Adult Social Care

Strengths Based Assessment Guide

Purpose:

The purpose of this guidance is to guide practitioners in strengths based thinking with prompts and suggestions to consider as part of the assessment process

Approved by – Adult Social Care Management Team 06.10.2017
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REVIEW LOG			
Date	**Version**	**Comments**	**Approved by**
06.10.2017	1.0	New guidance produced	Adult Social Care Management Team

This system of recording review dates is designed to ensure staff at all times use the correct version of the up to date Policy. This system is used on all Wolverhampton City Council – Adult Social Care Policies and Procedures.

CONSULTATION
The following people have been consulted on this policy: Service Director, Heads of Service, Principal Social Worker, Senior Social Work Unit Managers, Social Work Unit Managers, Social Workers.

Strengths Based Assessment Guide

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Appendices

Strengths Based Assessment Guide

1.0 Introduction

Holistic social work assessments should focus on strengths, as well as needs. This guide is designed to aid strengths based thinking with prompts and suggestions to consider as part of the assessment process. However, this should be considered as a starting point only, as each person will have individual needs and strengths to explore.

Key sections of the current assessment form have been referred to in this guide, but it is important that social care practitioners balance strengths and needs in all parts of the assessment and support planning documents.

This guide is aimed at people with care and support needs requiring an assessment under the Care Act 2014. It covers all service user groups.
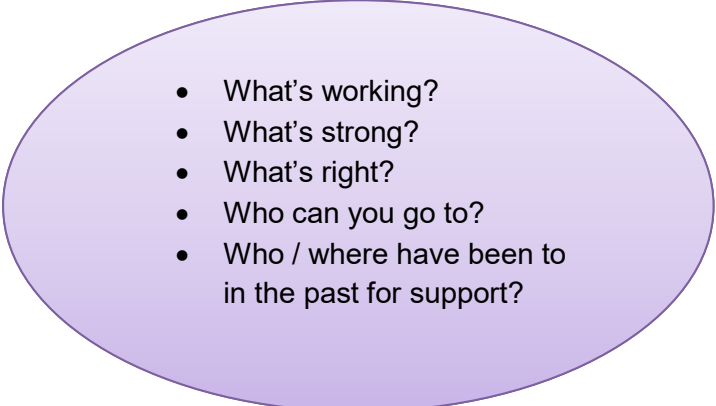
2.0 What does working with Strengths mean?

The Care Act 2014 expects social care practitioners to apply a strengths based approach when working with people with care and support needs. This means looking first at what someone can do, rather than focus primarily on what they can't. It is also about considering what they have the **potential** to achieve. This is called a "glass half full" perspective.

An important aspect of strengths based thinking is recognising an individual's ability to cope with problems and acknowledging that resilience is ordinary, not extra ordinary.

It is also based on the premise that individuals will do better in the long run when they are helped to identify, recognise and use the assets and resources available in themselves and in their environment.

A strengths based assessment should not start with the services the individual receives, or even about what needs have changed. Strengths based conversations should focus on:
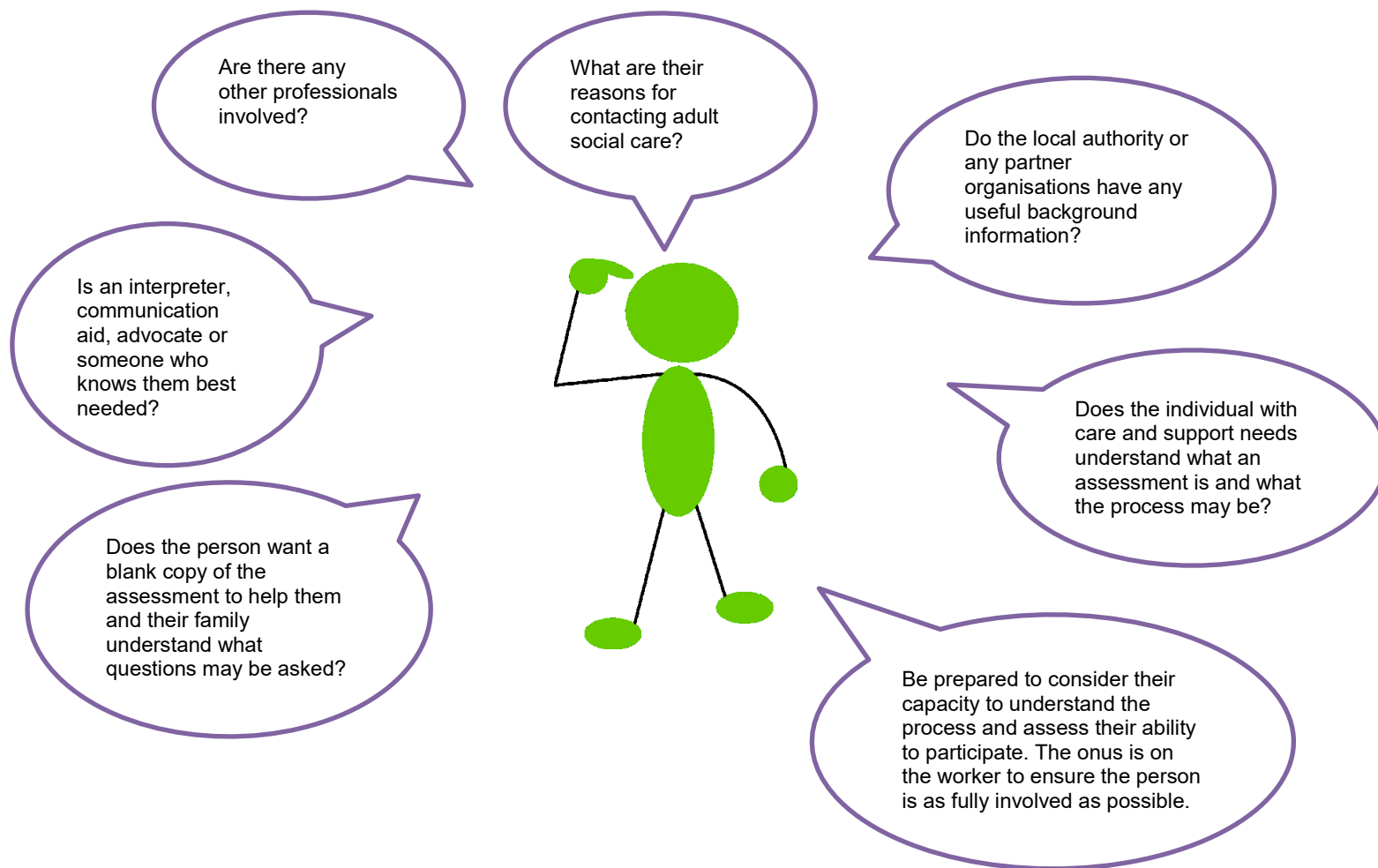
- What's working?
- What's strong?
- What's right?
- Who can you go to?
- Who / where have been to in the past for support?

Practitioners need to use a different type of language to describe a person and their situation when applying strengths based approaches. The focus should not be on a diagnosis, but on helping people to identify their aspirations, interests and what's working, as well as what isn't working.

Taking the time to develop strengths based conversations with individuals who have care and support needs can be very meaningful as they are enabled to realise what they can do, and how best to use their skills and networks to achieve their outcomes.

3.0   Adult's assessment: How to complete an assessment using a strengths based approach

Preparing for an assessment is essential to make sure that the intervention is both appropriate, proportionate and empowering. Before the assessment, gather information and background on the individual's circumstances and consider factors such as:

Are there any other professionals involved?

What are their reasons for contacting adult social care?

Do the local authority or any partner organisations have any useful background information?

Is an interpreter, communication aid, advocate or someone who knows them best needed?

Does the individual with care and support needs understand what an assessment is and what the process may be?

Does the person want a blank copy of the assessment to help them and their family understand what questions may be asked?

Be prepared to consider their capacity to understand the process and assess their ability to participate. The onus is on the worker to ensure the person is as fully involved as possible.

Assessment Details

Strengths based assessments are based on good quality conversations, which focus on what people want to tell us and what they want us to know, not just about what we want to ask them.

There should be no service or needs led questions at the start. The initial conversation is not about establishing whether they meet eligibility criteria (although this will need to be considered and recorded later). Using "A blossoming conversation" (Appendix A) practice aid can help practitioners generate strengths based conversations from the outset.

Key sections of the assessment document and things to consider / tools to use to promote strengths based conversations:

Age band at time of assessment; ethnicity; sexual orientation; religion

- Focus on a "whole life" approach rather than just identifying needs and problems.
- This means exploring what makes the person unique – this can include their ethnicity, cultural observances, routines, preferences, age, sexual orientation, religion etc. This helps to build a picture about what is important to them.

Useful tools to gather information for strengths based conversations at this stage:

- Person-Centred Planning (PCP) tools such as *What's important to / for*
- Chronologies / significant events.

Where the assessment took place

- Ask the person, or their circle of support, where they would prefer to meet and when.
- Where is the most suitable and comfortable place for them? Consider sensory needs when thinking about suitable environments.

Is this a supported self-assessment?

- Supported self-assessments are assessments led by the individual and supported by the local authority.
- Local authorities must offer supported self-assessment as a form of assessment if the adult or carer is willing, able and has the capacity to undertake such an assessment.
- When the supported self-assessment is complete, the local authority must assure itself that the assessment is a complete and accurate reflection of the individual's needs.

Communication

Communication needs

- Identify early on what the person's communications needs are and ensure that they have appropriate support or aids to be involved as much as possible.
- Useful ways of understanding a person's communication needs: communication passports; one page profiles, sensory integration reports, advocacy / someone who knows the person well; visual or sensory aids (e.g. using pictures that are meaningful to them; using objects of reference, etc); PCP tools such as the *Communication Chart.*
- Where individuals are not able to verbally communicate, observations of them in different environments may be helpful, as changes in facial expressions and body language could identify what they like / dislike and what's working / not working.
- Use of as many direct quotes as possible is recommended to record the adult or young person's "voice".
- The use of "I", where it is not part of a direct quote, should not be used if the assessment has been written by the social care practitioner and not the person.
- Where there are communication difficulties and the use of direct quotes is not possible, then person-centred planning tools and other evidence, such as observations, should be referred to in the assessment to demonstrate the "voice" of the person. This will also show how the practitioner and the circle of support have come to their conclusions about the person's wishes / views / preferences / outcomes etc.

Is advocacy required, if so has it been offered?

- Under the Care Act 2014, local authorities must arrange an independent advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, if two conditions are met:
  1. the person has **substantial difficulty** in being fully involved in these processes
  2. there is **no one appropriate available** to support and represent the person's wishes.
- Do not assume that a family member is an appropriate advocate – ask the person if they are happy for them to act in this role and reinforce their right to independent advocacy if they would prefer this.
- Record the outcome in the assessment.

About You

Your personal and family background

- Avoid focussing on a diagnosis or what services a person may have.
- Consider someone's history, significant events in their life and listen to their "story". How have these shaped the person?
- What abilities and skills has the person acquired in their life? What are their interests and aspirations?
- Don't just consider the person's current circumstances. Often, understanding the past helps to make sense of the present. For instance, there may have been significant loss in the person's life that is impacting on them now in some way; or perhaps a person's life has been spent in segregated settings so they may not know what their local community can offer them.

Some ideas about how to gather information:

- PCP tools - *What's Important to / for; Good day / Bad day; Relationship Circle; Learning log; What's working / not working; Perfect week*;
- Eco maps; genograms.
- Use of histories or chronologies.
- Exploration of important rituals and routines; likes / dislikes.
- Life story / reminiscence work (could also include memory boxes / photos / objects of reference, especially where people are unable to verbally communicate).
- Observations of body language / facial expressions in different environments / activities.

Your personal outcomes

- Personal outcomes should be about what is really important to the individual and should be agreed in collaboration with them and their circle of support (if appropriate).
- Outcomes should be SMART (Specific, Measurable, Achievable, Realistic and Time limited). Example: "To cook Sunday lunch for my family again in 6 months' time"

PCP tools to use to help support with outcome planning:

- *What's working / not working; Good day / Bad day; 4+1 questions; Important to / for.*

Useful approaches to generate strengths based conversations:

- Narrative approach – this assumes that inside any "problem" narrative is a story of strength and resilience. Calls for skills such as reframing to highlight strengths, critical questioning and deconstruction techniques to separate the person from the problem.
- ROPES (**R**esources **O**ptions **P**ossibilities **E**xceptions **S**olutions) model (see Appendix B).
- The 5-column approach (Appendix E)

What strengths, strategies and resources so you have, to achieve these outcomes for yourself?

Some suggested approaches when identifying outcomes:

- Narrative approach.
- ROPES (**R**esources **O**ptions **P**ossibilities **E**xceptions **S**olutions) model (see Appendix B).
- Try a conversational approach, rather than an overly structured interview.
- Use clarification to check you have understood; reflect the information back to encourage deeper conversations.
- Employ open ended questions; go where the person takes you; apply active listening.
- Enable people to see their achievements alongside pain / disappointment
- Self-reflection techniques - ask yourself: "am I really working *with* the person or am I doing *to* or *for* them?"
- PCP tool: *Gift and contributions / Like and admire*
- MAPS – a PCP tool to help people see where they are now and where they want to go. Focusing on the following steps:
    - History (exploring the person's past)

- o Dreams (identifying aspirations or goals)
- o Nightmares (recognising what doesn't work for the person)
- o Who is the person? (like and admire conversation)
- o Gifts, strengths and talents (description of the person's strengths)
- o Action plan (what needs to happen to support the person achieve their goals / dreams with timescales and actions)

Personal Care

Details of your needs with regards to Personal Care

- Ensure that the conversation starts with what the person *can* do.
- Be aware of the language being used and try not to focus on a diagnosis.
- Where the person is overly focused on their shortcomings use a narrative approach to help separate the person from the problem and reconstruct the person's perspective.
- Take a balanced view – don't ignore needs and risk
- Ask open questions to generate conversations (see Appendix C for some examples)

Other tools / approaches which may be helpful:

- PCP tools such as *What's working / not working; important to / for; good day / bad day; matching support*
- Narrative approach – critically question the view the person has of their needs / situation. Explore their potential, their resources and resilience.

Details of support you currently receive from family, friends or volunteers with regards to Personal Care

- The person's informal networks and relationships are a potential strength and vital resource.
- Explore what a "good life" looks like for the individual with care and support needs and the people who currently support them to meet their needs informally.
- Ask open questions to gather more information (see Appendix C for examples).

- Offer carers assessment where applicable

Tools that could be used:

- *Relationship circle; What's working / not working*

Family Relationship and Social Activities

Details of your needs with regards to Family Relationships and Social Activities

- When people have more informal relationships and connections to their local community (i.e. with an organisation, club or group) they are more physically and mentally active as a result, which benefits their wellbeing and health.
- Each person's network of support is likely to be different and will change over time as circumstances alter.
- We usually develop relationships with immediate and extended family members, and sometimes have quality relationships with neighbours. Also important, is an extended network of support made up of paid and unpaid specialists like doctors, solicitors, counsellors, clubs and association members, employers, work colleagues, teachers, and religious leaders.
- Recognising when support networks are weak, and galvanising the support around an individual is an important way of increasing a person's resilience.
- Also, consider how the individual's likes and hobbies might contribute to the local community. Connect people to local clubs / courses or events that will be of interest to them.
- Be aware of what universal services are available locally and not just formal services / segregated day opportunities.

Useful tools and resources to use:

- PCP tools: *Presence to contribution; learning log; relationship circle. Important to / for, what's working / not working / good day / bad day*
- Ecomaps, genograms
- Strengths mapping (Appendix D)

- Positive risk taking approach
- Narrative approach
- ROPES (Appendix B)
- Observations to identify what the person enjoys and what their interests are.
- Looking at photos / memory boxes to identify what people have enjoyed / done in the past.

Work, Training, Education or Volunteering

Accessing and Engaging in Work, Training, Education or Volunteering Support Criteria

- Wellbeing isn't just about being physically and mentally healthy, but also means being an active citizen. This may be by being able to pursue employment and / or learning opportunities.
- The practitioner's role is to identify what interests / aspirations the person has in terms of accessing work, training, education or volunteering and identifying with the person and their circle of support how to make this happen.
- A narrative approach may be needed where the person and / or their circle of support feel that the individual's difficulties preclude them from accessing such opportunities.
- The worker's role is to critically question their perspective and help them to see their strengths and potential.

Useful tools and resources:

- PCP tools: *Presence to contribution; learning log; Important to / for*
- Strengths mapping (Appendix D)
- Positive risk taking approach
- Narrative approach
- ROPES (Appendix B)

Eligibility, Wellbeing Summary and Conclusion

The 3-part test of eligibility should be applied and a record of this determination clearly recorded.

1. Are the person's needs due to a **physical or mental impairment or illness?**
2. If so, consider whether the effect of the adult's needs is such that they are unable to achieve two or more of the specified **outcomes.** There should be at least one sentence to support the decision has been made in each domain.
3. Finally, and crucially, local authorities must consider whether, as a consequence of the person being unable to achieve two or more of the specified outcomes there is, or is likely to be, a **significant impact** on the person's **wellbeing**. "Significant Impact" on wellbeing needs to be fully explored. Consider: if support is not provided what would be the outcome to the adult?

For more information and support on Care Act eligibility criteria please access the e-learning training on the Learning HUB
http://portal/corporate/city-people/SitePages/Hub.aspx

Assessment/Re-assessment Conclusion

A strengths based assessment will clearly distinguish fact from opinion and provide an analysis of the information to evidence why a particular course of action is being taken. It should also give details of the assessor's professional judgement based on this analysis and evaluation.

Analysis means: "examining the elements of an issue, gaining a better understanding of it and then selecting a course of action".

There are 4 stages to analysing and evaluating information:

1. **Breaking down information and understanding the main issues**. Asking "how", "what", "why" questions; critiquing evidence; cross checking information and making sense of the data.
2. **Understanding and interpreting**. Applying knowledge from theory, research and legislation; using models of practice and tools; considering values and ethics. Identifying any differences in opinion and why this is.
3. **Planning a course of action**. Evaluating the information to identify how best to intervene or not to intervene. Examining implications and consequences. Weighing up pros and cons of any particular option / action. Looking at what has happened in the past.
4. **Presenting the analysis**. There should be a conclusion by the social worker detailing their professional judgement / decision and giving the reasons for this based on the analysis of the information.

Details of information / advice / signposting given as part of this assessment, including preventing or delaying needs and promoting independence
Explain the advice given to the adult to help them to meet or reduce their needs and delay further needs developing. This should be completed as part of a consideration of a strengths based approach, identifying what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve. This could include things like small adaptations, equipment, reablement and / or falls prevention. When certain preventative services are appropriate it may be beneficial to pause the assessment process, so the outcome of this support can be determined prior to the assessment being finalised.

At the end:

Reflect objectively to make sure strengths, needs and outcomes have not been over or under estimated.

It may be necessary to speak to others in the individual's network (ensuring consent is obtained) and/or seek further evidence.

Support planning:

Strengths based support plans should not be service led, but based around the goals the person wants to achieve.

Outcomes identified in the support plan should:
- Be personalised and SMART (Specific, Measurable, Achievable, Realistic and Time-limited).
- Be revisited at each review / reassessment to identify if they have been met and if not explore why not.
- Change over time and should be directly linked to improving quality of life.

Example of a strengths based outcome:
Priority: Lucy wants to have her son living with her again by September 2017. **Intended Outcome:** To have a 2-bed flat where Lucy and her son can live.

What strengths apply: Lucy has successfully managed her current tenancy for over 12 months. She has used her initiative to get advice about her benefits. She is working with the mental health team to manage her feelings of depression. Lucy has attended all of her supervised visits.
What other resources are needed and who does what: For her son to move in with her Lucy needs to move into more appropriate housing; social worker to support Lucy with her housing application. Lucy agrees to be more flexible in her choice of location if required. Social worker and Lucy are in regular contact with children's services (weekly) to identify other goals that need to take place before her son is able to come home.

Remember:

- If there is a recommendation <u>not</u> to provide Care and Support to meet eligible needs, it must be stated on the support plan how the adult will be supported to achieve their outcomes in day to day life (e.g. family support, community support, telecare, universal services).

Tools to aid strengths based support planning:

The 5-column approach – Appendix E

PCP tools – What's working / Not working, Learning log, PATH, MAPS

STRENGTHS-BASED

Hobbies & Interests

Likes & Dislikes

Strengths

Skills & Talents

Resources

Their Goals

History & Experiences

Relationships

Personality

Rapport

A BLOSSOMING CONVERSATION

A Practice Aid designed by Jo, Angela & Alice

FOUNDATIONS

ROPES (Resources Options Possibilities Exceptions Solutions) model.

Clay Graybeal's ROPES (Resources Options Possibilities Exceptions Solutions) model is a way of gathering additional information rather than just relying on traditional assessment information. This model also reduces the focus on diagnosis / problems.

ROPES	Content Area
Resources (*where do my resources lie, what can I access today? Who are my role models? Skills and interests, community / religious involvement, family rituals, important family stories*)	Personal / Family Social environment Organisational Community
Options	Present focus Emphasis on choice What can be accessed now? What is available and hasn't been tried or utilised?
Possibilities (*glass half full concept / looking at potential; how can I prepare for the future?*)	Future focus Imagination Creativity Vision of the future (*when problem has been solved what will this look like?*) What have you thought of trying but haven't tried yet?
Exceptions (*to the problem*)	When is the problem not happening? When is the problem different? When is part of the hypothetical future, solution occurring? How have you survived, endured, thrived? (*i.e. how have you overcome other adversities / problems?*)
Solutions (*person-led; focus on constructing solutions, not solving problems*)	What's working now and what are your successes? What are you doing that you would like to continue doing? What if a miracle happened? (de Shazer, 1985) What can you do now to create a piece of the miracle?

Examples of questions to ask in strengths based assessing:

Individual's strengths, hobbies, abilities, wishes, etc.
- What is the individual good at? What do they enjoy doing? What did they used to enjoy doing but can no longer do?
- What would they like to be better at?
- What do they think they can do better or more of?
- What do they think they can do to improve themselves and their wellbeing?
- What do they think will help, if not to make things better, then at least to prevent things from getting worse?

Individual's support network (friends, family, neighbours, professionals, etc.), their strengths, abilities, knowledge, etc.
- Who can they count on? How would they reach them? What would they count on them for?
- Who visits them frequently? How often?
- Who do they miss? Why are they not able to see/keep in touch with these people?
- Who do they communicate with? How? With what frequency?
- Who else do they know that could be part of their lives?
- Are there any other people helping the individual? Any other professionals?
- Is there anything that could facilitate this network to increase, either in quantity or quality? Do they want it to increase?
- What has been working until now, and how have things changed?
- What could help to enable them to return to previous means of support which worked for them?
- Which needs/outcomes can be met/achieved now without waiting for/moving to a care and support plan?

Needs, challenges, risks, etc. (focusing on strengths does not mean ignoring these, but maximising and using the strengths to overcome them)
- What is preventing the individual from doing what they would like to do or seeing who they would like to see?
- What do they think they can do to change this?
- Who do they think can help to change it?

From: Social Care Institute for Excellence (SCIE) *www.scie.org.uk*

Strengths Mapping

A focused discussion with the person about their strengths can lead to new opportunities to develop and share skills as well as make new connections. This is sometimes referred to as a 'strengths-mapping exercise'. This method of assessment builds a picture of the individual's strengths and of the community around them.

There are two types of strength: 'soft' and 'hard', each of which applies to the individual and the community.

'Soft' strengths:

Individual
Personal qualities
Knowledge and skills
Relationships
Passions and interests

Community
Links with neighbours
Community groups
Shared interest groups
Community leaders

'Hard' strengths:

Individual
Health
Finances
Housing
Transport
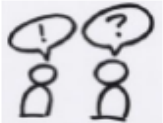
Community
Health and social care services
Leisure
Schools
Community buildings

STRENGTHS-BASED

Issues & Feelings	Future Picture	Strengths	External Resources	First Steps
Describe the issue/problem	*What does the future look like?*	*What are your strengths?*	*What strengths and resources do you need from others?*	*How can we achieve this?*

STRENGTHS-BASED

Example....

Issues & Feelings	Future Picture	Strengths	External Resources	First Steps
• Social Isolation • Loneliness • Access	• Socialising • Wider Social Network • Voluntary work	• Motivated • Outgoing • Willing to learn • Friendly	• Information • Internet Café • Library • Local groups • Place of worship • Gym	• Find internet café • Register with local library • Ask for information