



"STRENGTHS-BASED APPROACHES PROVIDE A CLEAR MESSAGE THAT WE RECOGNIZE YOU AS A COMPLETE HUMAN BEING."

Deirdre McKenna,  
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Palliative Care



"You are okay."

"STRENGTHS-BASED PRACTICE IS KEY TO PUTTING INDIVIDUALS, FAMILIES AND COMMUNITIES AT THE HEART OF WHAT WE AS SOCIAL WORKERS DO."

**Jackie McIlroy,  
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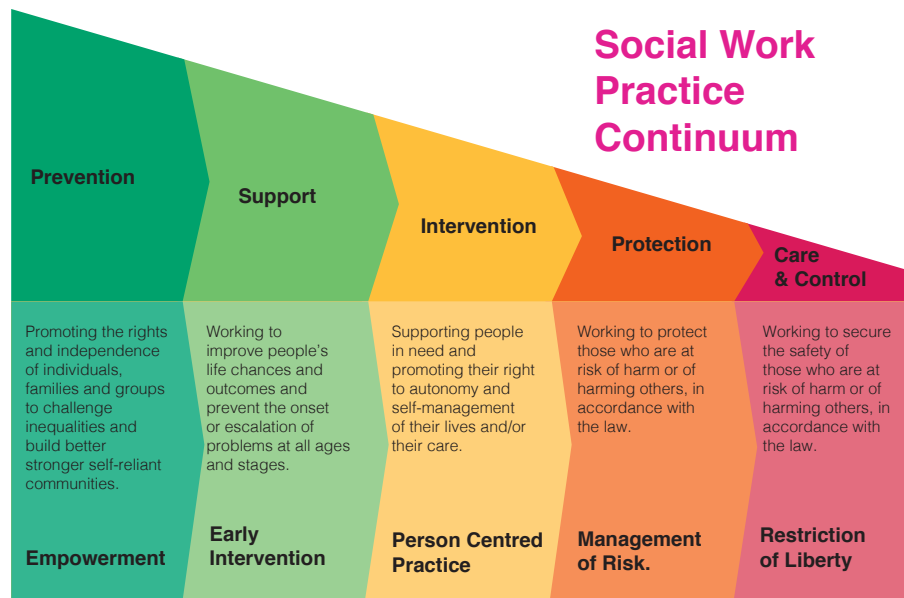
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## Foreword

“You are okay, strengths-based practice insights from adult services” is the second publication in the Office of Social Service’s **REFLECTIONS** series.

Through the use of local examples, it highlights the importance of using strengths-based approaches to empower and support those we work with. All social work is founded upon our value base, and the principles of promoting self-determination, demonstrating respect and holding a positive regard for others are all themselves strengths-based. Social workers reflect these fundamental values in practice. In so doing they are able to challenge stereotypes and inequalities, and instead build truly empowering relationships.

Social work practice should never be stagnant but constantly evolving and improving. We hope that the series will be useful to social workers and to social work teams as they reflect on their own practice and practice development. The social work practice continuum is a reflection of the diversity and scope of social work practice, practice that is able to both protect and also to empower others. Each of the **REFLECTIONS** series is linked to an area of practice on the continuum. This paper about strengths-based approaches highlights the empowering preventative approaches being adopted across adult services.



Department of Health and Personal Social Services (NI) (2012) Improving and Safeguarding Social Wellbeing: A strategy for Social Work in Northern Ireland 2012–2022

**Strengths-based approaches** enable social workers to support people to improve and safeguard their social wellbeing. A strengths-based approach is about engaging people in their social world, and in their relationships with others, and empowering individuals to have choice and control about what happens in their lives. For social workers it's about understanding people's personal sense of value, self-worth, meaning and fulfilment. Strengths-based approaches seek to improve the quality of people's lives and to enable them to feel valued and respected.

This is relationship based practice, collaborative, participatory, active and engaged, it flourishes when practitioners create the practice space to attend to it. Professional leadership and enabling practice cultures can be key to harnessing and fostering strengths-based approaches. As the local examples demonstrate strength based practitioners are able to develop empowering relationships with people using services when their practice is supported and fostered in strengths-based teams and agencies.

Thank you to all the social workers and people who use services who have contributed to this **REFLECTION** and shared their experiences with us. At the office of Social Service's we have been inspired by you all.

**Sean Holland**  
Chief Social Work Officer

## What is a strengths-based approach?

Social work in adult services encompasses a diverse range of practice settings, approaches, and service models. Social workers work across and along the practice continuum from early intervention and prevention, to exercising protection, and with adults of all ages from many different backgrounds in all sectors of society. The commitment to empowering rights based and anti-oppressive practice is common throughout.

People using adult social care expect meaningful personal outcomes from their care and support, outcomes that are co-produced and which support social wellbeing, independence, choice, and inclusion. The emergence and recognition of the value of strengths-based approaches has been embraced by many social workers across adult services who identify closely with the approach as reflecting their professional code and value base.

"REALLY IT IS ABOUT FINDING  
WHAT IS WORKING WELL AND DOING  
MORE OF MORE OF IT."

**Katherine McElroy,  
Leonard Cheshire,  
Access for Success Project,  
Omagh.**



SCIE (Social Care Institute for Excellence) describe strengths-based practice as “working in a collaborative way that promotes the opportunity for individuals to be co-producers of services and support.” Strengths refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- Their personal resources, abilities, skills, knowledge, potential, etc.
- Their social network and its resources, abilities, skills, etc.
- Community resources, also known as ‘social capital’ and/or ‘universal resources’.

<https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/what-is-a-strengths-based-approach.asp>

Rather than focusing on what people can't do or on deficits, strengths-based approaches focus on where people's personal resilience lies, and on the supports and assets around them in their family and social world. Such practice starts with how social workers communicate, and the messages they send out to people about social wellbeing rather than about dependency or need. Social workers understand that asking questions only about what people are not coping well with fails to recognise abilities, capabilities and strengths. Social workers who adopt a strengths-based approach understand that discussing what people are coping well with opens up conversations in order to explore what is working well and can be maintained or enhanced in someone's life as well as about what support is needed.

### **Your Practice Examples in Adult Services.**

OSS have been learning more about how strengths-based approaches are used by local social workers and social work teams in adult services, and about the outcomes of this approach for people using services.

Deirdre McKenna a senior practitioner in the Southern Health and Social Care Trust (SHSCT) describes her experience of using strengths-based approaches in palliative care, and supporting people to explore and address what is meaningful to them at the end of life, *"strengths-based approaches provide those to whom we are of service a clear message that we recognize you as a complete human being, one with strengths as well as challenges, and our service attending to what is life is affirming by building on strengths and supporting through the challenge. Our focus is on quality of life and enhancing that quality in terms of physical, emotional, spiritual psychological wellbeing."*

Wendy Longshawe of the Northern Health and Social Care Trust (NHSCT) identified how a strengths-based approach fosters and promotes social wellbeing, and can underpin practice in Self Directed Support, *"The social worker supported a service user to integrate into a new local community. The service user has an interest in sailing so she liaised with a local club who sail with people who have a disability as well as those who do not and accompanied the service user to the club on the first occasion. The service user now attends this group independently & has sailed to various locations, and on at least one occasion abroad. He now has friends, locally, nationally as well as overseas. He has said the work the social worker carried out with him has transformed his life."*

Whilst it is undoubtedly an empowering and personal approach to working with individuals and with families, the reach of strengths-based practice is broad. It also has a natural fit and many links with social work practice in communities and in community development. The C.L.A.R.E. Project in North Belfast uses a strengths-based model to support older people living in the community. This approach aligns and matches the aims and goals of older people with the skills and strengths of community volunteers. A strengths-based model is central and recognises that older people generally want to live independent socially active lives with the opportunity to design their own care and support in a way that best meets their needs. The community social worker at the C.L.A.R.E. Project supports older people to identify the factors that enable them to achieve a better quality of life - and to improve their social wellbeing.

"THE SERVICE USER SAID  
THE WORK THE SOCIAL WORKER DID  
TRANSFORMED HIS LIFE."

Self Directed Support,  
Northern Health and Social Care Trust.

## What difference do strengths-based approaches make to how you work?

Strengths-based approaches can drive changes in practice and ways of working. Social workers need practice tools which are fit for strengths-based purposes, and they need to be able to operate these tools in a practice culture which is open to reflection and supports growth and improvement. In the Northern Health and Social Care Trust reflection on the lack of service user involvement in assessment processes led to a renewed commitment to redress power imbalances between social workers and service users. A new strengths-based care planning tool has been co-produced by the social work team and by people using services. Paula Hanna who led on this work outlined the rationale for change and the move towards an explicitly strengths-based model of practice, *"we became increasingly aware of the fact that service users rarely challenged the 'professional opinion' and on the whole, appeared to accept decisions made by professionals about their lives.*

*This reinforced the power imbalance between professional and service user again and again. Service user deficits and limitations had become the focus of assessments and care planning, subsequently reinforcing deficits during the care planning and review processes. This practice appeared to be dismissive of service user strengths, reflecting personal, cultural and structural oppression. The lack of service user involvement was reflected in the fact that they were not signing these documents, nor were they requesting copies. We felt that this represented disempowering practice due to the ambivalence of meaningful participation and partnership working.*

*The main issue identified by service users was language and the use of professional jargon. Service users, being expert in their situations were aware of their strengths and difficulties however, professionals completing care plans and reviews appeared to dominate these meetings and as such the voice of the service user had become lost. This became the central focus of change and one that was service user led."*

"Dr Ruth Allen, Chief Executive of the British Association of Social Workers (BASW) has reflected on the six 'P's' of social work (practice, professionalism, public and press perception and politics) and the way in which they define important aspects of strengths-based practice with adults:

- The opportunity strengths-based approaches offer for social work to define its professionalism.
- The development of practice capabilities for authentic strengths-based work.
- The need to continually evaluate practice through co-production with people who use services.
- The opportunity to develop new public perceptions of social work demonstrating the way social workers enable positive change.
- The expression of the empowering political dimension of the social work profession."

Strengths-based social work practice with adults Roundtable Report Department of Health 2017

"I REALLY DIDN'T KNOW WHAT RESILIENCE WAS BUT I DO NOW AND I KNOW I HAVE MORE OF IT."

Service User Access for Success Project.



"RESILIENCE IS THE KEY TO  
DEVELOPING INDEPENDENCE  
WHILST HAVING A SUPPORT SYSTEM."

Social worker  
Leonard Cheshire  
Access for Success Project.

*"You are okay."*





“Empowerment involves social workers working alongside individuals and communities to address the challenges and barriers they face and to improve opportunities for their greater participation in society. Signposting and connecting people with local resources and supports can help develop peoples’ capacity to solve their own problems.

Using models of practice based on strengths and resilience, social workers focus on the capabilities of individuals, groups or communities and help them to:

- develop the skills and confidence to express their needs and concerns;
- make decisions and achieve outcomes in ways that fit their circumstances and preferences;
- have greater control and responsibility over their lives; and
- prevent the need for statutory intervention.”

Department of Health and Personal Social Services (NI) (2012) Improving and Safeguarding Social Wellbeing: A strategy for Social Work in Northern Ireland 2012–2022.

The work undertaken in the NHSCT emphatically demonstrates just how firmly empowerment principles and anti-oppressive practice are to the fore in strengths-based practice. Equally, strengthening social wellbeing, building relationships and resilience also go hand in hand with strengths-based practice. In Omagh Leonard Cheshire have been piloting an Access for Success project for 19-25 year olds using a model called the resilience doughnut - a strengths-based model supporting service users build resilience. Katherine McElroy who led the pilot with the team at Leonard Cheshire told us, *“It is about building on strengths not weaknesses and identifying where resilience lies, not looking for vulnerabilities. Really it is about finding what is working well and doing more of more of it which builds confidence, and capability is then affirmed and enhanced.”*

A young person who has been working with the pilot tells even more succinctly the difference the approach has made, *“I didn't really know what resilience was but I do now and I know I have more of it.”*



“Relationships are at the heart of the resilience process and, through these relationships, we build our key beliefs, which we describe as I Have, I Am and I Can. These beliefs reflect our internal competences - the tools and resources which enable us to survive and thrive adversity. Reaching out and connecting is an essential part of the process of building “resilience.”  
<https://www.resiliencedoughnutuk.com/about>.”

## What sort of outcomes does this approach create for people using services?

Achieving better outcomes for individuals, for families, and communities is the purpose of strengths-based practice. The focus of the social worker is towards empowering and building capacity, supporting people to realise their goals and objectives in relation to their social wellbeing. At the C.L.A.R.E. Project the outcomes of strengths-based approaches are entwined with responding to the personal goals of the individual and building capacity in the skills, expertise and neighbourliness of the local community and wider voluntary and community sector. It is a three pronged approach which supports the social wellbeing of older people, enables volunteers to connect with others and to develop and utilise their skills, and builds local capacity and resilience in a community.

Deirdre McKenna told us about the outcomes of her practice with individuals and families, supporting people to plan and make decisions about what is important to them at the end of life. *“As part of the initial assessment I am trying to help the person with the palliative diagnosis, identify and articulate their goals within what has become a very life limited time.”*

*“Strengths-based approach is how I negotiate this goal setting and, following the actual narrative of the persons health history, asking questions such as what's important to you, what matters to you in these days, weeks, months? How can we support you in attaining manageable goals and ensure best quality of life? This often involves attending to those core issues of self, identity, sometimes faith, shame, guilt, anger, love, and loss. And always involves identifying the starting point in this person and those important to them, upon which to build.”*

Having identified the aim to bring strengths-based approaches into assessment and care planning, service users and social workers in the NHSCT went on to develop a new care planning tool which explicitly recognised strengths as well as areas where support is needed. The tool uses common day to day language to promote openness and support practitioners and service users to engage, interact and connect during care planning processes.

Paula Hanna describes the transformative effect this has made to practice, to service delivery and to the outcomes of practice for people using services. *"The change in working relationships between service users and professionals became apparent quite rapidly. Service users began to take ownership of the meetings and indeed the documents, to the extent that they began to complete the paperwork themselves. This ultimately meant that all documents were now recorded in the first person. This led to a change of mind-set with service users in that they began to take greater control and ownership of their lives. This also brought the realisation that they could indeed change the delivery of services in order to enhance their existing strengths while getting the correct support to meet their needs. Additionally, these changes also led to increased confidence and self-esteem as service users could now visibly see their own strengths and this "promoted their ability to participate in any decision."*

The recognition that there was a need to change the practice mind set and let go of professional ownership in assessment processes appears to have been key in the success of applying strengths-based approaches by the social work team in the NHSCT. This is also an underpinning approach in self-directed support, a model of care built upon the cornerstones of choice, control, rights, and strengths. Wendy Longshawe, also of the NHSCT, provides telling feedback from a service user about the powerful impact of what happens when social workers put aside their forms and focus first on the person,

*"On first visit the social worker engaged her in conversation about her life in general. The social worker didn't bring any paperwork to the visit which the service user felt was very appropriate as it would have made the interaction too formal. (After the visit she saw the social worker sitting in her car at the front of the house writing furiously!) The social worker worked at her pace focussing on her strengths and what could be put in place to help with her needs. The service user's independence increased with the use of a Direct Payment as she did not now need to rely on her parents for help with personal care and activities of daily living, and is now living independently in the community with the support of a PA. The service user says she no longer feels guilty about the role of her parents in meeting her care needs, and she is now able to socialise with friends and family and also travel."*

"THE CHANGE IN WORKING  
RELATIONSHIPS BETWEEN SERVICE  
USERS AND PROFESSIONALS BECAME  
APPARENT QUITE RAPIDLY."

Paula Hanna,  
Northern Health and Social Care Trust  
(NHSCT)

"A STRENGTHS-BASED MODEL  
RECOGNISES THAT OLDER PEOPLE GENERALLY  
WANT TO LIVE INDEPENDENT, SOCIALLY ACTIVE LIVES  
AND TO DESIGN THEIR OWN CARE AND SUPPORT IN A  
WAY THAT BEST MEETS THEIR NEEDS."

## How can strengths-based approaches be developed in my practice, team or service?

It seems clear from the local examples that whilst strengths-based approaches have much to offer social work practice, social work also has much to bring to strengths-based approaches. Examples from Self Directed Support in the NHSCT, and the C.L.A.R.E. Project in Belfast demonstrate how strengths-based social work can make a real difference and positive contribution to improving the social wellbeing of others. Each of the practice examples we have looked at share in common a set of characteristics which have supported the teams and practitioners to develop their use of strengths-based approaches;

- reflective practitioners
- professional leadership and vision
- local commitment to empowerment and co-production.

### **Opportunities for personal or team reflection can help stimulate and create the conditions for practice development and professional growth.**

Critical reflection has enabled practitioners like Deirdre McKenna to foster the use of strengths-based practice in direct work with people at the end of life, and has enabled teams in the NHSCT to recognise limitations in a model of practice, and to identify the need to change their approach in order to provide strengths-based assessment and care planning.

### **Co-production is an elemental factor in strengths-based approaches and in the practice examples we have looked at co-production is firmly embedded throughout.**

In the NHSCT physical health and disability team and at the Access For Success Project at Leonard Cheshire Omagh, co-production and co-design have been used to develop models of practice in order to measure the outcomes and difference made to people using social work and social care services.

**Professional leadership has a significant role to play at a personal, team or service level in creating and culturing strengths-based practice, affirming what is working well as well as supporting practice evolution and continuous improvement.** Change involves risk and uncertainty as well as offering positive rewards and benefits. Practitioners and teams may identify a need and professional desire to move towards a more explicitly strengths-based approach but there can be resistance or barriers for the individual, team or agency. Skilled professional leadership has a role to play not only in creating the professional conditions where change is okay and affirmed, but also in facilitating social workers to develop their own professional vision around strengths-based approaches, and in encouraging a cycle of reflection, development, improvement and growth.

### **Acknowledgements**

OSS would like to acknowledge and thank:

- Deirdre McKenna, SHSCT
- Paula Hanna, NHSCT
- Wendy Longshawe, NHSCT
- Bronagh Olynn, NHSCT
- Gretta Thompson, C.L.A.R.E. Project, Belfast
- Mandy Cowden, C.L.A.R.E. Project, Belfast
- Katherine McElroy, Leonard Cheshire, Omagh
- Service users at the NHSCT, C.L.A.R.E. Project, Belfast and the Access for Success Project, Omagh

If you would like to learn more about the models of practice shared by any of our contributors you can get in touch with them at the email addresses below;

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"IT SEEMS CLEAR  
THAT STRENGTH BASED APPROACHES  
HAVE MUCH TO OFFER SOCIAL WORK PRACTICE  
AND SOCIAL WORK ALSO HAS MUCH TO  
BRING TO STRENGTHS-BASED  
APPROACHES."



COMMUNITY SOCIAL  
WORKER GRETTA THOMPSON AT THE  
C.I.A.R.E. PROJECT SUPPORTS OLDER PEOPLE TO  
SUSTAIN THEIR QUALITY OF LIFE AND SOCIAL WELLBEING.  
LOCAL OLDER PEOPLE SUPPORT VOLUNTEERS  
WITH OPPORTUNITIES TO DEVELOP THEIR SKILLS,  
ABILITIES AND CONFIDENCE.

*"You are okay."*

# OSS strengths-based practice reflection tool



## Step one: Strengths-based self evaluation

Practice statement	Briefly describe what you do for each of the practice statements below	On a scale of 1- 5, 5 being very much and 1 being nil please, rate how much you do of this?
I actively support people to discuss their strengths and abilities.		
I involve people in exploring what is working well in their life.		
My communication explicitly affirms people's strengths.		
I explicitly consider strengths, abilities, and resilience in my recording i.e. In assessments? In care plans?		
I make time to critically reflect on my approach to strengths-based practice.		
<b>Strengths-based practice approaches are actively supported in the team/ facility/agency I work, i.e.</b> <ul style="list-style-type: none"> <li>• In supervision?</li> <li>• At team meetings?</li> <li>• Peer support?</li> <li>• Through coaching and mentoring</li> <li>• Other?</li> </ul>		

### RESULTS

**25 - 30:** You are a strengths-based practitioner and using this approach regularly if not all the time. Great! Now what can you do even more of?

**15 - 24:** You sometimes utilise strengths-based approaches in your practice and would like to do more. What are you already doing that is successful? Who can support you to develop your strengths-based approaches? Have you asked any service users for their feedback or support?

**0 - 14:** You have some elements of strength based approaches but it isn't a significant approach in your practice at the moment. Taking stock is a good start, now how can you move forward?

Remember acknowledge what you do well, and build on it!

**Total**



Improving and Safeguarding  
Social Wellbeing in  
Northern Ireland

# OSS strengths-based practice reflection tool



## Step two: Strengths-based practice development plan

Practice statement	Briefly describe what you plan to do for each of the statements below	On a scale of 1 to 5 a, how likely are you to do this? 5 being you are certain you will do it, and 1 being you probably won't do it.
<p>What can I do more of in order to support people to explore their strengths and what is working well in their lives?</p>		
<p>What practice skills and/or ways of working do I need to improve in order to support my use of strengths-based approaches? Which values will underpin these skills?</p>		
<p>Who can support me to develop my approach to strengths-based practice? What will this support look like?</p>		
<p>What will change look like? For me? For people I support? For my team or agency?</p>		

### RESULTS

**15 - 20:** You are really motivated and well on your way. Why not become a mentor for someone else?  
**5 - 14:** You have some good plans to develop your practice. Focus on what you can do and feel good about, and not on what is holding back.  
**0 - 4:** You're not quite ready yet? What can you do to move forward? Find one thing and build on this, tell someone what you plan to do and ask for their encouragement.

**Total**



## Appendix 1: NHSCT person centred care plan

What I can do independently			What help do I need?
<p><b>1. Communication/Hearing/Sight</b></p> <p>I can communicate and understand others <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>I can hear clearly <input type="checkbox"/> <input type="checkbox"/></p> <p>I have a good sight <input type="checkbox"/> <input type="checkbox"/></p> <p>I have a good sense of taste <input type="checkbox"/> <input type="checkbox"/></p> <p>I have a good sense of touch <input type="checkbox"/> <input type="checkbox"/></p> <p>I have a good sense of smell <input type="checkbox"/> <input type="checkbox"/></p>			
<p><b>2. Moving Around:</b></p> <p>I am able to walk indoors/outdoors <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>I can stand without help <input type="checkbox"/> <input type="checkbox"/></p> <p>I am prone to falls <input type="checkbox"/> <input type="checkbox"/></p> <p>I can walk up/down stairs <input type="checkbox"/> <input type="checkbox"/></p> <p>I require a walking aid /wheelchair <input type="checkbox"/> <input type="checkbox"/></p> <p>I can use a wheelchair independently <input type="checkbox"/> <input type="checkbox"/></p> <p>I can get in/out of bed <input type="checkbox"/> <input type="checkbox"/></p> <p>I can get on/off a chair <input type="checkbox"/> <input type="checkbox"/></p> <p>I can get on/off the toilet <input type="checkbox"/> <input type="checkbox"/></p> <p>I can get in/out of a car <input type="checkbox"/> <input type="checkbox"/></p>			
<p><b>3. Looking After Myself</b></p> <p>I can wash my hands/face <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>I can wash my upper/lower body <input type="checkbox"/> <input type="checkbox"/></p> <p>I can brush my teeth <input type="checkbox"/> <input type="checkbox"/></p> <p>I can brush/comb my hair <input type="checkbox"/> <input type="checkbox"/></p> <p>I can shave myself <input type="checkbox"/> <input type="checkbox"/></p> <p>I can wash/dry my hair <input type="checkbox"/> <input type="checkbox"/></p> <p>I can shower/bath myself <input type="checkbox"/> <input type="checkbox"/></p> <p>I can dry myself following a shower/bath <input type="checkbox"/> <input type="checkbox"/></p> <p>I can attend to my fingernails/toenails <input type="checkbox"/> <input type="checkbox"/></p>			



What I can do independently			What help do I need?
<p><b>4. Dressing/Undressing</b></p> <p>I can dress upper half of body</p> <p>I can dress lower half of body</p> <p>I can button buttons and tie laces</p> <p>I can choose what to wear</p>	<b>Yes</b>	<b>No</b>	
<p><b>5. Toileting</b></p> <p>I can use the toilet</p> <p>I use incontinence pads</p> <p>I can change my incontinence pads</p> <p>I have a catheter / colostomy</p> <p>I can manage my catheter / colostomy</p>	<b>Yes</b>	<b>No</b>	
<p><b>6. Skincare</b></p> <p>I have issues with my skin</p> <p>I have pressure sores</p> <p>I need my skin checked regularly</p> <p>I can reposition myself in the chair</p> <p>I can reposition myself in bed</p>	<b>Yes</b>	<b>No</b>	
<p><b>7. Food/Drink/Diet</b></p> <p>I can prepare snacks</p> <p>I can prepare cooked meals</p> <p>I can make a hot drink</p> <p>I can carry hot meal/drink safely</p> <p>I can feed myself</p> <p>I can swallow my food</p> <p>I know what I should eat to stay healthy</p>	<b>Yes</b>	<b>No</b>	
<p><b>8. Equipment</b></p> <p>I need equipment to live my daily life</p> <p>I have equipment I no longer use</p>	<b>Yes</b>	<b>No</b>	

What I can do independently	What help do I need?
<p><b>9. Physical Health</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>My Physical Health has changed <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I am prone to infections <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I have allergies <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I experience pain <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I have breathing difficulties <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p><b>10. How I feel</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>My mood is generally good <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>My memory is good <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p><b>11. Addiction</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>I have an addiction <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I can manage my addiction <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p><b>12. Medication</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>I can take my own medication <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I can order / collect my medication <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I take over the counter medication <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I can apply medical creams <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>The name of my Pharmacy is: <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	<p>Please state:</p>
<p><b>13. My Home</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>My home is privately owned <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I live in a house/flat/bungalow/other <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>My address is permanent/temporary <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I live alone <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>My home meets my needs inside <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>My home meets my needs outside <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I have smoke detectors installed <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	<p>Please state:</p> <p>Please state:</p>

What I can do independently	What help do I need?																								
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What I can do independently	What help do I need?
<p><b>18. Emergency Plan</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>I can summon help in an emergency <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I have an emergency care plan in place <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I can make provision for my care needs in an emergency <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p><b>19. My Rights (Human Right &amp; Deprivation of Liberties)</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>I can make my own choices and decision about my life <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>My lifestyle choices are restricted <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p><b>20. Supporting My Carer</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>I have a carer <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I am aware my carer may need support <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>I am aware my carer may need a break/training/assessment <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p><b>21. Wishes for the future</b> <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>I have wishes and goals I would like to achieve in the future <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	

## Additional Information

### Disagreements Noted

### Care Management

Outcome of Personal Care Profile - Care Managed:  **Yes**  **No**

I give permission to share my Personal Care Profile with other professionals involved in my care:  **Yes**  **No**

Copies provided to: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Service User (Signature)	Service User (Print)	Date
_____	_____	_____

Advocate (Signature)	Advocate (Print)	Date
_____	_____	_____

Social Worker (Signature)	Social Worker(Print)	Date
_____	_____	_____

I would like a copy of my Personal Care Profile?  **Yes**  **No**

Date Forwarded: \_\_\_\_\_

A woman with voluminous, curly brown hair is shown in profile, smiling warmly. She is wearing a black jacket over a patterned top. Her hands are resting on the armrests of a wheelchair. The background is a softly lit indoor space with a yellow wall and a doorway.

*"You are okay."*



"SOCIAL WORKERS AND PEOPLE USING SERVICES CO-DESIGNED AND CO-PRODUCED A NEW CARE PLANNING TOOL WHICH EXPLICITLY RECOGNISES STRENGTHS AS WELL AS THE AREAS WHERE SUPPORT IS NEEDED."

Physical Health and Disability Services,  
NHST.

