



**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: 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: ____21/08/2024_____

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).

The observation of social work practice took place on a hospital ward in South Wales with 1, an elderly English-speaking Welsh individual, living with their daughter. I had previously assessed 1 as having fluctuating mental capacity regarding discharge planning in line with the *Mental Capacity Act 2005* (MCA 2005). 1 currently had difficulty understanding their current needs due to their cognitive decline (*Mental Capacity Act, 2005*).

This observation aimed to demonstrate communication skills and information sharing with 1 and their family. In compliance with the General Data Protection Regulation (GDPR 2018) and Data Protection Act 2018 (DPA 2018), informed consent to share information in the presence of 1's family was obtained, prior to the visit. Furthermore, explanation of the observation and consent was acquired from 1 and their family for an observer to attend the meeting. I was mindful that 1 now resides in bed, and dressed in nightclothes, but 1 expressed no objections, stating they were used to "*people coming in and out all day*". I was also mindful about the nature of the conversation so stated that the privacy curtain could be used if 1 wanted, ensuring 1's dignity and privacy were respected, being conscious of COPP section 1, 1.4 (2017) & Human Rights Act, (1998).

1 had previously expressed a desire to return home with family support. As a social worker, it was my duty to respect 1's wishes while ensuring their safety, and supporting their voice to be heard, acknowledging COPP Section 3, 3.2 (2017) and SSWBA (2014). The meeting aimed to update 1 and their family on 1's medical deterioration and revised discharge plan, explaining why 1's return home had to be postponed.

I focused on using clear, empathetic language to ensure the family understood the situation without overwhelming them. This approach aligned with the *Social Services and Well-being (Wales) Act 2014*, promoting person-centred care (SSWBA, 2014). I also remained mindful of 1's fluctuating capacity, reassessing their understanding throughout, as outlined in the MCA, (2015).

Word Count 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.

1300 (+/- 10%: include your actual word count at the end of each section).

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).

The observation was to discuss the deterioration of a pressure wound and newly found bone infection and how this affected the previous plan to discharge home as per Hospital policy. The Discharge to Recover then Assess (D2RA) is the Welsh Hospital Discharge Model introduced in 2018, based on the English model, with the addition of recovery principles (Welsh Gov, 2023) which is currently used by Local Health Board and Social Services to support patients to return home.

Reflecting on the communication methods used during my observation with 1, their family, and the hospital staff, it became clear that effective communication was essential to ensure that all parties could fully engage in the discharge planning process. Everyone involved had varying levels of understanding, cognitive abilities, and emotional responses, requiring a tailored approach to communication that respected their unique needs, including a family member with a hearing impairment. Throughout the process, I was mindful of relevant legislation, ethical frameworks, and professional standards, ensuring that the rights and wishes of 1 were respected and upheld.

I was also mindful that the Welsh Language (Wales) Measure (2011) was adhered to, ensuring that 1 had the option to communicate in Welsh (Welsh Government, 2020) either verbally or written. Local policy from Welsh Governments Strategic Framework for the Welsh Language in Health and Social Care "*More than just words*" sets out principles of the "*Active Offer*" and ensures that Welsh speakers receive the same opportunities as English speakers in accessing health and social care services. Although 1 and their family opted to communicate in English, offering this choice was essential in ensuring that their cultural and linguistic needs were respected.

Despite 1's fluctuating capacity, they consistently expressed a desire to return home, which upheld their right to autonomy under the Social Services and Well-being (Wales) Act (2014) (SSWBA). However, I had to balance 1's wishes with the practicalities of their ill-health and whether this could be managed at home, ensuring that their discharge plan was both safe and respectful of their expressed wishes.

Communicating with 1's family added another layer of complexity, as they had different communication needs. For instance, 2, 1's adult child, often became overwhelmed with too much information at once and which affected her retention of new information. 2 also had

difficulty with most of the medical jargon used on the ward. To address this, I simplified my language and broke down complex information into smaller, easier-to-understand chunks. This approach allowed 2 to better understand the situation and engage with the decision-making process.

Similarly, 4, 1's family member, who uses hearing aids, faced challenges in hearing conversations in the noisy hospital environment. I made sure to speak clearly and slowly to accommodate 4's needs, in line with the principle of inclusive communication. Thompson (2003) highlights the importance of adapting communication to meet the specific needs of individuals, especially in healthcare settings where stress and unfamiliarity can impair understanding. Ensuring that all family members were able to participate meaningfully was a key aspect of my role, as it aligned with the SSWBA (2014), which promotes person-centred care and active involvement of families in care decisions.

In addition to verbal communication, I also had to consider the needs of 5, 1's sister, who was unable to attend the meeting in person but was actively involved through email correspondence. As 5 is a retired district nurse with professional healthcare experience, it was crucial to provide her with more detailed and technical information as she had questions the family were unsure about asking. This contrasts with the approach I used for 2, 3, and 4, who required simpler explanations. The Care and Support Statutory Guidance (2018) stresses the importance of partnership working, ensuring that all relevant parties are fully informed and have the opportunity to contribute to care planning. By providing 5 with detailed information and keeping her updated via email, I ensured that her input was valued and integrated into the decision-making process, despite her absence.

Throughout this process, I employed various communication methods to ensure that 1 and their family could fully understand and participate in the discharge planning. Verbal communication played a central role, particularly when explaining complex medical and care-related information. Recognizing that medical jargon can be confusing, I made sure to use plain language and avoid technical terms when speaking with 2, 3, and 4. This was particularly important when discussing 1's bone infection and how it affected their care needs, as the complexity of the situation could easily overwhelm or confuse those without medical training. Trevethick (2014) emphasizes the need for social workers to simplify complex information without losing its meaning, which helps individuals feel more comfortable and confident in their decision-making. By using accessible language, I ensured that 1's family could engage with the process, ask questions, and ultimately make informed decisions.

Non-verbal communication was also crucial, particularly in my interactions with 1. I noticed that 1 responded better when I was physically close to them, making eye contact and using gentle touch, such as placing a hand on their arm, to provide reassurance. This form of non-verbal communication helped 1 feel more comfortable and more engaged in our conversations. Research by Argyle (2013) suggests that non-verbal cues, such as touch and proximity, can play a significant role in building trust and reducing anxiety, particularly in healthcare settings where individuals may feel vulnerable. In 1's case, these non-verbal gestures were essential in creating a supportive and calming environment, which facilitated better communication and engagement.

In addition to verbal and non-verbal communication, I also provided written information in the language of choice, ensuring that 1's family had all the details they needed to make informed decisions and could refer to this information at a later time. I provided two versions of the Continuing Health Care information (CHC): a simplified version for 2, 3, and 4, and a more detailed, medical version for 5. This approach ensured that all family members had access to the same core information but in a format that suited their individual levels of understanding. Providing information in different formats is a key aspect of effective communication in social work and healthcare settings (National Institute for Health and Care Excellence, 2021). By offering tailored written information, I ensured that the family could review the details at their own pace and ask any follow-up questions later if needed.

Humour also played a role in my communication with 1. Throughout our interactions, I noticed that 1 had a dry sense of humour, and by incorporating light humour into our conversations, I was able to create a more relaxed atmosphere. This helped ease 1's anxiety and made it easier for them to process the information I was sharing. Trevethick (2014) notes that humour, *"when used appropriately, can be an effective tool in building rapport and fostering a sense of trust between professionals and individuals"*. In 1's case, using humour helped to reduce the stress of discussing sensitive topics such as their delayed discharge and future care needs, making it easier for them to engage with the conversation.

Reflecting on the communication skills I used throughout this process, I believe they were appropriate and effective in meeting the needs of 1 and their family. Adapting my communication style for each individual ensured that everyone felt included and informed. This approach follows the ethical principles outlined in the Code of Ethics for Social Work (British Association of Social Workers, 2014), which emphasizes the importance of ensuring that individuals are fully involved in decision-making processes and that their rights are respected.

In conclusion, the communication methods I utilized during this observation were effective in ensuring that 1 and their family were fully informed about changes and concerns with the previous discharge plan and they were involved in the whole discharge planning process. By adapting my communication style to meet the specific needs of each individual, I was able to create an environment of trust and cooperation, which is crucial in complex care planning situations. The principles of person-centred care, as outlined in the Social Services and Well-being (Wales) Act 2014, were central to my approach, ensuring that 1's wishes and preferences were respected while also safeguarding their well-being. Ultimately, I believe that the communication strategies I used played a key role in facilitating a successful discharge planning process that respected 1's rights and ensured that their family had the support and information they needed to make informed decisions.

Word count 1404

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 the ward ready waiting for us when we arrived.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	The SW told us about someone 'watching' the meeting and remind us again before we started.
Were you clear why the social worker met with you today?	To give an update on the treatment plan by the Doctors and discuss what we were going to do moving forward.
How well prepared do you think the social worker was for his or her meeting with you?	The ward had not been keeping us update on what was happening but the SW was giving us regular updates so we knew what was going on.
How has the social worker listened to you and respected your views and wishes?	The SW had made an effort to speak to all of the family members and we feel that she has listened to everything we have to say.

Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	The SW has been 'very good' in the way that she has explained things so that we can all understand whats going on.
How has the social worker's involvement met your expectations for this visit?	Yes, 'she has been marvellous'.
Are there any other comments or suggestions that you would like to make?	The SW has been 'brilliant', 'very clear and concise'.