Developing strengths-based working

Dartington

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But this social worker, she did it. It took those incredible reserves of resilience, perseverance, empathy, commitment and skill that are the hallmark of all good social workers. She did the normal social work stuff – arranging support, making suggestions – but more importantly, she saw me as a person. She was prepared to think flexibly, listen to me and what I wanted, and think of different ways to help me move out of that dark place.

(Farquharson, 2017)

This Strategic Briefing presents some of the evidence which sits behind the concept of strengths-based working. It explores the reasons why strengths-based working is being widely adopted and provides an overview of specific models and practice examples for all those working in adult social care. It aims to support strategic leaders in developing and communicating locally relevant approaches.

Definitions and development

One of the most useful and frequently quoted definitions of strengths-based practice is provided by the Social Care Institute for Excellence (SCIE) (2015):

*'**A collaborative process** between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's **strengths and assets.**

*As such, it concerns itself principally with **the quality of the relationship** that develops between those providing support and those being supported, as well as the elements that the person seeking support brings to the process.*

*Working in a collaborative way promotes the opportunity for individuals to be **co-producers of services and support** rather than solely consumers of those services'.*

Health and social care professionals need no encouragement to adopt strengths-based working as defined by SCIE. It is a feature of qualifying training programmes and has been intrinsic to professions such as social work for over a century. The Seebohm report (1968) with its emphasis on care in the community and the financial benefits of preventative care, argued against a 'symptom-based approach', while Barclay (1982) reaffirmed that social work should be a balance of casework and community work (Fox, 2013).

Strengths-based working was fundamental to the development of social casework, as this quote reveals:

> *Our first question to someone who comes to us for help should not be...*
> *"What problems bring you here today?" but rather... "You have lived life thus far,*
> *tell me how you have done it."*
>
> **(Reynolds, 1951)**

The strengths approach underpins the work of developmental psychologists, such as Erikson, Maslow, and Rogers, focusing on innate problem-solving skills and self-actualisation. Similarly, it is a component of the interactional approach (Schwartz, 1977) and a range of methods employed by professionals responsible for adults' social care. Even problem-solving methods such as task-centred practice build on a person's strengths, drawing on their own abilities and expertise about their situation in order to address problems. As Lyn Romeo, Chief Social Worker (England, Adults) notes, strengths-based working also has 'clear historical links with community development social work of the 1970s, another period of austerity and public service cuts' (Romeo, 2017).

In social work the concept of the 'strengths perspective' was developed by social work academics at the University of Kansas (Weick et al, 1989; Rapp and Sullivan, 2014). Their research was stimulated by mental health practitioners who were particularly outraged at the reductionist, deficit-oriented pathologising of people with mental ill-health, not least by DSM IV (*Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition, published in 1952). They maintained that the strengths perspective 'rests on an appreciation of the positive attributes and capabilities that people express and... the ways in which individual and social resources can be developed and sustained' (Weick et al, 1989).

Definitions of the strengths perspective are many and varied over time, but generally involve statements of its underlying principles, of which the following are an example:

1. People can learn, grow and change.

2. The focus is on individual strengths rather than deficits.

3. The community is viewed as an oasis of resources.

4. The individual is the director of the helping process.

5. The worker-service user relationship is primary and essential.

6. The primary setting for the work is the community.

(Adapted from Chamberlain and Rapp in Rapp and Sullivan, 2014)

Another reason why strengths-based working appeals to professionals especially is that it embodies core professional values – see below:

> Occupational therapists 'take an asset-based approach, analysing and utilising the strengths of the individual, the environment, and the community in which a person lives and functions.'
> (RCOT, 2017: 2/1: 2)

> 'Social workers should focus on the strengths of all individuals, groups and communities and thus promote their empowerment'.
> (IFSW, 2012a: 4.1.4; BASW, 2014, 2.1.5)

> Social work education should be informed by 'the 'assumption, identification and recognition of strengths and potential of all human beings'.
> (IFSW, 2012b: 4.2.4)

> Nurses are required to 'work in partnership with people to make sure you deliver care effectively' and 'recognise and respect the contribution that people can make to their own health and wellbeing'.
> (NMC, 2015: 4-5/Sections 2.1 – 2.2)

These value statements and SCIE's definition reflect the overarching principles for National Institute for Health and Care Excellence (NICE) guidelines derived from people's experiences in adult social care services:

> '1.1.1 Recognise that each person who uses services is an individual. Use each person's self-defined strengths, preferences, aspirations and needs as the basis on which to provide care and support to live an independent life.

> 1.1.2 Support people to maintain their independence. This means finding out what people want from their life and providing the support and assistance they need to do this'.

> (NICE, 2018)

Law and policy

Radical reform of the law and policy governing adult social care has resulted in a clear, unequivocal mandate for strengths-based working, underpinned by the principles of independence, empowerment, choice and control, participation, reciprocity and community. Preceding the *Care Act 2014*, the government's white paper *Caring for our Future* placed strengths-based working and community approaches firmly at the heart of the social care of adults. It aimed to:

> *'transform the system to put people's needs, goals and aspirations at the centre of care and support, supporting people to make their own decisions, to realise their potential, and to pursue life opportunities'.*
> (DH, 2012)

The duty of a local authority was no longer simply to assess an individual's need. The white paper considered the role of assessment in providing local authorities with a clear view of the talents, skills and goals of people seeking support. Its aim was to ensure that:

> *'the skills, resources and networks in every community are harnessed and strengthened to support people to live well, and to contribute to their communities where they can and wish to'*
> (DH, 2012)

Chapter 3 of the white paper especially focused on active and inclusive communities to improve health and wellbeing and reduce health inequalities. Local Area Coordination and asset-based community development are mentioned as two examples of strengths-based methods to foster strong communities (see table of methods below). The Think Local Act Personal Partnership with its emphasis on building community capacity also encourages:

> *'strategies that recognise and build on the resourcefulness of people, carers, families and community groups and develop their capacity to lead and influence'*
> (TLAP, 2014)

Strengths-based working is an explicit requirement of statutory guidance for the *Care Act 2014* which directs all practitioners to:

> *'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help'* in considering *'what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve'.*
> (DH, 2017)

An illuminating report subtitled *Community-based approaches to social care prevention in a time of austerity* emphasises that local councils are encouraged by the *Care Act* to adopt community-based methods in adult social care (Miller and Whitehead, 2015). Regarding the Act's key principles of wellbeing and preventative approaches, the report uses the phrase 'inverting the triangle of care' to show how resources should be focused on promoting individual wellbeing in collaboration with statutory and third-sector partners, rather than simply responding to people in crisis.

The report examines the preventative community capacity building pursued by six councils in the West Midlands. The authors conclude that community-based approaches adopted by these councils illustrate the transition to an 'inside-out' model which can be divided into three types:

> 'in-house specialist community development services which work alongside care management teams

> changing the overall care management model to incorporate community-based approaches

> facilitating third sector organisations to develop and coordinate the new approach through commissioning or partnership arrangements'.

(Miller and Whitehead, 2015)

To conclude this section, Romeo (2017) summarises critical principles of the *Care Act* as 'adopting an asset or strengths-based approach to any intervention and particularly to assessment, together with co-production, personalisation and the need to work preventatively... with the emphasis on outcomes-focused practice rather than care management'.

Further reading

Please see the DHSC publication *A Strengths Based Framework for Strengths Based Social Work with Adults* which outlines a Practice Framework and Practice Handbook for strengths-based social work with adults (DHSC, 2019).

For examples of other relevant legislation to promote strengths-based working, including the *Human Rights Act 1998* see Romeo (2017).

For more information about assessment see SCIE's Strengths-based approaches for assessment and eligibility under the Care Act 2014 (2015):
www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/files/strengths-based-approach.pdf

Guidance is also available to help workers support people in defining the personal outcomes they want for themselves (Lewis, 2017). It includes definitions of outcomes and practical examples of outcomes-based practice.

Strengths-based working: Different methods, evidence and examples

The table on the next page summarises methods universally regarded as strengths-based for practice at the levels of the individual, group and community. Typically these will be adapted to the particular circumstances and may be used in combination.

The list is by no means exhaustive; examples of strengths-based methods not included might be other community-based approaches, person-centred methods, strengths-based case management and group practice, solution-focused therapy, motivational interviewing, occupational therapy's Model of Human Occupation, the Recovery Model for mental health, Signs of Safety, place-based working, and so on.

What matters is that the approach is strengths-based in more than name alone and reflects the values highlighted throughout this briefing.

Strengths-based working: Different methods, models

Strengths-based methods and models	Definition
Appreciative Inquiry (AI) **David Cooperrider and Suresh Srivastva (1987)**	Practitioners, individuals, their families and carers, and other stakeholders learn together from the process of gathering feedback on what works in the organisation and together design an action plan for future learning from the outcome.
Asset-Based Community Development (ABCD) **Jody Kretzmann and John McKnight (1993)**	Rather than focusing on the problems and deficits of a community, ABCD is a set of approaches that identifies and mobilises community assets, skills and capacities – of individuals, associations, institutions, its physical assets and connections.
Co-production **Elinor Ostrom (1970s)**	Co-production occurs when 'an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered' (DH, 2017) 'Public service organisations enable people to make change happen... > Value all participants and build on their strengths. > Develop networks of mutual support. > Do what matters for all people involved. > Build relationships of trust; share power and responsibility.' (Co-production Network for Wales)
Local Area Co-ordination (LAC) **Developed in Western Australia by** **Eddie Bartnik and the Disability Services** **Commission (1988)**	Similar to ABCD, LAC aims 'to develop partnerships with individuals and families as they build and pursue their goals and dreams for a good life, and with local communities to strengthen their capacity to include people vulnerable due to disability, age, mental health needs or sensory impairments as valued citizens.' (Local Area Coordination Charter) Local Area Coordinators are employed in communities to link people with resources and statutory services, provide advice on rights and give a voice to local residents.

and techniques, with some of the evidence

Application in practice: Some examples	Recommended reading, more information
Appreciative Inquiry can be employed to review safeguarding policy and procedures: North of the Tyne Safeguarding Adults Review Policy & Procedure 2015[1] Kirklees Safeguarding Adults Review Framework 2015: **www.kirklees.gov.uk/beta/adult-social-care-providers/ pdf/ksab-safeguarding-adults-review-framework.pdf**	Teater B and Carpenter J (2017) 'Independent social work practices with adults in England: An appreciative inquiry of a pilot programme'. *Journal of Social Work* 17(1), 34-51. Elliott T (2015) *Appreciative Inquiry in Safeguarding Adults: Practice Tool.* Dartington: Research in Practice for Adults
Croydon Asset-Based Community Development Pilot Project (Report Summary, 2014)[2] Rouse J (2017) Taking an asset-based approach to health and care in Greater Manchester. **www.scie.org.uk/future-of-care/aset-based-places/blogs/ asset-based-greater-manchester**	Older People's Advocacy Alliance (OPAAL UK) (2017) *Asset-Based Community Development: A learner pack for advocates supporting older people.*[3] Sutton J (2018) *Asset-based work with communities: Leaders' Briefing.* Dartington: Research in Practice for Adults. See the ABCD Institute, DePaul University USA, for videos, articles, podcasts and an asset-mapping toolkit: **https://resources.depaul.edu/abcd-institute**
Kent County Council commissioned a county-wide advocacy service through co-production: **www.scie.org.uk/care-act-2014/advocacy- services/commissioning-independent-advocacy/good- practice/effective-commissioning/kent.asp** Northamptonshire created a peer network to support personal health budgets: **www.thinklocalactpersonal.org.uk/co- production-in-commissioning-tool/ stories-and-resources/Personal-Health- Budgets-in-Northamptonshire**	Newbigging K, Ridley J and Sadd J (2017) *Commissioning Care Act Advocacy: A work in progress.* University of Birmingham: HSMC. **www.birmingham.ac.uk/Documents/college-so- cial-sciences/social-policy/HSMC/ publications/2016/CA-advocacy- commissioning-research-report.pdf** TLAP resource *People not process – co-production in commissioning:* **www.thinklocalactpersonal.org.uk/co- production-in-commissioning-tool**
Derby City Council introduced Local Area Coordination in 2012. There are now ten Local Area Coordinators in ten wards across the city (Marsh, 2016). Local Area Coordination forms part of Thurrock's Building Positive Futures programme, which aims to support older and vulnerable people to live well; to increase their health and wellbeing; improve housing and neighbourhoods and create stronger, more hospitable and age-friendly communities. **www.thurrock.gov.uk/local-area-coordinat- ors-help-in-community/what-people-say-about-us**	Local Area Coordination Network: **www.lacnetwork.org** Marsh H (2016) *Social value of local area coordination in Derby: A forecast social return on investment analysis for Derby City Council.* Kingfishers (Project Management) Ltd.

[1] **https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/North%20of%20Tyne%20Safeguarding%20 Adult%20Review%20Policy%20and%20Procedure.pdf**
[2] **www.croydon.gov.uk/sites/default/files/articles/downloads/abcd-reportsum.pdf**
[3] **https://opaal.org.uk/app/uploads/2017/07/Download-your-ABCD-learner-pack.pdf**

Strengths-based working: Different methods, models

Strengths-based methods and models	Definition
Making Safeguarding Personal (MSP) **ADASS and Local Government Association (2009)**	MSP is a personalised, outcomes-focused approach that enables *safeguarding* to be done *with*, not *to*, people (ADASS): **www.adass.org.uk/making-safeguarding-personal-publications** 'Its aim is to promote a shift in the culture and practice of adult safeguarding by ensuring that safeguarding work focuses on the wishes of the person involved.' (Cooper et al, 2018[4])
Narrative Approaches Michael White and David Epston (1990)	*Narrative therapy considers the stories and language used by an individual to discover whether they see themselves as the problem.* *A narrative approach can help the person to separate themselves from the problem by externalising it – by putting it in the context of their environment, society, their own coping skills and learned behaviour. With support they can re-author their own narratives to improve their self-worth and resilience.* (Gibson and Heyman, 2014[5])
Restorative Practice – Family Group Conferencing (FGC) Originated in New Zealand to encourage social workers to work with, not against, Maori values and culture.	*Restorative Practice brings people who have been harmed into conversation, acknowledging the harm and repairing the relationship. Originally an approach used in the criminal justice system, it has been developed to address relationship breakdown, and in family and educational settings. It is a facilitative approach with an emphasis on resilience and interconnectedness.* (Romeo, 2017) FGCs are voluntary decision-making meetings to help families find their own solutions to their problems.

[4] Cooper A, Cocker C and Briggs M (2018) 'Making Safeguarding Personal and Social Work Practice with Older Adults: Findings from Local Authority Survey Data in England'. British Journal of Social Work 48, 4,1,1014-10.
[5] Gibson N and Heyman I (2014) 'Narrative Therapy' in Lishman J, Yuil C, Brannan J and Gibson A *Social Work: An Introduction*. London: Sage.

and techniques, with some of the evidence

Application in practice: Some examples	Recommended reading, more information
See case studies of good practice in LGA/ADASS (2014) *Making Safeguarding Personal 2013/14: Case studies.*[6]	*The Journal of Adult Protection* (2015) published a special edition on Making Safeguarding Personal: www.emeraldinsight.com/toc/jap/17/3 *Local Government Association – MSP resources:* www.local.gov.uk/topics/social-care-health -and-integration/adult-social-care/making-safeguard-ing-personal Pike L and Walsh J (2015) *Making Safeguarding Personal report of the evaluation 2014/15:* www.adass.org.uk/media/5144/making-safeguarding-personal-2014-15-evaluation-report.pdf
Hall JC (2011) 'A Narrative Approach to Group Work with Men Who Batter'. *Social Work with Groups*, 34, 2, 175-189. Elderton A, Clarke S, Jones C and Stacey J (2011) 'Telling our story: A narrative therapy approach to helping lesbian, gay, bisexual and transgender people with a learning disability identify and strengthen positive self-identity stories'. *British Journal of Learning Disabilities* 42, 301–307.	White M and Epston D (1990) *Narrative Means to Therapeutic Ends*. London: Norton. The Dulwich Centre in Adelaide, Australia, is a gateway to information about narrative therapy and collective narrative practice: https://dulwichcentre.com.au/about-dulwich-centre
The Royal Borough of Greenwich piloted the use of restorative, family group conference responses to safeguarding situations. (SCIE Social Work Practice Pioneer Project Pilot Evaluation report, 2012[7]) Greenwich use the approach in a variety of settings, including breakdowns in care arrangements and with staff managing hospital discharge (Romeo, 2017). Essex run a mental health FGC service for adults: https://eput.nhs.uk/our-services/essex/essex-mental-health-services/adults/family-group-conference	Samuel M (2013) *Family group conferencing 'can transform social work with adults'*. London: Community Care. Metze R, Kwekkeboom R and Abma T (2015) 'The potential of Family Group Conferencing for the resilience and relational autonomy of older adults'. *Journal of Aging Studies* 34, 68-81. Guthrie L (2017) *Evaluating family group conferences with adults: Practice Tool*. Dartington: Research in Practice for Adults

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[6] www.scie.org.uk/workforce/socialworkpractice/files/pioneers/RoyalGreenwich.pdf
[7] www.local.gov.uk/sites/default/files/documents/making-safeguarding-perso-746.pdf

Strengths-based working: Different methods, models

Strengths-based methods and models	Definition
Risk enablement	'Risk enablement is a key skill for practitioners in promoting wellbeing and achieving personal outcomes... taking carefully considered risks can enable individuals and help improve their wellbeing. Positive risk-taking is a way of working with risk that promotes enablement. It is important to remember that the 'positive' in positive risk-taking refers to the personal outcome not the risk' (McNamara and Morgan, 2016). **https://carers.ripfa.org.uk/wp-content/uploads/Case_Study_5_Tool_3.pdf**
Strengths-based Practice Framework	An overarching practice framework for strengths-based social work with adults which incorporates three aspects: i. Practice Framework for Professional Practice. ii. Practice Framework for Professional Supervision. iii. Practice Framework for Quality Enhancement.
3 conversations model	*The 3 conversations model aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional support packages offered only when other options have been exhausted.* (Cole, 2016) Conversation 1: Listen and connect Conversation 2: Work intensively with people in crisis Conversation 3: Build a good life (Partners4Change, 2017) **www.partners4change.co.uk**

and techniques, with some of the evidence

Application in practice: Some examples	Recommended reading, more information
This JRF-funded report has a number of examples surrounding risk enablement: Faulkner A (2012) *Trust and relationships in an ageing society – the right to take risks: Service users' views of risk in adult social care.* JRF Programme Paper: www.jrf.org.uk/report/right-take-risks-service-users-views-risk-adult-social-care	McNamara R and Morgan S (2016) *Risk enablement: Practice Tool.* Dartington: Research in Practice for Adults. Carr S (2011) 'Enabling risk and ensuring safety: Self-directed support and personal budgets'. *Journal of Adult Protection* 13, 3,122-136.
The Practice Framework can be used by practitioners in their everyday practice with people. It is complemented by a Practice Framework for Supervision for supervisors to support strengths-based practice, and a Practice Framework for developing and implementing a quality enhancement audit process for strengths-based work with adults.	DHSC (2019) *A Strengths Based Framework for Strengths Based Social Work with Adults.* London: HMSO. Authors: Professor Samantha Baron and Dr Tony Stanley.
As part of Cambridgeshire's 'Transforming Lives' programme, the integrated learning disability team uses the 3 conversations model to change the way it delivers social care support: www.communitycare.co.uk/2016/05/03/three-conversations-changed-way-social-work Bristol has developed a long-term change programme 'Better Lives'. This takes a whole systems approach to transformation, bringing together work streams on demand management, workforce development, commissioning and partnership working. A key component is a three-tiered model of care and support (Bristol City Council, 2016). www.bristol.gov.uk/policies-plans-strategies/adult-social-care-strategic-plan LGA (2018[8])	SCIE: Assessment and care planning – *3 conversations:* www.scie.org.uk/future-of-care/asset-based-places/case-studies/three-conversations *Romeo L (2017)* 'The future of Adult Social Care in Cornwall'. *Community Care:* https://lynromeo.blog.gov.uk/2017/12/04/the-future-of-adult-social-care-in-cornwall Cole A (2016) *'The 3 conversations model: Turning away from long-term care'. Guardian:* www.theguardian.com/social-care-network/2016/nov/01/the-three-conversations-model-turning-away-from-long-term-care

[8] LGA (Local Government Association) (2018) *Care and Health Improvement Programme Efficiency Project.*

Barriers, challenges and the evidence for effective implementation of strengths-based working in local authorities

...what is strong, not what is wrong.
(Thurrock Council in Romeo, 2018)

Undoubtedly the most significant barrier affecting attitudes to strengths-based working is the devastating impact of austerity on public services (Goodman, 2018). Individuals and families in poverty and resource-depleted communities may be simply unable to participate in co-production.

We must reform the relationship between the state, family and community,
enabling people to use their creativity, resources and relationships to the full,
without abandoning those who do not already have the 'social capital' to do so.
(Fox, 2013)

There are fears that accountability is blurred with further retrenchment by the state in respect of welfare services. Lyn Romeo touches on this when she states what strengths-based working is not:

> Shorthand for 'there is no, or reduced funding for, service development so we need to get people and communities to do more for themselves'.

> Driven by the need to save money – although, as some approaches show, there may be cost savings to be made over time due to a reduction in demand for statutory services.

> About going back to the days when volunteers did everything. When people volunteer it should not be an imposition.

(Romeo, 2017)

Figures associated with claims for cost-savings have been disputed (Slasberg and Beresford, 2017) and Romeo cautions that:

...there are some concerns that the concepts and terminology (of asset-based
approaches) are in danger of misappropriation at a time of public austerity and may
be misused to justify budget cuts and closure of existing services leaving vulnerable
people potentially even more vulnerable. There is also a risk that high-profile elements
of approaches are picked up on and applied in the hope of a quick return which creates
unrealistic expectations, leading to frustration and disappointment.
(Romeo, 2017)

Another in-depth study criticises the strengths perspective on the basis of an uncritical adoption of community development theory and social capital:

While stemming from sound philosophical foundations, it is in danger of running too close to
contemporary neo-liberal notions of self-help and self-responsibility and
glossing over the structural inequalities that hamper personal and social development.
(Gray, 2011)

The author also advises against 'overly optimistic claims about the strength of social capital, community, and community development' and like others in this field calls for more empirical evidence of the effectiveness of strengths-based interventions (Tse et al, 2016; Scerra, 2011).

A significant challenge for managers, practitioners and communities alike, which is a recurring theme in the literature, is to understand that strengths-based working represents a cultural shift, a whole systems change to the way social care is envisaged and co-produced with individuals, families, groups and communities. Care or case management became a dominant model in social care under the NHS and *Community Care Act 1990*. It imposed rigid systems and procedures in practice that still prevail, threatening the flexibility and creativity essential for a strengths approach.

Ambiguity and uncertainty surrounding terminology can sometimes cause misunderstanding. Terms like strengths and assets are used interchangeably. 'Co-production' is often thought to be synonymous with 'co-delivery' and 'co-design' although they have different meanings (Smith, 2018). Services around the country will be different in response to local need, local assets and community resources, which might rekindle allegations of a 'postcode lottery'. Social care practitioners may encounter disillusionment among individuals and carer involvement groups who view co-production as simply another form of participation without executive power. Investment in staff through training, regular supervision and support to exercise their professional judgement is essential:

> *The experience of working in a strengths-based way may be difficult for practitioners, particularly because they may need to re-examine the way they work to being more focused on the future than on the past, to focus on strengths instead of weaknesses and from thinking about problems to considering solutions. Some emerging evidence suggests that this demonstrates the need to build the personal resilience of staff to a high level (C4EO, 2011).*
> **(Pattoni, 2012)**

Strengths-based working is different conceptually, and much more relational, not simply a matter of different methods or administrative processes. It 'starts with a different conversation' (Romeo, 2017). Relationship-based practice will be challenged by the pressures of time, especially where there is a significant throughput of work.

Over decades its advocates have worked to defend the strengths perspective from charges of naivety and 'positive thinking' that simply reframes deficits and misery. Strengths-based practice does not deny reality; it reappraises situations to promote the language of possibility and opportunity. It challenges labelling that might stem from diagnosis and difficulties in order to celebrate the capabilities of the individual affected by them.

The strengths perspective has been accused of ignoring or downplaying real problems. In practice, however, strengths-based working engages the 'qualities and skills, motivation and aspirations people have', as well as environmental collateral, to discover how such resources can be deployed to create change and resolve conflict (Saleebey, 1996). Discovering an individual's strengths is not the opposite of addressing their problems. On the contrary, it is a large part of the solution (Graybeal, 2001).

As noted, many writers point to the lack of research evaluating the effectiveness of strengths-based working. In respect of asset-based care, for example, it is suggested that practice on the ground is ahead of academic research (McLean et al, 2017). Synthesising the evidence also poses a challenge due to the different populations and problem areas that are studied (Pattoni, 2012). Data collection by local authorities is variable and not always useful for evaluation (Romeo, 2018).

While specific methods now widely regarded as strengths-based such as solution-focused therapy (Franklin et al, 2016) and family group conferencing (Guthrie, 2017) have certainly been subject to research scrutiny over time, a strong evidence base for some approaches has yet to accrue. Steps are being taken to remedy this. An initiative to establish a national research strategy issued a survey to discover how to improve social work with adults. People who use adult social work services, their carers, and the people who provide services were asked to vote on the most important questions in their experience that came from the original survey ones.

The list included: 'How well are asset and strengths-based decision-making working in practice when used by adult social workers? What factors promote or prevent their use?' (James Lind Alliance, 2017). The ten most important future research questions have been be published online:
www.jla.nihr.ac.uk/priority-setting-partnerships/adult-social-work/top-10-priorities.htm

Although no one is excluded from potentially benefitting from such approaches, inevitably an individual will find it difficult to engage at times. For example, someone who is passive in their interaction with professionals, or who has a problem such as hoarding might be more resistant. Strengths-based working is designed to challenge, motivate, raise awareness of, and capitalise on the individual's strengths, however, in spite of, and including their circumstances. In general research consistently demonstrates that strengths-based practices are associated with greater engagement by people and their carers (Scerra, 2011).

Another study summarises research evidence to show what is working and reveals that strengths-based practices:

> can enhance wellbeing by encouraging hope that things can improve
> can enhance an individual's awareness and understanding of their own strengths and capabilities, which can promote an increased sense of wellbeing
> can create a climate of optimism, hope and possibility, leading to successful personal outcomes.

The use of personal narratives can help to positively re-frame personal identity for people who use mental health services (Pattoni, 2012).

How can local authorities evaluate strengths-based working?

Council leads in one study all acknowledged 'the challenge of developing an evaluation framework that would enable them to understand the short-term outcomes and longer team impacts of the initiatives... all recognised the importance of doing so due to the difficulty in trying to draw out conclusions from generic data sets with multiple changes happening at the same time' (Miller and Whitehead, 2015).

Evidence is slow to emerge but currently evaluation is likely to begin with a focus on reduction in 'conversions' or the numbers of enquiries for adults' social care that result in longer-term packages of care and concomitant cost-savings.

A typical example is that of Shropshire's 'Let's Talk Local' initiative which established the performance indicators below in order to develop an outcomes framework:

> Increased number of people who contact adult social care leaving the services with information and advice.
> Increased individual resilience and reduced reliance upon paid support through the use of peer support and localised Let's Talk Local sessions.
> Reduced spend from the adult social care budgets.
> Customer satisfaction and reduction in complaints.
> Reduced sickness levels and turnover of staff.

(Miller and Whitehead, 2015)

Community Team Plus is a multi-disciplinary strengths-based initiative across six Stoke-on-Trent localities to 'help me to help myself to live well' operating over three levels: information advice, network building and equipment, reablement and long-term formal support. Stoke-on-Trent has developed an evaluation framework to assess what impacts the model has made, which contains three tiers:

> Individual outcomes and economics.

> Demand, capacity and capability.

> Strategic impact measures.

For further information visit **www.scie.org.uk/prevention/research-practice**

An example of a tool developed in an early childhood education and family support service is the Strengths-Based Practices Inventory. This evaluates the extent to which services reflect strengths-based practices by looking at parents' experiences of the service. Qualitative measures and co-evaluation involving individuals and carers who are recipients of services should be essential components of any tool. It is argued that the outcomes of strengths-based programmes can only be understood once the programme's consistency with the strengths-based approach is determined. (Green et al, 2004, in Scerra, 2011).

A brief guide *Developing a Research and Evaluation Strategy* (Walker, O'Donnell and Wilkinson, 2013) outlining the process for developing an organisational or service level research and evaluation strategy is available via this link:
www.ripfa.org.uk/resources/publications/evaluation-tools-and-guides/developing-a-research-and-evaluation-strategy

A self-assessment tool produced by TLAP (2013) and Towards Excellence in Adult Social Care (alongside the publication *A Problem Shared: Making best use of resources in Adult Social Care*) is based on six domains of an ADASS framework, each encompassing a number of performance areas:
www.thinklocalactpersonal.org.uk/Latest/Self-assessment-toolkit-Self-assessment-tool

Six standards of strengths-based practice:

> **Discovering personal outcomes**
  The most crucial element of any approach is the extent to which people themselves are able to identify their personal outcomes and set goals they would like to achieve in their lives.

> **Strengths assessment**
  The focus is not on problems or deficits. The individual is supported to recognise the inherent resources they have at their disposal which they can use to counteract any difficulty or condition.

> **Resources from the environment**
  In every environment there are individuals, associations, groups and institutions who have something to give, that others may find useful. It is the practitioner's role to enable links to these resources.

> **Explicit methods are used for identifying strengths for goal attainment**
  These will be different for each of the strengths-based approaches. For example, in Solution Focused Brief Therapy people will be assisted to set goals before the identification of strengths.

> **The relationship is hope-inducing**
  It aims to increase the hopefulness of the person. Hope can be realised through strengthened relationships with people, communities and culture.

> **Meaningful choice**
  A collaborative stance where people are experts in their own lives. The practitioner's role is to increase and explain choices, encouraging people to make their own decisions and informed choices.

(Adapted from Rapp, Saleebey and Sullivan, 2008)

Conclusion

...the values of the senior management team...the foundation stone on which strategies and services are developed. If you believe in a model of social care that is rights-based and rooted in autonomy and citizenship, then you are half way there. The whole senior leadership team is passionate about a strengths-based approach and support and challenge each other in each measure.
Cath Roff, Director of Adult Social Care, Leeds City Council (Romeo, 2017)

There is no doubt about the vital importance of mangers and leaders in fulfilling the promise of strengths-based working. Effective leadership is an essential component. As the evidence base grows, examples of good practice in local authorities increasingly include accounts of how they are enabling, developing and evaluating initiatives to change the culture in adult social care. In conclusion, the box below offers some examples:

In their study of people's experiences in adult social care services, NICE (2018) provide eight useful pointers to help organisations put their guidelines into practice, as well as other tools and resources:
www.nice.org.uk/guidance/ng86/chapter/Putting-this-guideline-into-practice

For its final report of *Realising the Value,* an 18-month programme funded by NHS England to develop a new relationship with people and communities (NHS Five Year Forward), Nesta (2016) identified 'Ten actions to put people and communities at the heart of health and wellbeing':
www.nesta.org.uk/report/realising-the-value-ten-actions-to-put-people-and-com-munities-at-the-heart-of-health-and-wellbeing

Case studies of local councils such as Hertfordshire's 'Great Leap' and Calderdale's change programme offer key messages and 'top tips' respectively (Gollins et al, 2016):
www.thinklocalactpersonal.org.uk/_assets/Resources/TLAP/BCC/TLAPChangingSW-Culture.pdf

A report funded by the King's Fund (Ham and Alderwick, 2015) *Place-based systems of care* examines how local systems of care should be determined by NHS organisations, working collaboratively with their partners and taking responsibility for all people living within a given area. Recommendations include a set of ten design principles:
www.kingsfund.org.uk/publications/place-based-systems-care/ten-design-principles

Effective strengths-based working

Reflective conversations

Peer challenge Cultural change

Communication Regular supervision

Wellbeing Regional support Holistic

Action plans Evaluation: self-assessment, 'mystery shopping'

Peer networks Personalisation Shared learning

Partnerships: Individual and carer groups, TLAP, LGA, ADASS, universities

Reflective practice Learning exchange events

Asset-mapping: Team strengths, individual team members

Whole system approach Co-production

Community resilience: Assets and resources

Multi-disciplinary work

Person-centred care

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