

Promoting 'wellbeing'

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1. Introduction

[The Care Act \(2014\)](#) (referenced within our policy) identifies a *duty* to promote individual wellbeing which must apply in every single intervention, conversation or decision that is made. This is not just solely in relation to safeguarding but relates to every encounter a person may have with the social care system.

Promoting wellbeing means actively seeking improvements in aspects of the person's circumstances when carrying out *any* care and support function. **This includes safeguarding.**

There are 9 Care Act wellbeing domains:



1. *Personal dignity*; 2. *Physical or mental health*; 3. **Protection from abuse and neglect**; 4. *Control over day-to-day life*; 5. *Participation in work, education, training or recreation*; 6. *Social and economic wellbeing*; 7. *Domestic, family and personal relationships*; 8. *Suitability of living accommodation* and 9. *Contribution to society*.

Under the Act's Guidance **all wellbeing domains** are all as important as each other. Any hierarchy can only be determined or described by the adult themselves.

As part of any safeguarding intervention, you must understand:

- a. Which areas of wellbeing are most important to the adult at that moment in time;
- b. Which areas are least important;
- c. Whether there are other areas of the adult's life important to them but **not listed** as a domain (the domains under the Care Act are not definitive as wellbeing is personal);
- d. Which areas of wellbeing are causing the adult concern or worry;
- e. How the adult thinks any Care and Support needs interact and impact on their wellbeing.

Safeguarding practices can promote wellbeing so you must consider the following:

- a. Always assume that the adult is best placed to judge their own wellbeing;
- b. Enable the adult to participate as fully as possible in defining their own needs and in decision making about accepting safeguarding interventions or measures;
- c. Always seek and take into account the views, wishes and feelings of the adult before making any decision or taking any action;
- d. If a person is unable to express a present view, wish or feeling always take into account any past views, wishes or feelings they have previously expressed;
- e. Ensure that decisions made have regard for the things that are important to the person and are not based on assumptions, preconceptions or unwelcome judgements;
- f. Do not advocate risk management measures that do not take account of individual wellbeing;

- g. Work together with other professionals to ensure wellbeing is promoted throughout the safeguarding journey;
- h. Work to achieve a balance between the wellbeing of the adult and the wellbeing of any other adults with care and support needs, or any carers in the person's personal network;
- i. Minimise restrictions on individual rights or freedoms of the adult.

2. Providing information and advice (preventing needs increasing)

One of the key elements of the wellbeing principle is for all agencies to think prevention, by way of providing information, advice, and tailored guidance to the person which both empowers the individual and delays or negates their need for formalised supports.

Each agency should place importance on the prevention or delay of needs for formal or informal Care and Support, and the reduction of needs that already exist.

Even if formal care and supports are introduced, these can be complemented by additional aspects of information, supports that the person can use alongside any services.

In doing so safeguarding partners should think about:

- a. How to identify prevention services already available in the local area and the extent to which they could assist the person in need of support:
- b. How to identify people in the area with needs for Care and Support which are not being met, identifying gaps in service provision or emerging trends.
- c. How to support carers with needs for support which are not being met.

'The Care Act 2014 requires an initial assumption that the person is best placed to understand their own views on what wellbeing means to them, and they should be engaged as fully as possible in all functions of assessing, planning and delivering their care. These requirements also form the basis of positive risk-taking, which assumes people usually know best what it is

they want to achieve; or, in the case of reduced mental capacity, that risks are taken with and for people in their best interests. The duty to promote wellbeing now extends equally to service-users and to carers, achieving a balance between the two wherever possible.' (Research in Practice) 2016. There is a plethora of reading on this subject, and practitioners are encouraged to undertake their own learning and research. Please click on the below links for further reading.

[ripfa frontline briefing risk enablement feb2016.pdf \(researchinpractice.org.uk\)](#)

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](#)

[Teaching people to protect themselves - SCIE \(video 6.40 minutes\)](#)

[Care Act training: promote individual wellbeing - SCIE \(3 training videos\)](#) 'what is individual wellbeing', 'how can we promote individual wellbeing' and 'outcomes of promoting individual wellbeing.'

3. Early interventions

Wellbeing cannot be achieved simply through crisis management; it must include a focus on delaying and preventing care and support needs and supporting people to live as independently as possible for as long as possible.

Early interventions prevent, reduce and delay people's needs for services and more complex interventions in the longer term. **Preventative interventions are likely to better promote future wellbeing**, and this includes the wellbeing of informal **carers** and other adults coming to the attention of services.

For example: (some) adults who self-neglect may be better engaged with a wellbeing approach, as it focuses on them (*intrinsically*), rather than trying to intrusively 'fix' (*extrinsic*) environmental risks within their homes.

4. Strength based practice link to wellbeing

Empirical research suggests that strengths-based interventions have a positive psychological impact, particularly in enhancing individual well-being through development of hope.

One of the aims of strengths-based practice is to enable people to look beyond their immediate and real problems and dare to conceive a future that inspires them,

providing hope that things can improve. Strength-based approaches are shown to be effective in developing and maintaining hope in individuals, and consequently many studies cite evidence for enhanced well-being (Smock, Weltchler, McCollum *et al*, 2008).

*Local authorities should identify the individual's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and **improving or maintaining their wellbeing**.*

Any suggestion that support could be available from family and friends should be considered in the light of their appropriateness, willingness, and ability to provide any additional support and the impact on them of doing so. This is also subject to the agreement of the adult or carer in question (see 6.64 of the Care Act guidance).

*The implementation of a strengths-based approach within the care and support system requires cultural and organisational commitment **beyond frontline practice**. Practitioners will need time for research and familiarisation with community resources. Accountability has to be with the practitioner and time has to be allowed for the assessment to be undertaken appropriately and proportionately.*

***The objective of the strengths-based approach is to protect the individual's independence, resilience, ability to make choices and wellbeing.** Supporting the person's strengths can help address needs (whether or not they are eligible) for support in a way that allows the person to lead, and be in control of, an ordinary and independent day-to-day life as much as possible. It may also help delay the development of further needs.'* (SCIE 2015)

Some good practice hints to promoting wellbeing:

- **Ascertain and have regard to the individual's views, wishes and feelings, in so far as is reasonably practicable.**
- **Have regard to the importance of promoting and respecting the dignity of the individual.**
- **Have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect them to the extent that it is appropriate in the circumstances, particularly where the individual's communication is limited for any reason.**

- **Have regard to the characteristics, culture, and beliefs of an individual, including language.**
- **Begin with the presumption that the adult is best placed to judge their own wellbeing.**
- **Have regard to the importance of promoting independence where possible.**

Jon (82) - a case example:

When considering wellbeing it's important to think about connecting a person with their own locality and community, and the support or activities that may be on offer. For example, Jon (82) requires services to assist him with his activities of daily living (ADL's) / personal care - particularly in the mornings. While the care provided meets his care needs, it doesn't necessarily meet his wider wellbeing needs. Jon has a passion for gardening and theatre, and his wellbeing is promoted by the gardening club he's joined, and the local amateur dramatic society he has recently been introduced to. These are not services – but are opportunities that meet his needs.

The services provided enable Jon to lead the life he wants to lead – by preparing him for the day ahead. While being clean and presentable also promotes Jon's wellbeing this is to a lesser degree than his (desired outcomes) access to his passion for gardening and theatre

Amendments to this chapter

This chapter has been updated throughout and offers greater clarity around best practice about wellbeing however, these updates do not signal any operational changes.