

Thurrock Coalition



Informing Thurrock Council Adult Social Care Assessment Practice as part of the *Customer Journey* Workstream

Report and Recommendations

Introduction

Thurrock Coalition offers advice and support for disabled and older residents of Thurrock and their carers. We are a wide network of individuals and groups aiming to inform people about their rights and entitlements and to improve the quality and choice of services that might assist them

The “Assessments Ahead!” event was held in order engage Citizens of Thurrock, parents, carers and families and Council Officers to explore discuss and develop a way of practicing that uses the views and experiences of people who use services to improve and develop social care assessment practice.

The focus was upon establishing “What makes an effective assessment conversation?” and covered issues such as inclusive communication, types of questions, improving understanding of individual situations, better communication of the facts and issues, why Social Workers need to establish certain facts and information, and how people feel that this can be done more sensitively and effectively in order to achieve the best outcome for people who use Adult Social Care services in Thurrock.

Recommendations and Next Steps

- a) This report will serve to inform the development of a Thurrock Adult Social Care Practice Manual which is being drafted by the Quality Development Worker.
- b) Thurrock Coalition will work closely with Thurrock Council’s People Directorate as to provide feedback on the Practice Manual once it is drafted.
- c) Thurrock Coalition will help to ensure that the Practice Manual effectively and accurately reflects the consultation feedback and includes the views of individuals their parents, families and carers.
- d) Thurrock Coalition will continue to support and strengthen the partnership between local government and the people of Thurrock.

“Assessments Ahead!” - Aim of the day

The aim of the day was to:

- Facilitate an open, constructive dialogue and feedback on the elements of social care assessment practice that constitute positive assessment conversations through role play scenarios.
- Facilitate an open, constructive dialogue and feedback on the elements of social care assessment practice that constitute negative assessment conversations through role play scenarios.
- Compare and contrast the different conversations with a view to improving service provision, process and delivery and influencing the draft Practice Manual for Social Workers in Thurrock.

Findings

Attendees were asked to observe a series of role plays around what makes a good or bad assessment conversation. Feedback was provided through the views and experiences gathered on the day under the following headings:

- Language used
- Body Language
- Understanding
- Communication

A number of key principles emerged on the day, around **respecting** individuals' autonomy and capacity as experts by experience and maximising individual choice and control, **valuing** their contributions to their own assessment, to society and the wider community, **understanding** the individual, their needs, situation and current support circumstances by adopting an holistic, solution-focused approach to the assessment conversation and finally to **inform** and guide the individual in plain, jargon-free language through the assessment conversation, exploring all available options as part of the assessment process, advising on anticipated timescales and to manage expectations effectively.

We have consolidated these findings into the following Key Principles.

- **Respect Me**
- **Value Me**
- **Understand Me**
- **Inform Me**

We will now address each in turn:

Respect Me

The feedback from the Event provided a useful insight into peoples lived experiences under this principle. People overwhelmingly wanted to be addressed correctly and for this information to be checked at the outset of the conversation. It was also important for clear introductions to be made in order for effective, friendly but professional and re-assuring rapport to develop. Attendees recognised that there was a fine balance to be struck but that its importance should not be overlooked. Attendees also wanted the Social Worker to maintain eye contact, adopt active listening, acknowledge answers and to ascertain the outcomes that the individual wants to achieve, and where necessary tease out information using effective “interview” skills to support the individual to identify their desired outcomes and show an awareness of their circumstances in an holistic manner.

Attendees also highlighted the need for the accuracy of new and current details to be checked and for trust to be built through clarification of information where either party was unsure. A recurring issue was that the Social Worker should not make assumptions and should not make decisions based upon assumptions.

Regarding Individual/Social Worker relationship as equal, conducting the conversation from the “team” perspective, communicating clearly and concisely was seen as vital, working together to achieve the best outcome for the individual.

Value Me

Attendees wanted the social worker to consult them personally as an Expert by Experience , not just consider the file notes “as gospel” but more as a “living document” and to appreciate where needs have increased as a result of changing circumstances. People want thinking time and time to answer without being pre-empted. A good conversation should be solution-focused, positive, open and engaging but expectations should be managed, but people also wanted options and the pros and cons of each to be explained to them so they could make an informed decision, and most importantly for that decision to be listened to, heard and implemented.

Another issue that emerged from all of the groups as part of a good assessment conversation was the importance of recognising the request (or need) for a face-to-face assessment when requested, having regard for the individual circumstances. Allowing sufficient time for the assessment to take place without rushing or referring to time, or budgetary constraints was seen as imperative along with the practical application and individualised meaning of choice and control in the assessment process.

Understand me

The Breakout Groups emphasised the need for the use of plain English and open questions. However, the over-arching consideration should be an appreciation and awareness of the setting (to include acoustics, background noise, lighting, and seating). Furthermore, understanding of the process and available options should be checked before the conversation is concluded. The Social Worker should acknowledge and understand the impact and effect of each individual's impairments upon their daily lives and how disabling barriers (physical, environmental and attitudinal) can be removed to enable inclusion, participation and involvement in social activities and the wider community. Attendees suggested that the conversation should explore all aspects of an individual's answer, to provide cues and opportunities to elaborate and to identify and clarify what is important to the individual.

Another important factor identified by the attendees was the need for Social Workers to be open to feedback in their approach to assessment practice and to check their understanding of a person's overall circumstances.

Inform Me

The recurring feedback was that people wanted the conversation to provide them with jargon free, in easy to understand information, communicated in plain English. Professionals should "adopt the spirit of enquiry" to gather information and fill in the gaps. People wanted to be kept informed at agreed intervals about their progress along the Customer Journey, with the emphasis upon person-centred planning and outcomes. Social Workers should not regard themselves as the gatekeepers of support and information; they should be willing, able, aware of and enthusiastic to share information about available support options for each individual.

Finally, the importance of providing contact details of a specific, named Social Worker should not be underestimated. If an individual is passed between professionals throughout the process then the positive rapport and constructive respect, value and understanding created by a good assessment conversation will be lost.

The 4 Key Principles identified above, echo the SCIE good practice guidance in this area:

| <p style="text-align: center;">Assessments Ahead – Key Principle</p> | <p style="text-align: center;">SCIE “Capable, Confident, Skilled” 2011</p> |
|--|---|
| <p>Respecting individuals’ autonomy and capacity as experts by experience, maximising individual choice and control</p> | <p>Recognising the value of the expertise and contributions of people who use services, and involving them from the outset in designing local care provision, influencing commissioning, and in planning their own care.</p> <p>Supporting risk taking, and helping to manage and minimise harm that may prevent people directing their own lives.</p> |
| <p>Valuing the individuals contributions to their own assessment, to society and the wider community</p> | <p>Supporting self-assessment and person-centred planning with an emphasis on self-directed care, health promotion, growing and sustaining circles of support.</p> <p>Engaging people who use services in developing strong local communities, enabling them to have a family and community life.</p> |
| <p>Understanding the individual, their needs, situation and current support circumstances by adopting an holistic, solution-focused approach to the assessment conversation</p> | <p>Outcomes-based and outcomes-driven practice. Providing personalised social care services, in people’s own homes and in residential and other settings that respect people’s dignity, choice and self-direction.</p> <p>Providing care and support with flexibility and understanding in ways that reflect the circumstances, religion, cultural background and lifestyle of the person using services.</p> |
| <p>Informing and guiding the individual in plain, jargon-free language through the assessment conversation, exploring all available options</p> | <p>Providing information, advice, advocacy, brokerage and guidance.</p> <p>Supporting people who use services (who are or who wish to become employers) to acquire the organisational capabilities to manage their own care and support, including providing reliable information and advice about employment law and practice.</p> |

We have correlated the Headings used at the Event with the Key Principles discussed above. This has resulted in the following *Effective Assessment Conversation matrix*.

The fields have been populated with 5-6 indicators which demonstrate the requirements necessary for an effective Assessment Conversation:

| | Respect Me | Value Me | Understand Me | Inform Me |
|----------------------|---|--|--|---|
| Language Used | <ul style="list-style-type: none"> • Check the individuals name and title • Clear introductions, building good rapport • Acknowledging the individuals concerns/ • Awareness, active listening • Give the individual thinking time • Ask what the individual wants to achieve • Show awareness of the individual situation – holistic approach (impact on carer/family etc.) | <ul style="list-style-type: none"> • Consult the individual, not just the file notes • Do not pre-empt the individual's answers • Adapt the words to the specific individual • Be positive, but manage expectations • Provide options and listen to answers | <ul style="list-style-type: none"> • Use plain English • Use open questions • Awareness of Setting – acoustics, background noise • Confirm what the individual has told you • Explain what support is available and check understanding | <ul style="list-style-type: none"> • Jargon-free information • Easy to understand, straightforward language • Good explanations of the process • Adopt the spirit of enquiry – tease out information, pick up the clues • Solution-focused conversation and outcomes |

| | Respect Me | Value Me | Understand Me | Inform Me |
|----------------------|---|--|--|--|
| Body Language | <ul style="list-style-type: none"> • Maintains a friendly but professional manner • Maintain eye contact • Respect the individual's personal space • Not overpowering | <ul style="list-style-type: none"> • Attentive • Active listening • Importance of recognising need for face-to-face assessment • Open and engaging • Affirmative speech. • Attentive | <ul style="list-style-type: none"> • Informal, relaxed but professional – should feel like a conversation – maintains a good balance of these factors | <ul style="list-style-type: none"> • Happy to provide information • Appears to be happy to be attending the appointment. |

| | Respect Me | Value Me | Understand Me | Inform Me |
|-------------------------------|---|--|--|--|
| Understanding /Empathy | <ul style="list-style-type: none"> • Professional but intuitive • Recognise anxiety – offer reassurance • Obtain consent before talking to any third parties/family/carers • Check accuracy of any contemporaneous notes throughout the conversation • Build trust through clarification • Do not make assumptions/judgements | <ul style="list-style-type: none"> • Utilise a holistic approach and appreciate changing circumstances • Solution-led conversation • Be supportive • Value the individual as an Expert by Experience • Show genuine interest in the circumstances | <ul style="list-style-type: none"> • Acknowledge the impact and effect of impairments upon the individual's daily life • Explore all aspects of answers • Identify and clarify what's important to the individual | <ul style="list-style-type: none"> • Ask about current assistance/support • Ask about support needed • Explain the pros and cons of all options available • Good awareness of support organisations and provides contact details • Advise of anticipated timescales |

| | Respect Me | Value Me | Understand Me | Inform Me |
|---------------|---|--|--|--|
| Communication | <ul style="list-style-type: none"> • Emphasise the importance of dignity and respect • Work together with the individual as a team to attain the best outcome for them • Offer home visit where phone assessment is not appropriate to the individual • Discuss the individual's needs, required outcomes and goals | <ul style="list-style-type: none"> • Discuss Choice & Control and what it might mean to the individual • Ask open questions, listen to the answers, fill in the details with closed questions, summarise, and clarify. • Allocate sufficient time with the individual | <ul style="list-style-type: none"> • Effectively identify current sources of support and its uses • Be open to feedback to check understanding • Provide cues for answering/follow up and/or providing more information | <ul style="list-style-type: none"> • Do not use acronyms – explain the words • Speak, clearly and not too fast • Explain the “Customer Journey” and what this means to the individual • Explanation of how a needs-led assessment works • Provide contact details and opportunity to add detail/information |

Existing good practice guidance

For the purposes of completeness, we also compared our findings with a number of questions/skills/qualities necessary for good social work practice as stated by the Social Work Institute for Excellence (SCIE).

Extract from: *Facts about FACS 2010: A guide to Fair Access to Care Services (SCIE)*:

Top 10 tips to the FACS guidance: what does this mean for practice?

1. An individual seeking or referred for help with a social care need, regardless of their impairment, is entitled to a FACS assessment that is fit for purpose.

2. An individual's financial situation must not pre-empt or influence the assessment of their social care needs. Eligibility assessment always precedes financial assessment.

3. Assessments and support planning are focused on ways to achieve agreed outcomes, not driven by needs or impairments.

4. Do not filter individuals out too quickly on too little information. Further investigation may reveal eligible needs behind lower level 'presenting' needs.

5. Think prevention, early intervention, wellbeing and safeguarding: they can prevent or delay needs escalating.

6. Think signposting, information and advice as routes to wider choice, whether or not the individual is likely to be eligible for publicly funded support.

7 Think personalisation to promote greater choice and control for individuals, and sustain options for carers.

8 Think beyond adult social care services. Suitably adapted housing, smart technology and equipment, improved healthcare, greater benefits take-up and community support can all help to delay or avoid the need for care.

9 Think self-directed support, direct payments, personal budgets and Co-production as the means to achieve more flexible, personalised solutions.

10 Recognise carers and personal and community networks as valued partners in care. Providing support for them is a worthwhile investment.

Fair Access to Care [FACS] – Some context - It is important to recognise that, under FACS, some needs are considered to be important enough so that if those needs are not met then there will be either a Substantial risk or Critical risk to independence under the FACS criteria [2010]. Furthermore, although only some

needs are funded, all identified needs are important and should be stipulated in the care plan.

Conclusion

The “Assessments Ahead!” event was used as an opportunity to engage Citizens of Thurrock, parents, carers and families and Council Officers in order to inform the on-going development and review of the Thurrock Council Adult Social Care Practice Manual.

The event attendees explored, discussed and developed a way of practicing that uses the views and experiences of people who use services to improve social care assessment practice. The four Key Principles drawn from the Event are:

- i) **Respecting** individuals’ autonomy and capacity as experts by experience and maximising individual choice and control.
- ii) **Valuing** individual contributions to their own assessment, to society and the wider community.
- iii) **Understanding** the individual, their needs, situation and current support circumstances by adopting an holistic, solution-focused approach to the assessment conversation.
- iv) **Informing** and guiding the individual in plain, jargon-free language through the assessment conversation, exploring all available options as part of the assessment process, advising on anticipated timescales and to manage expectations effectively.

It is interesting to note that the standards and principles that appear in the SCIE Good Practice guidance for Social Workers detailed in this report are strikingly mirrored by the feedback provided at the “Assessments Ahead!” event.

The verbatim feedback obtained from each of the Breakout Groups, which includes discussion; not only of what makes a good assessment conversation, but also what makes a bad assessment conversation is reproduced in the Appendices of this report.

It is hoped that the feedback and Key Principles detailed in this report highlight both the positive and negative aspects of current social care assessment practice, and furthermore provides an indication for areas of development for the Thurrock Council “Customer Journey” workstream and the accompanying Practice Manual.

We suggest that this report be read alongside and in conjunction with the document entitled “Thurrock Coalition - Informing the Workforce Planning Strategy for Thurrock” – available at: <http://www.thurrockcoalition.co.uk/Reports/>

Thurrock Coalition – January 2013

Thurrock Coalition “Assessments Ahead!” - Appendices

Appendix A

Format of the day

Thurrock Coalition invited individuals (some with personal experience of social care assessments, some with none), parents, carers, representatives of third sector organisations, service providers and council officers.

The hall was set up in a “café style” with 4 group tables of 5-6 for the various delegates.

There were 4 tables, each with 4 role play scenarios drafted to reflect a range of individual situations, circumstances, impairment types, needs, wants and support arrangements, covering:

- New Assessments
- Re-assessments/Reviews
- Individuals
- Parent Carers
- Face-to-face assessments
- Telephone assessments

The event ran from 1pm to 4pm on Monday December 3rd 2012. All attendees had the chance to get involved with some Solution-Focused discussions and group work.

Two individuals on each table (each with previous and or current experience of social care assessments) and were asked to play the roles of Social Workers, each taking on 2 scenarios; one would be played as a good assessment conversation and the other as a bad assessment conversation. Four individuals (drawn from Thurrock Coalition and Thurrock Council) took on the roles of 4 “individuals” who would each experience the assessment conversation.

The “social workers” and “individuals” were provided with brief instructions/guidance as to the nature of the respective situations. The conversations were then allowed to develop freely and of their own accord.

After each role play, the other individual group members were asked to provide feedback on:

- Language used
- Body Language
- Understanding
- Communication

Role Play Scenarios

The role play scenarios and instructions to Social Workers are reproduced below:

Role Play Scenarios – Instructions for Social Workers

Scenario 1

You are contacted by Anne/Andrew aged 68, who lives alone and has recently been discharged from hospital after suffering a fall at home.

Scenario 2

You are contacted by Alan/Alana, 24, who has been severely visually impaired since birth due to congenital varicella syndrome. Alan/Alana has recently moved away from his/her parents to a self-contained flat to live as independently as possible.

Scenario 3

You are contacted by Steve/Stephanie, age 65, who has a physical impairment. He/She doesn't feel able to cope at home anymore and lives in sheltered accommodation and is presently in receipt of home care services 3 times each day.

Scenario 4

You are contacted by Brian/Briony, 21, who was involved in a serious road accident six years ago and has severe short-term memory problems as well as being a full-time wheelchair-user and double lower limb amputee. He/She is entirely reliant upon family for help with daily activities.

Role Play Scenarios – Individuals

Scenario 1

You are an individual, contacting Adult Social Care for the first time. You are contacting Adult Social Care Staff to find out what help you might be able to get.

Be sure to mention the following details (not all at once – you may want your character to feel too proud to divulge all the information straight away, you could mention small details and see if the Social Worker picks up on clues to the things which actually lead to important aspects of your daily life with which you feel you

need help).

Your name is Anne/Andrew aged 68, you live alone and you have recently been discharged from hospital after suffering a fall at home.

You manage to perform personal care tasks independently, albeit with some difficulty, and you can just about manage to perform most basic household tasks. You find it difficult to walk long distances, and you no longer feel able to go out as much and socialise with friends or to travel further than your local shop which only stocks very basic provisions.

The area in which you live has no public transport links within easy access. You have no children and few surviving friends in the local area.

- Why are you contacting Adult Social Care
- Think about your current situation (in your role as Anne/Andrew) do you feel isolated? Alone?
- What challenges are you facing in your daily life? Are you scared of falling again and becoming less mobile?
- What would your ideal daily life be like? Do you enjoy gardening? Going to the cinema/theatre/out on walks? Did you previously enjoy socialising? Where did you used to work? Would you like to use your skills/expertise in other areas of life?
- What activities would you like to carry out to make your situation better?
- Would you like some more opportunities to socialise?
- If your needs are assessed as being insufficient to obtain a service from Adult Social Care – ask what other services, opportunities, networks are available for you.

Scenario 2

You are an individual, contacting Adult Social Care for the first time. You are contacting Adult Social Care Staff to find out what help you might be able to get.

Be sure to mention the following details (not all at once – you may want your character to feel too proud to divulge all the information straight away, you could mention small details and see if the Social Worker picks up on clues to the things which actually lead to important aspects of your daily life with which you feel you need help).

You are Alan/Alana, 24; you have been severely visually impaired since birth from congenital varicella syndrome. You recently moved away from his parents to a self-contained flat as you want to live as independently as possible.

You are able carry out personal care tasks on your own with little difficulty; although you have to deal with moderate incontinence and you think that you could do with some help with cleaning around the home, as well as assistance with finances and other paperwork.

You are very concerned about keeping your independence – only give more details about these concerns IF the Social Worker asks you for more information

- Why are you contacting Adult Social Care
- Think about your current situation (in your role as Alan/Alana) do you feel that you need more support to have more choice and control over your daily life?
- What challenges are you facing in your daily life? Are you worried about what might happen in the future?
- What would your ideal level of independence be?
- What would your ideal daily life be like? What activities would you like to carry out to make your situation better?
- If your needs are assessed as being insufficient to obtain a service from Adult Social Care – ask what other services, opportunities, networks are available for you.

Scenario 3

You are Steve/Stephanie, age 65, you have a physical impairment. You don't feel able to cope at home anymore and you live in sheltered accommodation. You are presently in receipt of home care services 3 times each day to assist you with personal care and meal preparation. You also attend day care once a week to socialise with other disabled people. Your son and daughter both visit you weekly to take you out shopping and to socialise. You have been contacted by Adult Social Care for a review of your current care package. Since your last assessment your personal care needs have increased particularly in relation to incontinence - you struggle with concentration and get dis-orientated easily now.

- You would like a home visit
- You would like a few more hours a week support because your needs and circumstances have changed.
- Think about your current situation (in your role as Steve/Susan) do you feel that you need more support to have more choice and control over your daily life?
- What challenges are you facing in your daily life? Are you worried about what might happen in the future?
- What would your ideal level of independence be?
- What would your ideal daily life be like? What activities would you like to carry out to make your situation better?

Scenario 4

You are an individual, contacting Adult Social Care for the first time. You are contacting Adult Social Care Staff to find out what help you might be able to get.

Be sure to mention the following details (not all at once – you may want your

character to feel too proud to divulge all the information straight away, you could mention small details and see if the Social Worker picks up on clues to the things which actually lead to important aspects of your daily life with which you feel you need help).

You are Brian/Briony, 21; you were involved in a serious road accident six years ago and have severe short-term memory problems as well as being a full-time wheelchair user and double lower limb amputee. You are entirely reliant on your parents for help washing, buying and preparing food and dealing with all of your paperwork. Both have been providing informal care for the past two years, but feel unable to cope in the long term without assistance as you require support 24 hours per day.

- You would like a home visit – so that the Social Worker can get a true picture of your situation
- You would like care support from Social Services because your needs and circumstances have changed.
- You are worried about your parents' state of health
- Is any support or service available for them?
- Think about your current situation (in your role as Brian/Briony) do you feel that you need more support to have more choice and control over your daily life?
- What challenges are you facing in your daily life? Are you worried about what might happen in the future?
- What would your ideal level of independence be?
- What would your ideal daily life be like? What activities would you like to carry out to make your situation better?

Appendix B

Verbatim feedback from the Breakout Groups

What makes a Good Assessment Conversation?

Below are the collated responses from each of the four breakout groups in relation to determining what makes a Good Assessment Conversation

Language used

- Polite
- Good, clear introduction – opens the conversation from the start – leading to better overall understanding
- Good input and output
- Use of open questions
- Empathy
- Adapting the words used to the specific individual
- Acknowledging the individual's situation/concerns
- Consulting the individual and the file notes
- Gives thinking time
- Doesn't pre-empt the individual's answers
- Easy, straightforward, plain English, everyday language.
- Open questions – for individual to tell the Social Worker what's wanted.
- Asking "Why?" is more important than finding out "What" For example: "Why do you want that?" – What's the reason behind it? And what difference would it make to your life?
- "Could you explain..?"
- "Can I see..?"
- "How do you manage?"
- "What would suit you best?"
- Should explain that if the telephone is not an appropriate method for assessment for the individual concerned then someone will happily attend for a home visit (when family members are present, where appropriate)
- Keeps a steady pace of conversation
- Spirit of enquiry – teasing out information – picking up the clues
- Making sense
- Awareness of acoustics and background noise. Recognising the importance of the setting – quiet area
- Easy to understand and explained
- Clear, short words
- Check names and title
- Friendly
- "Why?" questions – reasons behind wants / needs
- People learn to say "need" and not say "want" – and the perception that "needs" are of higher ranking than "wants"
- Jargon free
- Good explanations and introductions, building good rapport
- Awareness, active listening

- Provides contact details
- Solution-focused conversation and outcomes
- Explanation of what support is available
- Asking what you want to achieve
- Good explanation of independent living
- Focus on individual, as carer and empathy re: stress / impact
- Good exploring questions “open” in nature
- Every day / easy language
- No slamming doors – understood situation
- Options – progress, deeper understanding
- Good information
- Good introductions
- Informative

Body language

- Shook hands
- Friendly manner
- Open and engaging
- Relaxed
- Appears happy to be at the appointment
- Maintaining eye contact
- Didn't mirror the body language of the individual which was closed.
- Respecting the individual's personal space
- Importance of face to face assessment to identify important cues
- Signs of active listening – For example, nodding and affirmative speech.
- Informal, relaxed, but professional (achieves a good balance)
- Not overpowering
- Attentive
- Good questions
- Listened
- Informal – more of a conversation
- Good eye contact
- Proximity – intimidating
- Space awareness / respected
- Vital first couple of minutes
- Open body language
- Put at ease – no tension
- Face to face

Understanding

- Professional but intuitive
- Acknowledge the impact and effect of impairments upon the individual's daily life. Discuss and explain “Critical” and “Substantial” needs clearly
- Asks to clarify impairment
- “What would you like?” (To the individual).

- Ask about current assistance
- Ask about the support needed
- Offer multiple options
- Explain the pros and cons of each option. For example, Direct Payments
- Discussed family situation and possibility of respite.
- Offer to be accompanied at the assessment
- Recognising anxiety and re-assuring the individual.
- Recognising the person's wants, for example, independent living
- Show empathy
- Takes sufficient notes to obtain understanding of the situation and then confirms understanding of what was said
- Exploring all aspects answers in order to understand the full picture of the individual situation for example support, meals, housework, socialising.
- Checks understanding of where to go for advice – provide contact details for advice organisations
- Ask to clarify situation again to ensure not missed anything
- Obtains consent to carry out assessment conversation without carer present
- Tries to understand what's important to the individual
- Manages expectations
- Informs the individual of anticipated timescales
- Helpful
- Understands the importance of social inclusion
- Ask what independence means to the individual
- Talk about developing skills. For example, I.T. skills
- Provides good practical advice
- Very informative and patient
- Displays genuine interest
- Believes the individual
- Solution-led conversation
- Provides sample solutions and illustrations
- Outcome-based conversation
- Balance between professional and personal approach
- Supportive
- Check at start and at end and middle
- Accent
- Daily routine – situation and options
- Understanding of needs was good identifying options and needs
- Got the critical information from the individual easily Grew as interview went on
- Builds trust into the conversation through clarification of information and details
- Attentive
- Clear explanations
- Time to speak etc.
- Offered support of friend / relative present
- Looked at options/ support for family – carers assessment
- No judgements made

- Agreement to talk
- Patience
- Personal
- Information gathering / adequate
- Checking understanding

Communications

- Although used acronyms – e.g. O.T an explanation was given
- Emphasises the importance of dignity and respect
- Effectively identifies roles of current support and the possibility of Carers assessment
- Discusses importance of Choice and Control and what it might mean for/to the individual
- “How would you feel..?”
- Explanation of Independent Living given.
- Don’t speak too fast
- Ask about family support and social situation
- Show genuine interest in what the individual likes and is interested in.
- Refers briefly to case notes, clarifies accuracy
- Explained the process, the “journey” and what will happen next and who the named contact is.
- Space to assess
- Thinking time
- Understanding what’s said
- Cue for answering / providing more information
- Work together as a team
- Good structure needed
- What needs? What can we provide, moving towards
- Discuss outcomes and current available support
- How to better use existing support
- Moving away from dependency
- Link to “why?” questions
- Clear “journey”
- Assurance – open to feedback to check understanding
- Feedback – immediate and would follow up
- Outcomes are paramount
- Home visit offered if phone assessment not appropriate for the individual in the circumstances

What makes a Bad Assessment Conversation?

Below are the collated responses from each of the four breakout groups in relation to determining what makes a Bad Assessment Conversation

Words used

- Using words like “You should be lucky”
- Being Aggressive
- Poor rapport
- Using jargon – without explaining what it means.
- Prying into the financial situation of the individual e.g. Did they receive compensation? If so, they can afford their own support
- Flippant tone
- “There’s not much point me being here if you can manage!”
- Shows sympathy, not empathy
- Gets the individual’s name wrong and continues to do so throughout the conversation, despite being corrected.
- Uses leading questions
- Threatening safeguarding measures
- Impersonal – overly professional
- Negativity / negative
- Patronising
- Brash
- Not leaving space for answers
- Aggressive
- Bad rapport
- Over powering
- Unprofessional
- Bully - no time left, late
- Not deserving
- Get out more
- Offensive re: age
- Not helpful
- Cost focussed
- Focus on cutting provision
- Advice to dismissing services
- Meals on wheels – cut 2 two visits
- Negative tone
- Not at ease – stressful – take it or leave it
- Unkindly given information
- Indifference
- Focus on healthcare
- “Managing” “coping” – understanding is subjective
- Talking to fast
- Not clear

- Not enough time
- Not enough gaps
- Didn't explore
- Double glazing salesman
- No introductions
- Lack of paperwork and – talking too fast
- Flat, monotone, not interested, preoccupied with next appointment
- Dismissive
- Disbelief
- Disrespectful
- Dismissive and condescending (language and attitude)
- Condescending
- Jargon

Body language

- Clock watching – pre-occupation with time, busy schedule, talking about other appointments, lunch breaks and heavy workload
- Impatience
- Fidgeting
- No warmth conveyed in the Social Worker's dialogue
- Not picking up on cues when the individual appears confused
- Imposing, overpowering, not respecting personal space.
- Sloppy
- Aggressive
- Intimidating
- Invading personal space
- Barged in the house
- Challenging, aggressive behaviour and tone
- Unprepared and uninterested
- Casual
- Smirking
- No eye contact
- Too much fidgeting / arm waving
- Checking the clock

Understanding

- Lack of understanding
- Leading questions – putting words into the individual's mouth
- "Housework? That's what you're benefit is for. All that Money"
- "I can't help you"
- Use telephone banking – it's quite simple
- Help with finances and post – you're parents have got to be a help.
- No acknowledgement of isolation
- Just learn to cook

- Shows heavy reliance on case notes that may not reflect current circumstances and thus may not be accurate.
- Forgets the paperwork
- Lack of patience
- Lack of confidence
- Lack of knowledge
- Lack of knowledge on what is available by way of support
- Little or no encouragement to explore and/or develop answers
- Disbelieving the individual
- Misunderstanding
- Over-confidence
- Over-promising
- Costs-led conversation
- No “opening up” of opportunities
- Lack of active listening – give space to explain
- Don’t interrupt
- Dependent on prior knowledge of social worker
- How to draw out the relevant information from individual
- Didn’t check
- Name wrong
- Not really listening
- Information – listen – do as you were told
- Pre-conceptions, bending answers to these
- Lack of
- No empathy
- No understanding of effects of impairment on daily life
- Tried to pass on to other services
- Assumptions made about ability to manage
- Parental responsibility
- No acknowledgement of issues of concern
- Finance – all sits with customer
- No ownership of Thurrock Council
- Not a needs based assessment
- 5 minute visit
- Trying to push onto family
- Monetary focus
- Checking of understanding, lots of information
- “Not much point in being here!”
- Not listening – clues
- No rapport
- Had an agenda
- Leading questions? / this is what it means
- Can’t do that! Closing down
- Impersonal

Communications

- Doesn't introduce self properly
- Should be grateful for the amount of care and support the individual currently gets and that this is likely to be cut because of austerity
- Patronising tone
- Failure to explain criteria for Direct Payments
- Failure to explain where the Social Worker was calling from
- Lack of proper introduction
- Failure to check that the individual is happy for the assessment to go ahead.
- Sold it like a blank cheque
- Failure to explain what the allocation of support/hours is based upon
- Failure to take notes
- Talking too quickly, thus making the individual feel rushed.
- Abrupt with individual
- No patience with answers given
- Interrupts a lot, not letting the individual respond fully.
- Lack of empathy
- Opinionated – provides own views on how things should be.
- Lack of active listening and auditory cues to demonstrate that they have listened, heard and understood the individual's answers
- Assumes and states what's important to the individual but without asking them
- Speaking too fast
- Provides helpful information and advice but rushes in doing so.
- Little encouragement or open questions to get to the important details.
- Provides an overwhelming amount of information without checking the individual's ability to take it all in.
- Doesn't seem to be helpful or guiding the conversation well
- Provides very little information that would help or reassure the individual
- Mentions lots of "maybes" and "might be" without offering specific details
- Lack of certainty as to what will happen next and when and whose responsibility it will be.
- Overly sympathetic
- Condescending tone
- Unnecessarily challenging an individual
- Focuses upon paperwork, which creates a barrier to communication and a good conversation
- Rushed, not enough time
- Not listening
- Information given was given poorly
- One sided – talked at the individual
- Reluctant to say what would happen
- No outcome
- Confused individual
- Some good solutions but with paperwork follow up
- Not giving confidence. Not aware of services