



**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: __ 03/05/2024 __ _ _ _ _ _ _ _ _

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).

Before the interaction I ensured that I called Individual 1 and gained their consent for me to use this interaction as an observation, consent is to “give permission for something to happen” (Oxforddictionary.com) I explained the process including the fact a colleague of mine would be coming along with me reassuring that they would be observing me and not her and would stay after the observation to gain some feedback. Individual 1 gave consent for this to take place in her own home, on arriving at the address I confirmed that Individual 1 was still happy to continue to which she confirmed.

Individual 1 lives alone in her converted barn in an isolated area in the country, there are very few neighbours around her and the nearest shop is many miles away, she has no family locally and relies on the support of services in order to manage her day to day life.

The objective of the interaction with Individual 1 was to complete a review of their Care and Treatment plan under *The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulation (Regulations, 2011)*. Before we had a meeting with her psychiatrist, by doing it this way Individual 1 was able to discuss her feelings and wishes in her own time rather than in the time constraints of an appointment.

I was considerate of the fact Individual 1 had agreed to two social workers into her property in order to complete this task, I therefore had to be aware of the power imbalance she may feel, we as Social workers have considerable power simply because of our position and I didn't want her to feel as

though she wasn't able to express herself as people are the experts in their own lives and she needed to be fully involved and at the centre of the discussions.

WORD COUNT 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).

Bassot (2014) discussed the fact that values are an integral part of our daily life and work. With professional values having a strong connection to our social and cultural context and professional values linking into approaches to practice that are deemed acceptable. For all social workers in Wales, professional values are enshrined within The Code of Professional Practice for Social care (Welsh Government, 2017). I would therefore ensure Individual 1 was an active participant in the planning process around her care, ensure my interactions were person centred, and that communication was clear and appropriate.

Although Individual 1 could speak English fluently, she was of Welsh ethnicity, I ensured that an ‘active offer’ of Welsh (*More than just Words, 2012*) language was offered to her. Banks, S. and Nohr, K. (2012) suggests that there is often a presumption made by care professionals that the Individuals needing support will speak English by default, and this perspective has caused discrimination historically. This Welsh Government’s (2012) policy places a professional duty to us to offer culturally and linguistically sensitive services, and SSWBA (2014) informs us to adapt and tailor services according to the individual’s needs to promote equality (The Equality Act, 2010). Individual 1 declined this offer and asked to conduct the observation in English, seeming surprised to have been offered this, should she have wanted to have communicated In Welsh, within our team we do have welsh speakers who could have supported.

The Mental Health Act (1983) states that all individuals should be assessed/ interviewed 'in a suitable manner', although this specifically relates to an assessments for admission it is something that should underpin all mental health practice. This means that professionals should be competent and proactive in ensuring they are meeting the needs of someone they are talking with. I had worked with Individual 1 for a few years so was aware of her presentation in certain situations, I was therefore aware that sometimes she can become withdrawn, sometimes mute and unable to express her feelings. In this instance I knew being in her own home was going to be more comfortable for her. Throughout I needed to be able to show her that I was accepting of her feelings especially at times when she was withdrawn and not directly saying anything, I utilised my body language by leaning forward and allowing her to feel I was listening and ready when she was.

Seligman, 2006 advises viewing people as 'capable and autonomous with the ability to resolve their difficulties, realize their potential and change their lives'. Person-centred approach/services are one of the overarching themes of SSWBA 2014. I enabled individual 1 to have choice and control in reviewing and making changes to her Care and Support plan ensuring I remained Person centred, Sanderson and Lewis (2012) describes Person centred practice (PCP) as a way to connect what the individual wants with the practical way of making it happen, Ahmed (2008) argues that suspicion is present with some social workers using this method as they fear it is a way to address resourcing issues. We did face some barriers when Individual 1 would ask for something that wasn't available within our service, this not only highlighted the lack of resources in the rural area in which we live but also tasked me with finding her something like it that would be available to her linking in with making her wishes practicable.

Communication is described by Thompson (2011), as not just passing information from one person to the other, but rather a complex multilevel event. Poor communication has in the past been cited in inquires as a failure to practice, an example of this happening can be found in the 2003 Laming report where miscommunication was seen to have contributed to Victoria Climbié's death. It was important that I understood exactly what Individual 1 was looking for with regards to support so that when we

met with the Psychiatrist I would be able to support her to communicate the information effectively leading to collaboration and good communication.

Active listening and straight – talking was one of the main communication skills utilised in this observation, it was critical for me to ascertain what Individual 1 was thinking and feeling, I would allow her to talk to me about what she wanted with regards to the goals she had and what support she would like to get there, I would then summarise this back to her to seek clarification that I had fully understood what she was saying, while also checking the facts were correct. I remained courteous throughout the observation, ensuring that I exhibited empathy and warmth when Individual 1 was communicating with muted hostility. There were times when what I suggested could support her she disagreed and became defensive, in persevering in my unconditional positive regard, I was able to maintain rapport and trust with Individual 1, even when delivering news that was not compatible with her expectations, Individual 1's expectations of our service were sometimes above what we could give.

There was one barrier to good communication that I identified throughout this observation, this being the unfamiliarity between Individual 1 and the other social worker that was observing me, as I know her it was obvious that she wasn't as open and forthcoming with communication that she usually would be.

I endeavoured to weave the Recovery Model throughout the observation. Recovery looks at the journey of a person's life rather than seeing a defined outcome. Slade (2009) suggests that although individuals experience a mental illness they should be supported to work towards their goals and take responsibility for their lives. Webber (2008) points out that this can add a practice tension to social workers as they endeavour to 'recover' individuals they work with. With regards to Individual 1 it was important to support her to achieve her goals set out in the CTP in order to gain the skills needed to live independently without her feeling as though I was pushing her to 'get better'. Within the Community Mental Health team we are not a long term team, therefore always working towards discharge, as a newly qualified I have needed to find the balance of supporting to move forward without appearing to be pushing.

To conclude, throughout this observation and with all aspects of my role as a newly Qualified Social worker I have come across many different communication methods and skills, different individual's find different ways of communicating beneficial and most productive. Adjusting myself to this is something that I am still learning, Individual 1 communicated differently with me on the day of this observation due to having someone new present in her home. I was able to witness how relationship building and getting to know someone really does make a difference to positive communication. I have also stopped entering into a conversation with theories/values and ethics outlined in my mind, I have found over the last 12 months these have naturally become integrated into my everyday work life.

I will go on to learn about many more Communication skills in my future learning as I undertake the Approved Mental Health Practitioner training as I am going to have to adjust my methods to many different situation and Individuals presentations.

Word count – 1207

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 on Time
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	Yes
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 – she knows me well
How has the social worker listened to you and respected your views and wishes?	yes
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	Yes
How has the social worker's involvement met your expectations for this visit?	Met expectations

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