



**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: 18 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: 15/9/23

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).

I have been allocated to individual 1 to undertake an assessment of need under the Social Services and Wellbeing (Wales) Act 2014 [SSWBA]. He is an older person with a chronic health condition, which he and his district nurse feel is limiting his independence, and he may need care and support.

My objectives are to facilitate a person centred assessment of need that aligns with the SSWBA Part three Code of Practice (Assessing the Needs of Individuals); fulfil my obligations within the Social Care Wales Code of Professional Practice for Social Care; and to begin my involvement with a meaningful 'active offer' of receiving assessment and any services through the Welsh language in line with the Welsh governments More Than Just Words framework and the Welsh Language (Wales) Measure 2011. I will also seek to work within other related legislation such as the Equalities Act 2010, and the Mental Capacity Act 2005.

Should he have eligible needs for care and support we will also agree a care and support plan, and how I will progress this within the context of my organisation. He may have other needs for support that would not be provided via statutory services, in which case we will also come to an agreement as to whether he is able to access these himself, or if he needs me to support him to access them.

I gained consent for the observation verbally during a phone call to individual 1. During that conversation I asked whether he wanted the assessment to be in Welsh, which he declined, but I intend to explore his relationship with the Welsh language further during the assessment. Individual 1 lives alone in a suburban part of a city in South Wales. The area has good access to utilities, services and public transport, and has a relatively low level of crime. Individual 1 worked in an industrial job which may have contributed to his current health problems, and shortened his working life.

Words - 328

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).

I will be using David Kolb’s (Maclean, 2016) learning cycle to critically reflect on the observation. This is a circular process model for critical reflection incorporating the actual experience, reflective observation of the experience, abstract conceptualisation, and active experimentation based on new learning.

Reflective observation: I felt the assessment/observation went well. The active offer was made twice; in my initial telephone call to individual 1 I briefly checked if he wanted the assessment to be undertaken in Welsh, which he declined, I then made a fuller offer and made a better exploration of his relationship with the Welsh language during the assessment. I felt obliged to make an active offer during my initial contact, because the principle of the active offer as set out in the More Than Just Words plan is that someone shouldn’t have to ask for contact and services in Welsh (Welsh Government, 2022). Therefore the offer should be made at the point of initial contact. However, I felt the offer needed to be repeated for the purposes of the observation, which I did.

Prior to the assessment I had spoken to the chronic conditions nurse who had made the referral. I gather information about his medical history and the way it appears to be a barrier to independence. I was also able to gather information about his communication needs based on her interaction with him. During my initial contact I asked him about his hearing and sight to establish if there would be any barriers to communication, or if there were any cultural needs I should be aware of for the purposes of the assessment.

I felt I used open and closed questions effectively, and other skills to demonstrate interest in what he was saying, and empathy where appropriate; these included verbal affirmations, body language and paraphrasing to check understanding. This was helpful for individual 1 because he said he was not used to talking about his feelings, ways in which he might be vulnerable, or admitting he might need help to make his life better. Our discussion resulted in him identifying two personal outcomes, one relating to his personal hygiene and nutrition, and another relating to accessing a social activity that he used to undertake but is no longer able to independently. Based on a discussion about his strengths and existing natural resources, as well as me providing information about the different ways these personal outcomes could be achieved through statutory services individual 1 decided that he wanted

to try adapting the privately arranged support he has in place to meet his hygiene and nutrition needs, and felt too ambivalent about attending a social group for it to significantly improve his wellbeing; therefore he decided it wouldn't be an outcome to pursue. We agreed a timeframe for him to explore making his own arrangements before making a decision about whether his personal outcome would need to be met through statutory services.

I felt the way I structured the assessment using communication skills brought about a very good level of co-production and participation. In reference to a model such as Arnstein's (1969) Ladder of Citizen Participation there was demonstrable citizen control and delegated power; he remained the decision maker at all times, and created his own plan based on my advice about what support he could be eligible for, and an exploration of his strengths and abilities, and I would be a facilitator of statutory support if that eventually became the option needed. There was also partnership as we understood each-other's roles and the limitations of those roles, and there was agreement about who would act and when, with the promotion of his wellbeing through the achievement of his personal outcome at the centre of the partnership. This also demonstrates practice that is congruent with the Code of Professional Practice for Social Care (Social Care Wales, 2017). The way that I used communication methods to develop a co-productive relationship and delegated power help reassure individual 1 that he could have trust and confidence in me, and the way we developed the plan and his personal outcomes was entirely based on my respect for his views and wishes. It is also congruent with ethical practice in terms of acting with integrity by upholding the values of the profession, being trustworthy and making considered professional judgements (British Association of Social Workers, 2023).

Abstract conceptualisation: As I have said individual 1 had no specific communication needs which I had to accommodate in order to undertake and complete the assessment in an effective way. However, undertaking this assessment as an observation has given me an opportunity for abstract conceptualisation that I will integrate into practice through active experimentation. Because it was an observation I thought in more detail about communication needs that perhaps I usually would not. I have assessed many people with the same chronic health condition that individual 1 has, which causes shortness of breath and fatigue. Social work assessments can be emotionally and psychologically draining for some people, and if we are taking a person centred approach then our primary source of information should be from the individual being assessed, wherever possible; I was concerned that the assessment could have a negative impact on his physical health. Although at the beginning of the assessment I informed individual he was welcome to take breaks and catch his breath, reflecting back on other people I have assessed with a more severe form of this condition it would have been better for them to complete the assessment over more than one visit; this is something I have never considered offering in the past. Typically my initial contact with a client is a phone call where I introduce myself and explain the nature of my involvement. In terms of active experimentation, for people with this condition I will be exploring whether they feel the assessment should be undertaken over more than one visit, where possible. This would be a more ethical and person-centred approach, and would be more congruent with the principles of the Social Services and Wellbeing (Wales) Act 2014, facilitating voice and control for people and co-production (Social Care Wales, 2023).

It is my duty and part of acting with integrity as per the code of professional practice to inform people who are going to access statutory care and support service that there may be a charge for that service. I informed individual 1 of this once we had already agreed which of his eligible needs would be met through statutory services. He was disappointed that there might be a charge, and I have had other clients who have declined services if there is the possibility of a charge. In most circumstances people would have a right to decline support, and this is something I would respect as I am obliged to respect views and wishes as part of the code of practice. However, I have decided that I am going to start introducing the idea of charging nearer to the beginning of assessments, as I feel that for people who are very fixed on the idea of not wanting to pay for any services they would prefer to know about a possible charge before we have gone through a full assessment.

The positive elements of the assessment were the way the assessment was structured, and my use of communication skills seemed to provide individual 1 with an opportunity to analyse his circumstances and needs in a way that he hadn't done previously. His original referral for a social work assessment had come from his chronic conditions nurse, and although he had given consent, there did not seem to have been a discussion about what would be entailed, though he had an idea that the outcome might be some kind of care package. After we had discussed his needs and his personal outcomes it seemed helpful to him that I asked him what resources he already had available to him that could meet those needs, and whether he utilise those resources rather than depending on statutory services which represented quite a negative development for him. This sort of strength based approach, seemed empowering for him, and ultimately he decided that he wanted to take some time to consider if there were other ways of meeting his needs using existing resources that he might find more natural than having a package of care.

Words - 1393

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, perfectly on time. I couldn't answer the door so he rang me to get permission to enter.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes he telephoned me to ask. He explained that he was a newly qualified social worker and needed to be observed as a progression of his career.
Were you clear why the social worker met with you today?	Yes he explained on the phone. He was here following concerns by my nurse and to explore any support options available to me.
How well prepared do you think the social worker was for his or her meeting with you?	He was very well prepared. He had a knowledge of my health issues.
How has the social worker listened to you and respected your views and wishes?	Yes he allowed me to be very open and I liked that he took time and allowed me to get my breath to answer at my own pace. He listened to my problems and gave suggestions rather than leading questions.
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	Yes I felt he was very clear and helpful. He asked me twice regard Welsh language. Once on the phone and again on the day.
How has the social worker's involvement met your expectations for this visit?	Roughly as expected. I was surprised regard the charging policy but I understand. I feel a lot more able to make informed decisions now.

Are there any other comments or suggestions that you would like to make?	No but I will say that in general I was very happy and feel reassured.
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