'Gosh, this job is so hard!': Exploring social workers' experiences of mental capacity assessment using Interpretative Phenomenological Analysis (IPA)

Clare Brown 🆔*

 Social Work Department, Lancaster University, Lancaster, LA1 4YT, UK

*Corresponding author. Social Work Department, County South, Lancaster University, Lancaster, LA1 4YT, UK. E-mail: c.brown24@lancaster.ac.uk

Abstract

The Mental Capacity Act (MCA) is the legislative framework which allows professionals in England and Wales to act on behalf of people assessed as lacking mental capacity to make a specific decision. The validity of the assessment process under the act is predicated on the ability of the assessor to accurately empathize in order to understand the way in which the assessed person makes decisions. The human rights implications of the implementation of the law make it important to explore how social workers experience their role as capacity assessors. There is, however, research into the experiences of both social workers and the people they assess. This article describes findings from a study using Interpretative Phenomenological Analysis (IPA) to explore the way in which a small sample of six social workers employed by local authorities in Northwest England experienced intersubjectivity during assessment. Findings support an understanding of capacity assessment as a situated, embodied activity that operates through the working relationship of assessor and assessed. This has implications for both social work training and practice. Further research is required to include perspectives from lived experience and to explore factors that facilitate communication within the assessment process.

BASW
The professional association for
social work and social workers
www.basw.co.uk

Introduction

Autonomy is being able to make one's own decisions in the absence of coercion or deception (Dworkin 1988). Social work ethics and values require social workers to empower people by supporting their decision-making (British Association of Social Workers [BASW] 2018). *Mental Capacity* is the term used in English and Welsh law to describe the ability to make a specific autonomous decision. The Mental Capacity Act (MCA 2005) allows professionals in England and Wales to make substitute decisions in the 'Best Interests' (BI) of people whose decision-making abilities are impaired by illness or disability. While UK courts have placed individual autonomy at the heart of BI considerations (Wye Valley NHS Trust v B 2015), it has been argued that allowing for substitute decision-making places UK statute in tension with Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which requires the recognition of all people as legal actors (United Nations 2006; United Nations, Committee on the Rights of Persons with Disabilities 2014).

These ethical tensions at the heart of the routine implementation of the law make it particularly important to explore how social workers experience the role of capacity assessor. In social work literature, assessment is constructed as a skill (Parker 2021) which involves experienced social workers knowing when they have correctly understood the person they are assessing (Schon 1983). In other words, there is something it *feels like* to a worker to assess well.

Intersubjectivity is the process whereby we share experiences with others. Intersubjectivity is linked to the concept of *empathy*, the ability to understand, and convey understanding of, the thoughts and feelings of another person (Brown 2024). The validity of the assessment process is predicated on the ability of the worker to accurately empathise with the assessed person in order to understand their decision-making. There is a significant literature in the fields of philosophy and law which suggests that 'mental capacity' is not an inherent attribute of an individual but is co-constructed by assessors and the people they assess (Clough 2017; Kong 2017). Phenomenological understandings of intersubjectivity (Heidegger 1962; Sartre 2018) imply that social workers gain vital information from their sensory experience, including their emotional responses (Throop and Zahavi 2020; Whiting 2021).

This article addresses the question: *How do* social worke*rs experience intersubjectivity during mental capacity assessment?*

Methodology

Literature review

There is a range of guidance available to assist social workers in capacity assessment (Rogers and Bright 2021; Lyne et al., 2023; Beale et al., 2024). Guidance does not, however, provide detailed experiential accounts of how social workers might come to know whether someone is able to make a decision.

A review of databases available via Lancaster University's 'One Search' facility, using search terms 'mental capacity', 'social work', and 'assessment', did not identify any studies focusing explicitly on the experiences of social workers completing capacity assessments, although Murrell and McCalla (2016) have explored the more general question of how the MCA (2005) is understood by social care practitioners.

Foulkes, Volkmer, and Beeke (2024) have used Conversational Analysis (CA), a qualitative research method involving analysis of transcripts, to compare capacity assessments by health professionals with 'best practice' standards (Department for Constitutional Affairs 2007; National Institute for Health and Care Excellence 2018). Importantly, however, CA operates from an 'objective' perspective, excluding the experiences of participants. Existing standards are not written on the basis of research into the experiences of either assessors or people being assessed, and this limits their ability to provide an account of what we might mean by 'best practice'.

To address this knowledge gap, I decided to use Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, and Larkin 2022), a research methodology which aims to make sense of lived experiences of participants as gathered through self-report. The approach is well suited to exploring the experiences of social workers, who are themselves 'phenomenologists' in the sense of seeking to understand the experiences of others.

Further searches using terms, 'Interpretative Phenomenological Analysis' and 'Phenomenology' in combination with 'Mental Capacity', 'Social Work', and 'Assessment' revealed extensive use of IPA to explore the experiences of people assessed by professionals, including social workers: Researchers have used IPA to explore people's experiences of consent processes, treatment decision-making (Stovell et al., 2016), cognitive assessment (Davidson, Smith, and Burns 2014), and clinical decision-making (Anderson, Slark, and Gott 2019). IPA has also been used to explore the experiences of social workers (Winnett 2022; Scanlon, Latchford, and Allsop 2024). I was, however, unable

to identify any studies of mental capacity assessment using IPA, whether by social workers or other professionals.

Ethics statement

The necessary ethical approval has been granted for this study by the ethics committee of a UK university, and all participants have given written informed consent.

Research design

I obtained approval to interview experienced (over three years qualified) social workers who conducted mental capacity assessments for decisions relating to social care. I interviewed six registered social workers employed by three English local authorities, about their experiences of a specific recent assessment and of capacity assessment in general. Participants were employed in settings including community services for older adults and people with learning disabilities, mental health services, and intermediate care. Interviews were semi-structured, including questions designed to elicit a 'rich description' (Vicary and Ferguson 2024) of lived experience. I recorded the interviews and analysed transcripts using the IPA method of thematic analysis (Smith, Flowers, and Larkin 2022) to identify 'Personal Experiential Themes' (PET). These were compared to identify five shared 'Group Experiential Themes' (GET) set out in the subsections below (see Fig. 1). All participants are referred to using pseudonyms.

The premise of IPA is that the researcher can legitimately draw conclusions from the third-person examination and comparison of first-person accounts. I hoped to gain insight into participants' understandings by asking them to critically reflect on their experiences (Kolb 2014). Self-reflection by professionals based on recall alone may be
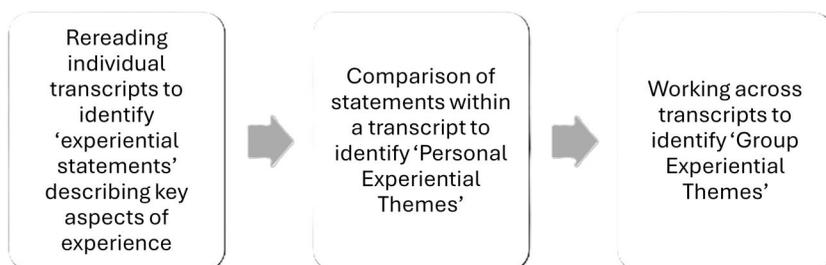
Figure 1. Diagram illustrating the stages of IPA analysis adapted from Smith, J. A., Flowers, P., and Larkin, M. (2022) *Interpretative Phenomenological Analysis: Theory, Method, and Research*, 2nd edn. Thousand Oaks, CA: SAGE Publications Ltd.

affected by bias (Occhiuto et al., 2024), and so participants were invited to identify someone they were assessing whom they believed would be able to consent to being audio recorded. I planned to use a transcript of the assessment to refresh the worker's memories of the experience. Precedent for research involving recording of professional assessments is provided by Drew et al. (2014) and Toerien et al. (2018).

Findings

Capacity assessment as an exercise in upholding human rights

Participants understood the law as limiting their own powers while allowing them to champion the rights of the people they assessed:

> *It's about their rights, their wishes and what they want to do with their life … . If, like I say, that person wants to live their life that way, who are we to take that from them?'* (Liz 2025)

Assessments also provided an opportunity for the person to be heard and to exercise agency:

> *I don't like it feeling like it's just something we have to go through. … It's not fair. You want to make it fun for them and at least give them an opportunity … to give some information about what they do and don't understand* (Molly 2025)

> *It was important for her to tell me why she's choosing to stay for now* (Liz 2025)

Interviewees saw themselves as bearing the burden of responsibility for upholding the person's rights, sometimes through educating other professionals:

> *We're the only ones, it seems, that have a real understanding of what a DOLS [deprivation of liberty] is* (Catherine 2024)

> *It's not my role to have to educate them but I've kind of found myself having to* (Emma 2025)

This could be intimidating:

> *it feels like it's a room against you … just one social worker coming in against, you know, a whole team that want him discharged yesterday* (Emma 2025)

> *I'd only been qualified a couple of years … it still felt like a bit of a scary moment to challenge all these other people'* (Liz 2025)

Interviewees spoke about situations, which I came to think of as a '*Bottom Line'*, relating to unacceptable levels of risk or a violation of autonomy:

As soon as they're left alone for 5 minutes, they'll try and get up and walk and they'll be found on the floor. And they'll fracture another hip. You can't send someone home to do that. (Catherine 2024)

What if that young person gets locked in a room and gets plunked on a bed, and no one comes to see them? … I don't like to think that any of the kids I work with, that would have ever happen to them. (Molly 2025)

If this poor woman ended up in that home that she did not want to be in for that last few months, years of her life, I think that's just abysmal (Liz 2025)

Capacity assessment as craft

Participants described assessment as something learned with experience. Gareth evokes the sense of panic he felt as a student:

This was the first person I came to see ever. … 'Oh, bloody hell!' I couldn't even remember what. You know, you'd sat in the lectures. 'Don't you know? You'll have gone through this'. You … just freeze. And, think about it: How do you, how do you, how <u>do</u> you know that? Really. … Until you start to do it … . (Gareth 2025)

With experience, participants developed a more fluid approach:

I don't know when it happened, but as you get that experience, you probably don't really go in anymore and think 'right I need to answer this question' … I'll try more, you know, 'just have a general chat with us' … really talking to the person, trying to understand. (Gareth 2025)

it's just kind of more of a conversation to see how it goes. (Emma 2025)

An informal approach was highly effective but did not conform to the stereotype of a 'professional' relationship:

Stuff I'm very familiar with and do on a regular basis, I kind of want to say, 'wing it'. That's incredibly 'unprofessional'! I know what to ask and how to make that conversation happen' (Liz 2025)

Some social workers maintained this sense of informality by avoiding the use of pen and paper. For others, however, contemporaneous recording and the flexible use of prompts was important:

I always have a few questions that I kind of go to … like a bit of a prompt, just in case, to make sure I feel like I've covered everything … It's a mixture of writing down as much as possible and then, while it's fresh in my mind, getting it all down … on the system or in a document. (Emma 2025)

'It freaks people out that I don't have a notebook' (Liz 2025)

It's a lot of mental load, so that's why I write everything down (Catherine 2024).

Capacity assessment as an embodied practice

The process of decision-making involves doing as well as thinking: we visualize ourselves actively experiencing the available options, or better still, try them out. Participants recognized that people often need concrete experience in order to decide. To explore the person's embodied perspective, they might enlist the help of those supporting the person on a daily basis.

> Say 'I'm just locking the door. Do you know why I do that?' ... or when you're putting the bed rails up at night 'Are you all right with me putting the bed rails up? Do you understand why I'm doing this?' And it's that, like, giving them the point of reference and the context around what you're asking them (Jenny 2025)

It can be particularly challenging to decide between options involving differing types and levels of risk. Liz differentiated between situations being riskier and being more complex (involving multiple factors). She also, however, saw high-risk decisions as *inherently* complex because the person would need to visualize and emotionally engage with the experience of being embodied in a future situation where something had gone wrong.

The issue of embodied understanding is particularly relevant where someone's actions do not accord with what they are saying:

> We had... so many consultants involved.... they were saying... 'He's got capacity to decide if he wants dialysis or not. He knows the risks. He knows he could die'.... This social worker went in, and she said, 'Yeah, he can repeat all that back to you ... but if you ask him, he gets very upset, and he doesn't want to die'. (Jenny 2025)

Assessors experienced themselves as bodily present in their work. 'Bottom Line' situations in particular were described using visceral terms, conveying horror or disgust.

> 'She was covered in her own faeces... obviously I wouldn't leave someone like this....' (Liz 2025)

Assessment was described in terms of physical labour, using metaphor to describe a sense of something buried or concealed:

> It takes a lot of digging around (Catherine 2024)

> 'I need to dig a little bit more around that' (Liz 2025)

Assessing someone not previously known was *'colder... more clinical and a bit more rigid'* (Liz 2025), evoking the sense of navigating an icy landscape, forging a brittle connection that might break.

Participants located themselves in hypothetical situations where they were denied autonomy:

> I imagine myself being unable to speak and somebody making a decision for me... that's massive. It's just so big, you know ... You're there, and then

> *somebody could be saying, 'oh, well, this person lacks capacity' and that enables them to make decisions for you… I think that's what drives me.* (Jenny 2025)

Assessment involved both somatic (emotional and sensory) and cognitive work, and it could be hard to describe how these fitted together:

> *Interviewer: Do you think your feelings ought to be part of a good decision? Liz: 'the fact I don't know is probably quite interesting!'* (Liz 2025)

The worker might have a sense of whether or not someone could decide, but that was not enough on its own.

> *Emma: It's just like sort of <u>gut</u>, you just kind of <u>know</u>, like, I don't know how to explain. Interviewer: Do you always have a gut feeling then? Emma: I suppose to an extent, yes. But whether that's always <u>enough</u> is something else… It would sort of inform the way I go maybe, but I would never just go off that.* (Emma 2025)

Decision-making and assessment took place in evolving landscapes. Participants recognized capacity as both time-specific and something returned to repeatedly in the context of a working relationship.

> *They ask us this question at the very end… but also you need to have an idea at the very start…. It radiates out there and, the way I was thinking about, it affects everything.* (Catherine 2024)

The decision landscape often changed during the assessment process, requiring social workers to reevaluate the options available and the 'relevant information' (MCA 2005) relating to the decision.

> *I've also seen her change since that first meeting when that was the situation she was in* (Liz 2025)

> *So, one [assessment meeting] was about an accommodation that had been found. And then, when I came back and was writing up the assessment, I learned another one had been found. So, I wanted to go back and speak to him about that, because they were different decisions… even though it's still 'accommodation', because it was a new accommodation, to me, it's still a new decision.* (Emma 2025)

> *It's not the same decision, but the options are the same. It's 'remain at home' or 'go to this residential placement'. And the new one is: 'remain at the residential placement' or 'go home'* (Liz 2025)

Relationship as central to capacity assessment

Participants recognized that 'mental capacity' was an alien and potentially stigmatizing concept and that people might experience insensitive assessment as violating.

'If someone did that to me without bringing me a cup of tea, I wouldn't speak to them!' (Liz 2025)

The process of assessment might be more difficult to understand than the decision itself:

She understood that we were talking about staying there or returning home. I think she understood that was the decision. I don't know if she understood about the capacity assessment. (Liz 2025)

Honesty was very important:

'It's not to trip someone- obviously that'd be awful!' (Liz 2025)

I hate using legal jargon, but I will say it's called a capacity assessment… because that's something that needs to be said' (Liz 2025)

Participants needed, however, to share information sensitively so that assessment was both understandable and acceptable.

I'm more likely to go in and be like 'This is why I'm here, to assess under the…' if I don't know them … If I know somebody and I maybe feel like I know … they might shut down, or …. they're not going to be interested in speaking to me if I'm so formal …. (Emma 2025)

The words of 'understanding'. 'communicate', 'retain' and 'weigh up'. Yeah, they're all beautiful words to use because that's what happens in practice. But if I said, 'I'm going to do a formal mental capacity assessment', the barriers are put up immediately…. (Catherine 2024)

Participants also needed to combine assessment with other functions such as keeping the person informed and minimising distress.

At least that's what hopefully I've been able to provide to him, to an extent of, like, reassurance of 'this is what's happening now. Are you okay with this? (Emma 2025)

Familiarity helped assessors to establish trust, to correctly interpret thinking patterns, wishes and feelings, and to judge a good time to ask questions:

'You're getting the best out of that person, you've built that rapport, you get a lot more.' (Liz 2025)

I feel privileged that I have the opportunity to build up a bond … over time I get to know what his facial expression means, what the tone of his voice may mean (Molly 2025)

The more I've visited, the more I feel like I know him. I know when he's had enough' (Emma 2025)

Good assessment involved triangulation of evidence from a variety of sources including the worker's own experiences and those of others with relationships with the person.

It's partly about your relationship, partly about all the other people who've got more long-standing relationships, getting all that information together. And then … you might test things out, ask them differently (Jenny 2025)

Some interviewees thought assessment didn't necessarily require a previously established relationship but did require careful preparation:

I asked the same question in four different ways … I had planned ahead to think 'how am I going to ask that?'… I feel that the information I've got is reliable and it's valid' (Liz 2025)

Sometimes like I do just have one, maybe two, visits and I feel like I have got enough. Whether it's the building up a picture from what staff have told me already or, you know, I gather as much information as possible between other assessments or knowledge we have access to- Speaking to staff on the phone, speaking to them in person, speaking to family (Emma 2025)

Assessment without getting to know the person was both 'unfair' and unreliable:

I wouldn't just go in and just assess a young person I don't know. It wouldn't feel comfortable to me to do that, and I know it wouldn't feel comfortable to them or their parents. So, it's not fair on anyone. (Molly 2025)

I feel like I need to go in, introduce myself, get to know them, even just briefly. Just to say 'Hi, you know, this is me, can I come in?' before I actually do an assessment. I would never just turn up and do an assessment. (Emma 2025)

'I think people do shut off a bit… 'what are you asking me that for?'… 'you don't care about me, you're just a professional'. (Liz 2025)

Again, 'professionalism' was associated with excessive formality and a lack of care. Failure to build a relationship could ultimately undermine the credibility of an assessment:

It could go to an Accredited Legal Rep., and they would say, 'Well, you don't know that young person. You've just met them and done that' and it will just come back on us anyway to have to redo. So, do the work! Go slow to go fast! (Molly 2025)

The burden of 'getting it right'

Assessment was something social workers could get 'wrong', and they bore a heavy burden of responsibility for 'getting it right'.

Participants sometimes knew exactly what they were looking for when determining capacity:

If that young person can say 'I agree' or 'I disagree with having my support workers with me … they're with me to keep us safe. I'm strapped into my

> *wheelchair because I'm safe, otherwise I'd fall out. I need to take some medication because otherwise I'll get sick'. If they could say why they have restrictions and whether they agree with them or they don't agree with them. That for me would say you've got capacity to make decisions about the restrictions to your liberty and the care you receive* (Molly 2025)

They also, however, experienced anxiety as they grappled with the complexity of both the ideas and the feelings involved.

> *You want to ask the right questions, and you want to do the right thing, because the last thing you want is to say 'I feel like this person lacks capacity' when, actually, they can make that decision* (Jenny 2025)

The role of assessor involved juggling quantities of complex information.

> *What if I accidentally miss something?* (Liz 2025)

> *I thought 'have I missed something?* (Catherine 2024)

The process of assessment continued outside direct contact with the person: Liz pondered *'now and probably for the rest of the day while I type it up'* (Liz 2025).

It took social workers time to know when they had enough information to make the decision.

> *I can tell when I've done better assessments, partly because of the amount of writing… If I feel I can justify the decision and the reasons why…'* (Liz 2025)

It was essential to take time to get the decision right.

> *People go 'well, we need the hospital bed' and I'm going, 'They need to stay in hospital a bit longer because I'm not going to send them into a care home … just on a whim like that.* (Catherine 2024)

Participants used words like 'big', 'massive', and 'weight', conveying the solidity of their sense of responsibility.

> *It was such a massive responsibility. You feel like you've got this weight of responsibility. But as you learn, you learn that, you know, it's not just your weight to carry it. It's a shared responsibility. But it does feel… (laughing) 'Gosh, this job is so hard. I'm just going to hand my notice in!'* (Jenny 2025)

The 'right answer' to the question of mental capacity was highly personal and contingent.

> *Everyone thinks that their situation is very common and similar to someone else's, yeah, but every situation is very different* (Catherine 2024)

It was important to acknowledge not only the person's current situation but also how experience had shaped their sense of identity.

> *'She was a proud woman because she had a job that was obviously, you know, a manager and… respected'* (Liz 2025)

People have the potential to learn and change, so it is important to be open to being surprised by both the process and the person.

> *'It didn't go exactly as I was expecting it to. Which is more than fine'* (Liz 2025)

> *'I walked into it thinking 'she doesn't show insight' but actually, when I had that conversation she did'* (Liz 2025)

There was a sense from some, but not all, participants that the 'right' answer depended on the assessor:

> *Two people could probably do the same assessment couldn't they? The same situation. Have completely different views... Probably is no right or wrong answer is there really? ... I think if a judge was looking at, probably, as long as you go on through that what the law says, you can probably have different conclusions, can't you? ... I don't think that's a problem with the law. I think it's probably a good thing. It might just come down to what your view of risk is* (Gareth 2025)

Participants were aware that their responsibilities didn't end once a decision was made. They recognized the tension between their desire to 'protect' and to respect the person's right to make capacitous decisions. Supporting someone's decision to remain in a high-risk environment took an emotional toll:

> *I absolutely believed that he was going to have frozen to death... He took about an hour to answer the door ... I remember thinking, oh ****. ... this has gone too far, even for me.* (Gareth 2025)

Discussion

Participants primarily described their decision-making processes using metaphors from physical labour instead of feelings and sensations. Anderson, Slark, and Gott (2019) found that experienced practitioners may struggle to explain processes once they develop skills in intuitive decision-making, but this finding may also reflect social workers' understanding of assessment as a practical, embodied task.

Interviewees were protective of their working relationships and were conscious that assessment was a delicate negotiation, balancing sensitivity to the person's anxieties with transparency about the legal process.

The authenticity of their interactions and the validity of their conclusion were of central importance to interviewees, who sometimes described the person being assessed as 'giving' the worker the information they needed. This was not, however, about a 'magical' emotional connection but reflected the common-sense view that people will be more open if they know and trust you.

Social work literature differentiates between reflection *in* (during) and *on* (after) action (Schon 1983). This study suggests that the sense of 'getting it right' in capacity assessment is not something that happens in the moment. Where participants described a 'gut' feeling, this was used to inform assessment, rather than being determinative.

Assessment requires a willingness to critique and discard poor sources of evidence. Heron and Black (2025) found that professionals tend to use deliberation to justify intuitive decision-making, rather than to correct it. In this study, however, interviewees appeared to be willing to have their intuitions challenged.

The process of assessment was fluid and might not proceed in a linear way. Social workers moved between assessment and other tasks, including support planning and emotional support. These findings reflect those of Murrell and McCalla (2016), who describe capacity assessment as part of a series of complex and interdependent assessment and planning processes. Brown and Marchant (2013) also found that decision-making is an extended process that might involve different questions about capacity at different points. In contrast with the findings of Campbell et al. (2018), however, participants clearly demarcated capacity assessment from other activities such as BI decision-making.

There were diverging views about whether there was an objective answer to the question of capacity. This reflects the fact that there is no agreed standardized tool for capacity assessment (McWilliams et al., 2024). Indeed, standardisation based on a clinical tool would seem to go against the principle of individualized assessment. Research into 'interrater reliability' (when different assessors come to the same conclusion) for capacity assessment has had mixed findings (Cairns et al., 2011; McWilliams et al., 2024). If, however, every assessment is unique, it is questionable whether the concept of 'interrater reliability' is useful. Participants in this study appeared to understand knowledge about mental capacity as both situated (depending on the assessor and the assessed) and objective (there is a right answer for this person at this time and in this context). This fits with ideas from 'practice theory' (Kemmis et al., 2017) in which the practitioner brings their own life experiences, including learning from previous assessments, to each situation, and echoes the view of Beale et al. (2024) that assessors may legitimately disagree.

Participants offered diverging accounts of multidisciplinary work. Some reported experiencing ethical stress (Fenton 2016) and the sense that their work was 'dirty' that is, vital but undervalued (Morriss 2016). These negative experiences echo findings that staff may experience organisational pressure to find people to lack capacity (Ratcliff and Chapman 2016) and that many professionals believe that those from other disciplines either do not understand capacity assessment or misuse it to meet organisational agendas (Aspinwall-Roberts et al., 2022). Other participants in this study, however, described positive experiences where responsibility was shared.

The finding that participants felt a strong sense of responsibility is reflected elsewhere (Murrell and McCalla 2016). The idea of a 'bottom line' echoes findings that perceived risk is strongly influenced by the extent to which a hazard evokes feelings of dread (Slovic 2020). Participants in this study were prepared to support people to take significant risks in order to respect their wishes and feelings. There was consensus that BI decision-making by a multidisciplinary team would generally be more risk-averse that the decision the person would make for themselves, and this made it particularly important not to incorrectly assess someone as lacking capacity. By giving people every possible opportunity to make their own decisions and by prioritising wishes and feelings when a BI decision was being made, participants appeared to be practicing in a way more closely aligned with Article 12 of the UNCRPD (United Nations 2006) than is required by the MCA (2005) Code of Practice, which would permit a heavier emphasis on risk.

Some participants voiced a wish for more specialist training, and this is echoed in other studies (McWilliams et al., 2024). The literature suggests that training is most effective when staff are supported to relate and apply information to their own practice (Jenkins et al., 2020) and that shadowing experienced colleagues is an effective way of doing this (Rogers and Bright 2021).

Strengths and limitations of the study

This article aims to conform with standards for qualitative research in general (Levitt et al., 2018) and IPA in particular (Nizza, Farr, and Smith 2021). I have selected quotes that offer insight into individual experiences of participants and related them to a broader narrative. IPA studies have been criticized for excessive focus on convergence (Anderson, Slark, and Gott 2019), so I have explored divergence in the experiences of participants where this has emerged.

A limitation of the study is that I was unable to obtain assessment transcripts as planned. Several potential participants were considered by their social workers to lack capacity to consent. One did not want to be involved in research involving the word 'mental', reinforcing findings that mental capacity is an alien and stigmatising concept for many people.

The lack of transcripts for recent assessments, together with the fact that participants also discussed assessments completed historically, raises concerns about accuracy of recall. There is, however, also research suggesting that professionals may have clear sensory recall of impactful events decades later (Anderson, Gott, and Slark 2018).

Smith, Flowers, and Larkin (2022) refer to the 'double hermeneutic', where researchers seek to make sense of the way in which participants make sense of the world. This project could be described as involving a

triple hermeneutic, as I have sought to understand the experiences of social workers as they seek to understand the experiences of the people they are assessing. I brought my own experiences as a social worker and novice researcher to the writing. As the project progressed, I reviewed participant responses in order to refine my interviewing style (Huff and Brooks 2025). This meant that earlier interviews may have lacked the depth of those completed later.

Ethical considerations: excluded voices

A further limitation is that it is not possible to generalize findings from a small qualitative study to the wider population of social workers. IPA's focus is, however, on the 'idiographic' (the value of individual experience), validating the use of detailed data from a small number of participants (Vicary and Ferguson 2025). Beyond this, IPA studies aim to collect data from homogenous groups in order to identify common themes. This study includes the relatively homogeneous voices of experienced local authority social workers based in North-West England and conducting capacity assessments in relation to packages of social care. Another important limitation, however, is that all self-selecting participants were from a White European ethnic background, and only one participant was male. In a study with six interviewees, it is not possible to reliably identify the influence of protected characteristics on experience except where this is explicitly voiced by participants.

The most significant limitation of this study is that the voices of people with experience of capacity assessment are excluded, as they are from much research in social care (Parker, Penhale, and Stanley 2011; Redley et al., 2025). It is lawful to involve adults in research on the basis of a BI decision (Shepherd et al., 2018; Willner 2018). In this research, however, I excluded people who were considered unlikely to be able to give informed consent, and, in retrospect, this excluded the voices of some potential participants.

Ethical approval has been granted for a second stage of this project, which will gather phenomenological data from the perspectives of people with recent lived experience of assessment.

Conclusions

This research offers tentative responses to the question: *How do social workers experience intersubjectivity during mental capacity assessment?*

The social workers interviewed had a relational approach to mental capacity assessment: In other words, they recognized that the decision-

making process was influenced by their own prior experiences, by the experiences of the person being assessed, and by the evolving context.

Participants were reluctant to assess capacity outside the context of an established working relationship. When this was required by their role, they aimed to establish a connection with the person in the time available and looked to others with established relationships to fill their knowledge gaps.

I had assumed social workers would describe to me '*the feeling of what happens'* (Damasio 2000) during assessment. Participants often, however, answered my questions in terms of practical activity rather than personal introspection. While relationships were central to assessment, participants did not describe any mysterious connection with the people they assessed beyond trust and good communication. Participants clearly cared deeply about their practice, but instead of describing emotion, they told me how they enacted care through their physical actions and attention to detail. On reflection, it strikes me as naïve to expect to uncover a single set of descriptions to capture the variety of subjective experiences of assessment (Nagel 1974).

Participants were careful to differentiate between the processes of capacity assessment and substitute decision-making. They also, however, recognized that when someone was assessed as lacking capacity, family members and other professionals were unlikely to make a BI decision to do something deemed 'high risk'. This picks up on an inherent tension between the principles of the MCA (2005): by definition, an 'unwise' decision can never be in someone's best interests, and so people who are assessed as lacking capacity are excluded from accessing the full range of available options (Coggon and Kong 2021). There was some suggestion that, when considering risk as part of the relevant information for an assessment, social workers' respect for autonomy might lead them to set a relatively lower 'cognitive bar' for capacity than professionals from other disciplines, while still requiring the person to have fully engaged with the felt impact of potential negative outcomes.

Assessment is an embodied activity, set in the context of not only the person's relationships with significant others, but their broader physical and social environment. Participants used 'digging' as a metaphor to describe their intimate engagement with the joint task of unearthing the person's individual truth. By placing our evolving embodied experience at the centre of assessment, participants offered a potential resolution to the apparent contradictions raised by the concept of 'risk-sensitive' capacity assessment (Kim and Berens 2023): We can differentiate the decisions to accept or reject an available option because acceptance and rejection involve projecting ourselves into *different* future experiences, which are likely to be more challenging to envision if they involve loss or pain. Without invoking paternalism, this legitimizes the intuition that the bar for mental capacity is likely to be higher for higher-risk situations.

If assessment is a situated activity, the concept of 'best practice' becomes inherently problematic because it implies an ideal independent of context (Grootenboer, Edwards-Groves, and Choy 2017). Social work is already a highly regulated activity (Pye 2025), and caution is needed when making recommendations in such a context-sensitive area of practice. Common themes in this study suggest, however, that the quality of assessment is better when social workers have:

- Sufficient time to establish a working relationship and to pay careful attention to communications from the person and others who know them well
- Significant previous experience of assessment processes
- Access to specialist training relevant to their area of practice

Rogers and Bright (2021) suggest that training with a greater focus on the inherent tensions in the MCA (2005) itself, as well as awareness of real-world pressures that may influence assessment outcomes, might lead to greater consistency across assessors.

The potentially alienating nature of assessment was reinforced by my difficulties in finding people with lived experience to take part. Further research is needed to identify ways in which social workers can be supported to enhance rather than diminish the autonomy of the people they work with.

Acknowledgements

Funding

References

Anderson, N. E., Gott, M., and Slark, J. (2018) 'Beyond Prognostication: Ambulance Personnel's Lived Experiences of Cardiac Arrest Decision-making', *Emergency Medicine Journal: EMJ*, 35: 208–13. https://doi.org/10.1136/emermed-2017-206743

Anderson, N. E., Slark, J., and Gott, M. (2019) 'Unlocking Intuition and Expertise: Using Interpretative Phenomenological Analysis to Explore Clinical Decision making', *Journal of Research in Nursing*, 24: 88–101. https://doi.org/10.1177/1744987118809528

Aspinwall-Roberts, E. et al. (2022) 'They don't Want Them to have Capacity': Multi-agency Operationalisation of the Mental Capacity Act 2005 in England with ADULTS who Self-neglect', *Health & Social Care in the Community*, 30: e4395–404. https://doi.org/10.1111/hsc.13839

Beale, C. et al. (2024) 'Mental Capacity in Practice Part 1: How do We Really Assess Capacity?', *BJPsych Advances*, 30: 2–10.

British Association of Social Workers. (2018) *Professional Capabilities Framework*. https://new.basw.co.uk/training-cpd/professional-capabilities-framework-pcf, accessed 21 May 2024.

Brown, C. (2024) 'How Can the Literature on Phenomenology Inform the Teaching of Accurate Empathy in Social Work Practice?', *Practice*, 36: 39–54.

Brown, H., and Marchant, L. (2013) 'Using the Mental Capacity Act in Complex Cases', *Tizard Learning Disability Review*, 18: 60–9.

Cairns, R. et al. (2011) 'Mired in Confusion: Making sense of the Deprivation of Liberty Safeguards', *Medicine, Science and the Law*, 51: 228–36.

Campbell, J. et al. (2018) 'Legal Capacity and The Mental Health Social Worker Role: An International Comparison', *Journal of Social Work Practice*, 32: 139–52.

Clough, B. (2017) 'Disability and Vulnerability: Challenging the Capacity/incapacity Binary ', *Social Policy and Society*, 16: 469–81.

Coggon, J., and Kong, C. (2021) 'From Best Interests to Better Interests? Values, Unwisdom and Objectivity in Mental Capacity law', *The Cambridge Law Journal*, 80: 245–73.

Damasio, A. (2000) *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. Vintage.

Davidson, T., Smith, H., and Burns, J. (2014) 'The Impact of Cognitive Assessment on the Identity of People with Learning Disabilities', *British Journal of Learning Disabilities*, 42: 185–92. https://doi.org/10.1111/bld.12027

Department for Constitutional Affairs. (2007) Mental Capacity Act 2005 Code of Practice HMSO. available at https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice, accessed 21 July 2025.

Drew, P. et al. (2014) 'Personal Adviser Interviews with Benefits Claimants in UK Jobcentres', *Research on Language and Social Interaction*, 47: 306–16. https://doi.org/10.1080/08351813.2014.925669

Dworkin, G. (1988) *The Theory and Practice of Autonomy*. Cambridge, NY: Cambridge University Press.

Fenton, J. (2016) *Values in Social Work: Reconnecting with Social Justice*. London: Bloomsbury Publishing Plc.

Foulkes, J., Volkmer, A., and Beeke, S. (2024) 'Using Conversation Analysis to Explore Assessments of Decision-making Capacity in a Hospital Setting', *International Journal of Language & Communication Disorders*, 59: 1612–27. https://doi.org/10.1111/1460-6984.13020

Grootenboer, P., Edwards-Groves, C., and Choy, S. (2017) 'Practice Theory and Education: Diversity and Contestation', in P. Grootenboer, C. Edwards-Groves, and S. Choy. *Practice Theory Perspectives on Pedagogy and Education: Praxis, Diversity, and Contestation*. pp. 1–21. Singapore: Springer.

Heidegger, M. (1962) *Being and Time*. Oxford: Blackwell.

Heron, G., and Black, K. (2025) 'The Role of Deliberation in Correcting and Validating Intuition: A Holy Grail for Child-care Professionals or a False Dawn?', *The British Journal of Social Work*, 55: 243–60. https://doi.org/10.1093/bjsw/bcae137

Huff, J. L., and Brooks, A. (2025) Interview Quality Reflection Tool. Open Science Framework. https://osf.io/cavf9, accessed 23 July 2025.

Jenkins, C. et al. (2020) 'What is the Nature of Mental Capacity Act Training and How do Health and Social Care Practitioners Change their Practice Post-training? A Narrative Review', *Journal of Clinical Nursing*, 29: 2093–106.

Kemmis, S. et al. (2017) 'Learning as Being 'Stirred In' to Practices', in P. Grootenboer, C. Edwards-Groves, and S. Choy. *Practice Theory Perspectives on Pedagogy and Education: praxis, Diversity, and Contestation*. pp. 45–65. Singapore: Springer.

Kim, S. Y. H., and Berens, N. C. (2023) 'Risk-Sensitive Assessment of Decision-making Capacity: A Comprehensive Defense', *The Hastings Center Report*, 53: 30–43. https://doi.org/10.1002/hast.1500

Kolb, D. (2014) *Experiential Learning: Experience as the Source of Learning and Development*. 2nd edn. New Jersey: PH Professional Business.

Kong, C. (2017) *Mental Capacity in Relationship: Decision-Making, Dialogue, and Autonomy*. Cambridge: Cambridge University Press.

Levitt, H. M. et al. (2018) 'Journal Article Reporting Standards for Qualitative Primary, Qualitative Meta-Analytic, and Mixed Methods Research in Psychology: The APA Publications and Communications Board Task Force Report', *The American Psychologist*, 73: 26–46. https://doi.org/10.1037/amp0000151

Lyne, M. et al. (2023) Mental Capacity Toolkit *Bournemouth University and Burdett Trust NCPQSW*. available at: https://mentalcapacitytoolkit.co.uk, accessed 18 Oct. 2025.

McWilliams, A. et al. (2024) 'Mental Capacity Assessment in the Multi-professional Real World: A Qualitative Study of Six Areas of Uncertainty', *Wellcome Open Research*, 9: 221.

Mental Capacity Act. (2005) London: His Majesty's Stationary Office (HMSO). https://www.legislation.gov.uk/ukpga/2005/9/contents, accessed 8 Nov. 2023.

Morriss, L. (2016) 'AMHP Work: Dirty or Prestigious? Dirty Work Designations and the Approved Mental Health Professional', *British Journal of Social Work*, 46: 703–18. https://doi.org/10.1093/bjsw/bcv009

Murrell, A., and McCalla, L. (2016) 'Assessing Decision-making Capacity: The Interpretation and Implementation of the Mental Capacity Act 2005 Amongst Social Care Professionals', *Practice*, 28: 21–36.

Nagel, T. (1974) 'What Is It Like to Be a Bat?', *The Philosophical Review*, 83: 435–50. https://doi.org/10.2307/2183914

National Institute for Health and Care Excellence. (2018) *NICE Guideline NG108: Decision-making and Mental Capacity*. Available at https://www.nice.org.uk/guidance/NG108, accessed 21 July 2025.

Nizza, I. E., Farr, J., and Smith, J. A. (2021) 'Achieving Excellence in Interpretative Phenomenological Analysis (IPA): Four Markers of High Quality', *Qualitative Research in Psychology*, 18: 369–86.

Occhiuto, K. et al. (2024) 'Reflecting on Reflection in Clinical Social Work: Unsettling a Key Social Work Strategy', *The British Journal of Social Work*, 54: 2642–60. https://doi.org/10.1093/bjsw/bcae052

Parker, J. (2021) *Social Work Practice: Assessment, Planning, Intervention, and Review*, 6th edn. London, SAGE: Learning Matters.

Parker, J., Penhale, B., and Stanley, D. (2011) 'Research Ethics Review: Social Care and Social Science Research and the Mental Capacity Act 2005', *Ethics and Social Welfare*, 5: 380–400. https://doi.org/10.1080/17496535.2011.594448

Pye, J. (2025) 'Direct Observations of practice in social work education: the role of Professional Autonomy in Policy Enactment', *Social Work Education*, 44: 1454–70. https://doi.org/10.1080/02615479.2024.2400205

Ratcliff, D., and Chapman, M. (2016) 'Health and Social Care Practitioners' Experiences of Assessing Mental Capacity in a Community Learning Disability Team', *British Journal of Learning Disabilities*, 44: 329–36.

Redley, M. et al. (2025) 'Protecting and Empowering Adults with Capacity-Affecting Conditions to Take Part in Health and Health-Related Research', *Disability & Society*, 40: 281–99. https://doi.org/10.1080/09687599.2023.2287411

Rogers, J., and Bright, L. (2021) 'Learning Capacity: How Professionals Learn about Mental Capacity on Post Qualifying Education Programmes', *The Journal of Practice Teaching and Learning*, 17: 115–37.

Sartre, J.-P. (2018) *Being and Nothingness: An Essay in Phenomenological Ontology*. Translated by S. Richmond. Abingdon, Oxon: Routledge.

Scanlon, H., Latchford, G., and Allsop, M. (2024) 'So Being Here is … I Feel Like I'm being a Social Worker Again, at the Hospice': Using Interpretative Phenomenological Analysis to Explore Social Workers' Experiences of Hospice Work', *Palliative Medicine*, 38: 320–30. https://doi.org/10.1177/02692163231220163

Schon, D. A. (1983) *The Reflective Practitioner How Professionals Think in Action*. New York: Basic Books.

Shepherd, V. et al. (2018) 'Healthcare Professionals' Understanding of the Legislation Governing Research Involving Adults Lacking Mental Capacity in England and Wales: A National Survey', *Journal of Medical Ethics*, 44: 632–7.

Slovic, P. (2020) 'Risk Perception and Risk Analysis in a Hyperpartisan and Virtuously Violent World', *Risk Analysis: An Official Publication of the Society for Risk Analysis*, 40(S1): 2231–9. https://doi.org/10.1111/risa.13606

Smith, J. A., Flowers, P., and Larkin, M. (2022) *Interpretative Phenomenological Analysis: Theory, Method, and Research*, 2nd edn. Thousand Oaks: SAGE Publications Ltd.

Stovell, D. et al. (2016) 'Service Users' Experiences of the Treatment Decision-making Process in Psychosis: A Phenomenological Analysis', *Psychosis*, 8: 311–23. https://doi.org/10.1080/17522439.2016.1145730.

Throop, C. J., and Zahavi, D. (2020) 'Dark and Bright Empathy: Phenomenological and Anthropological Reflections', *Current Anthropology*, 61: 283–303.

Toerien, M. et al. (2018) 'Generating the Perception of Choice: The Remarkable Malleability of Option-listing', *Sociology of Health & Illness*, 40: 1250–67. https://doi.org/10.1111/1467-9566.12766

United Nations. (2006) Convention on the Rights of Persons with Disabilities (CRPD). https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities, accessed 21 July 2025.

United Nations, Committee on the Rights of Persons with Disabilities. (2014) *General Comment No 1: Article 12: Equal Recognition before the Law*, 11th sess, UN Doc CRPD/C/GC/1. New York, United Nations: Office of the High Commissioner.

Vicary, S., and Ferguson, G. (2024) *Social Work Using Interpretative Phenomenological Analysis*. Maidenhead: OUP.

Vicary, S., and Ferguson, G. (2025) 'Interpretative Phenomenological Analysis and Social Work: Hailing its Development in the Field', *Qualitative Social Work*, 24: 323–9. https://doi.org/10.1177/14733250251347800

Whiting, R. (2021) 'Compassion through Intercorporeality: The Value of the Phenomenological Philosophy of David Michael Levin to Social Work Education', *Social Work Education*, 40: 206–18. https://doi.org/10.1080/02615479.2020.1771299

Willner, P. (2018) 'The UK Mental Capacity Act and Consent to Research Participation: Asking the Right Question', *Journal of Medical Ethics*, 44: 44–6. https://doi.org/10.1136/medethics-2016-103996

Winnett, R. (2022) 'The Experiences of Hospital Social Workers who Care for Homeless Patients: An Interpretive Phenomenological Analysis', *Social Work in Health Care*, 61: 52–68. https://doi.org/10.1080/00981389.2022.2033379

Wye Valley NHS Trust v B. (2015) EWCOP 60. https://www.bailii.org/ew/cases/EWCOP/2015/60.html, accessed 25 Oct. 2025.