



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPPF6044**

**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: __ 01/09/2025 _ _ _ _ _

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 I have chosen to discuss a review of the formal care and support services that I initially implemented when I first became involved with this couple. Under Part 4, Section 54 of the Social Services and Well-being (Wales) Act 2014 (SSWBWA2014), local authorities have a statutory duty to prepare and keep under review care and support plans to ensure services continue to meet assessed needs. To maintain confidentiality, I will refer to the service user as 1 and the carer as 2, in line with Part 2 of the Code of Professional Practice for Social Care (Wales) 2017 (COPP,2017), which emphasises the protection of personal information.

In my work with 1 and 2, I applied the Active Offer in accordance with the Welsh Government's More Than Just Words framework, which requires professionals to proactively provide Welsh language services, recognising language as a core component of dignity, identity, and person-centred care (Welsh Government,2022). Although both individuals are English-speaking, having recently moved from Brighton, they identify as part of the LGBTQ+ community, a diverse group encompassing varied sexual orientations and gender identities, highlighting the importance of inclusive, respectful terminology in practice (Stonewall,2025).

The observation took place in their own home. Informed consent was essential to uphold autonomy and protect their rights (Berkovic,2025). Being observed can heighten self-awareness, influence behaviour, or cause discomfort if not approached sensitively (Spilsbury et al.2024). I felt confident requesting consent due to the rapport previously established. Initial consent was obtained via telephone, where I explained the purpose of the observation and reassured 1 and 2 that the observer's focus was on my practice rather than them. Consent was reaffirmed on the day, and the care provider was informed beforehand to ensure transparency and professional courtesy.

I remained aware that observation could influence my own behaviour. Throughout, I aimed to remain reflective and grounded, maintaining professional integrity in line with COPP 2017, ensuring ethical, respectful, and transparent practice while reviewing the effectiveness of care and support planning.

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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).

On entering the property to begin the review and observation, I introduced 1 and 2 to my observer using their preferred names something I had already established through earlier visits. Although both prefer being addressed by their first names, I reflected that when meeting a person for the first time I intentionally begin with formal titles (e.g., Mr/Mrs/Mx) before asking how they like to be addressed. This supports person-centred and respectful communication and recognises the importance of identity and preference within interpersonal practice (Thompson,2018). Becoming attentive to these small yet meaningful choices help individuals feel valued and preserves dignity from the outset of involvement.

Having worked with the couple previously, I was also aware of their pronouns and how they identify, recognising this as an important part of their identity and cultural framework. This is especially significant for people within the LGBTQ+ community, where accurate use of language and pronouns is closely linked to safety, inclusion, and respect (Stonewall,2025). This reflective awareness aligns with the Social Services and Well-being (Wales) Act 2014,(SSWBWA ,2014) which emphasises voice, choice and control, and with the Code of Professional Practice for Social Care (Wales) 2017, which requires practitioners to respect individuals’ culture, identity, and beliefs (Social Care Wales,2017 (SCW,2017)) (COPP 2017). At the same time, I was consciously aware of my own responsibility not to misgender 1 or 2. I recognised that using the wrong pronouns even unintentionally could undermine psychological safety, signal a lack of atonement to their identity, and erode the rapport and trust we had established. This risk is well-documented in LGBTQ+ practice guidance, which highlights how language choices can either affirm identity or contribute to marginalisation (Stonewall,2025). In keeping with the SSWBWA 2014, person-centred emphasis on “what matters” to individuals and the COPP’s standards on dignity and respect, I deliberately checked and reflected back their preferred forms of address to safeguard the relationship, model inclusive communication, and ensure that their voice remained central to the review process (Social Care Wales, 2017; Social Care Wales,2025).

Furthermore, this practice reflects the Welsh Government’s More Than Just Words framework: it highlights that language, identity and culture are fundamental to dignity and high-quality, person-centred care, and underpins the Active Offer expectation that services are proactively available in Welsh without individuals needing to ask (Welsh Government,2022). Reflecting on this interaction reinforced how essential it is to approach everyone with curiosity, sensitivity and respect—and how these seemingly small actions build trust and create the conditions for more complex conversations later in the intervention.

During my visit, I was conscious of how the physical environment could influence communication. Due to limited space in the living area, and with the consent of both individuals, I positioned myself on the floor between 1 and 2, enabling me to maintain eye contact with each of them and include both equally in the discussion. This approach also supported my ability to observe their non-verbal communication, including facial expressions, posture, and body language. Research shows that non-verbal cues often communicate more information than spoken words and significantly shape how people interpret emotional states, relational dynamics, and levels of comfort (Patil et al.,2024). Non-verbal communication is also recognised as central to building rapport, empathy, and responsiveness, particularly in supportive or therapeutic interactions (Carmichael & Mizrahi,2023).

While this method was effective and appropriate for 1 and 2, I recognise that communication must always be adapted to the needs, abilities, and preferences of everyone. For example, some people with learning disabilities, autism, or sensory sensitivities may find eye contact uncomfortable or overwhelming. Evidence highlights the importance of being sensitive to how different individuals experience non-verbal cues and adjusting communication methods accordingly to avoid unintentionally causing distress (Unique Mark,2025). Others may communicate more effectively through alternative or augmentative approaches, and professionals must remain flexible in meeting these needs. As a practitioner, this reinforces the importance of being responsive, reflective, and adaptable in my communication style to ensure that interactions remain inclusive, accessible, and person-centred in line with good practice guidance in health and social care (Haven,2025).

During my communication with 2, he reported that a carer had spoken to 1 in a way experienced as disrespectful and discriminatory, and he felt the staff member's behaviour was influenced by his sexual orientation as a gay man as not recognising 2 as 1 husband when knowing he was. This disclosure highlighted the critical role communication plays in enabling individuals to safely express concerns particularly when those concerns relate to identity-based discrimination. Inclusive, non-judgemental communication is central to anti-oppressive practice, which requires practitioners to challenge behaviours that reinforce inequality, prejudice, or marginalisation (Thompson,2018). Effective communication supports individuals to feel heard and validated, and failure to do so may deepen feelings of stigma or exclusion.

The experience described by 2 also reflects wider evidence regarding how discriminatory or biased language can significantly impact the emotional wellbeing and sense of safety of LGBTQ+ individuals. Stonewall emphasises that respectful and accurate communication is essential to creating safe, inclusive environments and that negative interactions can harm trust and engagement with services (Stonewall,2025). Such behaviour is also inconsistent with COPP 2017, which requires practitioners to uphold people's rights, promote equality, and respect individuals' culture, identity, and beliefs (SCW 2017).

In responding to 2's report and planning proportionate action, I am guided by the Equality Act 2010, which makes it unlawful to discriminate on protected grounds including sexual orientation in services and employment, and sets out the types of unlawful discrimination and harassment including conduct creating a degrading or humiliating environment (Equality Act 2010; EHRC, 'Protected characteristics'). As a Welsh public authority, my practice is also shaped by the Public Sector Equality Duty (s.149 Equality Act) and the Welsh specific duties, which require, regard to eliminate discrimination, advance equality of opportunity, and foster good relations, with additional Welsh regulations mandating equality objectives, engagement

and equality impact assessment (Welsh Government; Legislation.gov.uk). In parallel, Article 14 Human Rights Act 1998 and the European Convention on Human Rights, protects people from discrimination in the enjoyment of Convention rights and is relevant to rights-respecting, non-discriminatory care (EHRC; Legislation.gov.uk). Language and culture are part of dignity and identity, under Wales's framework the Welsh Language (Wales) Measure 2011.

Given the nature of what 2 reported, the formal care provider agreed that the carer in question should be removed from the run to prevent further discomfort to 1 and 2. In my view, this decision demonstrated that they listened and responded to the disclosure, recognised its impact on the couple, and acted proportionately to uphold dignity. It also signals to 1 and 2 that discriminatory or disrespectful conduct will be addressed, which can strengthen trust between the care agency, social services and the couple. In parallel, 1 and 2 consented for the agency representative to feed back to the carer, so they could understand how their language and behaviour intended or not had a negative impact on them. This consented feedback route promotes learning and remediation, aiming to prevent recurrence while reinforcing anti-oppressive and anti-discriminatory practice standards (SCW, 2017).

Case law also underlines the unacceptability of orientation-based discrimination. In Bull & Anor v Hall & Anor the UK Supreme Court held that refusing a double room to a same-sex couple constituted unlawful discrimination, and that religious belief could not justify discriminatory treatment in the provision of services ([2013] UKSC 73). In the human rights sphere, Ghaidan v Godin-Mendoza confirmed that courts must interpret legislation compatibly with ECHR rights (via the Human Rights Act 1998), and recognised protection against discrimination in the enjoyment of rights (Articles 8 and 14) for same-sex partners ([2004] UKHL 30). Together, these authorities reinforce the principle that service access and treatment must be free from sexual-orientation discrimination, and that equality duties justify corrective steps when issues arise

In my case, the concern related to conduct and words directed at the person, not the forced promotion of a message hence the decision to remove the carer from the rota, aligning with equality law, COPPs, and anti-oppressive practice.

[1330]

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, Rebecca was on time today, actually, she was five minutes early.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes, Rebecca called me to arrange the visit today and asked if someone could come to observe. Rebecca explained the reasons why you were coming today.
Were you clear why the social worker met with you today?	Yes
How well prepared do you think the social worker was for his or her meeting with you?	Very well, Rebecca explained what the meeting was about. She always explains the reasons why she wants to visit me, this gives me time to prepare for things that I want to discuss with her.
How has the social worker listened to you and respected your views and wishes?	Rebecca listened very well and has always respected my wishes and opinions. Anything that we've asked Rebecca, even the smallest points, she will always address the issues and deal with them appropriately. Rebecca makes us feel comfortable in our home and is very likable.
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	Yes, she spoke very clearly and in English which is our first language.

How has the social worker's involvement met your expectations for this visit?	"Above and beyond" our needs. Rebecca has always done this and is very helpful. When she visits, she always sits on the floor in front of us so that she can address us both. She always makes us feel comfortable when she is here.
Are there any other comments or suggestions that you would like to make?	"Never change Rebecca and good luck with your future". "Thank you for doing a great job".