



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044**

**LEARNER PORTFOLIO
(PORTH AGORED and UNIVERSITY OF WALES
TRINITY SAINT DAVID)**

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Cohort: 21 onwards

Task 2

Observation of Practice

Guidance:

*A learner must choose an observation of **direct social work practice** with people in need of care and support and/or their carers. The observation cannot be from giving evidence in court, contributing to strategy group meetings, case conferences or tribunals or any other indirect activity. The consent of the individual/s in need of care and support and/or their carers must be sought before the observation is undertaken. The observation must be undertaken by an observer who is social work qualified and has at least 3 years' experience (criteria set out in the Programme Handbook). The observation must be for a minimum of 30 minutes. The observer will gain feedback from the individual/s in need of care and support and/or their carers using either the pro forma below or one of the learner's own design at the end of the visit.*

The learner is responsible for providing a method of gathering feedback for the observer to use. This can be of their own design, and/or adapted to meet the needs of the individual. The provided pro forma can be used where appropriate. The method used will depend on age, ability and language/communication needs of the individuals in need of care and support and/or their carers.

This section will include examples of the ways in which effective communication impacts on practice in relation to language use, language needs and cultural sensitivity. You must demonstrate the principles of the "Active Offer" and make reference to "More than Just Words" (Welsh Government, 2012).

Please ensure you meet the Learning Outcomes for this task (See appendix 5 of the handbook).

Please answer the questions below.

Observation Summary

Please include name of the expert witness observing in learner's details section of the portfolio.

Date of observation: 3rd October 2024

To be completed by learner.

Question:

Context

Set out the social work objectives and give a brief description of the situation including geographical and legislative contexts and any relevant cultural, ethnicity and language issues, including how consent was gained and how you have considered the impact of the observation on the individual in need of care and support and/or their carers.

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

The observation taking place is in respect of an elderly female, referred to as Mrs 1. Mrs 1 is an English speaking, white Welsh female who lives with her husband in a privately owned property. Mrs 1's hospital admission was due to multiple falls within the home, coupled with a diagnosis of dementia which impairs Mrs 1's ability to make safe decisions regarding her care and support needs.

In line with the Mental Capacity Act 2005, I completed a mental capacity assessment which evidenced Mrs 1 to be lacking capacity to making decisions regarding her discharge planning. I have spoken to Mrs 1's family and have asked them to be present for a best interests meeting, the objective being to establish what decisions need to be made in respect of the Mrs 1's care and support needs after leaving hospital. The meeting will explore all options and hear from the family, therapy staff, hospital staff and the social worker, with the aim of coming to a unanimous decision that is in the best interest of Mrs 1.

Mrs 1's husband is creating a downstairs living environment for he and Mrs 1 with hopes of reducing the number of falls and creating a safer living space. Mrs 1 has also been struggling to meet her own care needs and was in receipt of a twice daily domiciliary care package, to enable Mrs 1 to remain at home. Mrs 1 has support from her husband in between these calls however the husband is also elderly and unable to assist Mrs 1 on his own. Mrs 1 also has two grown children who visit regularly.

I have spoken to the family members who will be attending the meeting and have asked permission to be observed, this permission was granted, and family agreed they'd be happy to provide feedback to my mentor afterwards.

Words: 309

Question:

Critically reflect on your communication methods and skills during the observation; including how you identified whether you had the necessary communication skills to work with the individual in need of care and support and/or their carers.

You must use a person-centred approach to demonstrate the integration of social work ethics, values and the Code of Professional Practice. This must include culturally and linguistically sensitive practice and the principles of the “Active Offer” and make reference to “More than Just Words” (Welsh Government, 2012).

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

Communication is an essential tool for Social Workers, and Lishman (2009), tells us that the ability to communicate effectively lies at the centre of social work practice. Without effective communication skills workers would be unable to find out what service users, carers and other professionals are thinking and feeling, provide accurate information that will benefit the family, interpret complex situations and intervene sensitively and appropriately (Koprowska, 2010).

Communication comes in two main forms, verbal and non-verbal. Verbal the use of speech, different languages and the written word. Non-verbal forms are just as important as verbal but not always obvious. Examples are body language, eye contact, voice, choice of words, dress, use of space/distance (proxemics), paralanguage (speed, tone, pitch, intonation) (Trevithick 2005).

Koprowska (2010) also tells us that communication is a two-way process, but that it may not work where information cannot be conveyed or made sense of. This was an issue during my initial interactions with Mrs 1's husband (Mr 1), as he is very hard of hearing and suffers with hearing loss. I had to ensure that I asked if there were any ways I could improve my communication to ensure that Mr 1 could understand our conversations and engaging meaningfully. Choice of language was not an issue, but I had to make sure that I was clear about what Mr 1 was telling me and used a lot of paraphrasing to ensure that I was very clear about what he was saying, irrespective of whether it was right or wrong. In such

situations clarity and understanding are essential as your opinion could remove a person's ability to make choices. Having already spoken to Mr 1 several times prior to the meeting, I was aware that his first language was English, however I had not met Mr 1's son and daughter and advised that we do have Welsh speaking practitioners within our teams should anyone feel more comfortable completing the assessment in Welsh, in line with the 'More than just words' strategic framework for Welsh language services (2016). It places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them. I gained consent for the observation via family members as Mrs 1 does not have the mental capacity to consent herself. The meeting was a best interest meeting (BIM) and so Mrs 1 was not present for the meeting herself as this would have been distressing and confusing, with Mrs 1 having no understanding of her current care needs due to her dementia, and therefore no understanding of the request to be observed, which may have resulted in distress for Mrs 1.

In situations where there is some form of communication difficulty (hearing, visual or cognitive impairment) face to face contact is essential. To ensure that I was fully understanding the information being relayed to me I had to pay close attention to my verbal and my nonverbal cues such as facial expressions (smiling, nodding, frowning), hand gestures, and voice tones as an indication of the level of understanding (Koprowska, 2010).

Reflecting on my interactions with Mr 1, I was aware that my approach changed as the situation altered. For example, the meeting that took place was in a small room, which was helpful to Mr 1 as we were all sitting in proximity in a circle, meaning that Mr 1 was able to see each person's face as they spoke. I could however see Mr 1 would squint his face and seem to be edging to the front of his chair when one practitioner was giving feedback in the meeting, to which I naturally clarified for Mr 1 whether he heard or not and repeated any lost information for him. Aware that Mr 1 was not asking for people to repeat themselves, I ensured to watch Mr 1 as other practitioners spoke to him, so I could gauge from his body language and his responses whether he was understanding the conversation or needed further clarity. I considered both verbal and nonverbal communication. Although Mr 1 had a hearing impairment (wears a hearing aid so the problem was overcome by this) I still spoke

slowly, clearly, used simple language and maintained eye contact always. This showed my commitment to the discussions, assurance of accuracy and highlighted my use of Social Work values (fairness, equality and empowerment). If there was any doubt during interactions, I would involve other staff to ensure my understanding was correct.

Mr 1 was familiar with the concept of a package of care (POC) for Mrs 1, as Mrs 1 had been in receipt of a POC for 3 years now, consisting of twice daily calls from carers to assist with medication, something Mr 1 is very verbal about feeling 'uneasy' about taking responsibility for. Although Mr 1 was accustomed to a POC, I was clear and honest in my communication that this discharge home would result in a more intense POC (4 daily calls now instead of 2) given Mrs 1's deteriorating care and support needs, and that Mr 1 has discussed with me before this meeting how he feels unable to manage a lot of the time. Having developed a good relationship with Mr 1, it was easier to have these frank discussions, whereby Mr 1 was told he must take responsibility for when he's feeling he's not managing and to contact the relevant professionals to avoid the home situation presenting in crisis. Positively, Mr 1 thanked me for "not sugar coating" the situation and being realistic with the discharge plans. Mr 1 agreed he understood the concerns of Mrs 1 returning home and requiring a high level of care and was grateful of my concern to his own welfare.

Being able to engage with and form effective trusting relationships with service users serves to assist them in feeling comfortable when working with strong emotions (Payne, 2005). By giving time to develop a relationship with Mr 1, I gained his trust and perspective. This empowered him to utilise the information I had given to help him make the choices that were right for his wife. Such practice is in line with the expectations set out in the Social Care Code of Practice.

Mr and Mrs 1 have a very supportive son and daughter but their involvement was limited due to work and personal commitments. It was also apparent that their desired outcome was different to that of Mr 1, whereby their concern for their father coping was too high and Mrs 1 going into residential care was a suggestion from them. It was therefore necessary to gain

their trust and advise them of the options available. I wanted to ensure that I was not ignoring or minimising their concerns as it was important for them to be involved, but to stress that it was a collective decision to be made and that the situation would be reviewed to ensure it was the correct outcome for both Mr and Mrs 1.

I used a systems theory approach to guide the meeting, as well as the legislative expectations from the MCA (2005), as this meeting was being held in Mrs 1's best interest. When discussing Mrs 1's life, Mrs 1's daughter questioned if Mrs 1 would still be able to access her day centre twice a week when she returns home. From the daughter's perspective, this day centre was understood to be important to Mrs 1, as it's part of a system she engages with and benefits from the social interactions. After much discussion, it was clarified from the OT and PT that Mrs 1 would not be able to access this immediately due to her deterioration in mobility and the entrance to the house being too unsafe for Mrs 1 to venture frequently without further therapy at home. We took a solution focussed approach and discussed how this could be an aim for therapy work, for Mr 1 to engage with care and repair services who may be able to modify the front of the property.

Words: 1347

Feedback and comments from individual in need of care and support and/or their carers

Information for the observer

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

No formal written feedback is required from the observer on the learner's practice. However verbal feedback should be provided to the learner as soon as possible after the observation. If the observer is not the mentor, then feedback should also be provided to the mentor.

Some or all of the questions below may be used by the observer who can rephrase and add explanations and prompts as required. The observer should record responses from the individual in need of care and support and/or their carers below, or by using an alternative method if required/provided.

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

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

Was the social worker on time? Or, if delayed, did he or she contact you?	Yes, the SW was on time and she arranged and confirmed the meeting in advance.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes, this was explained previously.
Were you clear why the social worker met with you today?	Yes, she explained the purpose of the meeting.
How well prepared do you think the social worker was for his or her meeting with you?	She was well prepared and answered all of our questions. There was nothing that she didn't know.
How has the social worker listened to you and respected your views and wishes?	Yes, we think that she has.
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	Yes, very clear. The SW was very professional.
How has the social worker's involvement met your expectations for this visit?	Yes, she clarified the position and made sense with everything. She was very honest, didn't sugar coat anything or give false expectations.

Are there any other comments or suggestions that you would like to make?	No.
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