Matters of the mind and heart: the emotional experience of assessing mental capacity as a social worker

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Abstract

This thesis reports on a psychosocial practice-near research project exploring the social worker's emotional experience when assessing mental capacity under the Mental Capacity Act (2005). There is existing research into how mental capacity is assessed, including by social workers practicing in a range of health and social care settings. However, there is a lack of work exploring the professional's emotional experience whilst assessing. This thesis reports on research combining two methods to examine this. First, it reports on a critical autoethnography of social work practice in local authority rough sleeping provision. This autoethnographic analysis foregrounds the epistemological demands inherent to assessing capacity, and dimensions of physical and gendered personal experience and intersubjective encounters during assessment. Second, the thesis uses these autoethnographic findings to inform an interview-based exploration of the experiences of six social workers who assess mental capacity in their everyday practice. The interview-based exploration further evidences insights from the autoethnographic analysis, particularly regarding the emotional toll of accomplishing 'good' decisions. The thesis contributes to the field of social work in two ways: first, by illustrating how autoethnographic and narrative methods can be used together in the service of practitioner research which attends directly to the complexity of practice experience; and second, by articulating a more nuanced understanding of the emotional experience of the social worker assessing mental capacity as socially situated and embodied in nature. The thesis concludes by addressing the ethical imperative of integrating considerations of professional experience of assessing mental capacity and the experiences of individuals subject to these assessments, i.e., through collaborative autoethnography. Such integration means taking seriously the significance of intersubjective processes in assessments whilst affording opportunities to unsettle prevailing assumptions regarding the primacy of professional expertise in understanding practice in this area.

Key words: autoethnography, emotional experience, mental capacity, psychosocial research, social work, social work assessment, the Mental Capacity Act (2005)

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Chapter 1: Introduction

Introduction

In her reimagining of the meaning of freedom, Nelson (2021, p.11) refers to persons who:

> Instinctively spurn moralistic edicts set forth by others; some find - or are forced to find - solace or sustenance, in nomadism, cosmic hoboism, unpredictable or uncouth identifications, illegible acts of disobedience, homelessness, or exile than in a place called Home.

As I read this quotation, I found myself wondering about the social worker urgently trying to visit the "cosmic hobo…" (ibid.) that Nelson speaks of. I think of the questions from the housing worker, or the hostel worker, the probation worker, the nurse, all desperately asking why the person continues to perform these "illegible acts of disobedience" (ibid.). It is not the focus of Nelson's inquiry, but her description prompts me to consider what responsibility do we have to monitor and manage the decisions a person is making, particularly when this person spurns social norms and makes choices that could result in harm, but could also result in a life well lived (whatever that means), free from constraint.

With the introduction of the Mental Capacity Act (2005) (*MCA 2005*) of England and Wales and the Code of Practice, what had previously been disjointed approaches to mental capacity was formalised in England and Wales. The *MCA 2005* is the first piece of law of its kind in England and Wales: it provides a legislative framework that defines what it means to have the mental capacity to make a decision, and the subsequent actions that should be taken following this assessment. Assessments of mental capacity comprise a large part of the work of social workers in adult social care; to differing degrees the *MCA 2005* informs the work whether the social worker is explicitly completing an assessment of a person's mental capacity or not (Social Care Institute for Excellence, 2022).

The decisions made by the figure (Nelson, 2021, p.11) describes to “find”, to “forgo”, to “spurn” could all, to use the language of the *MCA 2005*, be considered unwise from the perspective of other people. However, at a certain point the social worker receiving a referral for Nelson’s spectre will likely be thinking to themselves: does this person have the mental capacity to make these decisions, and is it in their best interests to “anchor” (ibid.) them to something, say, accommodation, an admission to hospital, someone to manage their finances? I have been the social worker receiving this referral many times. This is the motivation for this research. The research will explore the emotional life of the assessor that until now has not been the focus of research in this area.

This introductory chapter explains why, how, and what this research project is and the contribution it makes to current understanding of how social workers complete assessments of mental capacity.

The Mental Capacity Act (2005)

A definition of “capacity” cannot be found in the *MCA 2005* itself. Instead, what this means is characterised by highlighting what it means to lack it. Specifically,

> a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. (Mental Capacity Act, 2005, p.2)

In the current *MCA 2005* Code of Practice (2007) the assessment of capacity is comprised of the diagnostic test (confirming the impairment of mind or brain) and the functional test (establishing that individual is not able to make a decision), and lastly establishing the “causative nexus” (the link between the diagnostic and functional test) (ibid.). “Ability” is further delineated by four components: understanding, retaining, weighing up or using, and communicating the information specific to the decision being assessed (ibid). Of note, caselaw has established that these two tests should be switched in order (A local authority

v JB, 2021), contradicting the Code of Practice (2007). If a person is unable to demonstrate one of these four components when making a decision, and this is caused by an impairment of the mind or brain, then they are considered to lack the mental capacity to make the decision.

If someone is assessed as lacking capacity in relation to a decision, then the decision is made in their "best interests" by a "decision maker" (ibid.). The *MCA 2005* gives a checklist which stipulates that the person's past wishes, values and beliefs, among other factors, need to be considered when making a best interests decision. The Act itself provides a legal defence to practitioners, meaning if the decision can be considered a "section 5 act" then the practitioner cannot be held liable for an intervention made in someone's best interests (ibid, p.7).

I use the *MCA 2005* in my practice as a social worker daily. The spectrum of intervention is determined by what is proportionate based on my interaction with the person and the nature of the decision, as well as management direction, and the views of the person's family and other professionals they are working with. The level of input, scrutiny, and paperwork increases if the decision is made to take the case to the Court of Protection, or if there are complex safeguarding matters involved. I have provided an example of an assessment of a service users mental capacity to make a decision to accept accommodation in Appendix A. This assessment is based on an amalgamation of different assessments I have completed, Mr X is not a real person.

Developing a research question

This research project is practice-near research: I am both a researcher and a practicing social worker. My own experience assessing mental capacity as a social worker and what I took from this was the primary motivation for the research. For me, the existing analysis of how mental capacity is assessed, i.e., published research on the topic, lacked the perspective of a researcher who regularly assesses mental capacity. I decided this is a gap in the existing

research that I could help to remedy. McDermott (2025, p. 276) suggests that social workers are "essentially practical people": for better or for worse we see problems and we want to fix them. This may not be true for all social workers, but I suspect it is true for me.

Although there have been numerous studies on how practitioners use the *MCA 2005* (Hinsliff-Smith *et al.*, 2017; Clerk *et al.*, 2018; Jayes, 2019; Ariyo *et al.*, 2021), the emotional experience of assessment has not yet been the focus of research into how mental capacity is assessed. Yet, I have found in my own practice as a social worker that my emotional experience is intrinsic to the delivery and outcome whenever I set out to assess mental capacity.

The research question for this project evolved over time. When I began my doctoral studies, I wanted to complete research that included the perspectives of people who have experienced assessments of their mental capacity, as well as the professionals who carry out the assessments. The experiences of the person being assessed have been featured in a small number of studies in which the authors have considered the *MCA 2005* and its use (Wilson *et al.*, 2017). However, it was not possible to include the experience of the person being assessed in the research reported on in this thesis due to limited time and resources, though it is an area I am keen to revisit in future research endeavours. As argued throughout this thesis, considering the emotions of the assessor can also tell us about the emotional experience of the person being assessed, as both emotions and assessment are inherently relational. However, this can only achieve so much: I argue in this thesis that future research into how mental capacity is assessed should include the perspectives of everyone involved in the assessment, both the service user and the social worker. This can be achieved through taking a collaborative approach to research.

It is important to distinguish the ways the *MCA 2005* is considered in court and case law, from the day-to-day process of assessing mental capacity. Though the two are intrinsically linked, this research project focuses on, what Cooper (2009, p. 432) calls, the "smell of the

real" in social work practice. Case law from the Court of Protection is referenced, but this project is concerned with the process of assessment for the social worker as a "street-level bureaucrat" (Lipsky, 2010, p.3), rather than cases taken to the Court of Protection and the ruling of the judge. This thesis is concerned with the day-to-day of assessment; the ways assessment is performed and created in the interactions social workers have with the people they work with.

The research question is: what is the emotional experience of social workers when assessing mental capacity? This question is intentionally broad and non-prescriptive; it aims to enable a narrative approach which facilitates social workers exploring their emotional experience in their own words. A further question explored in this thesis is methodological: how can autoethnography and practice-near research can be used to explore social workers' emotional experiences of assessing mental capacity? An aim of this question is to consider how autoethnography can be used as a method of practice-near research.

Focusing on emotional experience of assessment moves beyond taken for granted understanding that an assessment of mental capacity can be based on evidence (Rogers and Bright, 2019), or rather we just need to look at the criteria outlined in the *MCA 2005* to come to a decision regarding mental capacity as indicated in the dominant discourse around mental capacity (SCIE, 2022). This project is focused on normative assumptions inherent to the use of *MCA 2005* (Rogers and Bright, 2019; Clough, 2021) by considering the emotional currents that social worker's find pushing and pulling us whilst trying to provide a conclusion to an assessment of a person's mental capacity.

Research methods

This research project uses qualitative research methods to explore emotional experience and the meaning attributed to such experiences (McCoyd and Shdaimah, 2007; Denzin and

Lincoln, 2008). This research project uses two qualitative research methods: an autoethnographic analysis of my experience as a social worker assessing mental capacity and in-depth interviews with other social workers about their experiences of the topic. The findings from these chapters are then considered together to suggest an answer to the research question and make an argument regarding social workers' emotional experience of assessments of mental capacity.

The research reported on in this thesis can be seen as an example of practice-near research (Cooper, 2009; McDermott, 2025). Practice-near research is a unique way of exploring a research topic; the research question is developed by a researcher in practice enabling a bottom-up production of knowledge (Uggerhøj, 2011; Joubert *et al.*, 2023). It has been argued that practice-near research can offer a significant contribution to academic understanding in social work (Lunt and Shaw, 2017), through the unique relationship between researcher and object of study (Cooper, 2009; Froggett, Ramvi, and Davis, 2015).

Autoethnography is a term that represents a family of research methods in which the author is an ethnographer of their own experience. That is to say, the author looks at how they are engaging with the world around them to provide insights into a phenomena in which they are experiencing first-hand (Ellis, Adams, and Bochner, 2011). As discussed, in the current research literature, autoethnography has not yet been used to explore the experience of social workers assessing mental capacity. However, it has been argued that autoethnography has much to offer social work research due to the "narrative portal" (Witkin, 2022, p.28) it affords through which lesser-heard or understood experiences of social life can be explored. The research project reported in this thesis provides further evidence of how autoethnography is a viable approach for social work research, particularly for exploring the process of assessment, and offers insights into experiences of the practicing social worker and other mental health professionals (Witkin, 2014; Carson, 2022).

Though autoethnography may be represented a self-indulgent method of research (Collinson and Hockey, 2005), an alternative perspective is also possible. A deep consideration of the researchers own relationship with the object of study is at risk of becoming narcissistic due to the focus on the self (Wacquant and Bourdieu, 1992), but taking this risk can provide vulnerable inquiry into the experiences of the author. This is of value to deepening understanding of a phenomena, that may be harder to capture via interviews or other methods (Adams and Hermann, 2023). Social work, in many ways, offers a refraction of wider social and economic concerns; social workers witness at the street-level (Evans and Harris, 2004; Lipsky, 2010) structural constraints and structural violence. Autoethnography provides a medium to capture these experiences.

From the autoethnographic analysis, an interview schedule was developed and then used to interview six social worker participants on their emotional experience of assessing mental capacity. Themes developed in the autoethnographic analysis were used to inform the interview schedule, which were designed to attempt to elicit an in-depth narrative exploration of participant experience. An in-depth narrative approach was used to explore the emotional experience of participants (Muylaert *et al.*, 2014). A narrative approach enables participants to construct their own story from meaningful memories of how they do their work and how they feel doing it (Polkinghorne, 1995) which the researcher then explores with the participant by focusing on the narrative they provide (Anderson & Kirkpatrick, 2015).

Study contribution

This research project offers an in-depth analysis of the social work practitioner's experience of assessing mental capacity, and the complicated challenges they face, whilst also acknowledging the satisfying and triumphant moments in the work. It offers an insight into experiences of social work, an offering of practice-near research, that is much more challenging

to realise when studied from 'outside' the profession (Cooper, 2009). Practitioner researchers instead sit on the margins of both practice and research: offering a unique vantage point from which to study the subject of research (Shaw and Lunt, 2012).

This research provides an example of how autoethnography can be used in social work research, especially practice-near research. It is argued that autoethnography is a valuable way to explore the matter of assessment in social work, and is particularly relevant in the study and critical consideration of assessments of mental capacity which can be a complicated and fraught experience for those involved in the assessment. Currently, autoethnography has not been regularly used in social work research or practice-near research, particularly in a British context (Carson, 2022). This study aims to showcase the ways in which adopting autoethnography can offer novel and rich insights that can be achieved by giving health and social care professionals space to think about how they feel through the data gathered and analysed.

Furthermore, this thesis and the research project it reports on contributes to the existing literature looking at the *MCA 2005* and how it is applied in practice. It highlights the importance of considering the emotional experience of assessment, and further explores the emotional experiences of the author and participants interviewed.

The theoretical underpinnings of the research

In considering experiences of assessing mental capacity, through specifically focusing on emotional experience, this research aligns with the philosophical tradition of critical realism (see, e.g., Bhaskar *et al.*, 2001; Pilgrim, 2014). For this tradition, the assumption would be that research is a process of making observations at the empirical level that can hint at generative mechanisms occurring at the causal level (Fletcher, 2017). To extrapolate the work of Houston and Swords (2022, p.349), for social workers, this entails that research becomes an "informed guess". Moreover, this research does not position emotional experience as discrete phenomena

that can be studied in isolation; rather, maintains a psychosocial perspective of emotions as the embodied and psychic experience of relational dynamics (Music, 1985; Hollway, 2009, Clarke and Hogget, 2019).

In the research reported on in this thesis, there are theoretical lenses that are used to understand my practice experience. There are also theories used to gather and analyse the data produced from the research. Specifically, I have adopted an eclectic approach to the theory and bodies of research that I draw on to understand the data I am gathering. This perhaps reflects an appreciation of psychoanalytic ideas but also a wariness of adopting these strictly when my first-hand experience and social work training points to other forms of understanding as being equally useful. I feel a nervousness around the different theoretical lenses used in this thesis: managing these different theoretical threads is a challenge and could become unruly.

I attempt to use different theories to offer a robust account of emotional experience: though this thesis is not a sociological account or emotions nor a psychoanalytic exegesis. This thesis is practice-near research (Cooper, 2009; Uggerhøj, 2011; Joubert *et al.*, 2023): it uses these theories to explore the emotional experience of the social worker, first and foremost. Using a psychosocial framework to inform a piece of practice-near social work research offers the tools to explore an understanding of the self and others situated in power relations and social hierarchies (Frost, 2015; Frosh, 2019). The research reported on in this thesis considers the experience of social workers as witnesses, subjects, and enablers of oppressive social systems, including racism, sexism, ableism and other forms of violence and marginalisation. This is a strength of using psychosocial studies to understand data gathered in this research. Due to its transdisciplinary nature other lenses for understanding experience, such as critical theories, can also be utilised to enhance a psychosocial perspective rather than dilute the research generated (Frost, 2019).

Understanding emotions

In this thesis, emotions are considered social and relational experiences (Ahmed, 2014). They cannot be situated in the individual alone. The implications for an assessment are widespread. The emotional and affective experience of the social worker is intrinsic to that of the person they are assessing, and vice versa. Through this understanding of emotions, assessing mental capacity is a relational process (Kong, 2017). Ahmed (2014) argues that the question is not whether emotions are something internal to us that are then externalised, or if emotions are external cues internalised. Rather, it is how we respond to emotions that creates the boundary between the social and the psychic, between the 'I' and the 'we'. Emotions create the internal and the external. Ahmed's (2014) understanding of the impressionability of emotions is particularly useful. Ahmed (2014) stresses the importance of the 'press' in 'impression' to illustrate the numerous ways that experience of emotion leaves marks and traces, with one surface impressing on another and vice versa. Emotions, according to Ahmed (2014), are of the individual and the collective, making them crucial to understanding wider culture and popular ideology. Ahmed's (2014) argues that the repetitive impressions of emotions on the surfaces of bodies generate social alliances, which in turn create the marginalised "other". Ahmed (2014) links this to how groups organise around specific ideologies, such as nationalism and racism. Ahmed's (2014) analysis is particularly helpful in understanding the *MCA 2005, the* assessment scenario becomes defined by the authoritative assessor in opposition to the passive person being assessed. The assessment becomes a series of impressions left on the person completing the assessment, rather than an objective exercise of them discovering a truth about the person being assessed.

Emotions are narrativized, they are a personal interpretation of experience which we can label, whereas affect, on the other hand, is "energetics that does not necessarily emerge at the level of signification" (Edbaur Rice, 2008, p. 201). Affect is physiological, at times

unnoticeable to us though crucial to how we experience the world. For the purposes of this thesis, I am interested in both, but inevitably emotions take precedence due to the nature of asking myself and others to recall events in the past. Though, I am also interested in attempting to understand affective experience of assessment. In the analysis, I push myself to recall the visceral and somatic experiences. Psychoanalytic ideas consider the unconscious experience, which are useful when trying to understand our 'gut feelings' (both what we feel in our gut, and what we instinctually feel in the context of psychic dynamics).

Theory for gathering and analysing data produced from research

Through a psychosocial lens, the product of practice-near research is useful not just in its findings, but through the process of research and the interpersonal experience of those involved resulting from the researcher drawing on their own personal and professional experiences (Cooper, 2009). Psychosocial studies comprise a transdisciplinary field of research directly concerned with "the density and autonomy of both psychic and social life" (Redman, 2016, p. 82).

Frosh (2019, p.2) articulates two "commitments" of psychosocial studies: the first being reflexivity and the second, ethics. Reflexivity acknowledges how the researcher produces the knowledge, rather than unearthing pre-existing phenomena. The researcher is thus making meaning, and their presence in the research is subjective rather than impartial or isolated from the topic of study. Ethical commitments are then concerned with how this relationship between the researcher and the other is managed and expressed. This provides space for how psychosocial studies can be a "progressive mode of thought" that critiques oppression and authoritarianism, drawing on critical theories such feminist critique and decolonial studies in order to achieve this (ibid.).

Psychoanalytic ideas have been influential on the research reported on in this thesis, in particular the role of Kleinian psychoanalysis in psychosocial studies (Redman, 2016). Psychoanalysis has influenced both how I navigate practice, and how I have analysed the data collected in the in-depth narrative interviews. These concepts are worth defining here to provide context for how I will understand the encounter between social worker and client, and researcher and participant.

A foundational concept when considering how a social worker and client relate to one another and experience emotion is that of projection (Preston-Shoot and Agass, 1990). Projection describes the psychic insertion of internal impulses into others and the external world, whereas introjection entails absorption of external material internally (Fairbairn, 1941) In turn, the person receiving these projections can be called the container (Bion, 1962). The container holds and manages these received emotions, and ideally can help the originator by making these emotions more tolerable when they are returned (Cooper, 2018).

Projective identification occurs when these projected impulses, such as unwanted emotions, come to represent the individual they have been projected onto; the person is then identified as unwanted (Bion, 1962). Countertransference is the experience of receiving this projective identification, typically by a therapist though this has also been applied to social workers (Gibbons, Murphy, and Joseph, 2011). On meeting a client in a distressing situation, the worker comes to internalise these transferred emotions, leading the worker to experience anxiety and distress (Hinshelwood, 1991).

A Kleinian understanding of ego structure can be used to further understand these dynamics between social worker and client (Frosh, 1987). In brief, Klein (1946) argued in early infant development that the ego projects unwanted and idealistic phantasies onto an ‘object’; this object is split into the ‘good’ and the ‘bad’ object, the latter harbours the unwanted emotions expelled from the ego (Klein, 1946). This constitutes the paranoid-schizoid position

which forms the infant's ego structure up until the infant is around three months old, but remains a potential position throughout life (Klein, 1946).

In a paranoid-schizoid position, splitting occurs, where unwanted impulses are projected onto an object, most likely a person. These unwanted feelings can then be avoided and externalised (Roth, 2001). The depressive position in contrast entails a capacity to tolerate these unwanted emotions, through an integration of the good and bad object (Roth, 2001). This results in a psychic shift from a defence against unwanted emotions to an acknowledgement of the 'good' and 'bad' aspects of the single object and the wanted and unwanted emotions previously projected onto the object (Roth, 2001).

When considering how psychoanalytic concepts can be used to understand the research encounter authors differ in their approach and formulation of the psychosocial (Redman, 2016). These conflicting perspectives congregate mainly around three concerns: the extent to which the field should rely on psychoanalytic concepts (Hoggett, 2015), the split or enmeshment of the psychic and the social (Frosh, 2003), and how knowledge can be produced when researching the psychosocial (Rustin, 1998). Though such tensions can result in a lack of cohesivity, these tensions are also a site of creativity and knowledge production (Redman, 2016).

Within this research project, psychoanalytic concepts are used as a method of knowledge production, but not exclusively. There is an assumption that the interaction between researcher and participant involves an intersubjective unconscious experience (Hollway and Jefferson, 2008; 2012). Both researcher and participant are defended as they engage in attempts to protect themselves and suppress anxiety provoked from contact with the external world (Hollway and Jefferson, 2008; 2012). This entails that part of psychosocial research is being circumspect when it comes to the narratives a participant provides about their experience, but also the researcher's own interpretation of the interaction.

A criticism of considering the participant and researcher as defended subjects is the top-down analysis it imposes, with the 'expert' forcing an analytic frame onto the participant (Frosh and Emerson, 2005). This echoes the accusation heard elsewhere in this thesis in the context of assessment, and the epistemic injustice (Fricker, 2007) of the social worker being positioned as having superior knowledge of the person's situation than the person has themselves (Lee, 2022a).

When attempting to research "beneath the surface" (Clarke and Hoggett, 2019, p.2) it is not just the "surface" (ibid) of the participant, but also the researcher, and the relationship established, that is a point of inquiry. There are parts of our subjective experience that remain elusive, hidden, ignored. This research attempts to navigate this with a degree of cynicism regarding the surface-level of the research encounter, whilst also acknowledging the way this can impose rather than allow for understanding, and the power imbalance this occurs within (Frosh and Emerson, 2005).

Theory for navigating practice experience

The psychoanalytic ideas discussed here offer a way to understand the research encounter, as well as the daily practice of a social worker. Considering how we understand the role of intrapsychic forces in experiences of oppression and social disadvantage is a key concern of applying psychoanalytic concepts in the context of social work assessment (Rasmussen & Salhani, 2010). When a person is assessed under the *MCA 2005* the experience is shaped by social, spatial, and material conditions that the assessment takes place within, and that the person has inhabited throughout their life (Clough, 2021). A lack of attention to the emotional and relational experience of assessment can mean the person being assessed is perceived as the sum of their experiences of oppression and disadvantage, rather than inhabiting

what Hoggett (2001, p. 37) describes as the "passionate, tragic and contradictory dimensions of human experience."

Furthermore, this thesis draws on a psychosocial understanding of service-function, in particular the work of Scanlon and Adlam (2022). These authors do not consider the *MCA 2005* in their work, but I believe their description of service responses can be translated to this context. The 'in-group'. or people making 'wise' decisions, must deal with the 'out-group'. the people making 'unwise' decisions. The 'unwise' decision is perceived as obstructive, and therefore the 'out-group' is either forcibly treated (decisions made in the person's best interests) or dismissed (no further support offered as the person has capacity to make the decision). Scanlon and Adlam (2022) explain that services can act on one of two impulses to exclude or to force the person to comply. Scanlon and Adlam (2022) identify this dynamic as fundamentally flawed and harmful. They argue that racist notions of the "irrational other" provided the justification for the subjugation of some ways of living, and consequently the West forced others through colonial regimes to follow the proper order that a "civilised" society. They argue this safe logic is relied on when the 'in-group' are faced with the unruly 'out-group'.

When a persons' mental capacity to make a decision is assessed, it is implied that there are ways of obtaining and using knowledge that are superior to others (de Sousa Santos, 2016), and that the assessor has a knowledge of the person's decision making that is superior to the person's own (Fricker, 2007; Lee, 2022a). The assessment can also become a site of tension, between the objectivity expected of the assessor by managers and the discretion, creativity, and doubt of the assessor, what Hardesty (2015, p.455) describes as "epistemological binds". I believe it is possible to further translate Scanlon and Adlam (2022)'s work to the assessment context when we consider the ways workers navigate these "epistemological binds" and are "sucked" into particular positions. These could be stances of defiance, helpless, laziness, when

faced with the intense pain of the person they are assessing who exist within retraumatising systems of care.

A tension present throughout this thesis is a conflict between the critique of the problematic epistemological demands of the *MCA 2005*, despite my experience and that of participants interviewed of witnessing how using the *MCA 2005* can result in meaningful change for the person assessed, as reported by the person themselves.

Having used the *MCA 2005* extensively in my own work, I come to this thesis with, what I believe to be, a healthy scepticism of the way we assess mental capacity. This scepticism has been fostered by reading the work of Clough (2021) and their argument regarding the flaws of the *MCA 2005* and the normative assumptions it relies upon. Clough's work is considered in more depth throughout this thesis, but her challenge to the *MCA 2005* has been crucial in the development of my thinking. Furthermore, Mad Studies (Le François, Menzies and Reaume, 2013; Beresford, 2020; Beresford and Russo, 2021) and Neurodiversity Studies (Rosqvist, Chown, and Stenning, 2020) have also been fundamental to my approach to understanding how I practice (and my experience of practice) and the use of professional power in mental health work. Though from a review of the literature Mad Studies has not directly grappled with the *MCA 2005*, the critique of the structural violence of state-institutions is applicable to the *MCA 2005* and informed my thinking on the role legislation plays in legitimising state intervention.

My positioning

I want to articulate my positioning within this research (Finlay, 2002) and offer my ideas as to how this has impacted the process of research. It is important that I show the reader the values, beliefs, and opinions I bring to this research, which may align or depart from their own. I came to a career in social work after studying psychology as an undergraduate at the University of Cambridge. I had a lot of fun at University, but inside the lecture hall or

supervision room my memory of this time was of not being clever enough, or to put it another way, I typically felt like the person in the room that knew the least. Seeking a professional vocation where I could work with people, I studied social work through a funded graduate entry scheme. While this training also had its challenges, I felt less out of place than I did at Cambridge and appreciated for what I might be able to offer as a professional, in compassion and patience, rather than would solely be measured by grades and academic success. And yet, in completing my social work training, I became increasingly interested in research after completing a modest exploratory project as part of the masters course.

The research completed in this thesis was mostly carried out whilst I was practicing in a Rough Sleeping and Homelessness service in a local authority. However, the write up took place after I had moved roles to an NHS hospital setting. In my new role, I observe daily the ways professionals embrace and avoid using the *MCA 2005.*

Looking back at the autoethnographic analysis now that I am no longer in that role has been strange. I believe completing the autoethnographic analysis was very beneficial to me as I carried out that work, but I suspect my decision to leave the role was partly prompted by the realisations I had completing the autoethnography.

As I consider how to explain my positioning at the start of this research thesis, I find myself coming back to what I would want someone to know if they were assessing my mental capacity to make a decision. This fantasy tells me something about my anxiety of being examined (Froggett and Hollway, 2010); the reader considering my thesis becomes an assessor of my knowledge and abilities, like an assessment of mental capacity. I find myself wondering what I would want to say to someone if they were to assess my mental capacity:

First, I know I do not make decisions in isolation. No matter what the *MCA 2005* says, I just do not think I do. I do not really know what an interest rate is. If you want me to make a decision about anything financial then there is no point trying without my wife patiently

explaining to me how it all works. I likely will not listen to you, I only just about tolerate listening to her.

Second, on the topic of my wife, for a long time the decision to be queer was considered pathological (Drescher, 2015) or, at least, unwise if one wanted an uncomplicated life (Blasius *et al.*, 2013). The social context and subsequent legal condemnation of the decisions we make have changed over time. I was allowed by law to make the decision to marry my wife in 2014. I am inherently suspicious of the decisions the law permits me (or does not permit me) to make, and I bring this to my perspective on the *MCA 2005.*

I grew up white, middle-class, and queer in England. My privileges mean a lot of decisions are available to me that are not to others, or at least, are presented in much more accessible ways that I have had to work less hard for. The fact I am white is entwined with everything I do, and everything others do to me. My interactions with the law and state-institutions are less dangerous (Omonira, 2014) than if I was not white, and this has implications what I represent when I meet clients and assess their needs.

These challenges I put to the hypothetical person assessing my capacity capture some of my anxiety around the assumption that I am qualified to assess another person's mental capacity to make a decision. I approach the process of assessing mental capacity from a place of uncertainty. However, I also feel keenly the tension that though I am wary of my assumed expertise in the area, I also do not think inaction is an option. This is due to my sense of responsibility to my community and other human beings, and from my own experiences of seeing how intervention can result in joy, change, and safety. I acknowledge these are all loaded terms. This compels me in my work as a social worker, a practitioner that is always walking the line between cynicism and idealism.

Structure of the thesis

This thesis deviates from the conventional introduction-methods-findings-discussion-conclusion format owing to the hybrid methodology used in the research reported within it (Paltridge, 2002). This research project experiments with different methodologies: autoethnography and in-depth narrative interviews. These two methods are considered separately but are also interrelated.

The thesis is structured in three parts. This introductory chapter has provided an overview of the research reported on in this thesis. Chapter 2 considers the existing research carried out on how emotions are present when assessing mental capacity, and identifies the gap in current understanding that the research reported on in this thesis aims to fill.

Part I

The first part of the thesis reports on an autoethnographic analysis of my own emotional experiences assessing mental capacity. Chapter 3 provides an exegesis on autoethnography and how it can be used in social work research and practice-near research. Chapters 4 and 5 report on the findings of the autoethnographic analysis. Chapter 4 focuses on the epistemological tensions when assessing mental capacity, and how I understand my experiences of frustration, guilt, and relief. In chapter 5 the focus of inquiry is shifted to the embodied nature of assessment through exploring pain, the abject, and numbness.

Part II

The second part of the thesis reports findings from the analysis of in-depth narrative interviews completed with social workers. Chapter 6 considers how the interviews were conducted, the sampling technique, and the ethical issues that had to be considered and

managed. Chapter 7 presents the five themes developed from the data gathered during the in-depth narrative interviews.

Part III

The third and final part of this thesis brings the previous two parts of the research together. Chapter 8 summarises and discusses the argument made from the findings of this research regarding the social worker's emotional experience of assessing mental capacity. Finally, Chapter 9 provides a conclusion to the thesis. It is argued that this research shows the significance of emotions when social workers assess mental capacity, and how autoethnography is well-suited to explore emotional experience of social work practice and can be used as a form of practice-near research.

Chapter 2: The *MCA 2005*: research into the experience of assessment

Introduction

The research project reported in this thesis builds on research into the Mental Capacity Act (2005) (*MCA 2005*) from when it was first implemented seventeen years ago. In this chapter I provide an overview of the *MCA 2005* and its principles. I also provide a brief explanation of how I use the *MCA 2005* in my work as a social worker. I offer a review of current research into the use of the *MCA 2005*. In doing so, I argue in this chapter that the existing research highlights the importance of emotions in the process of assessing mental capacity, but thus far has not been the primary focus of research. As such, I argue that a focus on emotional experience can offer new insights into what happens when mental capacity is assessed.

The Mental Capacity Act (2005)

The *MCA 2005* is a piece of legislation used in England and Wales that details how to assess decision making ability in people over the age of sixteen, and the required actions to take if a person is assessed as not having the mental capacity to make a specific decision. Though there has been a degree of intervention and provision for people deemed as lacking capacity to make decisions in today's parlance since the late 13th century in England (Jarrett, 2020), the *MCA 2005* is the first statutory framework in English or Welsh history for assessing decision making ability. Prior to the *MCA 2005* such decisions were based on case law and precedent. The *MCA 2005* was developed to answer calls from government, courts, and campaigners for a more formalised approach (The Law Commission, 1989, 1991, 1995; Myron *et al.*, 2008).

The *MCA 2005* contains five principles that guide its use. The first is a presumption of capacity: “A person must be assumed to have capacity unless it is established that he lacks capacity.” (Mental Capacity Act, 2005, p.2) The second is a duty to support the person in making decisions: “A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.” (ibid) The third considers unwise decisions: “A person is not to be treated as unable to make a decision merely because he makes an unwise decision.” (ibid). The fourth considers what it means to make a decision in a person’s best interests: “An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be in his best interests.” (ibid) The last principle explains what it means to choose the less restrictive option: “Before the act is done, or the decision made, regard must be had to whether its purpose can be as effectively achieved in a way less restrictive of the person’s rights and freedoms.” (ibid).

When a decision made in someone’s best interests would deprive them of their liberty, for example confining the person to nursing home unit, then extra safeguards are employed. These are called the Deprivation of Liberty Safeguards (or DoLS). The DoLS framework was created in response to the calls of service users, activists, and human rights campaigners for a way to identify when a person is being deprived of their liberty that cannot be addressed by the Mental Health Act (1983), what was coined the ‘Bournewood Gap’ following HL v United Kingdom (2004).

The Mental Capacity (Amendment) Act (2019) is due to replace the current Deprivation of Liberty Safeguards (DoLS) with a new scheme: the Liberty Protection Safeguards (LPS). At the time of writing (December 2024), it has been announced that the introduction of LPS will not happen before the next General Election (Samuel, 2023) and there has been no indication of when the LPS will be introduced.

Between April 2022 and the end of March 2023 there were 300,765 applications received by supervisory bodies to deprive somebody of their liberty and grant a DoLS authorisation (NHS Digital, 2023); this gives some indication of the prevalence of the use of the *MCA 2005* in health and social care service settings.

Other than the actual *MCA 2005* and the *MCA 2005* Code of Practice (2007), a variety of other guidance has been developed to improve understanding and use of the *MCA 2005*: online resources such as those provided by the Social Care Institute for Excellence (SCIE, 2011), texts designed for practitioners (Graham and Cowley, 2015; Kong and Ruck-Keane, 2019; Mackenzie and Wilkinson, 2020), online explanations of case law (39 Essex Chambers, 2023), podcasts (Thornicroft, 2020; Ruck-Keane, 2023), mandatory training courses (Marshall and Sprung, 2017; Jenkins *et al.*, 2020), and published 'tools' that help social workers and non-social workers alike use the *MCA 2005* more effectively (British Medical Association, 2023; Owen *et al.*, no date).

An overview of the existing research into assessing mental capacity

Perspectives of the person assessing (practitioners, assessors, professionals)

Systematic reviews of research evaluating how the *MCA 2005* is used in practice have found varying degrees of awareness of the *MCA 2005* amongst practitioners responsible for assessments (Hinsliff-Smith *et al.*, 2017; Jayes *et al.*, 2020). Questionnaire based studies have found discrepancies and inconsistencies among those completing assessments of mental capacity (Clerk *et al.*, 2018). Such findings are echoed by the Post Legislative Scrutiny Committee report into the use of the *MCA 2005* (2014, p. 50) which emphasised that: "the empowering ethos of the Act has not been widely implemented… capacity assessments are not often carried out; when they are, the quality is often poor." Concerns for how mental capacity

is assessed in practice have persisted since the Post Legislative Scrutiny committee's report (Kim *et al.,* 2022; Beale *et al.,* 2024*).*

Following the introduction of the *MCA 2005*, several studies explored the thoughts and experiences of practitioners using the *MCA 2005* from different practitioner perspectives through interviews *(*Manthorpe *et al.*, 2007; Dunn, Clare, and Holland, 2010; Shah *et al.*, 2010; Harris and Feinberg, 2011; Manthorpe *et al.*, 2011; Willner *et al.*, 2011; Manthorpe, Samsi, and Rapaport, 2012; Samsi *et al.,* 2012). Since the implementation of the *MCA 2005* and these early studies, other researchers using self-report questionnaires have found growing confidence amongst practitioners of assessing people under the *MCA 2005*, despite the criticisms of how it being used in practice (Williams *et al.*, 2014; Clerk *et al.*, 2018; Scott *et al.*, 2020; Ariyo *et al.*, 2021).

It has been suggested that an improvement in training could increase practitioner knowledge and effective use of the *MCA 2005 (*Marshall and Sprung, 2017; Jenkins *et al.*, 2020). However, considering the *MCA 2005* was implemented seventeen years ago at the time of writing, others have argued for further consideration of why concerns continue for how the *MCA 2005* is used (Aspinwall-Roberts, 2022; Beale *et al.,* 2024). Rather than just lack of training and thus knowledge of the *MCA 2005* it has been proposed that practitioners face other challenges when using the *MCA 2005*.

In a systematic review of the existing literature it was found that assessors can experience pressure due to the responsibility of the assessment (Scott *et al.*, 2020), and interview-based studies have suggested the impact of undue influence and tensions in applying the principles of the *MCA 2005* can also pose a challenge for assessors (McWilliams *et al.,* 2024). Rogers and Bright (2019) gave twenty-one practitioners involved in approving DoLS applications a series of vignettes representing different people they might be asked to assess in practice. Following this, they interviewed the participants about their thoughts and opinions on

the cases. They found variation in how different practitioners responded to each vignette and concluded that as well as training on use of the *MCA 2005* there also needs to be an acknowledgement of the normative elements of the process. They conclude that as well as knowledge of the *MCA 2005* it was values and ethics that determined participants responses. These research studies show that to assess mental capacity the practitioner does not just need sufficient knowledge of the *MCA 2005*, but also navigate the complexities of translating the law into real-life practice.

For practitioners, assessments of mental capacity are not isolated interactions but occur within what can be a fraught web of inter and intra agency dynamics. Aspinwall-Roberts *et al.* (2022) conducted interviews with participants from across seventeen different professional groups in both one-on-one interviews and focus-group settings. The professional groups included health and social care practitioners, but also others, such as practitioners in fire service and environmental health teams. They found that when assessing the mental capacity of someone experiencing self-neglect, practitioners state that other agencies should assess capacity, but simultaneously critique the decision and outcome of the assessment and feel that decisions are based on what suits the agency rather than the "truth". Aspinwall-Roberts *et al.* (2022) found that social workers felt that other practitioner groups wanted the person to lack capacity, though other agencies, such as the fire service, felt that adult social care wanted the person to have capacity so that they did not have to pay for a pricey care package. Though not used by Aspinwall-Roberts *et al.* (2022), through a psychosocial lens this research provides an example of how the assessor receives and responds to projections from worker-to-worker, agency-to-agency, whilst also projecting their own anxieties and suspicions onto others (Halton, 2019).

Prior research has touched on the emotional experience of social workers assessing mental capacity, and have indicated that assessing mental capacity can involve complex

emotional and relational experiences (Murrell and McCalla, 2016). McDonald (2010) interviewed fourteen social workers and caseworkers about their experiences using the *MCA 2005* in their work. They found differences in the use of the *MCA 2005* depending on the participants general attitude to the risks taken by service users and the status of people with dementia. Though not the focus of the research, McDonald (2010) drew attention to the emotional experience of social workers completing assessments of mental capacity, such as feelings of anxiety felt by social workers and fears of blame for adverse consequences for the client. McDonald's (2010) work illustrates the layers to the emotional experience social workers have assessing mental capacity, which is concerned not just with the content of the interaction with the person being assessed, but also the organisational pressures they are working within.

The research reviewed thus far hints at the emotional elements of assessing mental capacity (McDonald, 2010; Murrell and McCalla, 2016), the complex relational dynamics this provokes (Aspinwall-Roberts *et al.*, 2022), and normative assumptions involved (Rogers and Bright, 2019). However, the emotional experience of assessing mental capacity is not the focus of the research. The research project reported in this thesis shifts this focus and builds on these existing lines of inquiry to consider the emotional experience of social workers assessing mental capacity in more depth.

Perspectives of the person assessed

Overall, there is limited research that directly speaks to people who have been assessed under the *MCA 2005* about their experiences of assessment (Wilson, 2017). Concerns around how someone can consent to research plays a role in this (Hamilton *et al.*, 2017). However, it has been argued this can result in a lack of inclusive research that draws on the views of service

users more generally across health and social care research (Beresford, 2005; Ryan *et al.,* 2021).

Interviews completed with people accessing health and social care services prior to the implementation of the *MCA 2005* found a mix of positive regard for the contents of the *MCA 2005* but a nervousness about how it could be used by staff in practice (Manthorpe, Rapaport, and Stanley, 2007). These findings are useful but can only be extrapolated so far to gain insight into the experience of being assessed under the *MCA 2005*. Some research has included people who have had their mental capacity assessed, for example, Myron *et al.* (2008) spoke to twenty service users across six different NHS mental health trusts in both urban and rural areas. Although the authors found examples of these service users feeling positive about the decisions made when they were assessed as lacking capacity, they argue the majority reported detrimental experiences. Indeed, one participant recounted that: "I sat there like I was invisible and the nurse who was with me … was asked, 'can she make a decision?' and 'can she do this?' and I'm like, 'I'm not an idiot, I'm not a puppet and I can answer for myself'. you know, and you're just made to feel like you're nothing" (Myron *et al.,* 2008, p.25) . The participants in this study vividly communicate their emotional experience assessment; this further indicates the need to explore the emotional experience of assessing mental capacity.

Poole *et al.,* (2014) conducted a piece of ethnographic research on a care of the elderly ward. The researchers interviewed staff, carers, and patients about their experiences of how mental capacity is assessed, as well as carrying out observational work on the ward. A total of twenty-nine patient cases were explored, all involving patients who were assessed as lacking the mental capacity to make a decision regarding their discharge destination from hospital. Though Poole *et al.,* (2014) do not comment on the emotional experience of participants directly, they argue that overall, their findings show the complex nature of assessing mental capacity for all parties involved. For example, they report on instances of staff encouraging

families to separate their emotions from the decision that needs to be made and treat the assessment as a "medical decision" (Poole, 2018, p.108). I would suggest that this illustrates the relational and emotional nature of assessment, for the assessor and the assessed, and how emotions are managed throughout the assessment process.

Interviews have also been used to capture the experience of service users and carers. Samsi and Manthorpe (2013) conducted a longitudinal study, involving twelve dyads of participants, one of whom had a dementia diagnosis and the other identified as their carer. These dyads were interviewed four times over the course of a year. Insights from the study included reflections by both participants with dementia and their carers about the nature of decision making situated in relationships and rooted in everyday interactions. The narratives of participants with dementia and their carers evidence the everyday and complex decisions people with dementia make, and how their carers transition from "supported" to "substituted" decision making with the person they care for as the dementia progresses (Samsi and Manthorpe, 2013). Though the authors do not suggest this themselves, I would argue that the experiences captured by Samsi and Manthorpe (2013) also offer a challenge to the logic of the *MCA 2005*, which for some people, such as those who have lived with a partner for multiple decades, could seem illogical as decision making has always been a joint exercise.

Critiquing the MCA 2005

There have been challenges made to the way emotional and relational experiences are understood in the *MCA 2005* (Kong, 2017; Clough, 2021). Notably, Kong (2017) argues that mental capacity is a relational concept rather than an individualistic one, as is often conceived in case law. Each person has autonomy competencies that are either enhanced by their social environment or hampered. Therefore, assessment of a person's capacity should shift away from the individual and towards the skills of those around the individual in promoting their autonomy

capabilities. As Kong (2017, p. 145) points out, there will be normative assumptions in "adjudications" of capacity, as such, the onus is on those assessing to provide "greater articulacy" and "critical transparency" regarding these assumptions.

It has also been proposed that social workers should adopt a social model when assessing mental capacity (Brown, 2024), paralleling Kong's (2017) analysis that mental capacity is something that emerges from relational networks. Such a model would mean that social workers pay more attention to the interaction and relationship they construct with the service user and their family. Researchers have also highlighted emotional context of assessment has also been highlighted, with some pointing to the impact of trauma on decision making which has implications for how mental capacity is assessed (Brown, 2011).

Whilst these authors offer nuanced critiques of the *MCA 2005,* the focus is just on how the *MCA 2005* is used rather than the Act itself (Brown, 2011; Kong, 2017; Brown, 2024). Clough (2021), in contrast, offers an analysis of the *MCA 2005* that argues that it is flawed in its conception of personhood and disability, rather than issues with how it is applied. Drawing on new materialist and spatial analysis, Clough (2021) argues that strict binary understandings – such as capacity/incapacity – are the result of a static and sedentary approach to law as a monolith, rather than a dynamic and shifting set of practices that are constructed within space and relational webs. Clough (2021) further argues that the premise of the *MCA 2005* based on Enlightenment period beliefs of rationality assume an inaccurate and oppressive understanding of individuality, observing that:

> Agency does not spring internally or in spite of our material, cultural, relational, emotional, structural, corporeal, institutional, technological, economic entanglements but through and because of them. (Clough, 2021, p.70)

The possibilities that Clough's (2021) critique of the *MCA 2005* offers are widespread, in destabilising received ideas regarding mental capacity and the *MCA 2005* and seeking space for the complicated emotional and relational experiences of the *MCA 2005*.

Furthermore, another critique of the *MCA 2005* that is less regularly acknowledged is how the prejudices of the assessor could impact the process and outcome of the assessment. Though the *MCA 2005* applies to England and Wales, a significant minority of both populations are first- or second-generation immigrants (Vargas-Silva and Rienzo, 2022). Some research has explored how religious and cultural differences could problematically trigger assessments of mental capacity (Shah and Heginbotham, 2008; Shah *et al.*, 2009; Shah *et al.*, 2010). However, since 2010 research on the *MCA 2005* has largely overlooked considerations of race, culture, and religion.

Conclusion

This chapter has provided an overview of the *MCA 2005* and the existing research into the use of the *MCA 2005*. The chapter has focused on what existing research reports about the emotional and relational experience of assessment. Critiques and challenges to the *MCA 2005* have also been considered. The relevance of emotional experience in assessment has been mentioned in the existing research (McDonald, 2010; Brown, 2011; Murrell and McCalla, 2016; Aspinwall-Roberts *et al.*, 2022) but has so far not been the focus of research conducted into the use of the *MCA 2005.*

The existing research into professional or practitioner experiences of assessing individuals under the *MCA 2005* highlights flaws in the ways mental capacity is assessed (Hinsliff-Smith *et al.*, 2017; Jayes, 2019) but simultaneously growing confidence in its use (Ariyo *et al.*, 2021). The research examining these complexities reveals the nuances of how the *MCA 2005* is experienced and used by practitioners (Scott *et al.,* 2020; Aspinwall-Roberts *et*

al., 2022; McWilliams *et al.,* 2024), which is complemented by the few accounts of people who have been assessed under the *MCA 2005* (Myron *et al.*, 2008; Samsi and Manthorpe, 2013, Poole *et al.*, 2014). While this could be an issue with awareness of the *MCA 2005* and training provided to practitioners (Jenkins, 2020), these concerns warrant further exploration of the experiences of social workers completing assessments of mental capacity. To date, the emotional experience of assessment has not been explored in-depth, which would be an avenue of inquiry that adds to the current research literature.

Chapter 3: An autoethnographic experiment

Introduction

As established in the last chapter, different research designs have been used to explore how social workers experience assessing mental capacity, such as: interviews (Manthorpe *et al.*, 2009, McDonald, 2010; Rogers and Bright, 2019) as well as group discussions (Aspinwall-Roberts *et al.*, 2022). However, thus far, autoethnography has not been used to explore a social worker's experience of assessing mental capacity. In this chapter, I explore how an autoethnographic approach can help enrich understanding of the emotional experience of undertaking assessments under the *MCA 2005*.

First, I provide a brief overview of autoethnography and genres within this umbrella term, then focus on critical autoethnography as the specific iteration of autoethnography used in this research project. I then present examples of social workers writing about their practice experience in published first-hand accounts. I go onto provide examples of social work autoethnographies and then state a rationale as to why autoethnography has been selected for this study rather than other methods of inquiry. I go onto explore the ethical implications of this choice. Last, I explain the 'experiment' being conducted in the next chapter: a critical autoethnography that aims to explore the emotional experience of carrying out assessments of mental capacity.

Autoethnography: an umbrella term

Autoethnography is a family of qualitative research methods in which the author-researcher centres their own experience of a phenomena to inform an understanding of wider cultural systems (Ellis, Adams, and Bochner, 2011). Hayano (1979, p.100) describes autoethnography as an ethnography of one's "own people". Autoethnography can be

understood in its parts: “auto” (self), “ethno” (culture) and “graphy” (expression, usually but not always writing), all three crucial to an autoethnographic project (Adams and Herman, 2023). Autoethnography is considered to be a way to capture “every day experience” and counter problematic accounts developed by others who are outside the group being studies (Adams, Ellis, and Jones, 2017, pp.3-4).

There are differing approaches to autoethnography (Adams, 2017; Ngunjiri, Hernandez, and Chang, 2010), these can be mapped along the axes of “auto”, “ethno” and “graphy” depending on each author's emphasis in their work (Ellis and Bochner, 2000). Lionnet (1990) describes the intersection between the “auto” and the “ethno” as a site of resistance; they suggest it is not just where on these axes autoethnographers place themselves but how they address and manage this “resistance”. The results can lead to “charged moments of clarity, connection, and change” (Jones, 2005, p.207).

For example, an “ethno” dominant work typifies the analytic autoethnography which is theoretically grounded, with an explicit aim of making a commentary on the social world being studied (Anderson, 2006a). Conversely, those aligned to evocative autoethnography instead emphasise the “auto” in the work, they push against positivist paradigms that seek generalisability, and argue that autoethnography was designed to be “unruly, dangerous, vulnerable, rebellious, and creative” (Ellis and Bochner, 2006, p.5). Further debate in the field as to the merits of an analytic compared to an evocative approach has ensued (Anderson, 2006b; Vryan, 2006).

Critical autoethnography is a relatively new genre of autoethnography but has foundations in different disciplines and a process of formative development that spans decades (Holman-Jones, 2016), including but not limited to: intersectional feminism, queer theory, and decolonial studies. Critical autoethnography brings together the stories of autoethnography and the theory of critical studies to create a symbiotic relationship between the two (Holman-Jones,

2016), aiming to embrace a resistance that Lionnet (1990) refers to, or the "unruly" of evocative autoethnography (Ellis and Bochner, 2006, p.5).

Richards' (2008) provides a useful example of a critical autoethnography of their experience of kidney failure and a subsequent transplant. When questioned by their doctor how they have expertise to complete a doctoral project on kidney failure, their answer is "I lived it". This aligns with critical autoethnographers who draw on intersectionality to consider social injustices by questioning assumed knowledge (Holman-Jones and Harris, 2019), which Richards (2008, p.1720) illustrates by critiquing dominant medical narratives stating that "when the discourse of power is in the hands of the underdog, the power distribution shifts, even if only briefly".

Autoethnography, social work, and first-hand accounts of practice

There is a longstanding tradition in social work of practitioners using their own experiences to illustrate the nature of social work and theorise from practice, though these have not always been labelled as autoethnography. Riemann (2005) does not use the term autoethnography, but he argues that social workers should be ethnographers of their own work. Riemann (2005, p.90) urges social workers to engage with "making strange what appears utterly familiar". Riemann (2005) explains that social work students can attempt to access and create field notes on their own experience to achieve this. This seems in line with goals of autoethnography: to disturb and challenge the author and those reading the author's account.

The experiences of social workers have been explored over the decades through first-hand accounts of practice and analysis of case studies (Gilgun, 1994; Martin, 1999). Such accounts have explored practice-experience in adult mental health services (for example, Dwyer, 2012; Smith, 2021) and children's and families services (for example, Jordan, 1972; Harvey, 2010; Ferguson, 2010). There is also an established body of work that uses

autoethnography in social work research (Witkin, 2014; Carson, 2022), though these contributions are mainly based in social work education and academia rather than practice (Trotter *et al.*, 2006; Jensen-Hart and Williams, 2010 Gant *et al.*, 2019; Aguilar and Counselman-Carpenter, 2021; Oswald *et al.*, 2022).

Bochner and Ellis (2022) have argued for the use of autoethnography for social work research, stating that social work should not have to restrict themselves to traditional methodologies that do not mirror the nuanced nature of social work research. Witkin (2014, 2022), a proponent of autoethnography's use in social work research, argues that autoethnography aligns with the goals and values of the profession making it a natural fit for those interested in academic inquiry in the field.

One such example of social workers using (critical) autoethnography explicitly to explore their own experiences in practice is Krumer-Nevo's (2009) work. They use memories from their own practice, their personal experiences, stories from a third sector organisation, and accounts brought to them by social work students to critically consider experiences of poverty. Krumer-Nevo (2009, p. 318) concludes: "social work needs politicized, historical research and practice that is grounded in the lived experiences of people in poverty and in the lived experiences, dilemmas, and challenges of practitioners and activists". They emphasise the necessity to balance an awareness of individual agency with the social structures that limit and damage us.

Other examples include Gupta (2017) uses autoethnography to explore her experiences in family courts as a social worker; and Blomkvist and Niklasson (2022) consider their experience as a social worker who develops a meaningful relationship with someone rough sleeping outside of their professional life. Much like the research project presented in this thesis, Houselton (2022) uses autoethnography to explore her own experience as a white female social worker whilst also interviewing other white female social workers to consider white

femininity in social work. These examples are mentioned briefly here, as they are explored elsewhere in this thesis in more depth. These authors provide examples of how autoethnography can be used in social work research to deepen knowledge of the realities of practice, whilst also highlighting the tensions this can create.

Why autoethnography?

I have selected autoethnography as a method to explore the emotional experience of a social worker completing assessments of mental capacity. This provides one strand of the wider inquiry, to answer the following research question: What is the emotional experience of social workers when assessing mental capacity?

Thus far autoethnography has not been used in published research to explore the experience of practitioners completing assessments under the *MCA 2005*. Other methods have been used, as was explored in Chapter 2. These studies have made important contributions to understanding the complexities of completing assessments of mental capacity. What this research project aims to contribute in a novel way is a focus and in-depth consideration of the social workers' emotional experience of assessing mental capacity, using autoethnography as one part of a wider inquiry. Furthermore, most research into the *MCA 2005* take for granted the normative assumptions made in the *MCA 2005* (Clough, 2021). Using critical autoethnography allows for a nuanced critique of the demands put on social workers and coping mechanisms social workers use to manage the emotional experience of assessing mental capacity.

As has been discussed earlier in this chapter, there is an established history of researchers using experience of their own work in literature about social work practice. Witkin (2014) argues that autoethnography can provide data that interviews and other qualitative methods cannot: establishing a thick description of experiences (Geertz, 1973).

Autoethnography can create an intimacy between author and reader (Sparkes, 1996) and can be raw, confusing, and painful (Wall, 2006). The level of self-introspection that autoethnography promotes offers a unique way of exploring emotional experience (Ellis, 1999).

Other qualitative methods can also elicit raw and rich accounts that provide in-depth insights into participant experience and navigate the defences against anxiety employed by researcher and participant (Clarke and Hoggett, 2019). Though methods have been developed to address this, such as the Free Association Narrative Interview method (FANIM), it requires intense and committed involvement from participants that draws on the psychoanalytic method (Hollway and Jefferson, 2000). Autoethnography has been selected for this study instead of methods such as FANIM, due to the potential for first-hand exploration of the defended subject from their own experience rather than interpretation of another person's.

Autoethnography specifically critical autoethnography, is a method that encompasses both story and theorising (Holman-Jones, 2016). It will be used in the project as a bridge between existing theoretical explorations of the *MCA 2005* to everyday practice of social work.

Ethical considerations

There are complex ethical considerations involved in organising and completing an autoethnography (Tolich, 2010). One such consideration is the unavoidable presence of others experiences in any personal account of the author's life. This is referred to as relational ethics (Ellis, 2007). This is particularly pertinent in this research project where I am drawing on my experiences working with people who have experienced social suffering; both marginalisation within society's structures and intense pain, loss, and trauma because of these allocations of resource and power (Bourdieu, 1999).

They are also individuals with whom I have held a position of power as their social worker, whether overtly or not. As Tolich (2010, p.1608) states: “the word auto is a misnomer. The self might be the focus of research, but the self is porous, leaking to the other without due ethical consideration.” Different ways to maintain confidentiality in autoethnographic research have been explored by those researching in health and social care settings, such as: non de plume, pseudonyms, composite accounts, (Denshire, 2014). Though, others argue these are of varying success in protecting identity (Tolich, 2010).

Social work researchers using autoethnography have managed these ethical concerns in different ways. Gupta (2017) uses case studies from her work in the family courts that include anonymised but detailed descriptions of the family and the issues being heard in court. Gupta (2017) acknowledges they struggled with using case studies from their past assessments, referencing the lack of consent to be included in published research gained from the families she had assessed. Gupta (2017) draws on the work of Briskman (2013) to argue that social workers have particular insight into the realities of poverty and should use their position to represent the lived experience of the people they work with. Gupta also quotes Ellis and Bochner (2000, p. 748) who argue representing the experiences of those in poverty and disadvantage: “help us reduce their marginalization, show us how partial and situated our understanding of the world is.”

The suggestion of the powerful reducing the marginalisation of others through their own published research is troublesome to me, though I agree with the argument that silence on the matter is not a better alternative and this is a tension that can be worked with. It is reminiscent of saviourism in social work (BlackDeer and Ocampo, 2022) and relies on the fact that social workers can ‘save’ individuals from their marginalisation, simultaneously removing autonomy from the person and their community but also individualising the issue of marginalisation.

A different example of social work researchers navigating this issue is Niklasson and Hansson Blomkvist (2022) who document the Nikalsson's experience of meeting a man – James – who is experiencing homelessness and is dependent on illicit drugs. Though the author is a social worker this encounter occurs outside of working hours. They explain the intense and powerful relationship they develop with James, and the responsibility they feel for 'saving' him. The authors disclose intensely personal details of James' life. However, they state that they gained James' full consent for the piece, and that he had read and agreed to the contents prior to submission. Like Gupta (2017), this piece echoes the dynamics of saviourism in social work. However, this is a narrative that James has agreed to, he has seen and acknowledged it. We do not know the extent of James' feelings, as the piece is not written from his perspective, but there is reassurance that he approves of what is written.

The consequences of not taking relational ethics seriously can be far reaching, such as people referenced in the account feeling their confidentiality has been broken (Ellis, 2007). Edwards (2021) describes her experience of recognising herself within an autoethnography, and the complicated feelings provoked as a result. I have had similar experiences of recognising my own statements in presentations I did not realise would be shared. I felt embarrassed and put off taking part in interviews with researchers that wish to research my practice again.

Tolich (2010) outlines foundational guidelines for consent when writing autoethnography, under subheadings of "consent", "consultation", and "vulnerability". Tolich (2010, p.1602) argues that in the first instance anyone mentioned in an autoethnographic account should be asked their consent prior to writing and publication. Crucially: "autoethnographers should not publish anything they would not show the persons mentioned in the text" and "assume all people mentioned in the text will read it one day."

Consent is difficult to achieve in social work due to the nature of the work; some people I have now ended my involvement and it would be problematic to re-establish that relationship

for my own research interests or for the interests of developing knowledge in the field. This is reminiscent of some of the reasons Ellis (2007) used for not consulting with people mentioned in her autoethnographic works, though a key difference being I am employed to work with the service users I assess whereas Ellis was using experiences of friends, family members, and communities.

Does this mean that social workers cannot use autoethnography to explore practice experience? I believe that autoethnography can be used in social work research that respects the subjects of the experience of the social worker whilst also offering rich data. In this study I will attempt to do this by focusing on my experience of assessing mental capacity, rather than recounting specific case studies. This means the focus is on the social worker experience, rather than relying on long accounts of deeply personal and traumatic moments in other peoples' lives.

However, increasing the spotlight on my own experience rather than that of others has implications for my own wellbeing (Tolich, 2010). Autoethnographers have been described as brave for their vulnerability (Berry, 2021), and it has been recognised that publishing autoethnographic work can have consequences for authors' professional and private lives (Jago, 2002; 2021). I am very conscious that what I disclose in this autoethnography could be found by colleagues, friends, family, and service users. However, I am also aware of the transformative potential of autoethnography and what it could contribute (Sikes, 2021).

Though intimidating, this is also an opportunity for further analysis. What I chose to include, and what I chose to not (Berry, 2021), can tell us about the parameters of professionalism in social work, what information is 'acceptable' for others to know, and the role of self-disclosure in the work when we ask so much honesty from the people we work with.

Cooper (2009) argues that researchers fail practitioners when they shy away from the less tolerable aspects of the work of social work. I would expand this to include not just colleagues but the people who access social work services as well. Bochner (2012) argues that his motivation as an autoethnographer is to achieve better life, rather than better science. I resonate with this; my goal will always be to contribute to learning to improve adult social care services.

There have been criticisms of Tolich's (2010) strict requirements of autoethnography: Grant and Young (2022, p. 106) write about the assumed authority of "Tolich-ism" and how he has developed a fantasy of Tolich as an "Old Testament psychic force". Grant and Young (2022) both write from the perspective of accessing mental health services and experiencing intense trauma within these systems. For them, Tolich's (2010) criteria for ethical autoethnography constitutes a form of epistemic violence and rely on Tolich assuming a position of authority due to his privilege of a white-male researcher. Grant and Young's (2022) response is very compelling. However, as someone that delivers services, and is part of the systems that Grant and Young (2022) were subject to, there is an increased responsibility for caution and concern on my part.

So, why autoethnography? The above discussion provides somewhat of an answer, though I am skirting around why I really want to do it beyond the academic contribution. As a social worker the task of assessing mental capacity or thinking about a person's mental capacity to make a decision is a daily occurrence. As with most daily tasks, it could become mundane or familiar (Riemann, 2005). However, for me, it is not that simple. Every assessment results in me feeling various internal dilemmas and tensions. Yet I still get the work 'done'. I hope through autoethnography to engage with "healthy" narcissism to think about my own experience (Kohut, 1966, p.254). I am focusing on myself not as self-congratulatory exercise but rather a challenge, as the result of a desperate desire to "work things out". Though, I am at

risk of intellectualising my experience in the hopes of finding an "answer", rather than holding space for the pain of uncertainty (Woosley, 1980; Hollway and Jefferson, 2012). Autoethnography affords a way to show my 'working'. and I hope to encourage others with different experiences to do the same.

Conducting the autoethnographic analysis

There is no set way of doing autoethnography compared to other methods that have clearer protocols (Adams, Ellis, and Jones, 2017). However, there are examples to learn from, and replicate the approach used that aligns with the research questions of each autoethnographer.

Criteria for evaluation of this research will be how it succeeds as a piece of autoethnographic writing. There has been discussion within the field of autoethnography about what constitutes a "good" or "good enough" piece of work (Sparkes, 2021; Adam and Hermann, 2023; Grant, 2023). I have developed the following points from these discussions to guide my autoethnographic analysis:

The "auto" - the research prioritises the intentional use of personal detail. An understanding of humans as emotional beings which is displayed for the reader (Grant, 2023). The author is a "one-of-a-kind research instrument" (Adams and Herman, 2023).

The "ethno" - the research draws on the principles of ethnography to elucidate understating of cultural practices and norms from revelations in the "auto" elements of the piece. (Adams and Herman, 2023). These experiences are clearly connected for the reader (Grant, 2023).

The "graphy" - the research is well written and accessible. The research adheres to the "responsibilities" of autoethnographic research, which include justifying and showcasing the

potential of autoethnography. (Adams and Herman, 2023). The research is presented in an imaginative and creative way (Grant, 2023).

The "critical" - theory will be central to analysis. The piece will capture the personal and political and show an appreciation for both. (Holman-Jones, 2016)

However, it is of note that experienced autoethnographers have highlighted that the work is never 'done': the messy realities of life mean that with time I will look back at what I have written and have regrets, revisions, and new revelations (Sikes, 2021). That is inevitable, and part of the challenge and opportunity of autoethnography as a method of research (ibid.)

To carry out the autoethnographic analysis, I gathered sixty pages of written fieldnotes on different mental capacity assessments I completed as a social worker. These notes were based on information I recorded at the time when documenting the assessment and my memories of the assessment as I brought the fieldnotes together. The fieldnotes covered six different assessments I had completed. These notes were anonymised by using pseudonyms and omitting any identifying information. I have included an excerpt of these fieldnotes in Appendix B.

Once the fieldnotes were established, I met with my thesis supervisor to discuss these notes. We organised five hour-long reflective sessions together to consider the fieldnotes and my emotional experience of the different assessments. To structure each discussion, I provided three emotional words that I associated with the person and the assessment. I then expanded on these words and discussed with my supervisor the different ways these impacted the assessment and my relationship with the person I was assessing. My supervisor kept notes of our discussions, which I then incorporated into the fieldnotes. I collected the different emotional words I reported during these reflective supervisions and found I could separate them into my

epistemological concerns with the *MCA 2005* and the anxiety this elicits, and my embodied experiences of assessing mental capacity.

From this data, I identified points and excerpts that captured an element of my emotional experience of assessing mental capacity. These moments were typically the most challenging assessments or visits: not just in terms of the complexity of the assessment, but also shame or embarrassment I felt at the prospect of including the moment in the autoethnographic analysis. I wrote through these recollections and the feelings they evoked whilst also drawing on theory to help process these experiences. In autoethnography the process of writing is part of the research endeavour (Adam and Hermann, 2023); it is through the process of writing that further data is created. Bochner (2012) describes autoethnography as a form on communication rather than report, or a way of making life from language. My fear of the data became a useful source of data itself: what do I or do I not want to include, and why is this? Deciding on what to include became an incremental process of deconstructing what it means to be a professional, and how vulnerable (or honest) I want to be.

Conclusion

This chapter has outlined the autoethnographic method and some of the prominent genres within the umbrella of autoethnography. This chapter has also highlighted the challenges and benefits of autoethnography, and how different authors have approached and managed the ethical tensions inherent to the method. The role of autoethnography in social work research has been reviewed and has explored the opportunities for social work research using autoethnography.

This chapter has provided a methodological grounding for what will follow in the next chapter as I report on an autoethnography of my own. This critical autoethnographic analysis will look to explore the emotional experience of a social worker completing assessments under the *MCA 2005*.

Chapter 4: Epistemic injustice and epistemic binds

Introduction

The ‘stuff’ of assessments is so integral in social work it is easy to forget normative assumptions which guide the assessment (Mitendorf and van Ewijk, 2018). Numerous assumptions are made in assessing someone's mental capacity (Rogers and Bright, 2019). A few from my own experience: the assessment is the best way of representing the person’s mental capacity, the social worker can do this assessment, the written assessment is an honest reflection of the interaction that took place, the manager who likely has not met the person is qualified to approve or reject the assessment.

However, in my experience, there are nuances to assessment that can deviate from these assumptions, partly due to the complex emotional experiences that take place prior, during, and after assessment (O’Connor, 2020). Rogers and Bright (2019) suggest that the normative assumptions practitioners manage when assessing mental capacity is a challenge to achieving consistent and robust assessments. This resonates with my experience assessing mental capacity. In this autoethnographic analysis I will be focusing on the emotional experiences I have had when assessing mental capacity, both of the assessment and the normative assumptions involved in the assessment process.

Social workers have conscious and unconscious emotional experiences when assessing someone that define the work we do (Gregor, 2010; O’Connor, 2020). Not all social workers will have the same experience as me, but I hope that by bringing my experiences to the fore I will spotlight an insight into social work that captures the messy, mundane, sometimes surreal situations and tasks involved.

Lee *et al.* (2019; 2022a) explores the epistemic injustice (Fricker, 2007) that occurs within a social work assessment, when a social worker claims a more valid understanding of a

person's situation than the person themself. Lee *et al* (2022a) argues that the social worker constructs facts and then categorises the person according to personal and institutional agendas, which may conflict with the self-reported experience of the person being assessed. This frame of understanding assessment as a process of construction is useful in this context when thinking about the *MCA 2005*, as it positions assessment as a process of making rather than finding (Iversen, Gergen, and Fairbanks, 2005).

This is reminiscent of Ahmed's (2014) understanding of the impressionability of emotions; the assessment becomes a series of impressions made by and between the assessor and person being assessed. Assessment as a kind of impression allows us to consider the emotional and sensory experiences of assessment: both the impression the assessment leaves on the social worker, and the impression the social worker is under following the assessment, similarly for the person assessed.

Lee (2022b) uses Foucault's (1975) idea of the "faceless gaze" in which assessing social workers are treated as observers rather than active participants in the construction of assessment. This facelessness is reinforced by electronic common assessment (Lee, 2022b) such as the criteria described in the *MCA 2005* and its Code of Practice which local authorities typically translate into similar computer generated pro-formas decided by their commissioned software. Lee (2022b) explains that the "faceless gaze" is a subtle form of power that is expressed through compulsory assessments, such as under the *MCA 2005*. There is an assumption that the social worker should hold the authority to determine who has mental capacity and who does not to make decisions.

What I want to explore in this autoethnography is how the epistemic injustice (Fricker, 2007; Lee *et al.*, 2019; 2022a) of social work is often the result of the "epistemological binds" (Hardesty, 2015) social workers must manage. The "faceless gaze" of social work is what is expected to operate governing power (Lee, 2022b), and often welcomed by workers to

perpetuate a group identity (Scanlon and Adlam, 2022). The social worker can be aware and wary of the ways they perpetuate harm and systemic oppression in their work. But, the demand from remains for an 'objective' assessment – a yes or no answer – to whether this person has the mental capacity to make a decision.

The goal of this autoethnographic analysis is to explore through a psychosocial lens my emotional experience of these binds, the injustices I know I enact, how I personally justify this, and whether I can be satisfied that any of this work is justifiable. These ideas will frame my exploration of my own emotional experience of completing assessments of mental capacity through considering different emotions I experience in this work (frustration, guilt, relief, disgust, pain and numbness).

The autoethnographic analysis: the epistemic concerns of assessing mental capacity

The frustrated social worker

What motivates social workers to enact the "faceless gaze" of governing power (Foucault, 1975)? Lee *et al.* (2019; 2022a) reference the personal agendas of the social worker, but what are these and what informs them? Assuming a social worker's actions are not completely determined by managerial direction (Mattison, 2000; Evans, 2020), what does it serve for social workers to enact forms of power? I suggest that *one* reason is that facelessness provides a defence against the psychic pain of the work. Assuming a position of facelessness creates a distance from the psychic experience of the person being assessed (Foster, 2001), through adopting and adapting to the needs of the 'in-group' of services (Scanlon and Adlam, 2022). Becoming faceless means that the 'pressing' emotions (Ahmed, 2014) are perfunctory and ordered. The output from the assessment can then be an objective conclusion, on behalf of services, as to whether the person has mental capacity or not.

When looking at my notes I gathered for this autoethnographic analysis, I came across one assessment where I at first summarised my impression of the person as: sneaky, strong, and sabotaging. I believed the person was standing in their own way, refusing to see the path I could see that would help them remain safe and secure financially, physically, and emotionally. When I assessed their capacity to make the decision they were making, I could not work out whether they were unable to weigh up and use the information provided, or if they were just ignoring the issue, hoping it would go away. I concluded they had capacity to make the decision and were choosing not to acknowledge the issue. So far, they have proven to be right in their approach: the consequences I was sure they would face have not happened.

I felt frustration at this person: at their 'stick-their-head-in-the-sand' approach, at their refusal to listen to me, at my anticipation of dire consequences. I felt I was single-handedly holding together a precarious situation. Of course, I was not. My perception of my own responsibility ignores their complex internal world (Dominelli, 2017). Foster (2001) describes this as a persecutory anxiety, a pattern of splitting where a worker projects all negative feelings onto the client to protect themselves. Foster (2001) argues this results in the worker not being able to hold the client in mind. The worker develops a distorted view of the client which stops the worker from engaging with the client meaningfully. Rather they see what they need to see to maintain their view and keep the work tolerable. I was experiencing unconscious hostility, that I can consciously deny but still in some way feel (Winnicott, 1949).

This helps elucidate the necessity considering the institutional agendas that drive social work practice (Lee *et al.*, 2019; Lee, 2022b). A psychosocial lens allows for an understanding of interpersonal dynamics as having a reciprocal relationship with what Scanlon and Adlam (2022) would consider the re-traumatising physical and strategic spaces the work is carried out within, as well as a self-perpetuating dysfunctional 'groupish-ness' formed in social work teams and other agencies (Scanlon and Adlam, 2022). I channel my frustration at them, but

simultaneously I am frustrated at social and economic systems that rely on the anxiety of the population to perform, provide and produce.

However, it is necessary to acknowledge the temptation to split all my hard feelings about such situations and project them into social structures, as a 'bad object' and a monolith, which again distracts from the emotional experience I have with the person I am assessing. When a person is assessed under the *MCA 2005* the experience is shaped by social, spatial, and material conditions that the assessment takes place within (Clough, 2021). However, a lack of attention to the person's emotional world can reduce their experience as defined by oppressive social structures (Hoggett, 2001).

The parameters of the institution that we move within limit the language I use (Ahmed, 2007). An assessment of mental capacity is an example of this, where I can repeat the language of the institution. These choices are treated as existing in isolation, rather than the culmination of institutional patterns of resource allocation and harbouring of power. Ahmed (2007) argues that institutions are created and recreated as the sediment of interaction, decision, and habits build. The assessment of capacity allows me to enact distance, so that I do not need to look up, down, or inward. The assessment becomes a "habit" (Ahmed, 2007).

In my fieldnotes I commented: "I think the pain comes from a sense of responsibility. The responsibility feels like a hot light, from a lamp that's broken and it's a quiet whining broken sound. This is what keeps me up." For me, it is the responsibility of assessing someone's mental capacity that causes the most anxiety, but once I have come to a decision this feeling of responsibility shifts.

If I assessed this person as lacking the capacity to make the decision they made, I could intervene in coercive ways. This is not to say this route is anxiety free. Assessing someone as lacking capacity to make a decision and thus potentially having to take the case to the Court of Protection is anxiety inducing. However, the anxiety then becomes channelled upwards, the

responsibility is no longer just with me. Equally, however, the charge is often made that social workers declaring that a person has capacity to make a decision and therefore can make an "unwise decision" is a way of washing their hands (Jenkinson and Chamberlain, 2019). If the person takes the risk, then they have to suffer the consequences: the anxiety is no longer my problem. Either way I can create distance from the psychic pain I feel: frustration, annoyance, envy. The capacity assessment can work to contain these shameful feelings once I have finished the form and sent it off. A comment from my fieldnotes:

> I don't know if they recognise me or feel any connection to me. I worry for their wellbeing. If I'm honest, when they return to the borough I internally wince, when they're out of my borough I can wash my hands (fieldnote)

This excerpt provides an illustration of Scanlon and Adlam's (2022, p.99) description of the "irresistible force" of services meeting the "immovable object" of the client, as discussed in more depth in chapter 1. Though I find Scanlon and Adlam's (2022) description of services a useful way of understanding practitioners' behaviour; the choices of the client seem to be missing, or rather defined by what the institution *does to them*. Problematic behaviour is explained as being reactive to re-traumatising environments, which I have witnessed many times. But it also denies people the agency to make decisions within these systems, or what they *can do.* Drawing on Ahmed (2007), we can see that institutions and systems come to be by defining the terms, options, and language people can use to make decisions. The *MCA 2005* enables the dynamic of 'in' and 'out' that Scanlon and Adlam (2022) describe, but I suggest a further step would pay attention to the complicated ways people make their decisions, not just what others make about them. A recollection from my fieldnotes:

> I tried to convince them to come back to the hostel, whilst they walked away with no shoes on in the pouring rain in clothes they hadn't changed out of in 2 years – this will stay with me. It's a 'grey' memory – the weather, their clothes, their skin. The feeling – an empty feeling – a grey feeling.

This grey feeling is faceless: I can project my frustration onto the person for not accepting the offer, or I can project my frustration to the system that provides these inhospitable environments. But it is harder to consider how I and the person press within the institutions we inhabit to create and form impressions on each other. How my impression can recreate institutional agendas; how the person makes meaning of this, their impression, and their decision. The patterns Scanlon and Adlam (2022) describe are familiar and revealing, but provide a model that can then be accepted, rather than paying credit to the ways people accessing the system demand better or change, or nothing at all.

Furthermore, I cannot shake the experiences I have had and witnessed: a man I worked with sending me explicit sexual images on my work phone, or regular instances of white clients expressing extreme racism to workers and other residents in their hostel. Both actions mean that people have services denied or eviction notices served. That is not to say that these actions are in any way unique to people accessing social services, and many people with much more societal power engage in these behaviours (Kantor and Twohey, 2017; Onwuachi-Willig, 2018) and they usually retain their housing and basic services. Though, does this mean workers or other clients, typically women and people of colour, should face abuse without consequence? Or must they continue working with that person to stop them being expelled from the system?

When I was sent the images, I grappled with whether the client had the mental capacity to make the decision to send the pictures. Similarly, I have heard white colleagues' question whether the client was intoxicated or unwell when they said racist things. The task of questioning and assessing mental capacity can become a way to contain intolerable feelings such as violation or guilt.

The guilty social worker

Another way in which my anxiety is expressed is through feelings of guilt. This guilt comes from a place of discomfort with the power that assessing mental capacity gives me. Acknowledging this power makes me aware of the privilege that I have whereas the person I am assessing usually does not. However, if I am guilty this implies someone is blaming me for something. Who is blaming me? In Kleinian terms, my guilt is persecutory: it feels unbearable and becomes paralysing, symptomatic of a paranoid-schizoid state of mind (Klein, 1935). This guilt is a defence: being paralysed means I do not need to act, I can remain immobile and not face the source of the psychic pain (Davids, 2011). Reparation feels impossible (Davids, 2011). Perhaps this autoethnography can provide the forum to grapple with this persecutory guilt.

Often when completing an assessment of someone's mental capacity to make a decision, I wish they were a machine, and I was a mechanic. I could inspect their inner cogs and discern if there is a fault. I want to have proof, to get rid of the uncertainty. We are taught you only must be 51% sure, it is on the balance of probabilities you assess the person as lacking capacity. However, that 2% difference feels arbitrary. I want to know for sure.

The assessment is not a computational test, it is a process of constructing and making (Lee, 2019). Similarly, psychiatric diagnoses have been considered processes of making, rather than identifying an objective truth about the person they are assessing (Brown, 1995). Mad Studies (LeFrançois, Menzies, and Raumel, 2013; Beresford, 2020; Beresford and Russo, 2021); and Neurodiversity Studies (Rosqvist, Chown, and Stenning, 2020) are particularly helpful here, as they centre knowledge of those who identify as experiencing madness or as neurodiverse.

Mad Studies looks to disrupt and uproot dominant models of psychiatric intervention that typically devalues such knowledge (Menzies, LeFrançois, and Raume, 2013). Neurodiversity Studies, though sharing certain aims and interests with Mad Studies (McWade,

Milton, and Beresford, 2015), has developed to explore and problematise the "cognitive othering" (Rosqvist, Chown, and Stenning, 2020) that people labelled as neurodiverse experience and the "privileging of certain kinds of minds according to dominant ideologies" (Stenning and Rosqvist, 2021, p. 1535).

This directly challenges my desire to be able to inspect someone's cognition, as it can be seen as a literal form of cognitive othering. Cognition becomes two types - the good and the bad, the working and the not-working, the capacitious and the incapacitous. Clough describes some unease I have when thinking about mental capacity:

> the liberal, rational, and autonomous subject is problematic given the ableist foundations which underpin and sustain it. This is not a neutral account of subjectivity or the ideal subject–it is, from the outset, exclusionary of disability. (Clough, 2021, p.57)

Authors in the field of Mad Studies and Neurodiversity studies provide alternate ways of knowing which work to erode the norms in the *MCA 2005*. These norms can be seen afresh via first-hand accounts that offer a challenge to exclusively medical models that consider biology as the only framework to understand experiences of mental health and neurodiversity (Ingram, 2016; Taggart, 2021). King (2016, p. 76) describes their experience of institutional life and being diagnosed with schizophrenia, countering it is in fact the professionals inspecting him that are hallucinating within the "court of whiteness."

This subversion of the white social worker being labelled as experiencing a hallucination rather than the illness being rooted in King (2016) inverts taken-for-granted ideas of who holds the expertise . I think of times that my perception of a person's situation has felt at odds with their own. I want to peer inside their head, but King's (2016) experience reveals the violence within my fantasy. King (2016) says his head is not for my inspection. An urge to inspect the cogs of the person in front reflects, I believe, the factory line of social work when

performance is being monitored. Along comes another person to assess, to inspect - can they do this? Can they do that? Then move onto the next person, the factory line continues.

Instances of coercion used to keep people 'safe' - from themselves or others - are thought to be outweighed by the benefits of the safety achieved (Szmukler and Holloway, 1998). I have felt this throughout my work: how can I stop this person from dying, how can I stop them from hurting themselves, how can I stop others from hurting them. However, the assumption is that the decision made by practitioners is 'safer', but as can be seen from accounts of self-identified survivors of psychiatric care, this is not necessarily the case (Milaney, Rankin and Zaretsky**,** 2022).

It is not just the person's voice, but their specific experience of coercion and violence at the hands of services that takes centre stage (Beaupert and Brosnan, 2021). This is reminiscent of what Scanlon and Adlam (2022) describe as the "inhospitable environments" of hostels, hospitals, accommodations, and prisons. These spaces can serve to re-traumatise and perpetuate violence towards the person occupying them (Scanlon and Adlam, 2022).

The guilt I feel when completing assessments of mental capacity comes from various sources; the impressions made on me feel hard to trace (Ahmed, 2014). I identify that they coalesce around themes of the power of construction, and who's construction is considered valid. This includes the power to construct what is considered normal decision-making processes and cognition, and what the best choice for someone who is understood as lacking mental capacity is. The inherent ableism of the *MCA 2005* leaves me feeling confused, I also do not want to stand aside whilst people experience harm (Clough, 2021). However, what Mad Studies and Neurodiversity provides is a way of reconsidering what intervention in such situations can look like (Aho, Ben-Moshe, and Hilton, 2017; Karanikolas, 2021), with the troubling implication that the social work profession is part of experiences of violence within services (LeFrancois, Beresford, and Russo, 2016).

I have a nagging uncertainty that enmeshes with the guilt I am feeling. On the one hand I have learnt from survivor accounts and growing familiarity with Mad Studies how social work is part of coercive and traumatising systems. Macdonald, Charnock, and Scutt (2018) conducted interviews with people who have experienced hospitalisation for assessment or treatment of their mental distress to suggest how social work can learn from Mad Studies. I had a sense of concern for how positive experiences people who have accessed services reported were considered partly due to "institutional conformity" (Macdonald, Charnock, and Scutt 2018, p.114). I have worked extensively with people who report tumultuous experiences of systems that are diverse: that fall on a spectrum rather than poles.

This does not detract from the argument Macdonald, Charnock, and Scutt (2018) make: that there are alternative and sociocultural understandings of mental health that social work can learn from Mad Studies, and social work needs to acknowledge and re-evaluate its position in these histories and current practices. However, irrespective of our own experiences of mental health systems, those in the more powerful position, be it researcher or social worker, attempting to explain to someone their own experience of oppression to fit a theoretical frame also seems coercive. Treating people who have accessed services as subject to institutional and pharmaceutical control is vital analysis but can also resort to reducing the people we work with as pawns in a system even when they are telling us of all the ways they worked to subvert, survive, and flourish.

An important consideration when discussing cognitive othering is how this intersects with constructions of race and culture. I feel uneasy as a white person when completing assessments under the *MCA 2005* with people from a different racial and ethnic background to my own (Yassine and Tseris, 2022). This feeling peaked as I walked around a museum with someone who I had assessed under the *MCA 2005*. It was their choice of venue as a final goodbye outing before I ended my involvement, but I could not ignore the irony of walking

through the ‘enlightenment exhibit’. They seemed to have fun, but I cringed at the displays of stories of colonisation from countries such as that of the person I was with, perpetrated by people that look like me.

What swelled in me was unease with my position as a white social worker and person. Though this ‘white guilt’ (Grzanka, Frantell, and Fassinger, 2020) was not provoked by anything the person said, the intersection of the sharp power difference within the mental capacity assessment and the power in relation to colonial histories, felt acutely present in the museum.

Usually, and problematically, this white guilt can be demoted to a nagging background noise in the context of the *MCA 2005* assessment. To acknowledge whiteness plays a part in my assessment of a person’s mental capacity would be to start to unmask the “faceless” and therefore raceless “gaze” of myself in assessment, whiteness is no longer situated as the default.

Clough (2021) argues that ideas developed in the Enlightenment period directly inform the model of decision making described in the *MCA 2005*, in particular the demarcation of the rational compared to the irrational. The Enlightenment period and European thinking at the time can be described as the crucible for a white-western perspective of personhood (Ideland, 2018). While the ideas of reason and rational thinking were not invented during the Enlightenment (Gottlieb, 2002), it is considered a critical point when rationalism, or superiority of relying on independent rational thought, became dominant (Grayling, 2019). Some at the time championed adopting rationalism and empiricism to achieve one’s economic and personal interests (Richter, 2006; Houston, 2010). In these arguments, emotions were considered irrational and therefore inferior (Feldman-Barrett, 2017).

Jarret (2020) writes that during the Enlightenment, and its aftermath, a lack of rationality, and therefore mental capacity to consent to a contract, justified the colonialist projects of white European settlers. Jarret argues: “rational man, as he roamed the globe, had

become the guardian of idiot man, man unable to conceive of property" (Jarret, 2020, p. 110). Clear in Jarret's (2020) argument is white colonisers' inability to recognise, without a value judgement, alternate ways of being, organising, and living other than capitalist structures (Pierce and Rao, 2006; de Sousa Santos, 2016).

In this context, the implications of me, a white person, in a position of power deciding whether the person of colour in front of me can make a decision is troubling. I experience guilt at reinforcing neo-colonialism (Tascón and Ife, 2019), when many cultures around the world approach decision making differently from a white-western model (Yates and de Oliveira, 2016). This challenges the assumptions of the *MCA 2005*, where decision making ability is assessed for individuals (Kong, 2017). The subjugation of other ways of knowing and being has been termed "epistemicide" (de Sousa Santos, 2016), which Tascón and Ife (2020) draw on to argue that social work continues to enact this violence in the forms of white knowledge it values and upholds.

I am conscious of how internalised racism could also impact my decision making when assessing someone who is a different race to me. Of course, I try to focus on the person, but it is likely that racist prejudices impact my decisions, often referred to as "implicit bias" (Wong and Vinsky, 2020; Rogerson, Prescott, and Howard, 2022). Racism has been argued to impact perceptions of violence (Saucier *et al.*, 2010), need (Dominelli, 2017), and pain (Hossain, 2021), which can all be important factors of assessing mental capacity to make a decision.

Does engaging with anti-racist social work resources (Singh, 2021) suffice to 'fix' this problem? I suspect it does not (Jeffrey, 2005), or at least, I still feel guilty. Performing the 'good white person' becomes a way of becoming faceless again: I am in a sea of white social workers who all dutifully attend their diversity training and admit to so-called 'unconscious biases' that we have no control over (Ahmed, 2007). This is one of the outcomes of persecutory guilt, the white liberal can be distanced from their feelings of culpability without truly working

through the depressive position (Caflisch, 2020). We can pretend we are not like the 'bad' white people (Suchet, 2017). Maintaining a depressive position and moving to a place of reparative guilt enables us to de-centre our own anxieties and consider in the ordinary day-to-day moments our privilege, power, and how we can practice reparative justice (Caflisch, 2020). But this is not something that is "achieved" – again enacting distance and an excuse to ignore the realities of the pain of others. The goal is not to be rid of guilt.

I believe that the *MCA 2005* provides a salve for guilt. We become "faceless" (Foucault, 1975) as we do not have to face the injustice we perpetuate. The simple structure of the mental capacity assessment does not ask you to grapple with these concerns, at least not to the point of meaningful change (Ahmed, 2006). I complete it and send it to my manager. I can return to a feeling of certainty, rather than the instability that critiques explored here provide.

The relieved social worker

From this autoethnographic analysis thus far, it could be easy to conclude that I do not enjoy social work. This is not the case. I have moments of joy throughout my work, I find the work fulfilling. I have meaningful relationships with the people I work with, some of whom I have known for years. These relationships can be sites of frustration and guilt, but also of laughter and trust.

However, I struggle to recall such moments when completing an assessment of mental capacity. It is expected that a person is informed when such an assessment is taking place, and the outcome of this assessment. Most people react (understandably) with hostility, confusion, or offence when I initiate an assessment. Of course, there can be funny moments around assessment. I remember trying to complete an assessment with someone, but to persuade them to spend the required time with me we had to go shopping for their new underwear first. We

can still establish meaningful connection, but the assessment itself is usually not an enjoyable experience, once the shopping ends.

Should a person's time with a social worker be enjoyable? Do my perceptions of a moment of joy reflect what the person is feeling too? I found the requirement to go shopping humorous, but the person did not: they just needed new underwear. My 'impression' is not the same as the person I am assessing (Ahmed, 2014).

For the specific experience of an assessment of mental capacity, the interaction usually feels more cold, perfunctory, less comfortable. As referenced earlier in this chapter, sometimes I come to a peaceful place following an assessment. This is usually a sense of clarity or of satisfaction with the outcome and plan: a feeling of understanding and confidence. Relief that the assessment is finished, and a decision has been reached; the responsibility has been shifted.

Sometimes workers disagree with the outcome of the assessment - "this person obviously lacks capacity" may be asserted by professionals involved who have strong convictions in their rightness but also believe the assessment is someone else's responsibility (Aspinwall-Roberts *et al.*, 2022). I have experienced the impulse to look outwards, to seek validation: I find myself asking other professionals if they agree with me, almost in a desperate way. Am I right? Am I wrong?

However, the fact that there is something to disagree with still serves to contain anxiety: in the serious case review, the agency or worker that made the incorrect assessment can be held responsible for harm, rather than the other agencies who knew all along the person lacked capacity to make the decision and said so in an email sometime.

Feelings of relief trickle through the system, reassuring everyone other than the person being assessed. We can make them fit, we have a clear-cut answer, we can move forward. I have completed assessments where I feel I have subverted this to a certain extent: for example, despite other agencies' anxiety I maintained the person would likely regain capacity to make

the decision, which they did and then made the decision themselves. But responsibility can still be shifted back onto the person eventually, resolving my fear. A pertinent example I found in my field notes:

> When I ask someone about their immigration status, they counter – well do you have to apply for immigration? No, I answer, but I was born in the UK.
> That's incorrect – I wasn't born in the UK. I was born in South Africa to two white British parents, who returned with me to the UK when I was one.
> I didn't intend to lie – this isn't a fact I hide from people, and it has little influence on my life. I've only ever been a British citizen. However, it was only a few seconds after I said it that I realised it was incorrect. I was trying to determine how well they understood their own situation, whilst presenting incorrect facts about my own. (fieldnote)

This interaction, to me, is an illustration of the various propositions put forward out in this autoethnography. When they ask, "Well, do you have to apply for immigration?", this is the person challenging, reversing the gaze. Using the language of the institution of the Home Office towards me. I counter "but I was born in the UK" – a factually incorrect statement. I inhabit a faceless facade, where I am the perfect citizen; reinforcing ideas of national, ethnic, and racial categories and rights. I construct false facts to avert the gaze back to them. I am not even realising I am doing this, I am trying to force them in. This is a mistake on my part– an error – but it is my role to assess their errors.

It is in our interaction that I re-enact the habits of the institution which they push against (Ahmed, 2017). Under the guise of an assessment, it is not my 'cogs' being inspected, errors in my own account I can explain as a blip, whereas errors in theirs' I can use of evidence of misunderstanding.

Conclusion

When assessing a person's mental capacity it is understandable for a social worker to use any resources available to them to contain the anxiety they feel. Relief is a typical response to the reduction of pain (Porreca and Navratilova, 2017). However, the binary thinking that

provides containment in the *MCA 2005* becomes troubling on a few counts. The containment serves the workers but not the person, the assessed person's experience often becomes subsidiary once they have been branded as capacitous or not (Clough, 2021). It facilitates agencies functioning to contain anxiety and defend members from the pain of the work (Menzies-Lyth,1988; Gore, 2013) that can serve to re-traumatise the person (Scanlon and Adlam, 2022). The decisions that are made in the person's best interest forces them to engage with often coercive and hostile systems, though this is justified as being in their best interests (Omonira, 2014; Lee *et al.*, 2019).

This chapter has worked to hold a balance of exploring systems of oppression and social work's complicity in these, alongside shifting the focus from not just what is done to the person but what they also do. This is not an attempt to blindly shift responsibility onto the person, but to consider ways people resist, support, and decide when faced with the landscape of institutions.

I feel contained by the process of an assessment of mental capacity, but this security is chipped away by exploring these feelings of frustration, guilt and acknowledging the relief when I 'wash my hands'. I can use the assessment as a shield or a mask (enabling my "facelessness") to their psychic pain, my own, and the institutions I recreate through assessment.

Chapter 5: The place of the body in a mental capacity assessment

Introduction

Thus far in this autoethnographic analysis I have suggested assessments of mental capacity are an example of social workers adopting Lee's (2022b) use of Foucault's (1975) concept of the "faceless gaze", which props up the governing power of social work. I have argued that based on my own experience one of the motivations for social workers to enact this is it provides a container for anxiety and other intolerable feelings, a defence from psychic pain of the people they are working with, and a way to ignore their position in systems that enact harm and social injustice. I suggest these claims can be seen throughout my experience of assessing mental capacity. In this chapter I will move to focus on experiences of the body as felt and managed when completing assessments of mental capacity, and what this can tell us about emotional experiences of assessment. I will argue that assessing mental capacity can also prompt social workers to dissociate from bodily experience: we ignore our bodies, pain, and guttural feelings. I suggest one way we do this is through numbing, to maintain our professionalism and objectivity when assessing mental capacity and wider practice.

The social worker's body

The body, both social workers' bodies and the bodies of the people they are working with, has been described as "invisible" in social work theory (Cameron and McDermott, 2007). I have found that my body and the bodies of the people I am working with make up most of my thinking (where they are, what state they are in, what could cause them harm). The body is also the site of a lot of the information I can gather during an assessment (van Rhyn *et al.*, 2021) including assessments of a person's mental capacity, whether I realise it or not, though

usually this is something I privately navigate rather than discuss out loud (Cameron and McDermott, 2007; Messinga, 2017).

Wilson (2015) encourages feminist thinkers to embrace the unpredictability of anatomy, substrata, and psychopharmacology to enable more fruitful discussions of the phantasies we project onto the body. Through denaturalising definitions of biological and pharmacological experience, Wilson (2015) develops a phantasmic theory of a biological unconscious that pushes against "flat" understandings of biology. She argues that discussions of the body are often limited to either a purely social constructionist understanding of bodily experience, or a biologically determinist perspective of how the body functions. Wilson (2015, p.89) describes the "belly" as containing what is "worldly, what is idiosyncratic, and what is visceral."

I will attempt to sit in Wilson's (2015) tradition, by refusing a binary approach to culture and biology, to nature versus nurture, drugs in place of talk therapy, to provide a more nuanced account of my own experience. Cameron and McDermott (2007) mirror Wilson's (2015) central argument of the entanglement of biology and culture in the context of the body in social work knowledge. Though their argument is not based on psychoanalytic thinking, they too highlight the inherent fear of biological reductionism in social work but argue that the material reality of bodies is key to the work.

Ferguson (2010; 2018) explores the role of the body in assessing risk in social work practice; particularly focusing on the sensory experiences of the social worker and the mobility of the body. Ferguson (2018) argues that home visits are 'made': through movement, creativity, and negotiation. This is reminiscent of Iversen, Gergen, and Fairbank's (2005) assertion that assessments are a process of 'making' not 'finding'. The social worker's body plays a key role in social work practice; much of this discussion can also be extrapolated to assessments of mental capacity. However, what I want to focus on here is specifically the physical nature of

bodies, how this is managed (if it can be), and the implications of this on how I assess mental capacity. These are some notes from the data I collected for this autoethnographic analysis:

> It's now 4pm. I haven't eaten anything apart from some toast at 7:30am, not drunk any water, and hadn't realised my period had started and I was in a lot of pain. I feel tired, and slightly dissociated as to what's going on around me. (Pain)
>
> I felt incredibly uncomfortable – physically I can recall feeling like I hadn't blinked in a long time, and my whole body was tense. (Discomfort)
>
> As he stood up there was a pool of puss on the seat, from where his clothes had cut into his skin. (Disgust)

These are some thoughts I noted on the way back to the office after visits where I was assessing someone's mental capacity to make a decision. Though not explored in the existing literature, the body, I believe, is crucial to assessment of mental capacity. I think of the person I visit who has a leg sore and refuses to see the GP or the person who has defecated on the floor of their room and I step in it. Mental capacity is supposed to be in the realm of 'mental', but the decisions being made always include a body (Tangenberg and Kemp, 2002). It is via my bodily reactions, or rather, the phantasies I project onto them (Wilson, 2015), that I perceive and construct an understanding of the person I am working with.

Similarly, the decisions I make from my assessments have a direct impact on the bodies of the people I am working with through the material opportunities it could facilitate, or not, as the case may be (Tangenberg and Kemp, 2002; Cameron and McDermott, 2007). The person I am assessing can also make observations about my body, switching the "gaze" (Foucault, 1975) however momentarily onto me, highlighting the usual power dynamic between us through its subversion (Tangenberg and Kemp, 2002).

The social worker in pain

Considering my bodily experience has a new significance for me since being diagnosed with trigeminal neuralgia (TN), a facial nerve condition characterised by shocks of pain (Zakrewska and Linskey, 2014), that is colloquially known as the "suicide disease" due to the degree and chronicity of the pain (Alejos *et al.,* 2023). Luckily, after a period of a couple of months I was diagnosed quickly and have found the medication prescribed generally works well, albeit with side effects and occasional flare ups. As Ahmed (2014) argues, the sensation of physical pain reminds us of our own vulnerability through bringing us back to our bodies. Indeed, it is a privilege that up until now I have not had to consider my body beyond superficial concerns. The onset of pain has given me a new lens to consider the hidden internal world of my anatomy, rather than just its external shape or weight.

I have found that pain makes social work very hard, and this has forced me to reflect on the role of pain in informing decision making, both in my assessments and the decisions the people I am assessing make. When I am in pain, my patience is reduced. I feel myself becoming more frustrated with people. This has led me to question how reliable I am when assessing others, whether I can still make the judgements I made previously prior to the onset of the pain, and whether I can still do social work effectively.

However, I have a feeling that living with chronic pain has given me some insight into the experiences of people that I work with that I did not have before. The people I work with are typically in some sort of pain. Their pain is much more intense and consuming than mine. However, the reality of chronic pain is more 'real' to me than before, which means I both have a new understanding of attempts to numb pain, but also dismay for the levels of pain people are willing to tolerate.

Yet am I projecting my experiences onto others? Based on my new experiences with pain, and my new perceptions of the decisions the people I am assessing make, has this changed

my use of the *MCA 2005*? For someone I would have previously assessed as lacking capacity to make a decision, would my conclusion now be different due to my own projections onto them about efforts to avoid pain that now seem more reasonable? Or would I now assess them as lacking capacity because I cannot fathom how someone would decline treatment when in such pain? Ahmed (2014) suggests that pain is relational. She uses the example of her own mother's fibromyalgia diagnosis to illustrate how her mother's pain imprints on Ahmed too. Pain is a universal experience, though some will feel it more acutely than others. I do not know how my experiences of pain impact the ways I witness other people's pain, but I know that they do.

There are so many ways we hide pain. Prior to getting a TN diagnosis, the only way of managing the pain was through various pain medications. When I went on visits at work, I would try and time my visits for when I could take as much pain medication as is recommended. If it delayed in taking effect, then I would clench my teeth and stay mainly quiet until it did. Ultimately, I had to be signed off work sick for a period. This experience is not unique in my line of work: I can think of many examples of people I work with hiding pain. Trying to complete an assessment of someone's mental capacity to make a decision in this context is tough. There is so much of my own internal world and that of the person I am assessing that is hidden or diluted to present the impression we want to make or only know how to make.

Bodies and the way they function are enmeshed with ableist expectations and norms (Loja *et al.*, 2012). This has implications for social work (Baron, Philips, and Stalker, 1996), such as often intolerable conditions in the workplace for any bodies that do not meet the assumed norm. I recall a disabled social work colleague recounting that often people will make assumptions about their cognitive functioning based on their physical appearance, which is complicated for them when assessing someone's mental capacity. TN is typically considered a

disability, though I have a tricky relationship with this and feeling disabled 'enough'. The experience has been a lesson in what the expectations are of social worker's bodies.

I suspect the presence of social workers with bodies who do not fit ableist norms is troubling to organisations in part as it reminds others of the bodies we have, and the different ways they function, which can dislodge the "faceless" mask (Foucault, 1975) we try to purport. Usually "dys"-functioning bodies are those of the service user, not the professional. Acknowledging the diversity of bodies in social work and considering how our different experiences of our bodies impacts our assessments of what other people chose to do with theirs challenges the objectivity of assessments of mental capacity. As highlighted in my experience, this does not necessarily have to be to the detriment of the client: a disabled social worker may have a level of empathy for someone accessing services that other workers do not, enhancing the assessment and clients experience of it (Walton-Cole, 2020). At the same time, it can come at the cost of the worker's wellbeing, considering the impact of the work on their physical health, when service pressure and priorities means that reasonable adjustments cannot be meaningfully made.

My experiences of pain and those of fellow social workers with different illnesses and disabilities are only problematic if we believe it is possible to live life not having these experiences. The "faceless gaze" takes on a (comically) literal meaning. If I could practise social work without a face, and without a trigeminal nerve, then the pretence of objectivity in assessments of mental capacity would be easier to maintain. However, it is not, and I bring the experiences of my body with me to assessments where I am assessing the decisions someone else is making about theirs (where it lives, how it is treated, who can be present with it, what they can do with it). My relationship with my own body, its pain, and its privileges, is entangled with how I understand others' pain.

The disgusted social worker

Ferguson (2010) highlights how feelings of disgust and fear of infection can have serious consequences for people accessing social care services through reviewing the case of Victoria Climbié. Prior to her death Victoria had scabies, which meant both police and social workers refused to visit the home due to risk of infection. Ferguson (2010, p.111) argues that even if a social worker goes into a visit with good intentions, when they arrive "every fibre of the lived body can tell them to get out of the home into the street, the fresh air and the car, back to safety as fast as they can."

The abject, a theoretical understanding of impurity most influentially developed by Kristeva (1982), is a useful starting point to consider some of the experiences of the body that are challenging or intolerable. Faeces, menstrual blood, tears, puss - anything that society considers impure - must be expelled from the body, to maintain the boundaries of the self as clean and safe (Kristeva, 1982). Once rejected from the body the presence of the abject and risk of disrupting the boundary of the self remains (Kristeva, 1982). Reaction to the abject is closely related to experiences of disgust, though the abject elicits a heightened sense of fear compared to something considered disgusting (Arya, 2017).

Houston (2023, p.2323) argues that consideration of the abject is highly relevant to social work, and that it is crucial to acknowledge the impact of abjection on a social work assessment. Houston (2023) encourages social workers to engage in "abjection work" to acknowledge and challenge inner psychic defences against the abject. This autoethnographic analysis could be considered "abjection work".

Bodily fluids and excrement are common among cases heard at the Court of Protection (a recent example: Barnet Enfield and Haringey Mental Health NHS Trust and Anor v K and Ors (2023) – concerning treatment of the service user's leg ulcers); and in mental capacity assessments generally that do not end up at the Court of Protection. The presence of the abject

is a common occurrence in assessments of mental capacity, for example, concern will be heightened by the presence of the abject such as untreated open wounds. Such an abject risk will provoke questions of whether the person has the mental capacity to make the decision to refuse to see their GP. Though, in my experience, if they did not have the open wound but had a hidden illness which could result in death quicker than the open wound, refusal to see a GP is seen as a less urgent concern.

One criticism of the use of the *MCA 2005* in practice is that practitioners fail to separate the outcome of the decision from the assessment from whether someone can make that decision (i.e., the fact that the person I am assessing would choose to decline treatment impacts my assessment of whether they can make that choice) (Beale *et al.*, 2024). There have been challenges to this distinction (Kong, 2017), but I would like to suggest one challenge is the experience of abjection. When I visit someone declining medical treatment and I have reason to doubt their mental capacity to make that decision, how is my assessment impacted by reactions to the abject? I commented in my fieldnotes:

> I feel like to remember they are likely not physically fine though they insist they are, I have to try and picture the events happening their body – to elicit disgust in myself, shock, to try and keep my motivation to keep offering support when they always refuse.

If someone has an open wound and they are refusing treatment, in my experience the anxiety provoked amongst practitioners is not just from the knowledge of sepsis and other complications that come from a lack of timely treatment, but also the presence of the wound itself: the blood, puss, and broken skin, the maggots. What builds amongst the system of practitioners are feelings of anxiety, fear, and repulsion - reactions to the abject. The abject is not the *only* experience informing this response, there are a myriad of other factors. In the excerpt from my field notes above, I must try and imagine the likely abject to spark a reaction in me beyond avoidance. I find it harder to assess this person's capacity as there is no immediate

visual evidence of the harm being done through self-neglect, but who knows what they could be experiencing that I cannot see.

As workers and members of the public are exposed to the abject, their tolerance decreases and a sense of urgency to "do something" escalates. An example from my fieldnotes:

> As I was walking away a man selling flowers at a nearby stall asked to speak to me, he said he had to put bleach down to help the smell of poo and urine. He asked if there isn't any accommodation for my client or any support. I advised we're trying to make sure they get the support they need and thanked him for his time.

Multi-agency meetings can become full of tension; letters from the public to councillors become fraught and that then funnels down to workers. Fear builds for our own safety and that of the person: it is hard to always distinguish the two. This makes assessing the person's mental capacity harder and harder, as the pressures build. From what I have observed as reactions to the abject increase, focus on the person and what they are saying they want gets pushed to the side. I become more focused on dealing with the intolerable (and often, unsafe) presence of the abject than what the person is actually saying about their own views and feelings.

I would like to stress that by highlighting reactions to the abject, I am not claiming that these responses are wrong. The safety of the person, public, and workers needs to be considered and navigated. I believe the abject plays a crucial role in how we approach and perceive the decisions a person is making, and how we make our own. The presence of the abject evokes potent responses in all of us. If I can see the maggots and smell the rot, my sensory and psychic responses to this are overwhelming. Furthermore, when 'doing' the assessment, I am also conscious of the tense dynamics amongst the multi-agency team, councillors, business owners who want the abject disgust of the situation bleached clean. All of this makes the distinction between the assessment of the person's mental capacity and what is in their best interests very difficult. We tell ourselves that it is possible to push past the experience of our noses and our guts, to complete an assessment not influenced by our bodies, but I am not sure this is possible.

Though Houston's (2023) challenge to social work to confront our experience of the abject is useful, what is missing from his account is the body of the social worker. He acknowledges we are all likely to experience abjection at various points in our life, but the distinction between what is presented as 'normal' or 'to be expected' abjection', and that of the people we work with, is unrealistic. Even seemingly trivial experiences can provide examples of how social worker's own body can evoke the abject: one colleague spoke of having irritable bowel syndrome and weighing up whether to ask a service user if they could use their toilet when making a home-visit. The colleague was concerned for the mess, smells, and sounds this could create. This is not to equate my experiences of say, menstruation, with that of people rough sleeping who must manage their period – a *much* more difficult experience (Vora, 2020). However, we should still ask in what ways can the bodies of social workers be abject, and how do we manage them?

> A client remarks on me picking the skin around my nails and that it has started to bleed. "Do I make you nervous?" they ask. "You're lucky you work for the government, if you didn't everyone would say it's DV" (abbreviation for domestic violence)

This remark from someone who I assessed under the *MCA 2005* has always stuck with me. In that moment, I was no longer the observer, rather I was being observed. The person could not or chose not to ignore my harmful habit of picking my skin, and addressed it directly, and the feeling it evoked in them. Furthermore, they explore some implications of this, as I might if I met someone who had cuts or bruises in my professional role. In this moment of subversion, I felt vulnerable, but it was also somewhat refreshing. It felt like a moment of mutual recognition, and of her reclaiming no matter how momentarily some of her power to comment and observe, as I do freely.

The purpose of this autoethnographic analysis is to focus on the emotional experience of the social worker when assessing a person's mental capacity, however, as can be seen,

experiences of abjection weave in and out of all our lives and have implications for everyone involved in the assessment. My reactions to the abject are enmeshed with my appraisal of the decisions someone is making, and the reciprocal emotions evoked by this are also a constant current underlying the assessment. My fear and embarrassment when my own mask slips, and the person can see my body as disgusting or a risk to their safety, is also crucial to the process of navigating the relationship within the assessment.

The numb social worker

Like a lot of people, in my adult life when struggling with my mental health I have tried talking therapy (NHS, 2021). I was first referred to a tele-therapy NHS service that was based in the same building I was working in. Throughout this time when therapy has had varying degrees of success for me, the more affordable option has always been Selective Serotonin Reuptake Inhibitors, which I have taken for the best part of 8 years. And the SSRIs did help insofar as my anxiety was numbed. It was only when I sat down to start this autoethnography that I started to think about how hard I find it to access my emotional experience. I started to realise there were situations where I would be with someone in acute deprivation and pain, and I would not feel much at all. I do not know if that is the SSRIs or building up more years' experience and resilience to the daily dismay of the work. But it still concerned me. Since stopping the SSRIs I have felt more in touch with my emotions, in many ways making this autoethnography possible. I wonder whether this is due to the chemical actions of the SSRIs or a placebo effect, but as Wilson (2015) reminds us, this distinction is unhelpful in understanding the experiences of our bodies.

The onset of my chronic pain also timed with the start of this autoethnography. As stated, I have made attempts to numb this pain in any way I can via medication. Conversely, due to the numbing effects of the medication completing the autoethnography was possible.

Prior to starting the medication, focusing on anything for too long was impossible. I did not start using SSRIs or the anti-epileptic medication now prescribed to me solely due to the demands of social work, but I was partly motivated by the desire to function as a social worker.

If I had not been so motivated to get back to work, perhaps I would have felt more able to take a longer period of paid sick leave or give talking therapy a few more goes instead of relying on SSRIs for so many years. Without the anti-epileptic medication I would not be able to focus when assessing someone's mental capacity to make a decision, and without the SSRIs the anxiety of their situation would often overwhelm me to the point of struggling to have any confidence in my assessment.

Once again, these pressures are not unique to social work (Dobson and Schnall, 2018). However, there are unique implications for a profession that expects the people we work with to be honest about their struggles when we try very hard to hide our own. Also, once again, I do not believe this is always a bad thing: filling the time in a visit with a person I am working with by talking about my issues is rarely helpful to them, and likely very annoying. Though, the pretence that a social worker's mind (as explored in chapter 4) and body (as explored in this chapter) have features different or perhaps superior to the person they are assessing is built on shaky foundations. A major difference between the assessor and the assessed is that the social worker is a professional: in the sense that they are employed to be there, and in the more nebulous sense that they have to adopt characteristics to be entitled to certain power and respect associated with this title.

The professionalisation of social work has been widely researched and discussed (Weiss-gal and Wellbourne, 2008; Leigh, 2014; Diaz and Hill, 2020; Hugman, 2020). For me, a crucial part of professionalisation is numbing. Numbing is sometimes dressed up as 'resilience', a much sought-after attribute for social workers that means that when you witness death, poverty, and pain, you can bounce back quickly enough to keep working. Numbing the

pain, the anxiety, the nagging feeling that most of this is beyond my control, means I can maintain my professional façade and continue happily enough in this career. It is numbing that leads to some experienced social workers being perceived as being disconnected or disenfranchised with the work ("going through the motions"), or that pushes new social workers quickly to pursue supervisory or management positions. To me, numbness feels like an emptiness via disassociation. It is the avoidance of emotion.

I would argue that closely linked with professionalism and numbing is the pretence of objectivity. As explored throughout this autoethnographic analysis, attempts to suppress or ignore the psyche and body of the social worker and maintain its "faceless gaze" (Foucault, 1975) enable the outcome of assessments to be considered objective. Few would argue that social work is a purely objective profession, but the assumption that the outcome of a mental capacity assessment is reliable relies on the fact that the findings of the social worker are more valid, particularly than the person being assessed. Critiques of use of the *MCA 2005* often come down to how we can make this a more objective and consistent process, such as the accusation that assessors cannot distinguish the assessment from the subsequent decision that needs to be made in a person's best interests (House of Lords Select Committee on the Mental Capacity Act 2005, 2014). Within these critiques remains the assumption that there are a set of people - professionals - that can make this assessment compared to the 'others'.

There is acknowledgement in the *MCA 2005* code of practice that assessments can vary between professionals, though ultimately, if a decision is disputed it is assumed a judge in the Court of Protection can make the final decision (Department of Constitutional Affairs, 2007). These nods to the context-specific influences of assessment under the *MCA 2005* do not ultimately address all the complex subjectivities of assessment; the assessment of mental capacity remains intact and considered valid, and the closest to objective we can achieve.

Lee (2022b) argues that professionalisation of social work through state enforced regulation and registration props up the validity of professional power to achieve the most valid reflection of a person's abilities and situation. Paradoxically, Lee (2022b, p. 4394) also considers social work to be in a process of de-professionalisation due to its fragmentation and reduction to technocratic processes, resulting in an "epistemological and ontological attack on the social work profession". To be "faceless" is to numb oneself, to maintain the mask of professionalism, and have your position validated. This requires all the nuances of assessment steeped in the psychic and bodily experiences of the assessor and assessed to be suppressed. I stated in my fieldnotes:

> I had the assessment open in another tab, I've now closed it. I feel stressed by it but also distant. I don't know when I'll feel able to write the assessment but I'm hoping it will be next week…
>
> Next week …
>
> I've written the assessment and sent it to my manager.

This is the story of social work: a visit, a write up, send it off to your manager. This is mundane, but for that reason worth inspection, as Lee (2022b) highlights it is the computer systems and common assessment tools that serve to prop up the "faceless gaze" (Foucault, 1975) and governing power of social work, through norm-setting. The predetermined IT form allows social workers to include in the assessment what they are told to, rather than what the client thinks relevant or the wider social context. The IT form becomes a way to numb. No matter how I really feel following an assessment, or what the person would present as their own narrative, I can construct this within the form. I will admit this provides a sense of containment and finality. No matter how messy a situation is I find some order in enclosed free spaces, the text, the ticks that appear when you finish a section of the form. I can make this chaos palatable, and digestible; and then send it to my manager.

Conclusion

This chapter has explored some of my bodily experiences when assessing a person's mental capacity to make a decision. I have focused on pain, disgust, and attempts to numb. My body and that of the person I am assessing is not acknowledged in most of the research around the *MCA 2005*, which is symptomatic of the lack of focus on the body in social work practice generally. But, as discussed, my bodily experiences have significant implications for the process and outcome of an assessment.

I have argued that attempts to numb bodily and psychic experiences can be seen via the professionalisation of social work practice, which enables the outcome of social work assessments to be considered objective, or as objective-as-possible. This all enables the "faceless gaze" (Foucault, 1975) of social work and its governing power to be maintained. I have explored the ways I have numbed my body to do social work, and some of the feelings of safety I feel in the IT e-forms and *MCA 2005* pro-formas provided to then send off to managers. This captures what I argue to be the containing power of the *MCA 2005* (2005). Assessment makes psychic and bodily chaos manageable, and something that can be 'ticked off'. This enables me to keep going, to move on, and complete the next assessment.

Chapter 6: Developing a practice-near interview method

Introduction

This chapter marks the transition into the second part of this thesis. Thus far the thesis has revolved around my experiences of assessing mental capacity. In this second part of the thesis, the focus shifts to other social workers and their emotional experience of assessment. In this chapter, I explain the methodology of the research: revisiting the research paradigm, the sampling and recruitment processes, the method of analysis, and the ethical considerations of research. This research adopts a transdisciplinary approach to gathering and analysing the data. I use a psychosocial lens to understand the emotional experience of participants as well as my own emotional experience of the interview process. I also draw on the work of Ahmed (2014) to consider the interplay of emotions that occur in practice and in the interview encounter. The findings of the in-depth narrative interviews are reported on in chapter 7.

The research paradigm (revisited)

In chapter 1 of this thesis, I explained the eclectic theoretical approach I have taken to gather and analyse data in this research project. I will revisit this discussion here to explain how the research paradigm is used to conduct the in-depth narrative interviews.

The premise of this research is that all social workers will have an emotional experience of their work (O'Connor, 2020). Emotions define the relationship between the assessor and the assessed; they are always present (Ahmed, 2014). I have drawn on a psychosocial approach to research in this project to explore the presence of emotions in the context of assessing mental capacity (Clarke and Hoggett, 2019; Frosh, 2019).

As seen in chapters 4 and 5, I have reported a complicated emotional experience of assessing mental capacity in depth. I was concerned that the experience of completing the

autoethnographic analysis would be hard to "shake" prior to interviews. However, this relies on the assumption that we can ever be rid of our own experiences when completing research (Denzin and Lincoln, 2008). Devereux (1967) argues that the researcher's experience of the data becomes a site of knowledge in itself, as any social interaction will provoke anxiety and defences. My own experiences are not something to try and reject, rather worth embracing as part of the research project.

These concerns are particularly important when the researcher is a member of the community being researched, such as in practice-near research (Cooper, 2009; Uggerhøj, 2011; Lunt and Shaw, 2017). Clarke and Hoggett (2019) suggest that interviewers need experience and considerable knowledge of the topic to, as Bourdieu (1999, p. 614) puts it, "break through the screen of cliches behind which each of us live". Practitioner researchers seem to be in a particularly good position to see past participants' cliches, as they also live with them.

To understand the enmeshment of the psychic and the social, I will draw on the work of Ahmed (2014). As explored in more depth in chapter 4 of this thesis, Ahmed (2014) suggests emotions are what make the boundary between the self and the other; they are cultural practices rather than psychological states. Ahmed has not aligned herself with psychosocial studies, but has highlighted her own flexible approach to the theories she draws on in her work ("Sara Ahmed: Dresher Conversations", 2019). In this tradition, I consider Ahmed's (2014) description of emotions can sit alongside psychosocial understandings of experience, particularly in areas of psychosocial research that consider social and political experience (Frost and Hoggett, 2008).

Ahmed's (2014) thinking is also explicitly feminist, which I find myself strongly aligned with, including the critiques of the hegemony of white feminism (Moon and Holling, 2020). This is particularly useful in considering the historical context of researching emotions;

a person's emotional state has often been used as a measure of their rationality, for example the institutionalisation of "hysterical" women (Tasca *et al.,* 2012).

So, when establishing the research paradigm for this project, it embraces psychosocial studies in its approach and attitude (Redman, 2016; Clarke and Hoggett, 2019; Frosch, 2019). However, a variety of different theories are used to gather and analyse the data created. It has been argued that psychoanalytic understandings of subject matter can be strengthened through drawing on other theoretical grounding (Frosh and Emerson, 2005). This transdisciplinary theoretical lens is applied here to the in-depth narrative interviews, to inform both how the data is gathered and subsequently analysed. The formulation of the research paradigm looks to respond to the autoethnographic analysis of my own experience presented in chapters 4 and 5.

Approach to the interviews

I chose to carry out in-depth narrative interviews to elicit narratives about assessments from participants, whilst also allowing space for the interviewer to use active listening skills to further explore participants' narratives (Anderson and Kirkpatrick, 2015). The questioning phase allowed me as a practitioner-researcher to draw on my understanding of the nuances of assessment to prompt participants to elaborate further. The interview schedule was ambitious in that it aimed to capture a range of narratives from participants about assessments they had completed. The questions drew on free-association (Hollway and Jefferson, 2000). Participants were asked to recount three emotional words that they associated with mental capacity assessments. Participants were then asked to elaborate via narratives to explore these words further, giving anonymised examples from practice.

The interview schedule was informed by the findings of the autoethnographic analysis. In particular, I developed a question asking participants to consider the impact of the work on their physical wellbeing, and another considering how they understood 'difference' in the

context of assessment. These were two points of inquiry that arose in the autoethnographic analysis. Moreover, at the end of the interviews, participants were asked to reflect on their experience of the interview itself, to elicit meta-reflections.

Each participant was offered a choice of whether the interview happened in person or via a videoconferencing platform. Three interviews took place via videoconference, and they were conducted on Microsoft Teams. Measures were taken to ensure the interview occurred with both parties taking part from adequately private spaces. Microsoft Teams is a secure platform for the purposes of research interviews. Three interviews took place in person, one in a participant's work office building and two in the participant's homes. The interviews were audio recorded, and transcripts manually transcribed. Digital files were stored on the University of Essex One Drive. Paper files were stored in a locked draw. They will be stored for a period of time in line with the University of Essex policy.

Sampling and recruitment

A sampling frame was used for recruiting participants. The inclusion criteria stated that the participant needs to have: assessed a service user under the Mental Capacity Act (2005), and this legislation is part of their regular work; they are a registered as a social worker (with Social Work England); and has the mental capacity themselves to consent to take part in an interview.

A purposive sampling strategy was used so that the appropriate pool of participants could be accessed, and I could approach participants from a diverse background of social work settings (Suri, 2011; Etikan *et al.*, 2016, Beedel, 2021). Participants were recruited through professional networks and contacts. The experience of recruiting participants offered an opportunity to reflect on my autoethnographic analysis. As I met with the participants, I came

to see my autoethnographic analysis as both unique to my experience but also something that echoed many of their experiences.

The sample consisted of six participants. A challenge of recruitment that I had not foreseen was the number of potential participants who felt they did not know enough about the *MCA 2005* despite having training on the topic and using it regularly in their work. This was surprising but also symptomatic of the uncertainty practitioners feel around the *MCA 2005*. Despite this, six participants agreed to take part and were interviewed.

I have used pseudonyms to refer to the participants throughout this thesis to maintain confidentiality. The level of experience in the sample ranged from six years to thirty plus years practicing as a social worker. The sample was diverse regarding the characteristics of participants, who were from a range of different racial and ethnic backgrounds (Black-British, East Asian, White-British, South American) all practicing in England. The participants were based in different settings such as the community, a hospital, prisons, and care homes.

Method of analysis

To answer the research question of "what are the emotional experiences…" of the participants I interviewed, it was necessary to develop themes from the data gathered. I used reflexive thematic analysis to do this, which involves submerging yourself in the data to develop codes and subsequent themes (Clarke and Braun, 2023). I had thought that I would find, like in my autoethnographic analysis, that themes would coalesce around emotional signifiers (such as fear, joy, shame). However, the themes developed were less explicit and clear-cut; they captured an array of emotions and reflected the challenges I perceived some participants had in naming experiences. I developed the codes and themes manually, using printed copies of the interview transcripts, rather than with an analysis software.

A development to the first iteration of thematic analysis is an emphasis on the reflexivity (Braun and Clarke, 2006; Braun and Clarke, 2023). Reflexive thematic analysis acknowledges the subjectivity of the researcher and requires the generative role of the researcher to be explored explicitly within the research (Braun and Clarke, 2022). There is a tension between reflexive thematic analysis and a psychosocial understanding of the participant as a defended subject (Hollway and Jefferson, 2008; 2012). In reflexive thematic analysis the researcher should be wary of believing that they have a superior understanding of the participants' experiences than the participants themselves. In contrast, adopting a psychosocial approach to research prompts the researcher to interrogate the participants experience during the analysis phase, in order to consider what defences they may be employing as part of the research process. However, using both enabled me to draw on the strengths of two well-established methods and find an equilibrium. I believe this equilibrium was found in approaching the interview with a degree of suspicion about how both I and the participant establish ourselves as defended subjects, whilst also recognising my generative role in this construction through a reflexive process.

Codes were developed that could be best expressed through verbs (i.e., pushing, separating, defying), much like Ahmed's (2014) description of emotional experience as a 'pressing' of the self and the other. This is an example of the need for a reflexive thematic analysis: these codes emerged due to the influence of Ahmed's (2014) thinking on my own, and this is important to acknowledge. However, I found this a useful way to reflect the agency of the practitioner in the decisions they make, whilst capturing their lack of agency in some experiences they discussed. Verbs can capture what we do, but also what is done to us.

Table 1 details the codes developed from the data and the subsequent themes these were grouped into. Each interview was transcribed, and then I read through them, making a note of a verb that each line elicited for me. Some verbs were terms participants used themselves,

others were based on my interpretation of what the participant was 'doing'. The themes looked to summarise these 'doing' words. I made multiple iterations of the themes, following Clark and Braun's (2023) direction that we must engage with the data reflexively. I considered what I was bringing to these themes and how the autoethnographic analysis influenced my perception of the participant's narrative. I did not aim to reject these influences, rather, I strived to consider them as part of the research encounter. I did this through keeping a research journal and discussing the themes I was generating with my research supervisor. Once I had developed the themes, I looked to ground the themes in practice and the experience of the social worker.

Table 1: Codes and themes developed from the interview data

Tension	**Judgement**	**Weighing**	**Choosing**	**Making**
Pushing	Achieving/failing	Sinking	Choosing	Processing
Isolating	Validating	Draining	Wanting	Working
Defying	Proving	Weighing	Reflecting	Constructing
Challenging	Expecting	Powering	Dis/respecting	Creating
Fighting	Assuming	Pressurising	Caring	Digging
Differing	Doubting	Stressing	Enjoying	Separating
Intervening	Fretting	Relieving	Interesting	Trapping
Controlling	Blaming	Holding	Communicating	Setting
	Fearing	Beating	Knowing	Investing
		Looping	Rebelling	Existing
			Defending	Sensing
				Speeding
				Focusing

Ethical considerations

Examining the ethical implications of a research project and the meaning for participants is crucial, particularly due to examples of research being used in coercive and harmful ways (Denzin and Lincoln, 2008). The main ethical concerns of this project are listed below, alongside the ways these concerns were managed:

Consent

This research project considered consent as both an event and a process (Tolich, 2020). Participants' consent to take part on this research was reviewed at different junctures of the process: when the participant was first approached to take part, when they first agreed to take part, before the interview, and after the interview. Prior to the interview being arranged every participant was sent a copy of the participant information sheet and consent form. Prior to the interview starting I read through both forms with the participant, and I offered a chance for them to ask any questions or to withdraw their consent from taking part. If they wished to continue taking part in the research then they were asked to sign the consent form, and at this point the audio-recording began. The participants were able to pause or stop the interview at any point and withdraw their consent to be included in the research.

The participants were informed in the consent form and verbally that they could still withdraw their involvement in the research up to fourteen days after the interview. If they did this then all data from their interview would be disregarded in the analysis, and all paper and audio recordings destroyed. The participants were offered the chance to receive a copy of the transcript of their interview and have up to twenty-eight days to respond with their suggestion for any part of the interview to be reviewed. Two participants requested a copy of the interview transcript, but no participants requested edits to be made or to withdraw from the study.

Participant consent to taking part in the research becomes more complicated during the subsequent analysis of the interview. As discussed, the psychosocial nature of this project means that both the participant and researcher are considered to employ intra- and inter-psychic defences throughout the interview process (Clarke and Hoggett, 2019). My interpretations might conflict with what the participant would understand about a response they made, or they could find my analysis troubling. This tension is manageable as long as it is clear that any interpretations I make are just that: analysis I construct or develop, or an "informed guess" (Houston and Swords, 2022, p.349). Interviewees were encouraged to give their own account in their own words. In accordance with a critical realist epistemology, I am suggesting a series of generative mechanisms, rather than claiming to reveal a fact about the participant. The participant, and indeed the reader, could have very different interpretations of the findings. However, through participants receiving their transcripts and being able to provide feedback, participants could influence how their data was handled.

This was a tension I felt throughout the data analysis: whether I was bearing witness to the participants' own narratives, or whether I am interpreting what participants say. However, with when using reflexive thematic analysis it is questionable whether a researcher can ever purely bear witness. As such, throughout the analysis I have highlighted when I am bringing my own perspective to participants' accounts, and when I am explicitly interpreting what they report.

Confidentiality

It was clearly stated in the consent form and participant information sheet that all written records in transcripts and in the final thesis would be anonymised. I had access to a code key, where the participant could be matched to the research output, however, this was not made available to anybody else. The consent form explained circumstances in which the

researcher would have to break their confidentiality and escalate concerns as appropriate, i.e., if the participant or somebody else is at risk of harm, or if an organisational whistleblowing matter was raised.

Distress

There is a difference between the risk of distress and the risk of harm when researching sensitive topics. The risk of harm from taking part in this study is low. However, although the social workers recruited for this research are not considered a vulnerable group, it is possible that at the time of taking part, they could be experiencing difficulties with their own mental or physical health (Sánchez-Moreno *et al.,* 2014). Further, the focus of these interviews concerns social worker's emotional experience, which could evoke difficult feelings for a participant. A debrief procedure was developed in the initial stages of research planning, and resources on support that participants could be signposted to was prepared, such as mental health support phone lines and resources on managing workplace stress.

Due to this project being practitioner research, there was the potential that participants would feel judged on their practice by a peer, or, indeed, like they are being assessed (Campbell and Groundwater-Smith, 2007). To mitigate this the participant was reminded at the start of the interview that I was there in my capacity as a researcher, not a social worker.

At the end of the interview, I asked all participants how they felt following the interview. This provided the participant with an opportunity to express distressing feelings if needed, which I could then discuss with them and signpost to relevant sources of support (Dempsey *et al.,* 2016).

Conclusion

This chapter has outlined the research paradigm, sampling, recruitment, and methodology of the in-depth narrative interviews reported on in chapter 7. The ethical concerns

of the research have been explored, and how these would be managed established. When considering the research paradigm of the research, the various theoretical threads that inform the research design are explored.

Researching emotions is considered through the lens of psychosocial studies, but other understandings of emotions such as that of Ahmed (2014) are also utilised. It is acknowledged that this research is an example of practice-near research, and it considers how this relates to the wider psychosocial research paradigm.

Going into the interviews I felt a nervousness I believe linked to a feeling of vulnerability. I am not alone in feeling this, Davison (2004, p. 390) states: “the reality is that having the potential to feel isolated, vulnerable and distressed does not magically disappear just because we assume the role of researcher”. However, in contrast to Davison (2004), perhaps it is a fear of becoming less isolated – of forcing myself to speak to others about topics that I feel vulnerable about – that is the source of my anxiety as I started conducting the interviews.

Chapter 7: Analysis of the social worker accounts

Introduction

This chapter reports on the findings of the in-depth narrative interviews. The findings are presented via themes: ‘what the social worker makes’. ‘the social worker judgement’. ‘the social worker bearing weight’. ‘the social worker liberated by choice’. ‘the tensions in the social worker’. These themes were developed by grouping codes. I found myself drawn to codes in the form of verbs, such as “controlling” “wanting” “fearing”, as I have been influenced by the work of Ahmed (2014) which I explored in chapter 6. These verbs conveyed a sense of the social worker as an agent and a subject; both doing and being done to.

Participants used fewer emotional adjectives to describe their experience than I did in the autoethnographic analysis. This is likely due to the limitations of the method used: a one-off interview provides participants with limited space to be more vulnerable about their feelings. However, I consider the codes developed to capture the emotional experience of the participants in the words they were comfortable using.

To differing degrees participants recounted their relationship with the systems they are agents within, and how this impacts their emotional experience of assessment. I draw on the work of Scanlon and Adlam (2022), which I discussed in chapters 1 and 4, to explore how practitioners function within what can be coercive and retraumatising systems, and their relationship to their own agency within these systems.

Participants

Sean has worked in different settings in NHS mental health services, all of which have been in community teams. Currently Sean works in a Crisis and Home Treatment Team. Sean expressed some uncertainty about using the *MCA 2005* at the start of the interview, but also a

wish to learn more about the *MCA 2005* in the interview itself. Sean expressed that reflective practice is an interest of his. Several statements Sean made resonated with me, particularly on how the space after the assessment itself can be a time for unwinding uncertainty as you complete the write-up. I felt particularly nervous going into the interview with Sean as this was my first interview, a fact I tried to hide from him. Words Sean used when asked to describe his emotional experience of assessing mental capacity: uncertainty, tense, rumination, chaotic, dramatic, elongated, liberating, empowering, relieving (when it's over).

Lynne has worked in a variety of NHS and local authority settings. Currently Lynne works in a homelessness service. Lynne said she was happy to take part in the interview, that it is an important topic. She made multiple references to feeling criticised by managers when assessing mental capacity, and I felt sympathy towards her. However, she also expressed the confidence she finds through her work when she sees positive outcomes for people she works with. This felt like a tricky balance for Lynne that I identified with. Words Lynne used when asked to describe her emotional experience of assessing mental capacity: fear, worry, willingness, draining, stressful, interesting, proud, happy, good (in regard to quality of work).

Zoe has worked predominantly in Older Peoples Mental Health services, she is an AMHP. I felt warmth towards Zoe, possibly due to having similar experiences and backgrounds. However, I felt disconnected from Zoe's enthusiasm for the *MCA 2005*, which I worried would affect our interview, despite knowing that this is inevitable part of the interview process (Clarke and Braun, 2023). Words Zoe used when asked to describe her emotional experience of assessing mental capacity: stressful, validating, useful, time-consuming, awkward, rebellious, bringing relief (to family), good (doing something).

Christina has worked in both NHS community mental health teams and in hospital discharge teams. She is working now in a therapeutic team in primary care services. Christina and I spoke online, which I was concerned could impact the quality of the interview, but when

I looked at the data it felt as rich as in-person interviews. I felt Christina had some distance from when she was using the *MCA 2005* more regularly and was perhaps glad of this. Words Christina used when asked to describe her emotional experience of assessing mental capacity: scary, uncertain, powerful, warmth, rewarding.

Amy has worked in both local authorities and NHS mental health teams and is now based in forensic services. Similarly to Christina, Amy's interview was carried out online. When revisiting the interview transcript, I had a sense that there were a number of things Amy said that I had not heard. I had left with an impression of Amy as skilled and self-assured, and perhaps less willing than other participants to express emotional experiences. However, when reading the interview, I found there were emotional markers I appeared to have missed. Words Amy used when asked to describe her emotional experience of assessing mental capacity: heavy, complex, effort, gratifying.

Jane has worked largely in local authorities, and as a Best Interests Assessor in DoLS teams. This interview took place online. Jane has significant experience using the *MCA 2005*, so I felt nervous going into the interview as I was worried about my own knowledge and experience. This resulted in me stumbling on some questions, and Jane needed to ask me to clarify a few times. I felt it was harder for Jane to name emotional experience perhaps due to her level of experience and using the *MCA 2005* regularly. But, again like Amy, when I returned to the transcript, I could see there were things I had not recognised at first. Words Jane used when asked to describe her emotional experience of assessing mental capacity: responsibility, enormity, intrusion, privilege, opportunity, discontent, satisfying.

Themes developed from the interviews

What the social worker makes

I have asserted throughout this thesis that an assessment of mental capacity is something 'made' rather than something 'found' (Iversen, Gergen, and Fairbanks, 2005). Within participants' accounts of their experience of assessing mental capacity I perceived them to all describe the ways they create the assessment within the framework of the *MCA 2005.* Zoe and Jane spoke about their high regard for the *MCA 2005*:

> I think it's just such a good tool to have. That makes it less about kind of like individual opinion, or intuition, or history, or anything like that … it's a really useful tool to be able to be like ok we're thinking about this huge thing, about for example, whether someone is going to move into a care home, here's something we can sit down and very tangibly think through it kind of systematically of can they make this decision…(Zoe)

> I think it's always different because it's a different person, a different set of circumstances, different family, different. Every, everything, culture, age, background. So, I would like to think it always involves difference. On the other hand, you also have a legal framework to work with so. It's difference within a, almost a template. I mean you can't just make it up. (Jane)

These responses from Zoe and Jane suggest that a benefit of the *MCA 2005* is how it functions as a framework: you can't "just make it up" (Jane). Zoe referred to the *MCA 2005* as a "formula" and "process" . Following the algorithm of the *MCA 2005* reveals an answer, a yes or no. However, by the end of the interview, this seemed a little less stable: "And I guess my reflection on that, and also has been in talking to you, is how actually how much of your personal self you put into assessments" (Zoe).

Zoe described an assessment where the person assessed used sexually inappropriate language towards her, she felt his level of disinhibition likely indicated he was acutely unwell and lacked the mental capacity to make the decision in question. However, when a male doctor took over the assessment, the person's presentation changed completely: they were coherent, clear, and assessed as having the mental capacity to make the decision. Zoe described how they

"ploughed" on despite feeling "embarrassed" and "disrespected". Zoe highlighted how useful the experience was to develop evidence for her assessment. I felt troubled by this during the interview.

Though this was not Zoe's self-report, I perceived the example to reveal that the assessment of capacity changed based on who the assessor was, their gender but also status and age, and the prejudices of the person being assessed. When we understand assessment as something made, we can consider the implications for how gender is performed within the arena of the assessment (Hicks, 2015), which complicates the assumed objectivity of the *MCA 2005.*

Like Zoe, Jane felt that there is a separation between the emotional impact and the critical analysis of an assessment, though the relationship between the two is complicated: "You can't let the emotional impact off balance your assessment. On the other hand, you can't take it away."

Jane used the metaphor of head and heart to make this distinction, though using both was presented as difficult:

> I'm quite an intuitive person. Perhaps that seems to align with the emotional impact because, you know you do assessment with your head, your head and knowledge, but you also do it with your heart. I don't think you can only use one. You have to use both together (Jane).

The idea of the 'head' or rather logic of the *MCA 2005* was also present in Sean's account, though they pushed against the role of the 'head'. Sean expressed that they must maintain their sense of individuality when completing assessments, resisting the "logic" of others:

> When I start to talk to other people about it they'll it becomes a very logical conversation, and I think when you've got a piece of legislation that's like here's the things here are the points' you know, everything is always like 'the four things!' 'the four Ps! Sean

I believe Sean made up this example of the '4 Ps' to express his frustration with the multiple educational acronyms and toolkits that social workers are encouraged to use to understand legislation. I resonated with this. Unlike Zoe and Jane, for Sean the logic others try to make out of the legislation is a point of frustration. In Ahmed's (2014) terms the *MCA 2005* leaves an emotional impression on Sean, but this impression becomes a source of *op*-pression, which he tries to resist.

However, despite the differences in their accounts both Zoe and Sean spoke of the act of "moulding" (Sean) the assessment: writing things a certain way, the disconnect between what the person says and what the assessor believes them to mean in the moment, trying to stick to the "script" (Sean) of the *MCA 2005*. The assessor is in a process of negotiation, with themselves and others. The restraints are desired, shunned, and feared. For Sean and Zoe, the documentation was important to how they created assessments: "You know in hindsight when you're writing it up and you're moulding it in a certain way, you know what I mean? To make it not seem as chaotic as it felt in the moment" (Sean). He went onto say regarding the write up: "You figure out how you feel and think, and you're applying the MCA properly more so in hindsight.".

Sean expressed concern that he was not doing a "full" mental capacity assessment. After this comment he described the write up as a "private experience" and "you almost have to kind of sink down into that, and yeah wrestle yourself umm around it" in reference to the "gravity" of the decision he was making.

When asked participants referenced smells and sounds associated with their memories of assessments they had carried out. Sean recounted the smell of "vegetables" and "farts" and Zoe "urine". Neither Zoe nor Sean attributed an emotional judgement to these smells. Disgust did not play a part in participants' experiences of assessment, or at least, they did not

acknowledge this. Christina, who completed assessments in a hospital, recalled how the noise and bustle of the environment made an impact on their assessments:

> I can just picture one of the wards. I think that's what comes to mind. So, in terms of, it's just really loud. Lots of people around, beeping, people asking for help, phones ringing, lots of things going on around. Umm kind of quite a small space … close the curtains around you so you're kind of quite enclosed… there isn't, there wasn't anywhere really for me to sit. (Christina)

This evoked for me a sense of Christina feeling out of place and overwhelmed in the environment. Lynne stated when asked about their sensory experience of assessment: "I think you just, for me, it's just like shut off not notice anything else and just kind of be there with that person and focused on that."

For Lynne sensory experience is a distraction: something to be blocked out. This contrasts with Christina's experiences, which seem linked to her multiple references to the "pressure" she felt in the ward environment. Christina felt a lack of control, whereas Lynne maintained a sense of control by seeking to block everything out. For Sean, it is when he is alone after the assessment typing his work up that he feels in control: "I guess that's the crucial part, that kind of unwinds some of your uncertainty, because you, you figure out your own, well."

Sean reports that his managers avoid using the *MCA 2005*, and implicitly encourage their team members to do the same, due to the "headaches" it can create. Due to this the assessment write-up becomes a "private" space for Sean. This space is almost a refuge, from the chaos of the situation and the expectations of others. In contrast, for Jane the feeling of uncertainty was crucial to the assessment: "You go through that uncertainty. That's one sort of slow response...which I think is good because if you're uncertain, you're open to anything which could surprise you." For Jane uncertainty offers opportunity rather than risk. For Jane, being certain is a mark of losing touch with the seriousness and complexity of the assessment.

The social worker judgement

"I'm worried you're going to be like, testing my capacity as well." (Sean)

Judgement, both how participants feel judged and how they judge others, was a recurring issue throughout the interviews. As illustrated in the excerpt above, this even translated into the interview itself.

Participants expressed anxiety around judgement in different ways, but consistent throughout five of the six interviews was a presumption that there is a 'right' and a 'wrong' way to assess mental capacity.

> It's a massive, massive responsibility and if you get that wrong, then it's not that it doesn't it doesn't look good on you cos then you get judgement from everywhere don't you, but it's also about how it makes you feel you could have totally ruined someone's life, you know. (Lynne)

The anxiety in Lynne's response is potent; they fear getting it wrong and the subsequent judgement from themselves and others. She went onto say:

> I think MCAs always create fear in people, I can't believe it doesn't because it's such a huge thing… it's like oh my god you know, what if they don't have capacity, there's all that. (Lynne)

Participants provided vivid accounts of times when other practitioners have blamed them for the potential consequences of their mental capacity assessments. Amy, for example:

> They were like, well, if they take loads of drugs and they end up killing themselves, that's your fault. And I was like, it's not my fault. It's either they have capacity to make that decision, or they don't. (Amy)

For Amy, this blame seemed to be contained within the terms of the *MCA 2005*: the person either has capacity or they do not, it is not the social worker's "fault" if they die as a result of making that capacitous decision.

For some participants, the issue of responsibility was less clear cut. Christina described accompanying a service user to a residential placement. The service user's wish had been to return home from hospital, but Christina had assessed them as lacking the mental capacity to choose their discharge destination. Her family had not wanted her to return home, they did not feel able to meet her needs, though from Christina's assessment she thought they would be able: "I remember going there with her, and I still remember that 'cos, I remember even walking away from the assessment, thinking was this the right decision…" In contrast to the other participants, Jane pushed against there being a right or wrong: "we all know, you know it's on the balance of probability. So it's not dwelling on right or wrong...". The phrase "balance of probability" uses the words of the *MCA 2005*. Jane gives the impression that there being no "right and wrong" helps her contain the anxiety of assessment. This contrasts with more tumultuous experiences of other participants. Sean said:

> You just feel like this kind of Kafkaesque position of, there's some big person looking over you! Making sure you're going to get it right or wrong, and I always feel at odds with that (Sean)

Sean creates a sense of foreboding of an unknown "big person" looking over their work. This seemed linked to what they described as the "blame culture, blah blah blah" of social work. They reported feeling at odds with this "big person", but then later said:

> That's in the sense of just going back and forth of whether you've got it right or not, ummm and maybe that links to not feeling supported, being able to check this stuff with other people and being able to hold it all yourself (Sean)

This second response illustrates their desire for support, someone else to "hold" what they are carrying, linked to their feelings of anxiety around getting it right or wrong. The 'big person' is not providing this, creating a conflict within Sean of pushing against this authority

figure but also wanting and needing more from them. I interpreted this as Sean trying to survive within the coercive system described by Scanlon and Adlam (2022).

Managers and supervisors played different roles for different participants. Christina did not reference management at all. Amy was indifferent to managers' input, seeing it as a means to an end. Lynne found managers reading their assessments as a painful experience, and deeply personal, leading to her feeling "incompetent". Negative feedback on an assessment, perhaps in the context of feeling generally unsupported, contributed to low self-confidence.

For Amy, her sense of what is morally 'right' comes from working within a structure of defending service users' rights:

> It's driven by a sense of rights and the whole reason I think a lot of us came into social work is to promote people's rights. And kind of help them to have the life that they would like to live. So I don't ... it's not that I'd feel guilty if I didn't do it. I just feel that I was failing at my job and failing at everything I stand for (Amy)

Unlike some other participants Amy denied that her standard for a 'good' assessment is driven by emotional significance or by perceived judgement from others. The judgement that she applies is a sense of what is morally right or wrong as an innate and knowable fact.

Jane reported that, for her, the judgement is not tied to what a manager or court thinks. Jane explained the aim for them is to feel "contented" and "satisfied" by doing enough critical analysis.

The social worker bearing weight

This theme was based on codes which captured participants referring to forces being enacted on them that they had little control over, such as: sinking, draining, pressuring. This theme is the most explicitly influenced by Ahmed's (2014) description of how emotions act as a series of impressions. Participants used in their own words a range of different metaphors for how the work presses onto them, the impression it leaves and how they press onto others.

Weight and heaviness were reoccurring throughout multiple responses, particularly present for Christina: "…is a really big weight that is being placed on kind of, that assessing person's shoulders with at times very kind of limited resource in terms of time." She went onto say: "I'm being very negative, I'm sorry. But that's just how I kind of felt in terms of my experience and I think it's just it's a big weight."

Amy provided an example of a woman who had extensive care needs and lacked capacity to make a decision regarding her accommodation. She had been living with her husband who had been caring for her:

> So, that was a really heavy decision because it wasn't, it wasn't like a one to one option that was very obvious, and because the husband particularly didn't want to give an opinion and she couldn't give an opinion, it felt like a lot of weight on me (Amy).

Amy explained that she decided moving to a supported living placement was in the service user's best interests. However, she doubted that after she left that role that the next social worker would review whether this remained in her best interests. This uncertainty reflects a feeling that the next practitioner would not want to carry this weight so would avoid the work, whereas Amy was willingly taking the weight despite the strain.

My interpretation is that weight becomes a shorthand for responsibility and power. For Sean, his colleagues seemed to want to avoid the weight, but he felt he had to "sink down into it" and embrace it as part of the assessment, though he was also reluctant. For Christina, the weight, heaviness, and size of the work became a defining characteristic. For Jane, despite her years of experience, the "enormity" of the assessment had not diminished.

For some participants, the work took something away from them, as well as pushing down on them. Lynne explained "It's always there it's always draining, because you – I don't think anybody could do any part of this work and not say that there are areas that take it out of

you." Similarly, Christina relayed the specific experience of assessing people with dementia as "draining" due to their progressive deterioration over time.

This is an illustration of how participants used non-emotive labels to capture an emotion without naming one. All participants then struggled either knowingly or not to name an actual emotion.

Sean used physical movements rather than words to express a feeling, they indicated they could not think of the right word, so they had to gesture. They commented that the movement they made would be hard to capture on the audio-recording, so I suggested describing their movement as a 'scrunch' and then a 'flop' of their torso and arms. I worried this was me articulating their experience for them, but it seemed to resonate. They summarised the scrunch as being moments when they felt the pressure and responsibility of the work, whereas the flop as a "ah fuck it", oscillating to a place of not caring anymore: "… kind of holding all that pressure and then forgetting it and then holding it in …"

For one participant their body expressed the stress they were feeling in ways that they struggled to predict: "stress rashes" "IBS" "shingles in my mouth" were examples. The body communicates emotional experience to others (body language) and ourself (sickness, ill health). Some participants were less specific when asked about how the work impacts their physical health, but provided answers indicating at the toll on their body via metaphor rather than actual physical illness:

> It depends on you as a person, but I think that was one of the things that I did find really hard. It just felt like you've put you have a really big, decision to make and you have a lot of, you know, power and a lot of and then it is a huge thing (Christina).

Without explicitly naming a physical reaction, heaviness becomes a shorthand for feeling crushed, a metaphor for the pressure and a physical feeling of strain.

The environment that the assessment took place in was significant to participants and impacted their perception of pressure and power. For Christina and Amy who have worked in both the community and institutional settings, they reported assessments feeling different in a person's own home compared to a hospital or prison.

Christina referenced the power she held when assessing someone in hospital: standing over them physically and metaphorically in terms of providing or removing care, as an "outsider coming in" whether the person likes it or not. Amy described her experiences of assessing service users in prison. Both prisons and hospitals can use legal justification to confine service users to the space, often requiring a degree of restraint.

Christina and Amy then become representative of this force and are forced to work in the confines of the setting themselves. However, even when social workers are based in the community, such as Sean, there remains a sense of entrapment when seeing someone in their own home.

> Maybe I'm misremembering that we were sat that way around, but even if I am it kind of speaks to this feeling of being really closed in and like trapped, umm and it makes me wonder if, if that's coloured my view of the MCA in general perhaps. Sean

As described in more depth in chapter 4 of this thesis, Scanlon and Adlam (2022) argue that homelessness provision either forces service users "in" through coercion, or "out" through expulsion, which serves to retraumatise and perpetuate their homelessness. The responses of the participants illustrate the emotionally rife experience of working within this system, and how they worker also experiences the force of the institution (Scanlon and Adlam, 2022).

The social worker liberated by choice

Within all participants' narratives there were references to their own choices. This could be the choice to avoid work, why they chose to work, what they chose to prioritise.

Three participants reported a sense of satisfaction in being able to say a person had the mental capacity to make a decision that other practitioners did not think or want them to be able to make.

> There was always a sense of a rebellious 'yessss!' when someone does have capacity and they are making what on paper is probably quite an unwise decision * laughs * but you're also like, you know what it is your life, and just you go for it! (Zoe)

Christina recounted an assessment when the patient had the mental capacity to be discharged from hospital to their home, despite other practitioners assuming the person could not make this decision.

> And I remember going there and doing the assessment and thinking he does have capacity and he should be able to, and that felt really kind of nice really. It's not really like a comfortable decision, it felt like a good decision because it was ... that's what he wanted (Christina).

Christina makes a distinction here between a "comfortable" decision and a "good" decision. They related the discomfort to the risks involved in the decision, and perspectives of other colleagues, but despite this the outcome still felt "nice".

Similarly, Amy recounted an instance when she had assessed the person as lacking capacity regarding their accommodation, but she chose to go against what other people would have thought in the person's best interest:

> I mean, even if she had potentially risked death, I'm not sure putting her in a care home and restricting her what would have been in her best interest. But yeah, it was and it was huge for her, and I think if I hadn't kind of fought for her, then that's probably where she would have ended up (Amy).

Amy's account highlights the tension between what is the safe option for the service user, and what is in their best interests. Amy reported that she must fight for the person, evoking a sense of her defending the person from outside forces. Similarly, Amy spoke of times when

she could in a sense gatekeep resource by refusing to take an application to funding panel which another practitioner wanted to proceed with, again a way to defend the person against the intentions of others. In both of these examples, I perceived Amy to be energised by her opportunity to make these decisions.

Jane recounted an example of an elderly man with dementia developing a platonic friendship with a woman in his care home, despite being married. This relationship caused his family distress, but Jane highlighted the joy this relationship gave him. This echoes Zoe's "rebellious" decision, Jane can disagree with despite making others uncomfortable.

Some participants, such as Lynne, spoke of the choices they can make within the assessment process:

> To ensure they are part of the process whether they are able to or not that they have some inclusion in the process. Umm so I think that's where the willingness comes from, to, to make sure I do as much as possible to engage the person (Lynne).

Similarly, participants referenced the relationship with the person as an important part of their experience. For example Sean stated:: "I really think that like where your relationship with someone means you are best placed to understand the intricacies of that, and make that decision."

This experience of creating a relationship with the person was positioned as beneficial to the social worker too, resulting in them feeling relaxed. Sean describes knowing when the person is their "best self" and when it is "unfair to judge him on this" when trying to assess capacity. However, Jane provided an example of not knowing the person's background was helpful. They only realised after an assessment that the person was the son of a famous person, they had not connected the dots despite their last name. Jane laughed at this, but also expressed they were glad they did not know, as it could have influenced the assessment. The participants

accounts reflect the choices a social worker makes to form a relationship with the person they are assessing.

Lynne and Zoe highlighted the opportunities to learn from the experiences of older services users, including those with a dementia diagnosis who may lack the mental capacity to make some decisions. As Lynne put it, "Even though I'm there doing a capacity assessment on someone, I'm learning as well." Similarly, in Zoe's words:

> 6 out of 10 days I just get to have amazing conversations with people. And you meet some really really cool people. And I work with older adults and people who have just lived these amazing lives (Zoe).

Jane also referenced the "privilege" of their work. In this way, capacity assessments are situated within the longer-term relationship and information gathered about the person being assessed. Amy described a service user as "feisty" and "great", which appeared to be linked to their desire to advocate for them moving to the sort of accommodation they wanted, rather than what other people thought was best for them. I interpreted these reports of positive feelings to reflect the participants' motivation to choose to do this work.

However, interestingly, both Sean and Amy described a desire in others to avoid work. Amy reported "it's my role to still try and maximise that person's capacity and sometimes that means going against other professionals who want to get things done quickly, not well".

Sean made multiple references to "moving" to the *MCA 2005* as a "choice". This choice can be a way to avoid feelings of dread. The desire to avoid using the *MCA 2005* then becomes a way to protect the self from the dread, what Sean described as "kicking the can" to the next assessor or team. They report in their experience this is a culture fostered by a direct manager: "so, I could go to them but they're just going to tell me to like avoid going down the MCA route because it's a whole headache." They suspect this is due to professionals being "directed

more by like the reduction of work". Sean indicates that their avoidance of the *MCA 2005* is to avoid the feeling of "dread", but in others he perceives it as a tactic to cut the workload.

The tensions in the social worker

The final theme I developed from the data is 'tension'. I identified conflict as a code regularly in the interviews, but I decided that tension would best capture the different experiences people recounted, due to varying degrees of powerlessness within these tense encounters. In some responses, assessing mental capacity was positioned as an act of aggression, even akin to violence:

> I just think no some of the requests are not really worth doing putting someone through three, three weeks of torture for an MCA when we can start off with the basics first (Lynne).

Other, less strong, terms were used to hypothesise demoralising or disempowering impact on service users when subject to an assessment, such as finding assessments around finances "patronising" according to both Lynne and Zoe.

The most dominant expression of tension was in the power the social worker has. This was captured in the themes of judgement and forces, but I have also included here to highlight the potent language used:

> I just thought you know what am I doing to that person? Am I shortening the time that they will be alive because I've just taken them out of a familiar environment and put them in an environment where they know nothing or anyone (Lynne).

Lynne described this as "playing with a person's life, in a sense". When asked what emotions assessments provoke in them, Jane's first example was not an emotion but a reference to the "intrusion" they are making: somebody else's emotional experience.

> It feels intrusive, it feels an interference, although I understand. The nature of my work is such that we have to do it, nonetheless. You know, we're delving into someone's private world, which we wouldn't like it on a normal day (Jane).

Zoe similarly recalled that "…although [it] is necessary, you still are doing it. And I think sometimes you just stop and think about it and you're like of that was so sad, like the whole things was so sad". This illustrates how the participants grappled with the power of enacting the coercive force of institutions described by Scanlon and Adlam (2022). Another area where multiple participants reported feeling tension was working alongside other professionals:

> To be left with the bag at times, and sometimes you know people would just, just be asking, they'd be like to you like is this an issue of capacity? And you'd be like uhhh I should know this, I should know this, I should know this (Sean).

Zoe explained that though it could be "annoying" for both her and other professionals, if the person has the mental capacity, they have to be able to make that decision themselves, irrespective of the risk involved.

Amy provided an example of going against the opinion of a doctor regarding someone's capacity to make the decision to spend "money on drugs":

> I can't say that they don't have capacity to make that decision because I don't think they should spend all their money on drugs. And also, like quite a lot of people who don't have a mental disorder or don't have kind of impairments take a load of drugs on the weekend. I would hazard a guess that a good percentage of the doctors are spending, and the only difference is they've got enough spare income. So yeah, I'd definitely had a lot of arguments with medical professionals who basically saw a capacity assessment as a means to get a person to do what they wanted them to do (Amy).

This example left me with a feeling of inferiority. I admire Amy's resolve and strength in the face of criticism. I thought of all the times I have likely backed down when faced with criticism, and not advocated for the client's wishes. I feel much more nervousness when

challenging those I consider authority figures. Sean expressed tension with an "authority" figure in general, who is less knowable but still present:

> They would just want to be like either relinquishing responsibility for that person or enacting control over them. Whereas I'm the thing that's trying to, prevent that either way, or like advocating for that person to like, yeah trying to get through that system, or pave a way maybe (Sean).

Like Amy, Sean saw their role as protecting the person they are working with from outside forces, for Sean a more general pull of authority. Sean spoke of "systems" that authority figures work to maintain:

> Like systems to try and make it seem very straightforward … umm they like trick you into like, well they hide the actual work that lies at the work of having to actually do that process (Sean).

This accusation of the 'system' trying to trick creates a sense of a wary social worker, who is in some sort of "battle" with external forces. In some ways the social work role becomes defending the person. This is not an easy role to take, as Zoe reflected, speaking of times they have supported someone to make an unwise decision that they have the mental capacity to make:

> OK you can go home! That's going to be really challenging for me* laughs *… challenging in terms of there are so many risks, and you could make it work, but there's like a 90% chance this is going to fail after three weeks … but you know what let's give it a go, and I'll just have sleepless nights wondering if you're ok * laughs *…. (Zoe).

Conclusion

This chapter has described the five themes developed from the in-depth narrative interviews carried out with six participants on their emotional experience of assessing mental capacity. There were some similarities within the reports of participants, particularly positioning the assessment as an opportunity for change but also a heavy weight to carry.

Participants communicated their own complex and nuanced emotional experiences. All commented on the novel opportunity to reflect during the interview; all stated that they would appreciate this being more readily available to them.

Alongside naming emotions, participants used metaphor, body movements, and adjectives in different ways to convey emotional experience. These attempts to convey feeling marry well with Ahmed's (2014) description of emotions as circulating, as relational and social. Emotions were not discussed as fixed external or internal states, they were "sticky" to use Ahmed's (2014) term. The participants presented various examples of how the assessment is not just an interaction between the service user and social worker. Managers, colleagues, families all had a role to play in the dance of the assessment. The next chapter will discuss these findings and consider how they can be understood alongside the findings of the autoethnographic analysis.

Chapter 8: Discussion of the findings

Introduction

This chapter explores both the findings from the autoethnographic analysis (chapters 4 and 5) and the in-depth narrative interviews (chapter 7). I will first consider how the findings align and depart from existing research literature on the *MCA 2005* (reviewed in chapter 2). Second, I will move onto summarise the key findings of the research reported on in this thesis.

In this chapter I argue that the research reported on in this thesis shows that the emotional experience of social workers' is significant when we consider how mental capacity is assessed. Throughout the assessment the social worker employs a variety of defences and strategies to manage emotions that are provoked by the situations and people they encounter.

I argue the findings exemplify that autoethnography can provide a novel way to explore emotional experience. I also argue that autoethnography can be used as a practice-near research method. I go on to discuss the limitations of the research and opportunities for further research.

Discussion of findings

If, as Nelson (2021) states, freedom is something we make in the moment, what are we making when we assess mental capacity? And crucially, for this thesis, how does the social worker feel about this? A common finding of the autoethnographic analysis and the analysis of the in-depth narrative interviews is that social workers must push against and hold onto epistemological binds of assessment (Hardesty, 2015). Whether these binds act as a guide-rope or manacles when using the *MCA 2005* depends on the assessor.

The emotional experience of assessment has been mentioned in prior research on the use of the *MCA 2005* (Scott *et al.,* 2020), but it has not been the focus of research. Explicitly looking in depth at assessment through the prism of emotions reveals not only the intersubjective relationship between assessor and assessed, but the necessity to reflect,

question, and deconstruct normative assumptions that underpin the *MCA 2005* (Rogers and Bright, 2019; Clough, 2021).

Existing research has considered the ways that mental capacity assessments deviate from the standard described in the *MCA 2005* (Hinsliff-Smith *et al.*, 2017; Jayes *et al.*, 2020). In research that has offered an insight of practitioner experiences of assessing mental capacity, the *MCA 2005* is maintained as a standard that can either be met or not, based on the challenges of practice (Clerk *et al.*, 2018, Scott *et al.*, 2020, Ariyo *et al.*, 2021). In the findings of chapter 7 I argued that these criticisms of how mental capacity is assessed had been internalised by the social workers interviewed. These social workers, me included, internalise a narrative that it is possible to stick to the letter of the law and create an objective assessment if they only did it 'right' (Sicora, 2023).

In the interviews there were different metrics used for measuring whether an assessment was done 'right'. McDonald (2010) argues that social workers who assess mental capacity fall into three categories when considering their approach to the *MCA 2005*: legalistic, actuarial, and human rights based. Expanding McDonald's (2010) argument, the findings from this thesis suggest that choosing one of these categories could be form of self-preservation for social workers when they are at a high risk of getting it 'wrong'. Feelings of fear of being 'wrong' were palpable in the interviews, and when I read back the autoethnographic analysis I can also feel my own anxiety simmering. So far, this fear has not been widely acknowledged in research into the *MCA 2005.* Some participants expressed high regard for the *MCA 2005* as a "script", a "template" a "tool", which echoes the findings of Samsi and Manthorpe (2013). However, for others, this regard was less apparent, and instead the *MCA 2005* instilled a sense of wariness and fear.

The assessment was also found to be a process where the social worker must actively engage in making themselves into a professional – or rather, presenting as somebody that can

assess mental capacity. Lee (2022b) argues the professionalisation of social work perpetuates the "epistemic injustice" (Fricker, 2007) of a social worker knowing the person being assessed better than they know themselves. Lee (2022b, p. 4394) also suggests that there is an "epistemological and ontological attack on the social work profession" through reducing social work to technocratic processes. I believe that the fear of being wrong that participants expressed is symptomatic of this: the social worker is no longer able to confidently present their work with nuance. They must fit their opinion into the pre-determined box of the assessment form. This leads to the social worker feeling doubt as to their own abilities to hold onto complex information. These nuances provide more context to the Scanlon and Adlam's (2022, p.99) description of the "irresistible force" of services and why social workers would want to adopt or shun the expectations of the institution.

Clerk *et al.,* (2018) and Ariyo *et al.*, (2021) both argue that the most complex mental capacity assessments involve a conflict in views and difficult inter-agency and familial dynamics. In the in-depth narrative interviews multiple participants expressed frustration at other professionals for either not understanding mental capacity or using it for their own ends. This is reminiscent of the findings of Aspinwall-Roberts *et al.* (2022) who explored how different agencies navigated issues of mental capacity in the context of adult safeguarding concerns. The very potent accusations and demands different workers put to each other reveal the fraught arena in which issues of mental capacity are worked out. These emotional encounters are not just 'presses', but collisions (Ahmed, 2014).

I consider that the in-depth narrative interviews and the autoethnographic analysis capture the complex psychodynamics at play when agencies collide. I have discussed the experience of troubling feelings about a client in the autoethnographic analysis, and I drew on the work of Foster (2001) to consider the persecutory anxiety that results from such encounters. I consider the findings from the interviews to elucidate the ways that these feelings can also be

projected onto other agencies. Gaps between agencies can be filled by emotions that the agencies cannot tolerate, for example: paranoia, annoyance, envy (Halton, 2019). These projections can tell us about the distressing emotions social workers must tolerate, and how they work to manage these. The assessment of mental capacity becomes both a shield and a weapon: a way to enact force but also defend the professional from scrutiny. The social care team begins to have a culture of avoiding the M*CA 2005*, or heavily criticising social worker's assessments, or blaming other agencies for not understanding the *MCA 2005*, for example. The law, policies, and protocols of our agencies foster these dynamics to manage the pain of the task we are facing (Mawson, 2019).

An increase in rules and regulations does not necessarily correspond with a reduction in social worker's use of discretion; indeed, more rules arguably necessitate more discretion (Evans and Harris, 2004). Evans and Harris (2004) draw on Lipsky's (2010) analysis of the "street level bureaucrat" to critique the 'curtailment' argument that managerialism in social work has led to social workers' actions being determined by managerial intent. Social workers' interpretation of policy (or in the context of this thesis, the law) can lead to accusations of undermining policy intentions, but Evans and Harris (2004) argue that we can see that the difficulty is at a structural level. They stress that discretion takes place within both an ideological and political context. They treat discretion as neither inherently good or bad, but in fact intensified by greater managerial control and regulation.

I consider the findings of this thesis to align with Evans and Harris' (2004) argument. Despite there being common themes in participants' emotional experiences of assessment, there was significant variation in how participants related to managerialism and the *MCA 2005.* Discretion, and fear of their own discretion, was present for almost all participants, which could also be seen in my autoethnographic analysis.

Participants identified choices that were made available to them through the process of assessment and expressed satisfaction in being able to get a "good outcome" for the person. Aspinwall-Roberts *et al.* (2022) found that social workers they interviewed reported that other agencies wanted the person to lack capacity, so that interventionist methods could be used to reduce the risk of the person experiencing harm. Participants in the in-depth narrative interviews reported similar experiences. The social worker recognising this felt to me like a subversion; a way for social workers to align with the person rather than professionals, a rare moment of satisfaction.

Much has been written about the importance of relationship building in social work (Trevithick, 2003; Alexander and Charles, 2009; Ferguson *et al.*, 2020) and the relational nature of mental capacity has been explored elsewhere (Kong, 2017). However, the way mental capacity is constructed between the social worker and the person they are working with has so far not been considered in-depth (Brown, 2024). Participants in the interviews all acknowledged how building a relationship with the person, knowing them, and including them, was a source of satisfaction and feeling "good". In contrast, in the autoethnographic analysis I show that for me knowing the person sometimes created more anxiety: I am more aware of the impact of the assessment I am making and feel more keenly the guilt that ensues. This is not to say that I do not enjoy developing a meaningful relationship with the person, but for me, that familiarity creates more dilemmas.

A further finding was that for some the *MCA 2005* is something to be avoided. This is akin to the findings of Scott *et al.* (2020) who found some practitioners would avoid tasks and shift responsibility when using the *MCA 2005*. I believe the participants' accounts illustrate the argument of Evans and Harris (2004): it is the presence of the *MCA 2005* and the dread it instils in some practitioners that leads to the use of discretion to avoid it altogether. Through focusing on the emotional experience of practitioners this new line of inquiry can be explored. There

has been criticism of practitioners not assessing mental capacity when they should do, such as in the Post Legislative Scrutiny Committee report (2014). But this research indicates that this is not just due to a lack of knowledge, or motivation, but complicated emotional experiences that the social worker must manage.

In the autoethnographic analysis, I drew on Lee's (2019) use of Foucault's (1975) characterisation of the "faceless gaze". In the autoethnographic analysis I found this a useful way to explore how I can hide from the work and numb my reactions to the people and situations I encounter. For the participants interviewed, facelessness was less explicitly acknowledged, but I believe there were instances of participants gravitating towards the *MCA 2005* due to the mask it can afford. One example would be reference to mental capacity being something worked out in "private" (somewhere your face cannot be seen). However, in the interviews the process of assessing mental capacity could be an exposing exercise, particularly when encountering other professionals. The interviews provided examples of assessments becoming intensely personal: the social worker could not hide their face for long when having to manage the fall-out of their assessment. This, I believe, reflects the desire of assessors to have an algorithm to follow. Those on the "outside" of the assessment criticise social workers for not adhering to the letter of the law. But as we start to navigate the emotional realities of assessing mental capacity, and the normative assumptions that materialise when we do this, the reliability of the algorithm of the assessment erodes. Sticking to the law may be the expectation, but it is a very hard task.

Participants employed different ways of articulating these difficult feelings. A theme identified in this research that has not been explored in depth elsewhere is how social workers reference weight (as well as other metaphors) to represent their emotional experiences. Weight and size, and the associated pressure felt when carrying it, was mentioned by all participants. The emotional impressions we make on one another take on a more literal meaning: the

pressing of emotions is expressed via the physical experience of weight (Ahmed, 2014). I understood for the social workers interviewed that the weight of the assessment was a shorthand for the distressing emotional implications of assessment. But this was not typically attributed to the person being assessed, rather, pressures from the system and wider network the assessment took place in.

In the autoethnographic analysis, the body played a more significant role than the interviews with other social workers for whom references to the body were less prevalent. Weight is something that the body feels, something at times unwelcome, something that can only be relieved once something is taken away. Research on embodied experience has suggested that observing someone with a disability led to participants reporting an item in their hands as heavier (Stroch *et al.,* 2019). These findings can only be extrapolated so far but are interesting when we think about social workers who are often assessing a person with some sort of disability and the ways they feel the heaviness in their work. This has further implications for how unconscious prejudices interweave in work with people who have disabilities. Furthermore, it is also an interesting site of inquiry for disabled social workers (as explored in the autoethnographic analysis).

Key findings of the research

I argue that the findings of the research reported on in this thesis show that the social worker's emotional experience is significant to the process of assessing mental capacity. Emotions can be provoked by the needs of the person they are assessing, the environment they encounter the person in, the person's family or community, or other professionals involved in the person's support. They can also be the result of the social worker's own experiences, prejudices, and beliefs.

The analysis of the data collected in this research suggests that the assessment can be anxiety inducing. Yet, for some, after the assessment is complete, the determination or conclusion offers a contained answer that the practitioner can maintain as a defence. This is not a far reach: as explored in chapter 2, the *MCA 2005* provides practitioners with a legal defence against being held liable for acts such as battery or false imprisonment if the intervention can be considered a "Section 5 act" (*MCA, 2005*, p.7). However, how this defence functions emotionally remains unacknowledged in current research on the *MCA 2005*.

This theme was present in participants' accounts, and I also reference it in the autoethnographic analysis when discussing the feeling of relief I have after an assessment is finished, written up, and the outcome dispersed in the professional network. As I often say in my own teaching about the *MCA 2005,* the assessment concludes who is accountable for the decision to be made, and the subsequent consequences. This functions to protect the assessor from liability, but also protects the social worker and professional network from the emotional toll of the person coming to harm.

Social workers engage with intrapsychic dynamics that must be managed for their work to be tolerable and their position be tenable. I argue that the *MCA 2005* offers a way to contain some of the anxious and intolerable feelings social workers can experience in their work. However, this containment is fallible; the social worker must work hard to defend themselves from the emotional turmoil of the work, particularly as the cracks start to show in the normative assumptions of the *MCA 2005*. I believe the findings of this research show examples of how social workers defend themselves from this pain. For example: through unquestionably embracing the definitiveness of the *MCA 2005*, avoiding it altogether, projecting their negative feelings onto the person being assessed, being paralysed by guilt, or through projecting their anxieties about the person they are assessing onto other agencies.

Comparing the findings of the autoethnographic analysis and my analysis of the in-depth narrative interviews reveals a difference in where participants located the emotional impressions of the assessment process (Ahmed, 2014). In the autoethnographic analysis, I explored the emotional experience of the encounter with the person I am assessing, and other figures played a role. In the interviews, participants were able to comment on the emotional experience of the assessment, but their focus often reverted to the social and organisational context of assessment.

I consider the pressing concerns on the participants were articulated through references to weight and heaviness. These 'others' were not always physically in the room, but their presence was keenly felt and left lingering impressions on the social workers. I suggest that this is partly due to participants internalising the wider discourse about mental capacity assessments and poor practice whilst also navigating complex assessments in a risk-averse culture that locates blame in the social worker when things go 'wrong' (Bates and Lymbery, 2011; Carter, 2017; Sicora, 2023).

The in-depth narrative interviews captured the diverse emotional experiences the participants had when assessing mental capacity, and the way these experiences inform the assessment. These emotional experiences varied greatly: participants could often recognise within one single assessment moments of fear as well as moments of satisfaction. This research aligns in many ways with the findings of existing research into the way mental capacity is assessed but also highlights the necessity of considering emotional experience to offer further depth to analysis (Hinsliff-Smith *et al.*, 2017; Scott *et al.*, 2020; Ariyo *et al.*, 2021). Similarly, these findings contribute to existing research that considers mental capacity as something made via the social worker's lens (McDonald, 2010; Rogers and Bright, 2019; Brown, 2024), and shows the ways in which we need to engage with the emotional experience of assessment to further our understanding.

This thesis also set out to consider how autoethnography can be used to explore a social worker's emotional experience of assessing mental capacity as a practice-near research method. Chapter 3 explored the existing literature on autoethnography, how it has been applied to social work, and the challenges of using the method. One such challenge is the ethics of autoethnography (Tolich, 2010). Each reader will have their own opinion, but I am generally satisfied that I balanced Tolich's (2010) criteria with the critiques of Grant and Young (2022), though those authors might disagree.

I did include some interactions with service users, but details of the individuals were minimal. All interactions occurred between 1 and 7 years ago. Most of the analysis focused on my experience. In this way, I consider that I have been able to speak about the realities of social work, whilst not at the expense of exploiting my clients' experiences (Krumer-Nevo, 2009; Gupta, 2017). I have attempted to completely anonymise the more painful experiences I recount, with no context provided at all to the incident, just my experience of what happened. However, the risk remains: any of the interactions I referenced could be read by the person involved and they could recognise themselves or wonder if it is to do with them (Tolich, 2010). This could be an unpleasant experience for them.

I hope the spirit of the work is clear: whilst being very conscious of the power they hold; social workers can also use their position to reveal the realities of our services and systems in an impactful way. I do not believe we should solely rely on the experiences of users and survivors of health and social care systems to do this whilst the workforce remain faceless and silent. Tolich (2010) challenges autoethnographers to only include information about others that they would be comfortable for them to read; this is the case for this autoethnographic analysis.

I will not know the repercussions of the vulnerability of the autoethnographic analysis to my own professional standing or the impact this has on others until the work is read. There

are many nuances that this thesis has not explored, for example, whether autoethnography can be used safely by social workers with more marginalised identities who are often already subject to a higher degree of scrutiny.

I propose a benefit of autoethnography is how practitioners can explore the "smell of the real" (Cooper, 2009, p.432). If we unpack this statement, we can see that the "real" is something interpreted via the senses of the researcher. A researcher who is also practicing social work knows where to smell, which I believe this was the case for this research project. My motivation for this research is a belief that other researchers were not sniffing where I felt was needed based on my experience as a social worker. Practice-near research can enable research that captures the "smell of the real" (ibid), but I would argue that autoethnography allows the researcher to focus in on the process of 'smelling' in a meaningful way.

My experience of completing an autoethnography aligns with Lunt and Shaw's (2017) appraisal of the strengths of practitioner research, for example, that it enabled me to engage with self-development and meaningful reflection. I also resonate with their comment on practitioner research as rewarding whilst also isolating. The autoethnography was fulfilling to complete, but also left me feeling untethered from the assumptions I had held onto as a social worker previously.

This can be a difficult position to tolerate. As argued by Lunt and Shaw (2012), the practitioner researcher is never truly an "insider" or an "outsider". I felt this keenly completing the autoethnographic analysis; I was on the margins of both research and practice. For example, through autoethnography I reveal my experience as an "insider", but at the risk of being made an "outsider". How will peers, examiners, or service users perceive the vulnerability I bring to this work? Am I at risk of being expelled: will I be told I am not good enough, I need to "suck it up", I am unprofessional? The process of being a confessional "insider" in some ways made me feel like an "outsider". I was looking inwards and around me, making the familiar strange

(Riemann, 2005), whilst becoming increasingly unfamiliar with the work I do daily. This feeling was not static, my position shifted throughout the process of the research along a continuum of "inside" and "outside" (McDermott, 2025). This is reminiscent of the debates between those using autoethnography regarding whether the "auto" or the "ethno" should be prioritised (Anderson, 2006a; Ellis and Bochner, 2006). Autoethnography aligns with the benefits of practice-near research, but also the dilemmas. However, these dilemmas can be a site of creative inquiry and data generation for practitioner researchers.

As such, when considering both the opportunities and challenges of autoethnographic research, I believe autoethnography can be used as a form of practice-near research. We can hint at the real from a practitioner perspective, but via autoethnography we can grapple with the embodied and emotional 'smelliness' of it all (Cooper, 2009). Though, this is not an easy process, I believe the findings of this thesis support the experimental adoption of autoethnography as part of practitioner research projects and British social work research more widely. I suggest that autoethnography is particularly useful for practitioner researchers to explore emotional experiences of their work, as can be seen in this thesis.

Limitations of this research

Whilst I acknowledge the role of social worker researchers in using their platform to speak to the realities of social care, reviewing the autoethnographic analysis and the interviews reported on in this thesis I feel the absence of the person being assessed, the client, or the service user. To engage with the intersubjective nature of assessing mental capacity it is necessary to explore the emotional experience of the person being assessed, due to the reciprocal and mutual impressions made upon each other (Ahmed, 2014).

There is also an ethical imperative for including or prioritising the experiences of people who have been assessed under *the MCA 2005*. The lack of inclusion of people who consider

themselves service users or survivors of NHS and social services has been widely reported on (Beresford, 2009; Bourke *et al.*, 2012; Grayson *et al.*, 2014). This has been a criticism of practitioner research: focusing on the professional experience by creating a whole area of research dedicated to its value can side-line the perspective of the person accessing services (Shaw, 2005). Such criticisms indicate the need for service-user lead and collaborative research methods that can explore a range of experiences. This could go some way to address the "epistemic injustice" (Fricker, 2007) perpetuated by excluding certain voices and perspectives from research, whilst also considering who it is that gets to gatekeep inclusion in research.

The research reported on in this thesis has a small sample size of six participants, and my own perspective explored in the autoethnographic analysis. This could be considered a limitation of this research – the interviews are less likely to achieve data saturation, and this could impact the quality of the data gathered (Fusch and Ness, 2015). However, reflexive thematic analysis critiques qualitative researchers' preoccupation with data saturation (Braun and Clarke, 2019). In reflexive thematic analysis, the focus is not on saturation, but the power of the data gathered (ibid.) This study has begun to fill the gap I identified in the current research on how mental capacity is assessed. However, the small amount of research completed in this area indicates a need for further studies with different sample sizes to take place continue to gather powerful data.

There are other ways in which this research could have generated more powerful data despite the small sample size. For example, I conducted a single interview with each participant. I could have conducted multiple interviews with each participant to gather more data (Read, 2018). I highlighted in chapter 7 instances where, as I started to analyse the transcripts, I recognised moments when I missed participants' cues or made assumptions about what they were trying to say. I left the interview with one impression but when I immersed myself in the data I developed a different impression. Completing multiple interviews with

each participant would have allowed the interview to be an iterative process in which both the participant and I reflected on our last research encounter, and looked to clarify, expand, and experiment in our next conversation.

Furthermore, my autoethnographic analysis took place in a specific and specialist context: rough sleeping services. The participants sampled for the in-depth narrative interviews were from a range of professional settings, but this diversity was limited due to the sample size. There is a myriad of other settings where the *MCA 2005* is used which could be explored to offer more powerful data when considering the emotional experience of assessment.

I believe the research reported on in this thesis showcases the strengths of adopting autoethnography as a practice-near research method. However, such methods can pose a risk to the professional-identity of the practitioner-researcher. After completing my autoethnographic analysis I left my role in the rough sleeping service I was working in. This was not directly due to the autoethnographic analysis, but I do believe the process of deconstructing and reconstructing my experiences prompted a deeper reflection that did contribute to my decision. The process of social workers engaging with their own emotional experience, as well as that of the people they are assessing, poses challenges to the defences we employ to protect us from the psychic pain of the work. This highlights the consequences of employing research methods that require vulnerability and provoke complicated emotions.

Opportunities for further research

Should we embrace the optimistic view that assessment practices can be reformed within the system we have (Iversen, Gergen, and Fairbanks, 2005; Rogers and Bright, 2019; Lee, 2019; 2022a)? Or should the findings reported in this thesis support the argument that the *MCA 2005* is inherently flawed (Clough, 2021), and the broken system of adult social care is

beyond reform (Beresford, 2021)? I have not reconciled this tension. However, I can suggest ways that further research could contribute to navigating this tricky terrain.

In chapter 3 of this thesis, I reported on the contribution that autoethnography can make to social work research. Expanding on this I believe that collaborative autoethnography (CAE) could be a useful method to achieve diversity of experience within research. Gant (2022) argues that CAE allows the familiar to be seen differently. This is pertinent to the *MCA 2005* as the normative assumptions of the Act are often unacknowledged in practice and at a strategic level (Rogers and Bright, 2019). Exploring a mutual understanding of experience through CAE could open doors to uncovering further nuances in how assessments of mental capacity are made. This research would need to be carefully planned and executed to manage ethical issues that could arise (Klotz, 2014). Though, with proper consideration such research could broaden the knowledge base on how assessments take place.

The *MCA 2005* states that a mental capacity assessment is decision and time specific (SCIE, 2022). This entails that a service user who has been assessed as lacking the mental capacity to make one decision will not necessarily lack the mental capacity to make a different decision, and mental capacity can be gained and lost at different points of time. This creates interesting opportunities for research. For example: a person who has been assessed as lacking the mental capacity to make a decision and then assessed as regaining capacity could engage in a collaborative autoethnography with the person who assessed them. Another rich source of data could be a collaborative autoethnography between social worker and service user when the service user has been assessed as having the mental capacity to make what the social worker considers an unwise decision. Furthermore, a collaborative autoethnography could take place between a social worker and a person who has a progressive mental impairment, such as dementia, over time. This research would elucidate how the relationship between social worker and client progresses and what it looks like to gradually lose the mental capacity to make certain

decisions. The person who has been assessed could interview the assessor about their experience of the assessment, turning the typical power dynamic of assessment on its head.

Such research could also capture the social network around the person assessed to consider decision making as a relational practice (Kong, 2017). As discussed in chapter 7 the people not in the room when the assessment takes place still press upon the assessment and inform the emotional experience of assessors. Ethnographic or interview-based research could expand on this work by using the experiences of the person's wider social and professional circle. This could improve understanding of the emotional dynamics of assessment as intersubjective and socially situated.

Furthermore, there could be much to gain from looking at how societies around the world understand and regulate who can and cannot make decisions. As referenced in chapter 4, it has been argued that the way decision making is understood in in the *MCA 2005* is based on a Western perspective. Conducting an overview of international legislation could be a useful way to understand how different countries legally define decision making ability (Davidson *et al.*, 2016). However, in the spirit of this thesis, a 'ground-up' approach could be utilised to show how social norms and assumptions relate to systems of support and control. If cultures and communities differ in how decision making is understood (Yates and de Oliveira, 2016), then how these social systems organise to navigate the risks of decision making could be fertile soil for reflecting on the future of the *MCA 2005*.

Conclusion

This chapter has presented a discussion of the findings of both the autoethnographic analysis and the in-depth narrative interviews completed with social worker participants. It has been argued that the findings show commonalities as well as differences in social workers'

experience of assessing mental capacity. The findings reveal the complicated emotional experience of assessment; the person the social worker is assessing can leave powerful emotional impressions on the social worker, and vice versa. In the context of often fraught organisational dynamics this can result in assessment as a site of fear and dread, but also advocacy and empowerment.

The assessment is the product of these nuances rather than an objective exercise of observation. The value of practice-near research and autoethnographic analysis as modes of social work research has been explored and have been shown to capture emotional experience through a variety of lenses. Limitations of the research, in particular the ways in which more power powerful data could have been achieved, are acknowledged. Finally, possibilities for future research have been explored to build on the research findings of this thesis and answer some of the limitations recognised elsewhere in the chapter. I argue that this would involve using creative and collaborative research methodologies to further explore the intersubjective experience of assessing mental capacity.

Chapter 9: Conclusion and final thoughts

The research reported on in this thesis contributes to current understanding of how mental capacity is assessed through a consideration of the emotional experiences of social workers. This is the first piece of research that has considered the emotional experience of assessing mental capacity as the primary focus. I argue that the emotional experience of assessment is significant to understanding how assessments are made. This thesis suggests that exploring the flaws to the assumed objectivity of assessment, acknowledging the presence of the social worker in the assessment, and the significance of emotions in the assessment, can all increase current understanding of how mental capacity is assessed.

The research reported on in this thesis has also experimented with methods to explore experiences of assessing mental capacity: autoethnography as a practice-near research method and in-depth narrative interviews. This is the first time that autoethnography has been used to explore the experience of assessing mental capacity. Through using autoethnographic analysis I have explored some of the dilemmas I have when assessing mental capacity, through an analysis of epistemic concerns (Lee, 2022a; de Sousa Santos, 2016; Harding, 2015) and the social worker's body (Cameron & McDermott, 2007; Ferguson, 2010; 2018). The nuances explored build a picture of my complex emotional experience of assessing mental capacity. Emotions have been understood through a psychosocial lens (Frosh, 2019), but also as a stream of impressions that we make and leave upon each other (Ahmed, 2014).

However, every social worker navigates these tensions in their own way: depending on their relationship with their work and sense of self, as demonstrated in the in-depth narrative interviews. To some, the emotional experience of assessing mental capacity can be rife with fear of judgement, for others it is a source of validation and structure. For most of the participants in this study, including myself, using the *MCA 2005* evoked a mixture of often contradictory feelings. The source of emotional experience was not just from the impressions

of the service user on the social worker, but also the social and organisational context the assessment took place in. Often social workers in this research employed defences to protect themselves from the difficult feeling the work evoked; the *MCA 2005* was used to enable these defences.

I consider this to be one of the reasons why criticisms of how mental capacity is assessed are so widespread but also have affected limited change: current research has not grappled with the emotional lives of social workers which can fluctuate between despair and fulfilment. Unlike other analyses of the *MCA 2005* (Clough, 2021; Kong, 2018) I have focused on the day-to-day of assessment rather than activities in the Court of Protection. By considering the experience of the social worker as a "street-level bureaucrat" (Lipsky, 2010; Evans and Harris, 2004), I have attempted to expand Clough's (2021) and Brown's (2024) argument about mental capacity as something constructed in the context of relationships and material constraints. I have argued that assessment is something made rather than discovered (Iversen, 2005; Lee, 2022a).

Implications for practice

I believe the starting point for implementing change based on the findings of this research will come from improving resources already available to social workers. For example, developing a model of supervision that positions the emotional experience of the social worker as fundamental to case management, rather than an after-thought. This would require social care managers to also be given space to explore their own emotional experiences of the work, so that they can effectively contain the experiences of the social worker they are supervising and recognise the emotional dynamics at play. Furthermore, this research shows that training on the *MCA 2005* should not just require social workers to memorise statute but explore in a

meaningful way how the work makes them feel and the impact this has on how they translate statute into practice.

The findings of this research should also compel senior leaders in local authorities to review the process of assessing mental capacity, including the assessment forms social workers are required to complete, within their organisations. This research shows the importance of the wording and structure of the form in encouraging or discouraging social workers to reflect in-practice on their work.

These local changes will go some way to act on the findings of the research, but crucially there needs to be system-wide change that acknowledges the critique of the *MCA 2005* presented in this thesis. The future of the Mental Capacity (Amendment) Act (2019) is currently unknown. However, this moment of transition in the legislative framework and the necessity for a new Code of Practice offers an opportunity for the government and policy makers to radically remodel the current landscape of assessing mental capacity. I have argued that a fundamental element of this change will be explicitly outlining the emotional experience of assessing mental capacity.

Final thoughts

At the start of this thesis, I referenced Nelson's (2021, p.11) description of a figure who commits "illegible acts of disobedience", who cannot find solace where most people can, and who "spurns moralistic edicts". I have attempted to capture the emotional experience of the social worker who meets Nelson's (2021) "cosmic hobo", or others who are considered unable to make a decision the consequences of which could lead to their harm. Along the way, various themes, ideas, and reflections have emerged. I have found myself feeling profoundly vulnerable, mirroring the vulnerability we demand of people when we assess their mental capacity to make a decision, and I asked of the participants who took part in this research.

I hope social workers and other practitioners reading this thesis find something of themselves in this research, even if their own experiences differ. Through engaging with the emotional lives of social workers we can try to continue to explore the concerns and opportunities raised in this thesis, and provide answers about how we can have hope for the future of care, whatever form this comes in.

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Appendix A: Example of a Mental Capacity Assessment

Mr X is a case study created from an amalgamation of different scenarios I have encountered as a social worker.

MENTAL CAPACITY ASSESSMENT FORM
Background to the assessment: Mr X is a 64 year-old man who emigrated from Poland to the UK 12 years ago. He has settled status in the UK and Mr X is entitled to public funds and support from adult social care. Mr X began sleeping rough approximately one year ago following his wife's death and subsequent eviction from his flat due to rent arrears. A policeman witnessed Mr X be attacked by a group of people 6 months ago, it is suspected Mr X sustained some sort of head injury though he self-discharged from A&E before this could be formally assessed. Mr X's needs have been assessed under the Care Act (2014) and he has been assessed as being eligible for an interim residential home placement whilst his needs are further assessed. The assessment of his needs has been limited by his lack of access to resources which would give an indication of how he would manage with his ADLs. However, he is observed to struggle to attend local day centres to wash/access hot food due to mobility issues. There is an open s 42 safeguarding enquiry open due to concern for his level of self neglect. Mr X's GP records indicate he was considered pre-diabetic when he last attended the GP prior to him being evicted from his flat. He has declined all input from the outreach health team to further assess this. Mr X was previously offered a temporary accommodation flat where carers could visit. He declined this and was assessed to have the mental capacity to make this decision. He was offered the flat as standalone, no carers, and he also declined this. Since this time Mr X's mobility has deteriorated further and there is concern that if he was to move into an independent flat then he would not be able to mobilise to his bed, toilet, or shower indendently.
What is the decision required: To either accept or decline the offer of an interim residential placement as their new residence.
What steps have been taken to support the person to make this decision? Mr X has had the offer of the interim placement and what this would entail explained to him by both myself and his keyworker in the rough sleeping outreach team. Though Mr X speaks enough English to typically communicate with us a Polish translator was used on one occasion to explain this information and offer Mr X the opportunity to ask questions. Detail of what an interim placement is has been provided to Mr X in writing in both English and Polish.

Mr X has been offered the opportunity to view a residential home placement but declined this.
This assessment was completed over the span of 3 visits in order to allow Mr X time to process the information and the decision being asked of him.

If No for any point below give details of what the person could not do in relation to one or more of the four points and explain what practicable steps were taken to overcome the problem. If Yes for any point below please detail what the person understood and how this was indicated, how retention of the information was shown, evidence of using or weighing the information (what did the person say or do) and how the decision was communicated. Failure on any one point means the person lacks capacity at this time to the decision asked of them.

1. **Understood the information relevant to the decision**

Mr X provided limited answers to the questions asked of him throughout this assessment. However, on the first visit he stated "I know what you want to do, you want to stick me with all the old people who cannot do anything for themselves"

When a Polish translator was present, Mr X told them "I don't want to go to some smelly place where I have no freedom" and about myself "I know her type, she just wants to lock people up inside" and "I don't need someone wiping my bum for me"

On the next visit Mr X stated: "I'm happy out here, I have my freedom, I am happy on the street" and "you put me there I'll come straight back out, you'll need to put me in cuffs to take me" "I don't want anyone bothering me, that's why I like it out here, and you can f*ck off"

These responses indicate:

- Mr X understands that an interim placement would involve staying inside a building.
- He is currently living outside, and there are no people ie carers or other residents "bothering" him.
- That there would be workers employed to help Mr X inside this place with tasks such as personal care.
- There would be other residents, likely older people who also have care needs.

On the balance of probabilities I assess Mr X to understand what an interim placement is, what it would involve, and that he is currently sleeping rough.

2. **Retained that information**

Between the three visits Mr X could recall:

- Me, and what I would be asking of him.
- That I have visited before.
- That I am asking him whether he would want to accept the offer of an interim residential placement.
- That other people have also been visiting him making this offer.
-

Between the three visits Mr X's answers have remained consistent:

- As outlined in section 1. His understanding of what an interim placement is seemed to be consistent.
- Throughout the three visits his answer has stayed the same.

On the balance of probabilities I assess Mr X to be able to retain the required information to make this decision.

3. Used or weighed the information to make this decision

The risks of accepting the interim placement:

- As stated by Mr X, his priority is his freedom and solitude, moving to an interim placement he feels could impact this.
- He states he likes living outside, an interim placement would mean living inside.

The benefits of accepting the interim placement:

- From the perspective of the professionals involved, an interim placement would reduce the risk of harm associated with rough sleeping: being attacked, extreme cold/hot weather, risk of infection and other health needs not being addressed.
- From the perspective of professionals involved, Mr X is not currently meeting his own needs resulting in him experiencing self-neglect.

Evidence as to whether Mr X could weigh up the information:

Mr X made it clear across the 3 visits that his priority is his freedom, and he believes moving to an interim placement would impact this. This shows he is weighing up the information that is important to him, though this may not be the view of professionals.

When asked if Mr X is aware of any risks of living outside he stated: “I can get ill, but so can everyone”. When asked what he would do if he becomes ill he said: “I’m not an idiot, I don’t need to explain myself to you”.

When I suggested to Mr X that he does not seem to be washing, changing his clothes, or meeting other hygiene needs he said: “yes I am, f*ck off”. When I put to Mr X that his appearance has not changed over the past 3 visits suggesting to me he hasn’t been washing or changing his clothes he said “yes I do, what is wrong with you!”. I asked Mr X how he does this and he said “I go down the street, to that church” likely referring to local day centre. I separately checked if he has been seen at the day centre with staff and they report no, they ask all attendees to give their name and he has not visited. No one recognised his face.

I asked Mr X what he would do if there was a fire near his sleep site, and he said “I would run away obviously”. I asked him if he feels he can do this currently with his mobility and he said “yes”. All professionals visiting him agree this is unlikely. He has been observed dragging himself along the street.

Mr X seemed to say he has or would do things, but then not act on this information. He refused to accept any benefits of moving to an interim placement as it would resolve his homelessness and reduce risks of rough sleeping as he would not accept that there are any risks unique to his current situation.

This may be due to his personality and wish to get me to leave, but this could also be due to him not being able to fully weigh up the risks of rough sleeping instead of living inside with appropriate care available. The extent to which he was unable to act on the information he was reporting indicates he could be experiencing an issue with his 'executive functioning', possibly caused by his suspected brain injury.

On the balance of probabilities I assess Mr X as unable to weigh up the decision required .

4. Communicated their decision

Mr X was able to verbally communicate his decision in English and Polish with an interpreter present.

If a person cannot do any one of the above, this must be because of an impairment of, or a disturbance in the functioning of, the mind or brain. Explain that link below:

Due to not attending the GP in the past year, and refusing input from the health outreach team, there has been no confirmed diagnosis of an impairment.

However, it is known that Mr X was attacked 6 months ago, and in A&E despite him leaving before any clinician could fully assess him, he had a significant wound to his head and is described to have been acting confused and disoriented on arrival.

It is the opinion of the professionals from the health outreach team that he likely did sustain a brain injury, and this has the potential to still be impacting his cognition.

From this assessment, Mr X seems to have impaired "executive functioning". This is associated with experiencing a brain injury. Mr X can report information, but can then not act on this. He can seem to be able to weigh up the information initially, but then when it comes to initiating appropriate response he is unable to do this, as evidenced in this assessment.

Does this person have the mental capacity to make this decision at this time?

I assess Mr X to LACK the mental capacity to make the decision to accept or decline an interim residential placement.

Signed: M.Tait Role: Social worker Date: 25/1/25

Appendix B: Excerpt from the Fieldnotes for the Autoethnographic Analysis

(all identifying details have been removed)

Trying to convince ‘A’ to come back to the hostel, whilst they walked away with no shoes on in the pouring rain in clothes they hadn’t changed out of in 2 years will stay with me. It’s a ‘grey’ memory – the weather, their clothes, their skin. The feeling – an empty feeling – a grey feeling. Unlike ‘B’, ‘A’ does not ask for anything. They insists all is fine, nothing is wrong, and will look past me with steely boredom. My reaction to ‘B’ not acknowledging the issues they face is one of frustration – as I persuade my manager to let me book them hotel for another week, I feel like an artificial bubble is ballooning where ‘B’ has no urgency to make a change – as they have got food, shelter, clothes. ‘A’ however – the feeling is numbness. They feel like something one walks past and stops noticing after a while. At the same time, the longer they stay put the more my anxiety increases.

…….

What to say about ‘C’. I think of ‘C’ and I think of someone who has wanted unconditional support, but has always tested limits, offended, hurt, abused until others cannot tolerate. But this presents ‘C’ as a monster, when I know they are not. ‘C’ can also be a sweet man who just wants to listen to their techno music and smoke roll ups in peace. ‘C’ can be funny, and emotional, and vulnerable. When distressed ‘C’ will expel all negative emotions into the environment around them – be racially abusive, destroy a TV someone recently bought for them, walk off and insist on rough sleeping and refuse to return to their flat – repeating issues and things people haven’t done for them, but they have also not done for themself. ‘C’ is, in short, incredibly frustrating. And workers have moved on, either through self protection, or through the nature of jobs starting and ending. ‘C’ been in the homelessness and mental health systems for their whole adult life. ‘C’ will cry thinking about people they used to work with. ‘C’ also has a brain injury which is likely impacting their functioning and emotional regulation in ways I can’t understand.

……

‘D’ and I have had an alright relationship – ‘D’ generally seems to know that they need me for getting what they want, so though will make remarks (calling me a nazi, shutting off calls and rolling eyes at me) it’s usually not too difficult to manage. Of course – out of all my clients witnessing ‘D’ abusing their partner ‘E’ has made me personally strongly dislike them. Not that this matters, or should matter too much. I knew that in order for ‘D’ to get accommodation separate to ‘E’, I needed to justify them getting into a separate supported living placement. Is ‘D’ able to make these decisions they are making, how much are they responsible for their actions?

…….

After their recent disappearance ‘E’ was seen back in my borough passing through – he reported to an outreach worker he is now sleeping in X park. This is where they always maintain they live, but it’s not been clear if they say they has a house there, if they have lived there, if they want to live there. They might be confused. It’s also near where I used to live, and the park I used to walk around when I first started this role. I remember going to see the duck pond, thinking: this is what they say is good for work place stress. Last week I went back to the park and walked around trying to find them.. I keep looking, finding it interesting actually focusing on the faces of the people around me rather than avoiding eye contact and dwelling in my own bubble as I usually would walking around the park. I don’t see them. I decide to come back again next week.

Appendix C: Institutional Ethical Review

Tavistock and Portman Trust Research Ethics Committee (TREC)
APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

FOR ALL APPLICANTS

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TREC form which are NOT covered in your existing approval

Is your project considered as 'research' according to the HRA tool? (http://www.hra-decisiontools.org.uk/research/index.html)	Yes
Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	No
Will your project include data collection outside of the UK?	No

SECTION A: PROJECT DETAILS

Project title	Emotional experiences of assessments under the Mental Capacity Act (2005)		
Proposed project start date	March 2024	**Anticipated project end date**	September 2024
Principle Investigator (normally your Research Supervisor): Dr Philip Archard			
Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval			
Has NHS or other approval been sought for this research including through submission via Research Application System (IRAS) or to the Health Research Authority (HRA)?	No. The project can be defined as research according to the HRA decision making tool. However, the project is not being undertaken with professionals recruited through the NHS so NHS REC approval is not required.		
If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.			

SECTION B: APPLICANT DETAILS

Name of Researcher	Maddie Tait
Programme of Study and Target Award	Professional Doctorate in Advanced Practice and Research: Social Work and Social Care (d55)
Email address	Mt20902@essex.ac.uk

Contact telephone number	07864293486

SECTION C: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? No If **YES**, please detail below:
Is there any further possibility for conflict of interest? No
Are you proposing to conduct this work in a location where you work or have a placement? No If **YES**, please detail below outline how you will avoid issues arising around colleagues being involved in this project:

Is your project being commissioned by and/or carried out on behalf of a body external to the Trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)	No
If **YES**, please add details here: This study is being carried out as part of the Tavistock's D55 Professional Doctorate. It is not funded or commissioned by any other NHS organisation.	
Will you be required to get further ethical approval after receiving TREC approval? If **YES**, please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):	No
This study will involve interviewing qualified social workers. Participants will be recruited via personal/professional networks rather than through a local authority or NHS Trust them are employed. On this basis, no additional ethical approval is required, i.e., beyond the TREC process, for example with another ethical review board	
If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:	
The participants will be recruited by the doctoral researcher through their own personal contacts (a purposive sampling strategy) rather than through social care services.	
If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant) Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record	No, as not applicable to this research project.

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION

I confirm that:

- The information contained in this application is, to the best of my knowledge, correct and up to date.
- I have attempted to identify all risks related to the research.
- I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research
- I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research.

● I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct.

Applicant (print name)	Maddie Tait
Signed	
Date	29.2.24

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor/Principal Investigator	Dr Philip Archard

Supervisor –

- Does the student have the necessary skills to carry out the research?
  (YES) NO
- Is the participant information sheet, consent form and any other documentation appropriate?
  (YES) NO
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  (YES) NO
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  (YES) NO

Signed	
Date	28.02.2024

COURSE LEAD/RESEARCH LEAD

Does the proposed research as detailed herein have your support to proceed? YES NO

Signed	
Date	05.03.2024

SECTION E: DETAILS OF THE PROPOSED RESEARCH

1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)

The Mental Capacity Act (2005) (MCA) is a legislative framework in England and Wales used to assess decision making ability in people over the age of sixteen. It stipulates the actions to be taken in circumstances where a person lacks the mental capacity to make a decision, or there are questions regarding mental capacity.

This study will involve in-depth semi-structured interviews with five participants who are social workers that draw on the MCA as part of their professional work. Study participants will be asked to take part in a one-to-two-hour in-depth, narrative interview. This interview will take place remotely (via videoconferencing) or in-person depending on participant preference. The interviews will explore the emotional experience of social workers completing assessments of mental capacity under the MCA, and the interview schedule will be focussed on the topics of embodied experience, difficulty, difference, and uncertainty. (These topics were discerned via autoethnographic analysis already completed as part of the wider doctoral enquiry)

All participants will be prompted to read the participant information sheet as a means of considering whether to take part in an interview. Then, prior to taking part, they will be asked to read and sign a consent form. The participants will be offered a copy of the transcript from the interview for the purposes of 'member checking'.

Reflexive thematic analysis will be used to analyse the research material, i.e., interview recordings and transcripts and field or 'process' notes (Braun & Clarke, 2021). The analysis will be informed by relevant psychological and social theory.

As part of the broader, doctoral enquiry, an autoethnographic analysis addressing the researcher's experience as a social worker is being completed. As noted, themes identified from this analysis have been used to inform the interview schedule for this study.

2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)

It has been argued that 'inconsistencies' and 'tensions' prevail in the use of the MCA by health and social care professionals (Clerk & Schaub, 2018; Hinsliff-Smith *et al.*, 2017). There have been multiple studies into how the MCA is being used by practitioners, and recent research has acknowledged the complex emotional experiences of assessing people under the MCA (Beale, 2024). However, there is a lack of research focusing specifically on the emotional experience of completing assessments of mental capacity. Interrogating this further affords avenues for further understanding the complexities of assessing mental capacity, which can inform further research, policy, and practice guidance.

The landscape of the MCA is also changing, at the time of writing, a new draft Code of Practice has been published for public consultation. Furthermore, it is important to note that the Mental Capacity (Amendment) Act (2019) is set to be introduced to replace the current Deprivation of Liberty Safeguards (DoLS) with a new scheme - Liberty Protection Safeguards (LPS). Controversy and concerns have been raised by both schemes (Lennard, 2015; Series, 2020; Tingle, 2012). These changes to the landscape of Mental Capacity law make inquiry into experience of assessments of mental capacity a live issue.

The study will use in-depth narrative interviews, to explore social worker experiences of the assessments of mental capacity. The questions in these interviews will focus on the themes of emotional experiences.

3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

A qualitative research methodology will be used for this research project due to the focus on the emotional experience of professionals and the meaning/s they attribute to this experience (Lincoln, 2005). An autoethnographic analysis examining the researcher's own experiences using the MCA as a social worker is in the process of being completed, and themes that have been identified through that analysis are being used to

inform an interview schedule for this study. A purposive sampling strategy will be used for the study. Prospective participants will be identified by way of personal and professional contacts, based on the researcher's knowledge of them working in the role of social worker and their experience of the MCA. Once informed consent is obtained and recorded, an in-depth narrative interview will be completed over a period of one or two hours. Reflexive thematic analysis will be used to analyse the interview material.

SECTION F: PARTICIPANT DETAILS

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why these criteria are in place. (Do not exceed 500 words)

A purposive sampling is being used. The researcher will approach possible participants via established personal and professional contacts. Participants will be social workers and use the MCA in their work with adult service users.

The inclusion criteria for the study are that the participant:

- has assessed a service user under the Mental Capacity Act (2005), and this legislation is a part of their working;
- is a registered as a social worker (with Social Work England); and
- has sufficient capacity, themselves, to consent to take part in an interview for the study.

These criteria are in place in order to ensure it is possible to focus on the experiences of social workers directly involved in the use of the MCA in their everyday work.

5. Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.

If any data collection is to be done online, please identify the platforms to be used.

Participants will be asked to take part in a one-to-two-hour in-depth, narrative interview. This will be undertaken remotely (via videoconferencing) or in-person depending on participant preference – a strategy that ensures participants based in and around London and the country can take part in the research.

If the interview takes place online, this will be via Microsoft Teams and measures will be used to ensure the interview take place with both parties taking part from adequately private spaces. Microsoft Teams is considered to be a secure platform for the purposes of research interviews.

If the interview takes place in person, workplace locations will be used, such as private offices available to the participants in their workplace. The participant will be given option of where they would like to complete the interview within their workplace, but they will be asked that the location be: (1) somewhere it is possible to speak privately and with a more minimal risk of interruption to maintain confidentiality; and (2) somewhere the participant feels comfortable for the researchers to share the location with a 'buddy' to ensure they can confirm once they have left the location. If we a suitable place cannot be identified, the researcher will request the interview be conducted remotely via Microsoft teams.

The recording facility of Microsoft Teams will be used to enable the researcher to record the audio from the interview. If in person, a recording device will be used, and transcripts created. Digital files will be stored on the University of Essex One Drive, any paper files will be stored in a locked draw and destroyed after use.

6. Will the participants be from any of the following groups?*(Tick as appropriate)*

Students or Staff of the Trust or Partner delivering your programme.
X Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
Children or legal minors (anyone under the age of 16 years)[1]
Adults who are unconscious, severely ill or have a terminal illness.
Adults who may lose mental capacity to consent during the course of the research.

Adults in emergency situations.
Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).
Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
Healthy volunteers (in high risk intervention studies).
Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
Other vulnerable groups (see Question 6).
Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
Participants who are members of the Armed Forces.

[1]If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.
[2] 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)
[3] Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

7. Will the study involve participants who are vulnerable? No

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from:

- the participant's personal characteristics (e.g. mental or physical impairment)
- their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).
- where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable
- children are automatically presumed to be vulnerable.

7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

Although the social workers recruited for this research are not considered a vulnerable group, it is possible that, at the time of taking part, they could be experiencing difficulties with their own mental or physical health. Further, the focus of these interviews concerns professionals' emotional experience, which could evoke difficult feelings for a participant. Consequently, the participant's right to determine their participation (and level of participation) will be promoted throughout the study, and participant wellbeing will be reflected upon by the researcher throughout the research process. Notably, if the participant presents as upset or distressed during the interview, the researcher will suggest a pause, and check if they want to continue the interview. Similarly, if the participant presents as upset at the end of the interview, the debrief procedure described later in this application will be completed.

If YES, a Disclosure and Barring Service (DBS) check **within the last three years** is required.

Please provide details of the "clear disclosure":

Date of disclosure:
Type of disclosure:
Organisation that requested disclosure:
DBS certificate number:

*(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance). Please **do not** include a copy of your DBS certificate with your application*

8. Do you propose to make any form of payment or incentive available to participants of the research?
No

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

9. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

The participants recruited will be qualified professionals who will be fluent in English and have graduate-level qualifications. When a potential participant is approached, the researcher will ask if any adjustments would enable them to take part in the research.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

10. Does the proposed research involve any of the following? *(Tick as appropriate)*

use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
use of emails or the internet as a means of data collection
use of written or computerised tests
X interviews (attach interview questions)
diaries (attach diary record form)
participant observation
participant observation (in a non-public place) without their knowledge / covert research
X audio-recording interviewees or events
video-recording interviewees or events
access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
X administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
Themes around extremism or radicalisation
investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
procedures that involve the deception of participants
administration of any substance or agent
use of non-treatment of placebo control conditions
participation in a clinical trial
research undertaken at an off-campus location (risk assessment attached)
research overseas (please ensure Section G is complete)

11. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?

YES

If **YES**, please describe below including details of precautionary measures.

The interviews are comparable to conversations social workers may have in their professional work, for example during case-based or personal supervision. The interview will have something of a personal focus and therefore there is a possibility that it could evoke difficult emotions for the participant.

12. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

The doctoral researcher is a qualified social worker and have experience of working with people, and emotionally challenging situations, and highly personal conversations in their everyday work. They receive monthly supervision from their doctoral supervisor and can organise urgent supervision as appropriate. The participant will be provided with a copy of the consent form and participant information sheet prior to the interview, and again at the start of the interview. It will be made clear to the participant that they can withdraw their consent for taking part in the interview prior to the interview taking place, at any point during the interview, and at any point up to 14 days after the interview is completed.

In the circumstance of the interview taking place via videoconferencing, confidentiality will be maintained through both interviewer and participant completing the interview in a private room. The video call will be password protected, and the password will only be shared with the participant, to prevent other parties accessing the call.

The recording facility of Microsoft Teams will be used to enable the researcher to record the audio from the interview. If in person, a recording device will be used, and transcripts created. Any digital files will be stored on the University of Essex One Drive, any paper files will be stored in a locked draw and destroyed once used.

13. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)

NOTE: Where the proposed research involves students, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

There is currently a lack of research exploring the emotional experiences of social workers completing assessments of mental capacity. The participants' experiences and perspectives will be used to help develop knowledge and understanding regarding this, which may benefit the social work discipline in informing practice guidance and policy due to forthcoming changes to the MCA.

The interview will also provide the participants with an opportunity to talk about their work, and a space to reflect and explore their own experiences, which they may find beneficial.

14. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

At the start of the interview, the participant will be reminded that they can withdraw whenever they wish during the interview. The consent form provided will explain that they can end their involvement in the study at any time, and within 14 days after the interview (i.e., in asking for any data relating to them to be withdrawn from the study).

The participant will be given the opportunity to ask any questions at the start of the interview, and to share any thoughts they have ahead of the interview. At the end of the interview, they will be asked about their experience of the interview.

The consent form will also explain circumstances in which the researcher may have to break their confidentiality and escalate concerns as appropriate, i.e., if the participant or somebody else is at risk of harm. If a participant becomes visibly upset or uncomfortable, a break will be suggested, and the researcher will ascertain if the participant wishes to continue.

At the end of the interview, participants will be given the opportunity the opportunity to speak about any of the contents of the discussion that may have caused them concern. If a participant is deemed to be upset following the interview, they will be signposted to resources they can access as appropriate (detailed below).

Participants will be provided a copy of a transcript of their interview, and will be offered 14 days to withdraw their consent from being included in the study and 28 days to request any redactions from the interview transcript. They will be informed that the researcher will take note of this prior to starting analysis and deciding what will be included in the final thesis/public reporting of the research.

If a participant made any discloses that suggested malpractice, i.e., that would indicate the people they are working are at risk of harm, they will be advised that the interview will end, and the researcher will look to discuss their concern with the participant and advise about whether they may need to escalate their concern in some way. Following this, the researcher will take any appropriate action, including discussing concern with their supervisor, e.g., in deciding whether to make a safeguarding concern to the local authority the participant works in; follow the whistleblowing policy of the participant's local authority if appropriate; and/or report concerns to Social Work England.

15. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants.

Debrief procedure: If a participant expresses concern regarding stress in their work or presents as experiencing difficult emotions as a result of the interview they will be directed to resources that offer support around mental health difficulties and emotional distress (see section 16). If they have concern for an incident that took place at their work, for example, poor practice they witnessed, then the researcher will formulate a plan as to how this concern might be shared. The participant will also be asked about their experience of the interview.

Participants will be provided a copy of a transcript of their interview, and offered 14 days to withdraw their consent from being included in the study and 28 days to request any redactions to the interview. They will be informed that the researcher will take note of this prior to starting analysis and deciding what will be included in the final thesis/public reporting of the research.

16. Please provide the names and nature of any external support or counselling organisations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.

The participant will first be asked how they would like to take their concerns forward. They may be signpost to:

- their GP;
- helplines to manage stress/MH concerns
- the Samaritans on 116 123 or jo@samaritans.org
- CALM helpline 0800 585858
- Saneline 0300 304 7000
- and/or their local occupational health team, as well as workplace resources (e.g., https://www.mind.org.uk/information-support/tips-for-everyday-living/how-to-be-mentally-healthy-at-work/work-and-stress/
- or, if need be, whistleblowing resources (see, e.g., https://protect-advice.org.uk/advice-line/)

17. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)

Not applicable to this research.

FOR RESEARCH UNDERTAKEN OUTSIDE THE UK

18. Does the proposed research involve travel outside of the UK? No **If YES, please confirm:** I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/ I have completed ta RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants. All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties. If you have any queries regarding research outside the UK, please contact academicquality@tavi-port.nhs.uk:
Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.
19. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place. Please also clarify how the requirements will be met:
Not applicable.

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

20. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. Yes If **NO**, please indicate what alternative arrangements are in place below:
21. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. Yes If **NO**, please indicate what alternative arrangements are in place below:
22. The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document. Clear identification of the Trust as the sponsor for the research, the project title, the Researcher and Principal Investigator (your Research Supervisor) and other researchers along with relevant contact details.

Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
A statement confirming that the research has received formal approval from TREC or other ethics body.
If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
A statement that the data generated in the course of the research will be retained in accordance with the Trusts 's Data Protection and handling Policies.: https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/
Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Beverley Roberts, Interim Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)
Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

23. The following is a <u>consent form</u> checklist covering the various points that should be included in this document.

Trust letterhead or logo.
Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
Confirmation that the research project is part of a degree
Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
The proposed method of publication or dissemination of the research findings.
Details of any external contractors or partner institutions involved in the research.
Details of any funding bodies or research councils supporting the research.
Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

<u>SECTION H: CONFIDENTIALITY AND ANONYMITY</u>

24. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with <u>no</u> record retained of how the code relates to the identifiers).
X The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers <u>are</u> able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
Participants have the option of being identified in a publication that will arise from the research.
Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)
The proposed research will make use of personal sensitive data.
Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

25. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

Yes

If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

26. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? Yes

If **NO**, please indicate what alternative arrangements are in place below:

27. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

1-2 years 3-5 years **X** 6-10 years 10> years

NOTE: In line with Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years

28. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

X Research data, codes and all identifying information to be kept in separate locked filing cabinets.
X Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.
X Access to computer files to be available to research team by password only.
Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
X Research data will be encrypted and transferred electronically within the UK.
Research data will be encrypted and transferred electronically outside of the UK.

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Essex students also have access the 'Box' service for file transfer: https://www.essex.ac.uk/student/it-services/box

Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).
Use of personal data in the form of audio or video recordings.
Primary data gathered on encrypted mobile devices (i.e. laptops).

NOTE: This should be transferred to secure University of Essex OneDrive at the first opportunity.

All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

29. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

None.

30. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:

None.

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

30. How will the results of the research be reported and disseminated? *(Select all that apply)*

X Peer reviewed journal
Non-peer reviewed journal
Peer reviewed books
Publication in media, social media or website (including Podcasts and online videos)
X Conference presentation
X Internal report
Promotional report and materials
Reports compiled for or on behalf of external organisations
X Dissertation/Thesis
Other publication
Written feedback to research participants
X Presentation to participants or relevant community groups
Other (Please specify below)

SECTION K: OTHER ETHICAL ISSUES

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

It is possible that participants could feel concerned about being assessed or judged for their practice as the researcher is also a social worker by background. This could result in discomfort during the interview process, and the participant not feeling able to share information that they would be comfortable sharing with an interviewer from a different profession.

The participant will be informed at the start of the interview that the researcher is there in the capacity of researcher, and not a social worker. This will be supported by the researcher using their university email address to contact participants, and not using their workplace as sites of interviews. The researcher will not be recruiting participants from organisations they currently or have previously worked in, rather via professional networks.

There are also more minimal, potential risks to the researcher as the interviewer, including the emotional toll of exploring difficult situations with participants. The researcher will use monthly supervision with their doctoral supervisor to explore and manage any distress experienced from the interviews.

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

32. Please check that the following documents are attached to your application.

Letters of approval from any external ethical approval bodies (where relevant)
X Recruitment advertisement
X Participant information sheets (including easy-read where relevant)
X Consent forms (including easy-read where relevant)
Assent form for children (where relevant)
Letters of approval from locations for data collection
Questionnaire
X Interview Schedule or topic guide
Risk Assessment (where applicable)
Overseas travel approval (where applicable)

34. Where it is not possible to attach the above materials, please provide an explanation below.

All documents relevant to the research study have been included.

Appendix D: Participant Consent Form

University of Essex

Emotional experiences of assessments under the Mental Capacity Act (2005)

Researcher: Maddie Tait Principal investigator: Dr Philip Archard

NHS The Tavistock and Portman NHS Foundation Trust

Please sign your name next to each box if you agree with the statement.	
I have been informed what this research is about, and what participation involves. I have read or been read the information sheet about the research project. I have been given a chance to ask questions.	
I understand that this research forms part of a doctoral project.	
I understand that participation in the research project is completely voluntary and I can change my mind about taking part and withdraw from the study prior or during the interview.	
I understand that I will not be named in any research reports, and that my personal information will remain confidential.	
I understand that if the researcher is concerned that I or someone else might be at risk of harm, they will have to contact the relevant authorities. But they will try and talk to me first about the best thing to do first.	
I agree to be audio-recorded.	
I agree for direct quotes to be used in research reports.	
I understand that I will be given a copy of my interview transcript and I then have 14 days to withdraw my consent to be included in the study. I understand that once I have a copy of my interview transcript that I have 28 days to say if I want to remove anything from the interview. The researcher will take note of this prior to starting analysis.	
I understand that as the sample size is small, this may have implications for anonymity any other relevant information.	
I agree to take part in the research.	

Participant signature …… Date……

Appendix E: Participant Information Sheet

Emotional experiences of assessments under the Mental Capacity Act (2005)

Information sheet

This information sheet will explain the purposes of the project, and what will happen if you choose to take part.

What is the research about?
The aim of the research is to explore the experiences of Social Workers who complete assessments under the Mental Capacity Act (2005) or the MCA.

This study is focusing on the emotional experiences of assessments using a psychosocial lens. Questions in the study will concern the emotions you felt when completing assessments, and how these were expressed through feelings, thoughts, and physical experiences.

The study is being undertaken Maddie Tait who is doctoral student at the University of Essex and the Tavistock and Portman NHS Foundation Trust. Maddie is a Social Worker by background. This research study aims to build on existing research exploring experiences of assessments under the MCA, and is inspired by the researchers experiences in their work.

The Principal Investigator for this study is Dr Philip Archard (an Associate Lecturer at the Tavistock and Portman NHS Foundation Trust).The research is not funded or paid for by anyone or any organisation.

Who has checked the research?
This research study is reviewed and approved by the Tavistock and Portman Research Ethics Committee (TREC).

What does taking part in the research involve?
You will be asked to take part in an interview. It will be approximately one hour long. You can choose where you would like the interview to happen and when, as long as confidentiality can be maintained within the space.

Do I have to take part?

No, you choose if you want to take part. If you decide to proceed with taking part, you will be offered a consent form to sign. If you change your mind prior or during the interview, you can withdraw your consent to take part. You can also withdraw consent to be included in the research up to 14 days after you have been given a copy of the interview transcript without providing a reason and all data relating to your participation will be destroyed.

You will be given a copy of the interview transcript and will then have 28 days to say if you want to remove anything from the interview. The researcher will take note of this prior to starting analysis.

Confidentiality
If the researcher thinks that you or anyone else is at risk of harm, they will have to break confidentiality and inform the relevant authorities. Apart from this, everything you share during the research will be kept strictly confidential.
All the data gathered from the study will be stored according to the Trust's information storage policy https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/

Will my name or other details be included in final study?
No. All publications and written work will be anonymised. Any direct quotes used in research publications will not be associated with any other information about you.

Why have you asked me to provide details of someone who is supporting me?
This is so that we can make sure you have the right support around you during and/or after the interview. The interview will be led by what you want to talk about, but if you have had negative experiences this could bring up difficult memories, so it's best to have someone we know is there to help.

Please contact Maddie if you have any more questions about the research or this information sheet.
If you have any concerns about the conduct of the researcher or this research project please contact Beverley Roberts, Interim Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

Appendix F: Interview schedule

Interview Schedule:

Prior to the interview starting: clarify consent to take part. Acknowledge ‘process’ consent, i.e., they can stop and discontinue the interview at any point should they wish to. Talk about how the interview will be recorded. Turn the recorder on at this stage.

Explain : To answer these questions, you do not need to have completed a ‘formal’ assessment of someone’s capacity (i.e., written a whole assessment in your organisations pro forma or IT system). You can use examples where you were unsure if someone had capacity to make a decision they were making, and you explored this despite not then writing an entire, formal assessment.

Can you tell me any thoughts you have about what you anticipate in being interviewed and taking part in this study? [May provide valuable material around intersubjective processes in the interview/researcher-researched relationship].

Now, I’m going to ask you about you being involved, as a professional, in assessing the mental capacity of others, please share any details you consider relevant. The main focus is, though, your experience – as a professional and a person.

1. Describe in three words the emotional experience of doing assessments of mental capacity (whatever comes to mind).
2. Can you give me examples for each of these words? (Repeat each word)
3. Pick one of the situations you spoke of, and picture yourself doing the assessment. Describe it, i.e. how you were you were positioned, what you could see and smell. Please describe the emotional experience and physical experience in your body completing the assessment.
4. How does being involved in this line of work affect you physically and emotionally?
5. What is/are some of the most difficult assessments you've done? How did you feel when undertaking this/these assessment/s? Possibly ask: describe this experience in three words, ask to elaborate on each word.
6. What is/are some of the most gratifying assessments you've done? How did you feel when undertaking this/these assessment/s? Possibly ask: describe this experience in three words, ask to elaborate on each word.
7. How does your work undertaking assessments under the Mental Capacity Act involve 'difference'? Probe further, via follow-up observations and questions. Request examples.
8. Is there anything else you want to say, based on what you've said (essentially, this is seeking meta-reflections)
9. Finally, can you tell me about your experience taking part in this interview? How has it been?

After this, be available to answer/clarify any queries about the research/how their account will be used anonymised etc.