



**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: 13/01/2024

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).

1, is an individual who self-referred into Mental Health Services in order to be assessed for care and support. The Mental Health (Wales) Measures (2010) (MHMW) is a legal framework, which allows people with mental health problems in Wales to receive support and gives them the right to be assessed. 1, had previously been under the care of the Community Mental Health Team (CMHT) two years prior to her self-referral, which means she is eligible for a part 3 assessment under the Measures (2010). The code of practice set out within part three of Social Services and Well-being (Wales) Act (2014) (SSWWA), issued under section 145 is related to accessing the needs of individuals, and requires a model of assessment which works in partnership with people and their carers to build upon their strengths (Welsh Government, 2014). The agency assessment process has been guided by the MHMW (2010), which aims to be proportionate to need and focusing on supporting people to recognise such needs, understanding their culture, ethnicity and language, exploring supporting networks, and empowering them to acknowledge that they are the expert of their own experiences. This is in order to work in co-production to create positive outcomes and recovery. 1's, referral was discussed in a Multi-disciplinary Team (MDT) Meeting within the CMHT, and it was decided that a part 3 assessment would be undertaken by myself to assess the needs of 1 and whether she needs care and support. I contacted 1 via telephone to arrange an appropriate date and time for the assessment, I also took the opportunity to explain the purpose of an observer being present and asking for her consent, which was fully given. 1, was also known to the observer from past support, therefore, I was aware that she would be comfortable with the observer's presence.

1 has previously received care and support via the CMHT and has a diagnosis of Emotionally Unstable Personality Disorder (EUPD), therefore she was familiar with the agency setting and was physically able to attend the assessment at the mental health centre.

Word count 344

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).

At the beginning of the assessment, I was able to ascertain that 1 was very emotional and presented in low mood, therefore I was aware I would need to think about the use of my professional values and ethics throughout the assessment in order to help her relax and be open and honest about her current mental health problems. Thompson (2016) expresses the need for social workers to make use of anti-oppressive practice as this involves helping people to help themselves and taking small steps to achievement and not setting people up to fail. I asked 1, if she wished to proceed in English language, or whether she would prefer the service in Welsh. This service offer is in line with the Welsh Language (Wales) Measures (2011) and the follow up strategic framework, More Than Just Words (2012) (Welsh Government, 2016). Mental health service users can be members of the most marginalised groups within the wider community that can experience discrimination and exclusion due to unequal power relationships, often resulting in them feeling disempowered when engaging with multi-disciplinary professionals. Social Workers and the services they work for have an ethical responsibility to ensure that their practice offers services that are justified, and which reflect the principles of social work values and social work justice (Parrot, 2014). Social work must work in line with the Equality Act (2010) framework and ensure they do not discriminate regarding the protected characteristics detailed within the 2010 act. Individuals can feel discriminated due to language as discussed in the 2010 act under race, which may create barriers to engagement within an assessment process, therefore it is essential that social workers use anti-discriminatory practice and offer services to promote equality (Parrot, 2014). The county in which the agency is located also has a diverse and multi-cultural population,

and the agency offers all services to be conducted with the support of translation is requested. Due to the increasing cultural diversity in Wales a fundamental approach to effective cultural competency is required within social work practice (Azzopardi & McNeil, 2016).

I showed 1 to the room that had been allocated for the assessment, the observer arrived and was introduced to her, and again I explained the reason for the observation and clarified consent. I gave 1 sometime to relax and feel comfortable to start the assessment in her own time, as I was aware of her presenting with anxiety. In preparation for this assessment, I made use of my supervision with my mentor to discuss the upcoming observation and the need to think about what communication skills and social work methods I may need to use when carrying out the assessment with 1. Social workers need to use different methods within their practice when working with individuals as not one specific method will fit all situations (Maclean and Harrison, 2011). I was mindful that I was new to this job role and this assessment process was new to my practice. Therefore, I felt it was appropriate to gain some knowledge from my mentor of the assessment framework that is followed when assessing the needs of an individual with mental health problems. However, I am aware of my need to adhere to the Professional Codes of Practice for Social Care (COPP), specifically section 2 (Social Care Wales, 2017). I have undertaken self-directed learning in respect of the different enduring mental health illnesses and how these can affect an individual, and how social work input and theoretical models can help with recovery, such as Social Cognitive Models. I had also been involved in other assessments within the agency which involved the same processes as my assessment with 1, which involves utilising the MHMW 2010 assessment tool paperwork. This gives practitioners guidance to gather information to make a fair and accurate assessment.

1, explained that she was feeling low in mood, that she was experiencing heightened anxiety and was finding it difficult to regulate her emotions. 1 explained that these feelings were affecting her ability to carry out her activities of daily living and that she was experiencing anhedonia. 1 was also experiencing intrusive thoughts and suicidal ideation. I used a person-centred approach with 1. Within the assessment process, the information that is required may contain emotional material, and it is also important that the practitioner remains empathetic and non-judgmental as crucial information may be lost if there is insensitivity to the context of

feelings contained within the answers that are provided (Morrison, 2007). I informed 1 of the MHMW, (2010) assessment paperwork that we would need to work through together with an aim to analyse and address the current circumstances to inform the appropriate intervention. Before we started, I explained the purpose of confidentiality and reassured her that the information discussed within the assessment will not be shared with anybody else, unless it is felt she is a risk to herself or others (Social Care Wales, 2017).

I made use of basic interviewing skills within the assessment, as I felt that this was the best way to gather certain information from 1 in order to understand her current mental health problems. This gave her the opportunity to speak about specific thoughts and feelings as the questions asked were direct. However, I was also aware that due to 1's current poor mental health (or difficulties) this may make it difficult for her to understand and retain so much information (Trevithick, 2006).

I also used some open questions in order to allow 1 to speak freely of her current circumstances so I could identify her strengths. This was to empower her to see that she is the expert of her own experiences and that she is the person leading her care and support to recovery but reassuring her that this is a co-productive process to achieve positive outcomes (Maclean & Harrison, 2011). 1, was not able to rationalise what she required from the assessment, and she expressed despondency in the service and her ability to change. I recognised that from this comment that 1 may start to disengage due to feeling like the assessment was pointless. Therefore, I knew I needed to make use of good communication skills in order to continue with the assessment effectively, so ensured I used my listening skills and relayed information back to 1 so that she knew I was listening and understood. It was important I made use of effective communication skills sensitivity and creatively when working 1, such as the use of body language, eye contact and facial expressions (Morrison, 2016).

Throughout the assessment 1 became upset when answering certain questions especially around her suicidal ideation as she expressed the need for this to stop. This made me think holistically and the need for more than just social work input, and to think about the biopsychosocial model and the potential need for medication to help with her anxiety, sleep

and to help control her intrusive thoughts (McLean & Harrison, 2011). As the assessment continued it was evident that 1 started to relax and was elaborating on information and opening with her answers. She informed me that she has recently been using illicit drugs to block out her thoughts, feelings and emotions. At this point I introduced a systems approach to understand the supporting networks that 1 had around her that were maybe positive contributing factors, but also negative ones (Thompson, 2015). Whilst assessing 1's mental health needs, I was also assessing her mental capacity to make decisions regards to her care and support.

The Mental Capacity Act (2005) (MCA) protects vulnerable people over the age of sixteen around decision making, and practitioners must support people to make their own decisions wherever possible (Department of Constitutional Affairs, 2007). For me to assess 1's capacity I made use of the Mental State Examination Framework, assessing her behaviour and presentation, but also using effective communication for me determine whether she understood the process of the assessment. Once I had completed the assessment with 1, I informed her that I had analysed the information provided and my professional judgement was that she requires support from mental health services, but potentially from Local Primary Mental Health Services (LPMHS) to access coping skills intervention to help with her anxiety. However, I explained that the assessment would be discussed in the Multi-Disciplinary Team meeting to clarify that is the most appropriate intervention to help her manage her mental health and achieve positive outcomes. 1, agreed for the outcome of the assessment to be shared with other services involved in 1's care and support (Social Care Wales, 2017). The Social Services and Well-being Act (Wales) 2014 requires social workers to gather relevant information from individuals they work with in order to be able to analyse risk, barriers and strengths. On reflection of this assessment, I felt that I had been able to utilise 1's information and make a professional judgement of what support or intervention was needed, and 1 also felt at ease with the outcome and felt reassured she was going to be supported.

Word count - 1455

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, she was 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, she asked for my consent before the assessment took place. I knew the observer which made it more comfortable expressing my mental health problems.
Were you clear why the social worker met with you today?	Yes, it was because I felt that I needed support again from the service.
How well prepared do you think the social worker was for his or her meeting with you?	She appeared well prepared and good insight to my needs.

How has the social worker listened to you and respected your views and wishes?	I feel like I was listened to by her, and she understood my difficulties which helped me relax.
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?	Yes, she was good, I feel less anxious knowing that I will receive support for my mental health.
Are there any other comments or suggestions that you would like to make?	She was lovely and very understanding, I really like her.