**Assessing Carers’ Support Needs**

**Resource D – Practitioner Toolkit**

**January 2019**

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# **1 Introduction**

This practitioner toolkit has been developed by the [Institute of Public Care](https://ipc.brookes.ac.uk/) (IPC) at Oxford Brookes University and was commissioned by [Social Care Wales](https://socialcare.wales/). It is one of a suite of four practice resources that have been written to assist practitioners to assess carers’ support needs.

The four resources are:

* **Resource A – Training Manual.** Guidance for trainers that provides information needed to run formal training sessions for practitioners.
* **Resource B – Training Slides.** A slide pack to assist trainers to develop training sessions.
* **Resource C – Practitioner Self-Training Workbook.** A reflective workbook for practitioners who have not received a formal training session, to read, reflect on and work through to improve their practice with carers.
* **Resource D – Practitioner Toolkit.** A number of practice tools in one place that practitioners can select and apply to practice in the context of reflection.

This practitioner toolkit is designed for practitioners, to support them to carry out good quality carers’ assessments, and to help and guide practitioners in working *with* carers and families to get the very best support possible for them.

This table sets out how to use the four Assessing Carers’ Support Needs resources.

| **Who** | **Resource to use?** |
| --- | --- |
| Trainers | **Resource A – Training Manual.**  **Resource B – Training Slides.**  **Resource D – Practitioner Toolkit.** |
| Social workers and practitioners who carry out carers needs assessments | **Resource C – Practitioner Self-Training Workbook.**  **Resource D – Practitioner Toolkit\*.**  \*Note to practitioners – Please make sure you have read and worked through **Resource C – Practitioner Self-Training Workbook** and/ or have had formal training set out in **Resource A –Training Manual** *before* applying the tools in practice set out in **Resource D**. |

This toolkit, **Resource D,** presents practical tools that can be applied in practice. Building an evidence-informed collection of practice tools is fundamental to good social work – and we encourage you to develop them and apply in practice.

The toolkit is ***not*** a ‘how to do’ carers’ assessment guide that presents uniform approaches and corresponding paperwork. It is instead a toolkit of approaches that can be reflected on and used according to the uniqueness of every carer engagement. The judgement as to *what* to apply will be a professional one worked out by the practitioner, working closely with carers and families.

Below is a key that is used throughout all four resources:

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|  |  |  |  |  |
| Link to video resource | Link to materials from other publications | Tool created by IPC for this resource[[1]](#footnote-1) | Reflective exercise | Case study |

The focus of ***all*** four resources are how assessments can be carried out in a way that promotes carers’ well-being, enabling them to support those they care for. Assessments are a real and powerful lever for not only improving carers and families lives but can also influence wider change.

## **Carers engagement**

Carers’ organisations across Wales helped with the development of the toolkit, training manual and reflective training aid. They advised on the content and were also involved in the editing process. Practitioners were also asked to comment on the resources, so the key people who will use these resources, carers and families and practitioners, have actively shaped them.

# **2 Tools for identifying carers and helping them prepare for an assessment**

## **2.1 Identifying carers**

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| **Adult Carer Identification Resources** |
| Carers Trust has developed several resources for supporting GP practices to identify carers. The resources include:   * [Carer Letter](https://carers.org/sites/default/files/media/final_time_to_think_about_you_a4_2.pdf) * [Condition List](https://professionals.carers.org/sites/default/files/list_of_conditions_suggesting_a_patient_may_have_a_carer_0_1.pdf) * [Carer Questionnaire](https://professionals.carers.org/sites/default/files/sample_carer_questionnaire_for_gp_practices_0_very_short_version.pdf)   These materials could be adapted by other professionals to use in their own settings. |

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| **Young Carer Identification Tool** | | |
| **Health workers and social workers** | | |
| Questions to be aware of when working with service users | Yes/No  Context? | What should I do as practitioner? |
| Is there a long-term illness/disability within the family? |  |  |
| Has a child or young person mentioned caring to you? |  |  |
| Have you witnessed children helping at home? |  |  |
| Are the children keen to listen to health discussions? |  |  |
| Are children and young people visiting/ attending hospital/ health appointments? |  |  |
| Are there any support services for the family? |  |  |
| Are there any school-aged children at home when you or your colleagues visit in term time? |  |  |
| How many adults live in the family home? |  |  |
| Does a child look unkempt or showing signs of being hungry? |  |  |
| **Education staff** | | |
| Questions to be aware of when working with pupils | Yes/ No  Situ? | What should I do as teacher? |
| Does school seem like a place where a child gets away from their responsibilities? |  |  |
| Parents not attending parents’ evenings? |  |  |
| Does the young person have a poor sick record? |  |  |
| Many unauthorised absences? |  |  |
| Moving towards being home schooled? |  |  |
| Are they being bullied? |  |  |
| Lack of concentration/ tired? |  |  |

## **2.2 Carers’ right to assessment**

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| **Helping carers prepare eesources** |
| [**Carers Wales - *Assessments A guide to getting an assessment in Wales from April 2016***](https://www.carersuk.org/images/Wales/factsheet-w1020-assessments-2018-april-2018.pdf)is an excellent resource which sets out the legal requirements for assessments in a clear and user-friendly way. It covers both young and adult carers. It’s good to read the whole document, however **appendix 1 which is a checklist** **for carers** and **appendix 2 a reminder of the areas of well-being,** are particularly useful for practitioners. These can be shared with carers prior to an assessment or discussed in advance of an assessment visit via a phone call. |

# **3 Tools to help practitioners prepare for an assessment**

Practitioners often have very busy and emotionally difficult caseloads, tricky systems and processes to navigate as part of their job and they are also people with their own lives, that have their own share of ups and downs. Despite kindness, empathy and good will, practitioners can still bring their own feelings, prejudices and stories, even on a subconscious level, to an interaction which is why ***preparation*** is so important. It is also important to prepare emotionally, physically and practically for an assessment, given its importance, in the carer’s life.

## **3.1 Preparation checklist for practitioner**

Getting the “what matters” conversation right is crucial given the importance of the assessment to the carer in terms of their *well-being*.

The following, pre-assessment readiness tool, you may find useful, as a practitioner, to use in practice. This tool is particularly useful for new staff who are new to carrying out carers needs assessments. It has been developed by the Institute of Public Care, bringing together good practice and research. You don’t need to fill in the checklist if you do not wish to but simply use it as a tool to *think and reflect* on to give you some headspace before you enter a complex and skilled conversation whether this be via the phone or a visit(s).

Some of these questions may seem basic but looking after your *own* well-being is about giving yourself permission to attend to the basics. For example, regarding physical readiness think about how many times you have put off going to the toilet because you are busy juggling several tasks all at once. How many times have you skipped on drinking water, drinking too many coffees to ‘keep you going’ rather than being hydrated? How many times have you skipped a nutritious lunch for the chocolate or biscuits in the staff room?

The checklist is not going to magically give you time however it can be used as a pre-assessment framework to centre your mind, help you focus and save time in the long run. It can help you ‘step back, to be mindful of your emotional and physical well-being and the practice activities that can keep you centred and more in control of your role and task. It's also a reminder to look after yourself.

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| *“It’s no fun being in someone’s living room feeling hungry or light headed and needing to have a challenging conversation that requires your full focus”.[[2]](#footnote-2)* |

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| **Daily CalendarIPC pre-assessment readiness tool** | |
| **Questions** | **Responses** |
| **Practical readiness** | |
| Are you clear on what you have been asked to do from your senior practitioner/manager? |  |
| Have you read the file/relevant notes before thinking of a phone call/visit? |  |
| Do you have a general picture of the situation the carer is in? |  |
| Have you or do you need to speak to anyone else about the case/carer? |  |
| Would you be able to describe an overall summary of the information you currently have on the carers situation in a plain and non-jargon way? |  |
| Have you reminded yourselves on the well-being domains? |  |
| Are you clear as to the purpose of conversation? |  |
| Are you clear of your role in the conversation? |  |
| Do you have everything you need to use and record information to hand? |  |
| **Emotional readiness** | |
| What key positive words are used to describe the carer and their situation? |  |
| What key negative words are used to describe the carer and their situation? |  |
| How does this case make me feel? |  |
| What do I need to do to relax? |  |
| What do I need to do to remain impartial? |  |
| What safety issues do I need to be aware of? |  |
| **Physical readiness** | |
| Have I had enough water to drink (or coffee!)? |  |
| Have I eaten? |  |
| Have I taken some regular breaks from the desk? |  |
| Have I diarised enough time for the conversation? |  |

This checklist is also useful when you are working with a carer who may not want to engage – they could be verbally aggressive, very emotional or on the other end of the spectrum very withdrawn and guarded. In particular, it can be useful when working with challenging families or ‘involuntary service users’ – it helps you look after your basic needs and can put a ‘check’ on your own possible projections such as apprehensions or reluctance that may occur with some carers/or families.

## **3.2 Professional readiness referral questions**

To help you with practitioner readiness, the following questions are useful to ask other **relevant members of the multidisciplinary team (MDT)** at the stage of referral – so from the start you are focusing on outcomes conversations, exploring strengths and change.

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| Daily Calendar**Examples of possible questions to ask at referral for professional readiness[[3]](#footnote-3)** |
| * What are the **priority** needs for this family/family member? * What **specifically** concerns you? * **What have you noticed when things are going well**? * What do you hope for in terms of **behavioural** change? Short term? Medium term? Long term? * **What would the person/family be doing differently in three months’ time if things were improved? If you were less concerned?** * **What would you specifically want from us?** * **How shall we keep in touch as things progress?** |

# **4 Tools to help practitioners engage in collaborative communication**

To be able to genuinely work alongside and *with* carers, practitioners need to develop collaborative communication values, knowledge, skills and techniques. Right from the start of a conversation the practitioner needs to set the scene for an assessment. Here are some examples of how you can do this clearly and empathetically, in line with social work values.

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| **Setting the scene for an assessment tool** | |
| **Setting the scene for an assessment** | Examples of questions to ask and statements |
| **Seeking permission for the conversation** | *“Would you mind if we talked/had a chat?”* |
| **Being clear what an assessment is** | *“I am here to work with you to see in which ways we can promote and support your well-being”* |
| **Why we are doing an assessment** | “*You told me on the phone that things are getting very difficult for you. You have a right to have an assessment and a right to have a good quality of life/well-being and we are here to discuss that and see if/how we can support you”* |
| **And how?** | *“This is how we can go about it, this is the process… how does this sound to you?”* |

When the scene has been set for the carers’ assessment, there are some useful models to help practitioners take the conversation forward so that a good carers’ assessment can happen. These models can be used to help frame your thinking and practice and can be used as tools to improve self-efficacy. They are particularly helpful in giving you good ideas and a steer about skilled questions to ask to enable an exploration of well-being and outcomes *with* the carer. ***When and how you use them will be a professional judgement based on the uniqueness of each case. Each interaction should be a bespoke interaction informed by good practice.***

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| **Open questions tool** |
| * Would you mind if we talked / had a chat? * Can you tell me a bit more about what’s been happening? * What bit concerns you most? * In terms of the bit that concerns you most, what would you like to have happen? * What would have to be different for that to happen? * What impact would it have if what you would like to have happen, actually happened? * On a scale of 1-10 where are you now? * What would get you to the next number? * What strengths do you have that will help you? * Who else could help you? * Anything else that could help? * What do you need to do next? |

Try to avoid rescuing, advising, telling or *doing to* rather than *with.* Skilled practitioners are mindful of the following conversational traps:

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| **Conversational traps to avoid**[[4]](#footnote-4) |
| **Expert trap –** “I know best” – “Given how tired you are I think you should…”  **Power trap –** “I am the decision maker” – “I think your mum should move to a care home”  **Problem solving trap –** “We can solve your problems” – “We should do this” – “I think this may make you feel better…”  **Question and answer trap** **–** “I ask the questions you answer” – “How, what, when, why… how, what, why, when…”  **Yes – but trap** **–** “I know better” – “I understand but… I see where you are coming from but…”  **Labelling trap –** “We know you” – “I think you may lack insight” – “I can understand why you would be verbally aggressive in the situation…”  **Confrontational trap –** “You are wrong” – *“If you carry on like this, the situation is going to get worse…*” |

Really listening is the key to any carers’ assessment.

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| **The 6 Levels of Listening[[5]](#footnote-5)** | | |
| **Levels** | **Activity of listener** | **Effect on person being listened to:** |
| **1** | Listening to ‘argue’  The listener is thinking, “do I agree or disagree with what this person is saying.”  The listener is getting ready to interrupt and put their views across! | Doesn’t feel listened to and doesn’t feel heard or understood – and possibly might even feel undermined. |
| **2** | Listening to ‘think about your next question’  The listener is thinking, “what question should I ask next.”  The listener is thinking about the correct ‘formula’ they should be following. | Doesn’t feel listened to and doesn’t feel heard or understood – and possibly might feel the listener is following some sort of training manual! |
| **3** | **Listening to ‘demonstrate you are listening’**  Using eye contact and positive body language to demonstrate you are a good listener.  The listener’s desire to ‘look like a good listener’ is distracting them from effective listening. | Starting to feel that the listener is interested in what is being said – but this feeling will quickly disappear if there is no evidence that the listener has really heard and understood what was said. |
| **4** | Listening ‘actively’  Using eye contact, positive body language and accurately reflecting back what the other person is saying. | Feels listened to and understood – feeling that the listener is genuinely interested in what is being said. |
| **5** | Listening to ‘understand’  Using eye contact, positive body language and accurately reflecting back what the other person is saying. Mirroring and matching their body language, matching their metaphors and representational systems. | Feels very understood, feels that the listener is interested in what is being said and ‘gets them’ and what it’s like to be in their position. |
| **6** | Listening to ‘help the speaker to understand themselves’  Using eye contact, positive body language and accurately reflecting back what the other person is saying. Mirroring and matching their body language, matching their metaphors and representational systems – plus using your own self-awareness and intuition to connect more fully with what the person has said and to accurately reflect thoughts, feelings and observations. | The enhanced quality and clarity of thinking that is generated creates significant insights and ‘light-bulb’ moments.  Feelings of being listened to and understood at a very deep level. |

Reflection produces thoughts, ideas, connections and insights into what is happening, what the situation is, what is working well, what’s not working so well and why; what can be done differently, and how. Helping carers reflect in this way can enable them to think differently, explore insights into underlying feelings, meanings and ambivalence. Helping a carer reflect requires the practitioner to facilitate a thinking and safe space for them. It enables the carer to be at the centre of thinking and any changes they may wish to make. The tool below gives some examples of the types of questions carers could ask themselves before, during and in between assessment(s) visits to prompt their own reflection. There are also some questions that the practitioner can use to help the carer reflect. They are not meant to be an exhaustive list, just some suggestions that you may use and add to your toolbox.

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| **Reflective questions and prompts** | | |
| **ORID stages** | **Practitioners (prompted)** | **Carers (self)** |
| **Objective**  Facts, Data, Senses | Tell me about what's happening?  What concerns you the most?  What does a good and/or bad day look like to you? | What is happening?  What do I do as a carer?  What does a good day look like?  What does a bad/difficult day look like? |
| **Reflective**  Reactions, Heart, Feelings | How do you feel on a good day?  How do you feel on a bad/ difficult day? | How do I feel on a good day?  How do I feel on a bad/ difficult day? |
| **Interpretative**  So, what does this mean? | On a day when things are not so bad what do you notice happening?  Can you explain to me what happens on a good day?  What happens on a bad day?  What do you think might be different from these days?  I wonder what we can learn from this to support you better? | What is different about a good and bad day?  Is there anything I can do differently on a ‘bad’ day?  Is there any way I can repeat the good days?  If so, what do I need to happen? |
| **Decisional**  Now what?  What needs to happen? | What needs to happen to make positive changes?  What outcomes would you like to achieve and what support can we offer you? | What do I need to happen to make positive changes?  What outcomes would I like to achieve?  What can support me in reaching outcomes? |

Reflections can be mirrored back to the carer as statements – to help the carer reflect if that is what they mean and is a good check for validity.

**Reflective statements, along with open questions can ‘open the door’ to the possibility of change.**

# **5 Recording**

Collaborative communication on its own isn’t enough. Practitioners must reflect the themes and main points of the conversation on any paperwork such as assessment forms, support plans, review documents.

## **5.1 Taking notes**

Taking notes during an assessment is crucial to quality. However, it is polite and good practice to ask permission: “*Would you mind if I take some notes as we talk with each other because I do not want to miss anything that we discuss”.* The vast majority of carers will be happy for this to happen. Most social and health care staff will write notes when working with patients, from GPs, district nurses, occupational therapists and physiotherapists. This will not be a new experience for most members of the public.

With those who are weary of a practitioner taking notes, you will need to assure them of confidentiality, sharing of information protocols and explain *why* it is important to take notes, for example, *“I want to capture what you are saying so I do not miss anything when I write them up back in the office”.* *“It’s really important that we get this right.”* Perhaps more importantly, sitting with and ‘being’ with the carers until they feel comfortable and at ease with the visit before getting into the ‘nuts and bolts’ of assessment and planning is a very effective way to work respectfully and compassionately.

In the unlikely event that someone does not want you to take notes while you are talking with each other, explain some of the downsides of this. For example, it may be difficult to remember some of the details and you may have to come back to check things and it may make the assessment and planning process longer. Also reiterate confidentiality rules around assessment and planning, and what information will be shared with other professionals. If they still do not want you to take notes, respect their wishes but remind them that the information will have to be recorded back in the office and that the information will need to be shared as appropriate.

When taking notes, the practitioner should pay attention to the principles and techniques of collaborative communication.

Recording assessments, planning and review documents with carers can also be done innovatively. For example, some carers may wish to fill in their own assessment, planning and review form themselves and then go through it with the practitioner to reach a consensus of support. If a carer is willing and able to do this, this should be encouraged, and it would be good practice to send them the relevant form ahead of the visit; after all it is *their* life.

## **5.2 Formal documents**

When you are writing the formal documents of assessments, planning and review and recording should be done in the first person and adhere to the 7 Cs of communication:

* Clear
* Concise
* Concrete
* Correct
* Coherent
* Complete
* Courteous

The outcomes discussed should follow the SMART principles:

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| **Outcomes tool: SMART principles** |
| **Specific –** Try to be specific about the outcomes the carer wishes to achieve. For example, “I want to continue my education and will enrol in college” rather than “I wish to continue my education”.  **Measurable –** There should be obvious way for measuring progress towards outcomes. For example, “Paul has enrolled in college and will start on [date]” “Paul has started college and is enjoying it...”  **Attainable** **–** When people identify outcomes that are really important to them (for example, “being able to go to the gym again and feel healthy”), they are more likely to develop the attitudes and ability to achieve them.  **Realistic** **–** Goals should represent an outcome that carers are willing and able to work toward. This, of course, will depend on the individual circumstances of the carer but could translate as “I would like to complete my lifeguard training”; “I would like to feed my mum rather than the carers”.  **Timely** **–** Goals should be grounded within a time frame. For example, “by July I will have enrolled in college”, “by the end of next week I will be feeding my mum”, “by April I will train as a lifeguard”. |

## **5.3 Assessment document**

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| **Adult carers needs assessment resource** |
| Research in practice for adults (Ripfa) has developed a [blank carers needs assessment template](https://carers.ripfa.org.uk/wp-content/uploads/Blank_Carers_assessment.pdf). Ripfa also has a number of case studies on their web-resource. It’s worth taking a look at these as they have some examples of carers needs assessments filled in. |

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| **Young carers needs assessment resource** |
| There is a good example of a [young carers needs assessment](https://www.sheffield.gov.uk/content/dam/sheffield/docs/social-care/young-carers-assessment/Young%20Carer%27s%20Assessment.pdf) that Sheffield uses with young carers. It has been developed out of a partnership between Sheffield Young Carers and Sheffield City Council. |

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| **Checklist – Assessment document adult carers** |
| * Basic contact information and other key contacts (core data set) * Impact of the caring role on life and well-being * Carer’s health – physical, mental and emotional * What the carer does – the tasks and roles they undertake as a carer * What is important to them * What support is needed * Carer’s feelings and choices about caring * Whether the carer works or wishes to do so * Whether the carer is participating in or wishes to participate in education, training or any leisure activity * Extent to which the carer is currently able and willing to be a carer and whether they will continue to be able and willing to be a carer * Carer’s relationships * Carer’s housing situation * Emergency/contingency planning |

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| **Checklist – Assessment document young carers** |
| * Basic contact information and other key contacts (core data set) * Role as a carer and information about the cared for * What caring involves and impacts on well-being * Parent and other family relationships to the young carer. Young carer’s quality of relationships to other key people * The things that the young carer does in their role as a carer * Impacts of caring on well-being * How they feel about their caring role (feeling and choices – ‘being heard’) * Wider information, assistance and advice that may support the carer * Strengths, interests, hobbies and relationships * Positive approaches to risk * If the child is in need of care and support * Conclusion/ practitioner statement * What's happening next |

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| **Checklist – Information and signposting** |
| * Local carer organisations and support groups * Condition specific support organisations (local and national) * Benefits for the carer and cared for * Practical support that may be available (for example, help with form filling, home/garden maintenance and domestic help) * Transport * Education opportunities * Training opportunities both specific and not specific to the caring role * Where to go for information on employment opportunities * Information about planning for an emergency * Information about having a break from caring |

## **5.4 Support planning**

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| **Support plan self-assessment tool[[6]](#footnote-6)** | | |
| This is a tool to help practitioners reflect and audit the quality of the support plans they have written in the first person from the carer’s perspective. The audit is based on good practice knowledge, research on support planning and the engagement with carers as part of this project – Assessing Carers Support Needs. It also encompasses the well-being domains.  It covers adults and children carers. However, practitioners are free to tailor this audit to reflect your client/carer group as required. Even better, practitioners could work through this with carers as part of their *review* of the support plan. It can provide a great comprehensive check of what is working well and not working well in a support plan.  Practitioners are to score themselves out of 10. The spectrum – 10 is excellent and 0 is poor. After the audit, practitioners can look at where they are scoring well, consider how to build on good practice and conversely look at where they are scoring low and think about why this is the case, how this makes them feel and how they can improve the scores.  This is a good tool for managers to use *with* the practitioners over the year (at stated intervals) to support reflective practice and improvement. | | |
| 1: Information and advice | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Do I have all the information I need about support arrangements? |  |  |
| Do I have information that’s easy-to-understand about care and support, which is consistent, accurate, accessible and up-to-date |  |  |
| Do I know who to speak to who knows about support and care? Is it clear on my plan and can I contact them? |  |  |
| Does the planned support in place help me make informed choices about my life and is it flexible enough to change as I may change? |  |  |
| Apart from ‘word of mouth’ knowledge, am I supported to find out what may help me in the wider community? |  |  |
| Is there room for me to express my own knowledge of community help and share it with others? |  |  |
| Do I have all the information I need about support arrangements? |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 2. Knowledge and access to active and supportive communities | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Do I have access to a range of support that helps me engage with the wider community (work, school, carer groups, etc)? |  |  |
| Do I have people around me as a carer (family, friends, carers groups, faith groups, professionals if needed)? |  |  |
| Do I have opportunities to study, do homework, train, work and do things for me that match my interests, skills and abilities? |  |  |
| Do I feel welcomed and included in school, work and other community groups? |  |  |
| Do I feel valued and recognised for what I am as carer and what I also want to do outside my caring role? |  |  |
| Do I have opportunities to have hobbies and develop as a person in my own right? |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 3: Flexible and proportionate support and care | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Do I have control of my support arrangements (for example, can I flex and change them if needed)? |  |  |
| Do I have opportunities, if I wish, to direct my support and make sure it is responsive to me and my situation? |  |  |
| Do my support arrangements work well and are they well-coordinated by me and relevant others? |  |  |
| Do I have someone I can contact and count on to get things changed? |  |  |
| Do I have a clear line of communication, action and follow up with ‘official’ support staff’ – for example, social workers, occupational therapists, family, youth workers, etc |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 4: Quality support staff | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Do I have a range of options for choosing support staff? |  |  |
| Are my support arrangements provided by competent people (for example, are support staff on time, courteous, respectful)? |  |  |
| Do I have a range of people I can trust and talk with to check things out, to talk about my hopes, to talk about my worries and get some guidance? |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 5: Positive risk enabling – feeling safe | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Do I feel able to plan ahead and keep control in a crisis (for example, are there agreed contingency plans)? |  |  |
| Do I feel safe? |  |  |
| Am I able to live the life I want to, and be supported to take and manage risks in my life? |  |  |
| Do I have arrangements in place so that I can get support in good time and at an early stage to prevent problems escalating and becoming a crisis? |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 6: Rights and entitlements | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Do I have clear, accurate and timely information about my rights and entitlements as a carer? (For example, what are my rights to flexible time from my employer? Am I entitled to benefits? What happens if I cannot attend school on time because I am caring for my mum? What are my rights to more help if things ‘go down-hill’ or become more difficult? |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 7: Suitable living accommodation | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Is my home safe and set up for the caring I do? |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 8: Appropriate care | | |
| As a carer… | Practitioner score… | What can be done better to support me, as a carer…? |
| Is the care and support I provide appropriate for me? My age? My mental and physical health? Can I discuss this with someone who can make changes if needed? |  |  |
| Practitioner notes  *For the practitioner to write notes to self – for example, what works well and what doesn’t, how they might improve this area of support planning, etc* | | |
| 9: Anything else | | |
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| **Support planning resource** |
| Capturing the ‘heart of the matter’ – Outcome-focused assessment and planning |

## **5.5 Reviews**

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| **Review tool**[[7]](#footnote-7) |
| The questions below provide a structure for review conversations:  Question: How are things going?  Question: What is the most difficult thing?  Question: What strength are you drawing on to deal with that?  Question: What's the best thing about what you’ve achieved?  After each response from the carer, the practitioner should reflect back to the carer what they said and provide a level of affirmation. |

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# **6 Miscellaneous practice tools**

There are many practice tools that practitioners can use in skilled conversations throughout the pathway of assessment, planning and review. These can be tools that help the carer in their thinking and reflection, *and* tools that record areas explored in the assessment such as well-being, the carer’s personal circumstances, personal outcomes, barriers to achieving outcomes, strengths, capabilities and risks. This section looks at tools for both young and adult carers.

## **6.1 Chronology**

Chronology documents are helpful and provide a snapshot of the relevant history that has led to where the carer is currently. It gives space for one column where their history can be recorded and a second column to set out what the result and outcome of the specific episode was.

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| **Chronology resource** |
| Research in practice for adults (Ripfa) has created a [blank chronology template](https://carers.ripfa.org.uk/wp-content/uploads/Blank_Chronology.pdf). Ripfa also has several case studies on their web-resource. It’s worth taking a look at these as they have examples of completed chronologies to give you a steer. These can be used for both young and adult carers. |

## **6.2 One-page profiles**

A one-page profile is another useful tool that can capture important information about a carer on one page. They help root the conversation in a positive light with the three headings:

* What people appreciate about me
* What’s important to me
* How best to support me

It puts the carer in the centre and focuses on how to promote well-being and meet outcomes. Here are some examples of one-page profiles. These can be used for both young and adult carers.

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| **One-page profile resource** |
| Research in practice for adults (Ripfa) has created a blank [one-page profile](https://carers.ripfa.org.uk/wp-content/uploads/Blank_One_page_profile.pdf).  Ripfa has a number of case studies on their web-resource. It’s worth taking a look at these as they have examples of what a completed one-page profile looks like.  Helen Sanderson has also created a [one-page profile template](http://helensandersonassociates.co.uk/person-centred-practice/one-page-profiles/one-page-profile-templates/) and there are a range of examples on the website. |

## **6.3 Ecograms**

Ecograms are useful tools that are being used in assessment. They help build a picture of important relationships, resources and systems in the carer’s life. These are helpful because it helps the carer think about their relationships and strengths, and situate focus on *their lives and not services.* It can be quite powerful for the carer to work through this and think about how caring can be supported and well-being promoted.

Not only is it a good tool to help the carer reflect on their relationships but also when completed it provides a good overall picture of the carer’s social system for professionals and the carer.

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| **Ecogram resource** |
| Research in practice for adults (Ripfa) has created a [blank ecogram template](https://carers.ripfa.org.uk/wp-content/uploads/Blank_Ecogram.pdf). Ripfa also has a number of case studies on their web-resource. It’s worth taking a look at these as they have some examples of what a completed ecogram looks like. This tool can be used for both young and adult carers. |

## **6.4 Decisional balancing**

A tool called decisional balancing is a good tool to use with the carer when working through ambivalence. This can be done during assessment and/or review visits. This is a four-step approach and each step needs to be reflected on sequentially (taken step-by-step). This tool focuses the discussions on change. These steps can be used for young and adult carers. Working through the four steps might take a few conversations via visits or phone calls. Be careful, though, because if the practitioner jumps to step 4 too early, it can disrupt the necessary internal dialogue the carer has to go through with themselves (as each step is designed to guide the thinker through ambivalence). If a practitioner rushes the steps or jumps any this can mean that, rather than the carer figuring out their own path, the practitioner would be forcing issues and coming up with their own ideas. This would be poor practice because it is not the practitioner’s life but the carer’s.

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| **Decisional balancing tool** |
| Empathy and understanding about the challenges people face  Exploring hopes and fears before putting a plan in place  Exploring pros and cons of *all* options |

This tool helps carers think about *their own change* and helps them start to articulate outcomes and how they may be achieved. For example, step 4 is about thinking and reflecting on what is good about the change – this sets the scene to start thinking of what outcomes might look like.

This tool also puts a framework around change and makes painful change seem more manageable – especially if there are positive personal outcomes to be worked towards.

The practitioner is a facilitator and can help set a safe place for the carer to explore ambivalence and change. Where reflection is facilitated, hopes, fears and discrepancies are explored, pros and cons are considered, best possible courses of action are envisaged, strengths are built on, achievements and threats are taken note of, and carers have space to ‘wobble’ and doubt but then recommit.

If decisional balancing is facilitated well, by the practitioner, it can move the carer forward to the decisional stage. This means that it can form the basis or adjustments of a support plan.

## **6.5 Young carers needs assessment tools**

There are many tools that can be used to support conversations in assessment for specifically young carers. We have named a few key tools to support young carers in assessment.

* Multidimensional Assessment of Caring Activities (MACA YC-18)
* Positive and Negative Outcomes of Caring
* Outcomes Star
* My Life Now Wheel

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| **Carers Trust: Young carers resources** |
| The [Carers Trust website](https://professionals.carers.org/young-carer-assessment-tools) sets out the tools mentioned above and more, and provides links to helpful examples. |

# **A final comment**

As practitioners you should be getting to know these relevant tools and have them in your tool box to use as and when needed. Remember that you should have a *collection of tools* – it is down to your professional judgement when working with carers which ones to use (the carer themselves may well have a preference). Using your tool box well and intelligently is part of being a well-rounded professional and exercising self-efficacy.

1. Tools created or adapted by IPC unless referenced otherwise. [↑](#footnote-ref-1)
2. Dyke, C. Writing Analytical Assessments In Social Work (2018: page 47) [↑](#footnote-ref-2)
3. IPC adapted Emlyn-Jones, R and Thomas, C – Collaborative communication skills (Power Point). Achieving Sustainable Change (ASC Ltd) and Social Services Improvement Agency (SSIA) [↑](#footnote-ref-3)
4. IPC adapted Emlyn-Jones, R and Thomas, C – Collaborative communication skills (Power Point). Achieving Sustainable Change (ASC Ltd) and Social Services Improvement Agency (SSIA). [↑](#footnote-ref-4)
5. Worth Learning Consultancy – Coaching Training materials [↑](#footnote-ref-5)
6. Adapted by IPC from Skills for Care *Care and support planning self-assessment tool*, Care Act Learning and Development Materials [↑](#footnote-ref-6)
7. Emlyn-Jones, R and Thomas, C – Collaborative communication skills (Power Point). Achieving Sustainable Change (ASC Ltd) and Social Services Improvement Agency (SSIA). [↑](#footnote-ref-7)