



**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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**Learner's University Registration Number:
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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: _25/09/25 _ _ _ _ _

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).

As part of the observation, I arranged to assess an individual's needs in accordance with Part 3, Section 19 of the Social Services and Well-being (Wales) Act 2014 (SSWB(W)A 2014). The purpose of the assessment was to establish whether the individual had care and support needs to enable them to achieve their personal outcomes and facilitate a safe hospital discharge. In line with the Code of Professional Practice for Social Care (COPP) (Social Care Wales, 2023), the individual will be referred to as 1 to maintain confidentiality.

1 an elderly individual living alone in an urban but relatively isolated area. Their support network is limited, with family members living at a distance. The referral described 1 as "physically limited," with mobility challenges and housing-related concerns. Following a recent hospital admission, 1 was deemed clinically optimised and ready for discharge, prompting a referral for social work input to support discharge planning and ensure safe reintegration into the community.

The referral documentation did not specify 1's preferred language, which initially created challenges meeting Welsh Government expectations to promote Welsh language in care, as outlined in More than Just Words: Action Plan for Welsh Language in Health, Social Services and Social Care (Care Inspectorate Wales, 2021), building on the Welsh Language Strategic Framework (Welsh Government, 2012). Prior to the observation, I visited 1 to clarify their linguistic preference. As a basic Welsh speaker, I was able to establish rapport and empower 1 through choice of communication. Although Welsh was 1's first language, they preferred English for professional interactions, perceiving it as more formal. Respecting this preference reflected person-centred and culturally competent practice, as emphasised in the SSWB(W)A 2014.

Consent was obtained from both 1 and 2 (a fellow patient) to proceed with the observation and collect feedback. 1 expressed some anxiety, mainly regarding interactions with the social worker rather than the observation itself. I remained mindful of power imbalances, reassuring 1 they could pause or withdraw at any time, ensuring ethical, respectful practice.

Words 330

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).

During my observation, I engaged with 1 by introducing myself and asking which name they preferred to be called. They responded with their first name. Using a person’s preferred name is essential for building positive, respectful relationships. Some individuals may prefer not to be called by their first name, especially in formal or professional settings. For example, addressing someone as Mr., Mrs., or Ms., followed by their surname, shows respect—particularly for elderly people or those in authority. This practice is embedded in Welsh culture. Recognising and honouring such preferences helps create an inclusive and professional environment (Trevithick, 2012; Thompson, 2020). I also feel strongly about addressing people in their preferred way, but during written assessments, I refer to individuals as Mr., Mrs., or Ms., to demonstrate respect and allow the reader to make their own enquiries about a person’s preferred name.

As the assessment took place in a hospital setting, privacy was a priority, though challenging due to the busy ward environment. Where possible, I would aim to schedule interactions during quieter periods, as the social work process (Socialworkmethods.com, 2024) often involves in-depth, sensitive discussions at times of vulnerability. Once introductions were made, I gained consent to sit near 1 to maintain close contact throughout. This enabled both verbal and non-verbal communication methods, including active listening, empathy, and adapting communication to 1’s needs. Verbal communication was clear and structured, and open-ended questions encouraged dialogue. Non-verbal cues—eye contact, posture, and

gestures—reinforced attentiveness. Effective communication is a core professional skill, essential for building trust, understanding needs, and supporting empowerment.

During the assessment, I offered to close the curtains around the bedside; however, 1 insisted they remain open. Initially, I found this difficult, as it appeared to conflict with principles of privacy and confidentiality outlined in the Code of Professional Practice for Social Care Workers (Social Care Wales, 2017). However, I recognised the importance of respecting 1's wishes. The situation was further complicated by 1 sitting close to another individual (2), raising additional privacy concerns. With no alternative space available, I discussed the dilemma with both 1 and 2, who consented to continue. Supporting 1's autonomy, the assessment proceeded under these circumstances. This experience highlighted the ethical tension between promoting privacy and respecting autonomy within institutional settings. It reinforced the value of person-centred practice, ensuring individuals remain central to their care.

Rogers' Person-Centred Approach (1951) emphasises empathy, unconditional positive regard, and autonomy, guiding social workers to prioritise individuals' wishes and lived experiences. Ethical tensions often arise in practice, as illustrated by 1's decision to keep the curtain open. While privacy is a professional duty, respecting 1's autonomy was equally important. This demonstrated the challenge of applying humanistic principles in structured environments and emphasised the need for reflection and ethical judgement to balance competing responsibilities.

1 stated that their preferred language for communication was English, despite Welsh being their first language. Respecting this preference aligns with person-centred practice, recognising 1's autonomy and comfort. However, in Wales' linguistic context, this also raises considerations about promoting bilingual equity. The Welsh Government reported that 27.8% of people aged three or older could speak Welsh in 2024, compared with 17.8% in the 2021 Census (Welsh Government, 2022; 2024). Welsh remains a minority language, and 1's preference for English may reflect both personal choice and wider sociolinguistic trends. Social workers must therefore balance respect for individual preferences with promoting linguistic equity, ensuring people are not disadvantaged by language choice. Culturally competent

practice requires that language preferences are explored, recorded, and supported, with sensitivity to how language influences identity and engagement. 1 also shared that speaking English helped them feel more formal and less anxious when interacting with professionals.

I was not aware of any physical, cognitive, or sensory impairments affecting 1. However, such impairments can significantly influence communication, participation, and autonomy. For example, people with hearing or visual loss may require accessible communication methods or assistive technology to engage fully. Failure to accommodate these needs risks misunderstanding and inequality (NICE, 2019). Although 1 showed no impairments, I used plain language and avoided jargon, recognising their anxiety about the discussion. This supported understanding and built trust. A human-centred approach not only benefits individuals but enhances professional fulfilment. Research by Munro (2011) and Ruch et al. (2018) links such relational practice to improved engagement and safeguarding outcomes.

To ensure a collaborative assessment, I applied the Exchange Model (Smale, Tuson & Statham, 2000), which promotes two-way communication and recognises service users as experts in their own lives. This aligns with social work ethics (BASW, 2021), particularly values of participation and partnership. 1 shared their experiences and needs while I contributed professional knowledge and problem-solving skills. Honesty and transparency were central, reflecting my personal values and the social work commitment to equality and respect.

I also offered 1 advocacy to help express their needs and make informed decisions, especially around sensitive issues. Advocacy aligns with social work values of empowerment, dignity, and social justice (BASW, 2021) and can enhance engagement and wellbeing (Netten, Darton & Callaghan, 2012; Reid, 2017). Maintaining power balance was essential for collaboration. I recognised that 1 was at the therapy/manipulation stage of Arnstein's (1969) Ladder of Participation, so advocacy aimed to support their progression toward greater control and confidence. This approach builds trust and reinforces ethical, relationship-based practice (Ruch, Turney & Ward, 2018).

Koprowska (2010) distinguishes between first-order skills—direct communication—and second-order skills—planning and reflecting on communication. Both were used during my observation, particularly when 2 joined the discussion. 1's body language and facial expressions indicated anxiety, seeking reassurance from 2 and redirecting conversation to

include them. 1 suggested and consented to family contact to answer additional questions. Guided by the Social Services and Well-being (Wales) Act 2014, I offered reassurance and, using appropriate touch (placing a hand on 1's hand), sought to comfort them while explaining the purpose of gathering their wishes and feelings. I clarified, in everyday language, that Article 8 of the Human Rights Act 1998 guarantees a right to private life and that shared information would remain confidential (COPP, 2017). This appeared to settle 1.

Following the interaction, I took time to critically reflect on my communication and decision-making to identify key learning. I recognise the importance of reflection in action and reflection on action, as described by Schön (1984). Reflection in action allows practitioners to adapt and respond sensitively in the moment. During my observation, I used this approach to recognise 1's anxiety and modify my communication to promote reassurance and trust. Reflection on action takes place after the event and enables practitioners to evaluate performance, linking experience with theory and legislation. Through this process, I recognised the value of empowering individuals through language choice and identified the need to develop my confidence in using Welsh. Schön's model has shown me that reflection is a continuous process that strengthens self-awareness, ethical decision-making, and professional growth, aligning with the principles of the SSWB(W)A 2014.

To conclude the conversation with 1, I explained solution-focused methods relevant to their situation to support hospital discharge and confirmed I would liaise with the multidisciplinary team (Care & Team, 2018) and keep them informed. Solution-focused approaches promote empowerment, collaboration, and positive outcomes by focusing on strengths and achievable goals (de Shazer, 1985; Franklin, Trepper, Gingerich & McCollum, 2012). Collaboration across professions ensures holistic assessment while keeping the individual central to the process, as required by the SSWB(W)A 2014.

This observation strengthened my understanding of the importance of reflective, person-centred practice. It reinforced the value of empathy, empowerment, and collaboration in supporting individuals through challenging circumstances. I have learned that effective communication, ethical sensitivity, and reflection are not isolated skills but interconnected

processes that underpin safe, respectful, and empowering social work practice in line with Welsh policy, law, and values.

Words 1294

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?	<i>"Yes, on time, as agreed."</i>
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	<i>"Yes, and she explained why."</i>
Were you clear why the social worker met with you today?	<i>"Yes, I think so, it's worrying me about going home."</i>
How well prepared do you think the social	<i>"Yes, I think so."</i>

worker was for his or her meeting with you?	
How has the social worker listened to you and respected your views and wishes?	<i>"Oh yes"</i> <i>"Yes, to speak to my family."</i>
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	<i>"Yes, I made a joke about speaking in Welsh. She listened to me."</i>
How has the social worker's involvement met your expectations for this visit?	<i>"I was a bit worried, but she made me feel comfortable."</i>
Are there any other comments or suggestions that you would like to make?	<i>"She made me feel relaxed."</i>