



**GRADUATE CERTIFICATE in Consolidation
of Social Work Practice
LEVEL 6 - 60 Credits
BMPF6044**

**LEARNER PORTFOLIO
(PORTH AGORED and UNIVERSITY OF WALES
TRINITY SAINT DAVID)**

Learner's name: Samantha Ashbrooke Robertson

Email address: samblackcrow@gmail.com

**Learner's University Registration Number:
2127092**

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: 26/04/2022

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).

Newly referred for an assessment of need under Social Services & Wellbeing (Wales) Act 2014 (SSWB(W)A) is individual (1) living alone in a small rural Welsh town. The Active Offer revealed 1 as a first-language English speaker. Son (2) and daughter-in-law (3) have been supporting 1 but have become overwhelmed by 1's behaviours and night-time needs. 2 has been cooking 1 two meals a day, with 2 and 3 providing increasing levels of domestic support.

I spoke to 2 and 3 about the referral. It was clear that they felt out of their depth and unable to cope with what they perceived as immense pressures upon them. 1 had been phoning them increasingly often in the evenings and at night. 1 threatened self-harm one evening to 2, 3 and a third party unless taken where 1 could be among people. In addition, 2 reported that 1 had been hallucinating. I requested a urine test for possible urinary tract infection (UTI). With 1's agreement, 2 arranged a 2-week private respite at a local residential home, a few days later. I agreed with 1 that I would see them there.

The night before 1 was due to go for respite there was another episode of hallucinations. The home would not admit 1 as a result. I found an alternative home, however 1 was upset at the

change of venue. A urine dip the next day showed the beginning of a UTI so I could not assess until that was resolved, 12 days later. In the meantime, the manager reported aggressive and violent behaviours by 1, including attacks on staff.

I arranged with the manager and with 2 for them to ask 1 if I could visit at the home and be accompanied by my assessor. Both reported back that 1 agreed. 1 has been reportedly at their best in the mornings, so I timed my visit for 10am, once morning activities had settled down.

322 words

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 arrival at the residential home, I followed infection protocol.

On meeting 1, I checked that it was still acceptable for my colleague (4) to observe me, confirming that confidentiality would be respected. 1 agreed and chose to meet in their room, where they chose a seat. I respectfully asked where 1 would like us to sit and if I could open the curtains so that we could see each other. 1 asked me to remove my face mask as 1 couldn't understand me well, which I did. These measures put 1 in control of the setting and optimised physical conditions for successful communication.

I began by confirming that 1 speaks no Welsh. I asked if 1 was happy to speak English for our discussion, as I knew that 1 had been living abroad for many years. English is 1's first language, but 1 also spoke Swiss German fluently. I said, in High German, that my German was 'rusty', so I would prefer English, which made 1 laugh and relax. Engaging a person in a way that inspires trust and confidence is key to The Code of Professional Practice for Social Care (2017) (CoPP) section 2. I felt that this was a good beginning.

In addition to consideration of the More Than Just Words Strategic Framework (2012) and Active Offer to facilitate improved communication, I was concerned that nuance and feeling can be lost in translation and that 1's cognitive difficulties could impact communication further. 1 was experiencing strong emotions that I needed to comprehend contextually. 1 had some difficulty putting thoughts into words, finding direct questions confusing and problematic. I assured 1 that I was the most interested in 1's opinions, and wanted to understand what 1 thought should happen next. I was keen to convey that 1's views were important to me, but also to take pressure off 1 to make themselves clear by making understanding *my* responsibility. I wanted to understand what 1's experience had been of the care home, 1's perception of the situation when 1 was at home and what 1 thought should happen next. (CoPP1) Smale et al's (1993) 'Exchange' Model of assessment empowers the individual as the expert on themselves. I already had information from others focusing on 'problems'; ensuring that 1 felt able to fully contribute to the discussion would promote my understanding of 1's strengths, thoughts and wishes, and as Postle (2014, p329) states, offer more holistic and individualistic assessment.

I was aware that the situation was a difficult one. There were only 2 days left of the agreed respite period, and the home manager was concerned about the impact on staff and residents of 1's aggressive behaviour. 2 and 3 had been overwhelmed beforehand, and I had been unable to reach them in the previous week. I suspected that they would refuse to support if 1 went home, and with no package of care in place, that would put 1 at significant

risk of neglect, quite apart from high mental health needs and associated risks that domiciliary care staff are not trained to meet. With one failed placement before support began, and a second failing, I had grave concerns about how any other appropriate placement could be sourced. The psychiatrist had prescribed PRN Diazepam for use during escalations, and had asked the home to complete behaviour charts, as there was no mental health assessment unit bed available. I contacted the mental health team to discuss this approach, as I was concerned that this approach did not meet 1's need for expert assessment and put others at risk from aggressive behaviours (CoPP3 & 4), however this prompted immediate withdrawal of support by that team. This meant that (inappropriately) the onus of finding a safe, secure environment for 1 during a mental health crisis would be on Social Services. I was aware of the time limitations of finding solutions that could meet 1's needs and preferences, and of assessment under these circumstances. I felt pressured, but felt it important that my own agenda was not imposed on 1, so I needed to be calm and allow the discussion to develop in its own time.

In retrospect, I think I managed that quite well, partly because I gave us both time to think things through before speaking. I was conscious of using OARS as much as possible. Open suggestions, rather than questions, given 1's previous statement, affirmation around 1's right to choose and be heard, reflection (this was needed often to ensure I was understanding correctly, as I needed to clarify some of what was expressed), which 1 appeared to appreciate, and summarising at the end of each subject discussion. I had the impression that this approach was helpful for both of us, as it ensured that we were both clear about the things we had talked about.

With some clarification on my part, I was able to ascertain that 1 was deeply unhappy about the change of venue for the respite. 1 attributed their disruptive behaviour to this unhappiness, although they could or would not acknowledge that it had put staff and other residents and therefore the placement at risk. Because of the sensitive nature of the issue, it had not been explained to 1 why the manager of the original care home had refused admission. I encouraged 1 to consider other options, and suggested that we could arrange a trial period so that 1 could see what their preferred home is like and if it is suitable for longer term support, which 1 was relieved to hear and agreed to.

I noted that 1 lacked some insight into surroundings and people that could affect their perception of an appropriate residence and of their care and support. I felt this element would need to be monitored and potentially addressed as the mental health crisis and infection could be affecting this.

This led naturally to a discussion about how things were when 1 was at home. 1 felt that “everything should be done for” them, and that family have a duty to support fully, however on discussing the reality of this expectation when family work full time, 1 recognised that this expectation could not be met. After further discussion 1 acknowledged that they would continue to be anxious and worried at home, and unable to manage even with care calls, as 1 is at high risk of self-neglect when alone. This made 1 happier about the decision to try one of the other care homes, as 1 recognised that having 24/7 support would be helpful for 1 in managing distress. 1 expressed some determination to “do what I can for myself”, which to them meant personal care. I thought that encouragement to develop a sense of purpose

and pride in undertaking other aspects of self-care could be valuable to 1's longer-term sense of well-being.

Although the meeting went on longer than was perhaps optimal for 1's concentration span, 1 was clearly much more comfortable about the things that had been of concern to them by the conclusion of our conversation. We were able to build a rapport and means of communication relatively quickly, despite 1's difficulties around verbal self-expression (CoPP2). 1 had been able to obtain information and use it to consider their wishes, then have those wishes acted upon. In the end we agreed that I would arrange for the respite to continue under Social Services' aegis while I found another placement at 1's preferred home (CoPP5). This formed the basis for assessment and care plan documentation.

Overall, I feel that this was a positive piece of work that promoted 1's voice, wishes and feelings and put 1 in control of the conversation and the agenda, while acknowledging that there were potential risks to them and to others, including staff (CoPP4).

1299 words

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?	(Observed at the beginning of the discussion rather than as feedback) Yes, my son just told me they were coming and there they were! Another lady here (the manager) also asked if I was happy see her before that.
Did the social worker get your permission in advance for the observer to be present? Did they explain why they were being observed?	(Not directly expressed – SW gained permission through the home manager, who spoke directly to the service user and relayed permission back. SU's son also spoke to SU about the visit, and that the SW would be observed, SU stated acceptance of this to the son. This was also then relayed back to the SW)
Were you clear why the social worker met with you today?	SW explained clearly why they were visiting and the service user appeared to understand and accept this.
How well prepared do you think the social worker was for his or her meeting with you?	(No feedback given)
How has the social worker listened to you and respected your views and wishes?	Feedback information given by assessor: I spoke alone with the service user immediately after the observed practice. I offered to revisit or phone later if they would prefer. They however were keen to tell me that they find SW to be "very good, excellent". I asked if they could expand in this a little and they continue by stating that they find SW to be approachable, open, very friendly, and easy to talk to. They found that they could open up to them more than they felt able to do with some of the other professionals that have recently visited. The person also said that SW did not rush them or finish their sentences which other people tend to do if they cannot find the words they want to use straight

	away. They also felt SW listened to their wishes and would respect their decision that they did not want their son and his wife to be making decisions on their behalf even if their son thought he was making a kindly decision for them.
Did the social worker talk to you in a way that you understood? Did the social worker consider your language needs?	They find SW to be approachable, open, very friendly, and easy to talk to. They found that they could open up to SW more than they felt able to do with some of the other professionals that have recently visited. The person also said that SW did not rush them or finish their sentences which other people tend to do if they cannot find the words they want to use straight away.
How has the social worker's involvement met your expectations for this visit?	(Not expressed)
Are there any other comments or suggestions that you would like to make?	