services and would deal with any complaints received. With my manager I have responsibility for producing an annual service improvement plan and for seeing that the objectives are achieved. As a service we are always looking to improve and with both the Memory Service and the Liaison team we are working on gaining accreditation under the Royal College of Psychiatrists' schemes.

In my role I am very involved in service development especially with respect to dementia services. I represent both organisations in local dementia steering groups. These groups have been effective in securing additional funding for new services e.g. the Liaison team and the Care Home In-reach team. The latter team is funded through the Prime Minister's dementia challenge funding and I played a key role in developing the bid and in setting up the team.

Recently the local Health Trust has assumed responsibility for community health services. There is now a lot of work happening around the greater integration of services. I am working with community health colleagues to ensure that this is done in as effective way as is possible.

I take the lead for co-ordinating safeguarding adults work in my team. I also take part in a rota of staff within the local authority who deliver Level one Safeguarding Adults training for new staff and staff from the private and voluntary sector in the Borough.

3. Personal statement

Standard 1: A registrant must maintain a continuous, up to date and accurate record of their CPD activity

I maintain a record of all my training and CPD activity (evidence 1). I have a paper record of any training events attended plus an electronic record of all CPD activity. I update this on a regular basis. I also write a brief reflection on the value and impact of each activity I have undertaken. I have an annual appraisal with my manager at which any necessary training is identified. Training is also discussed at monthly supervision meetings.

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice

My CPD log demonstrates that I have undertaken a variety of activities: formal training sessions (e.g. appraisal and substance misuse training), e-learning (e.g. training on the new ESCR system), conferences (dementia conference) and reading relevant literature (e.g. in preparation for liaison team bid) (evidence 1). Some training is mandatory; for example the training on the Council's new ESCR system. This will be essential as I will need to understand the new system in order to be able to fulfil my managerial responsibilities and I may also need to support staff as they adapt to the new system. Non-mandatory training is mainly identified through discussion with my supervisor in supervision and when we devise my personal development planning (PDP) at my annual appraisal. This method of identifying areas for development ensures that the CPD I undertake is relevant to my current and future practice.

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.

Standard 4: A registrant must seek to ensure that their CPD benefits the service user

Service development conference

Dementia services are a priority for health and social care at present. As such I have been heavily involved with several dementia steering groups locally that are looking to develop new services, to help meet the growing challenge of providing for this group of service users and their carers.

The conference I attended gave me the opportunity to listen to the experiences of patients and carers and also to hear their ideas for what needed changing and improving. It was clear that people find it hard to navigate their way into services but that they were generally quite satisfied once they had a named worker. It was also clear that we need to communicate repeatedly about new services as people don't always take in information the first time. I will be able to use this insight as we consider new ideas. I was also able to network with people from a range of organisations, hear about what they offer and learn from their experience. Again this should help us plan more effectively (evidence 2).

There were a number of stalls at the conference so I was able to learn more about services available locally and nationally. I was able to take this information back to share with my team so that staff were better informed and would be able to signpost

patients to relevant services or activities locally which will be of benefit to them. Examples of this included new tele-care options and Admiral nurses.

One of my teams is a Psychiatric Liaison team for older adults based in our local acute hospital. Alongside my team there are a number of smaller psychiatric services operating in a rather piecemeal way. We are currently preparing a bid to meet the gaps in the overall service provided. The reading I undertook as a result of this conference around service development included an economic evaluation of the Birmingham RAID service and also another paper comparing 5 different liaison services (evidence 3). This gave me a better understanding of how other services are structured and also of the comparative economic benefits of different types of services. This meant I was able to contribute to the bid process in a more informed way. If the new bid is successful it would mean people of all ages would benefit from having access to mental health services whilst in the acute general hospital. This will enable us to provide a more integrated, holistic service for them which should mean they recover more quickly or receive appropriate services when they leave hospital.

Training on appraisal skills

I supervise a number of staff and have responsibility for conducting their annual appraisals, setting objectives and helping them formulate their PDPs. A training session on appraisal skills gave me the opportunity to reflect on and evaluate my appraisal skills (evidence 4). Attendees were invited to share and discuss ideas about appraisals in order to build on our existing skills. We were given advice about setting SMART objectives and also about how to maximise the benefit of the appraisal process for the staff member involved. Although I am a fairly experienced appraiser I think this training made me think more about encouraging the staff member to come up with ideas for their own objectives so that they have more buy-in to the process. As a result I have also instigated a mid-year review of objectives within supervision so that they remain live throughout the year. This has led to a higher chance of staff achieving their objectives, as it helps identify any obstacles that might be hindering progress at an earlier stage and means they can be addressed.

BASW CPD workshop

The British Association of Social Workers (BASW) workshop I attended on CPD requirements was designed to assist Social workers in preparing their CPD records and portfolios. During this workshop I acquired a clearer understanding of the CPD requirements. In particular I realised the importance of highlighting how any training I do has enhanced my practice and benefited end users. As a manager I also learned that for me my staff would count as the end beneficiaries rather than service users (evidence 5). As I hold supervisory responsibility for 10 staff of differing professional backgrounds, which includes two social workers, increased knowledge of CPD best practice for social workers will enable me pass on what I learned to these colleagues. As a result of this workshop I have offered to draft a portfolio as one of the sample portfolios that BASW is collecting for the HCPC as exemplars for others. The workshop made me realise the importance of maintaining a record of all CPD activity and of the different kinds of activity that can be counted towards CPD, particularly the importance of thinking about a range of activities and not just the obvious training courses. I have been able to emphasise these insights in supervision sessions with supervisees to ensure that they more fully understand the importance of CPD and how they might best go about identifying, recording and reflecting on it. I have also been able to help my supervisees explore a range of CPD options relevant to their role. Helping staff to think

about CPD this way will not only help them maintain their registration but will also help them develop professionally to the benefit of their service users.

Training on substance use and misuse among older adults

This was training specifically for managers and supervising social workers in older people’s services as there was a perception that staff assessments were not addressing these issues. The aim is to enhance supervisors' awareness of the issues so that they can challenge their staff to consider the impact of the use and misuse of substances (evidence 6).

I learned a lot in this session. In particular it was interesting to learn about the prevalence of different kinds of substance misuse; for example there is a growing number of illicit drug users who are now older but who have been long term users. Also that women are far more likely to misuse prescribed medication. The context of substance misuse was also fascinating: people using substances to self-medicate or to counteract social isolation. We also learned about the increased risk for older people as they are more vulnerable to adverse impact than younger people. This may be to do with changing metabolism or to co-morbidity of other health issues. As a result, the usual recommended limits are less appropriate for this age group, especially for females. This knowledge could be very significant in assessments and advising patients of the risks they might be running. The training also covered assessment tools and motivational interviewing. We were given papers and additional resources to read afterwards. The plan is to have a follow-up session later in the year to reflect on how useful the information has been in working with cases. I have been able to share the resources with my team which has helped them be more effective in working with people with substance misuse issues. The training has made me more aware of ensuring staff are addressing these issues in their assessments when I am signing them off. This ensures that assessments are as full and accurate as possible which makes for more effective care planning and risk assessment (evidence 7).

As a result of attending the training I invited the trainer to attend a team away day we held for the Liaison team staff as they had expressed a wish for more information on this subject. We concentrated on alcohol abuse as this is the issue most frequently encountered by the team but the trainer also addressed common issues around substance misuse in older adults. The team were challenged to consider their preconceptions about substance misuse which will help them be more alert to the potential risks for their clientele. In turn this will make them more effective in dealing with individuals with such issues.

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD standard(s) that this evidence relates to
1	CPD record of all activities undertaken in the last two years	3 pages	Standard 1
2	Reflections on service development conference	1 page	Standards 3 & 4
3	List of articles read	1 page	Standards 3 & 4
4	Self-assessment of appraisal skills	2 pages	Standards 3 & 4

5	Reflections on BASW CPD workshop	1 page	Standards 3 & 4
6	Certificate of attendance at Substance Misuse training	1 page	Standards 3 & 4
7	Reflections on substance misuse training	1 page	Standards 3 & 4