


# Strengths-based Approaches— Perspectives from Practitioners

James Caiels <sup>1,\*</sup>, Barbora Silarova<sup>1</sup>, Alisoun J. Milne<sup>2</sup>  
and Julie Beadle-Brown<sup>3</sup>

<sup>1</sup>Personal Social Services Research Unit (PSSRU), University of Kent, Canterbury CT2 7NF, UK

<sup>2</sup>School of Social Policy, Sociology and Social Research, University of Kent, Chatham Maritime, Kent ME4 4AG, UK

<sup>3</sup>Tizard Centre, University of Kent, Canterbury CT2 7NF, UK

\*Correspondence to James Caiels, Personal Social Services Research Unit (PSSRU), University of Kent, Canterbury CT2 7NF, UK. E-mail: j.caiels@kent.ac.uk

## Abstract

Despite its popularity, relatively little is known about strengths-based approaches in adult social work. In order to explore how strengths-based models and approaches are developed and implemented in social work and social care in England, and how these models are impacting practice, a two-stage project was conducted between December 2020 and October 2021. An online survey was completed by thirty-two respondents and a sub-sample of ten semi-structured interviews were conducted with social work and social care professionals involved in organising, managing, delivering or commissioning strengths-based approaches. The majority of participants were social workers. A range of positive outcomes were reported including improved reported well-being and satisfaction for people accessing services and enriched interactions (greater empathy, trust, better rapport), particularly for social workers. Challenges included incompatibility of systems and organisational structures; workload pressures and a depleted workforce; limited resources and applying the model at crisis point. The principles and values associated with adopting a strengths-based approach appear consistent with providing high-quality social work. The challenge for researchers—and to some extent practitioners—is how to meaningfully capture the nuanced impact of such a multi-dimensional approach. The challenge for policy is how to operationalise and replicate the benefits.

**Keywords:** Asset-based approaches; social care services for adults; social work with adults; strengths-based approaches

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## Introduction

Innovation in care models is seen as a key mechanism for addressing demographic and financial challenges facing the care system. Key issues include the increasingly complex profile of the ageing population and the shrinking size of welfare resources (Bolton, 2019). The social care system is characterised by significant local experimentation, which has led in recent years to the implementation of various models for personalising support, increasing opportunities for prevention, developing community capacity and building on individuals' strengths to support independence and reduce the need for long-term care. One such development is strengths-based approaches to social work.

Strengths-based approaches were popularised by American academic Saleebey's (2009) edited collection of readings in 'The Strengths Perspective in Social Work Practice'. The underlying principles are characterised by a focus on the individual, their strengths and the resources (assets) at their disposal, or accessible to them. Interventions are based on self-determination and peoples' abilities and competencies (Saint-Jacques et al., 2009; Foot, 2012). Underpinning this is a philosophical commitment to attending to human capacity rather than human deficiency (Grant and Cadell, 2009); a salutogenic response rather than a pathological one (Antonovsky, 1979; Lindström and Eriksson, 2005).

A number of strengths-based approaches have been developed and employed by English local authorities in their work with adults. This follows the implementation of the Care Act 2014 (Department of Health and Social Care, 2022). The Act has been a key policy driver and sets out a statutory framework for local authorities to adopt a strengths-based approach to care and assessment, together with co-production, personalisation and preventative working. Meeting needs rather than providing services is integral to the Care Act as is the principle of well-being. This means promoting individual aspirations, enhancing independence and maximising autonomy—supporting people to live the way that they choose. The emphasis is on outcomes-focused social work practice rather than care management processes. However, evidence of whether and how these work, or which model works best for whom and in what circumstances, is unclear (Caiels et al., 2021).

The aim of this study is to build on the evidence base surrounding the use of strengths-based approaches and draws on data gathered from social work and social care practitioners between October 2020 and January 2022. It represents the second stage of a two-stage study funded by the National Institute for Health and Care Research (NIHR). The first stage

of the project was a scoping review of the literature (Caiels *et al.*, 2020, 2021). It identified that evidence of improved outcomes for service users as a result of employing strengths-based approaches is limited. Drawing definitive conclusions about the role and impact of strengths-based approaches is difficult due to the complexity and multi-dimensionality of the models adopted, the vast range of needs the social care system is expected to address, and problems with attribution. Whilst some of these complexities (as well as potential benefits) have been identified (Daly and Westwood, 2018; Bainbridge and Lunt, 2021; Ahuja *et al.*, 2022), there is a need for further work to develop the knowledge base around the precise nature of strengths-based approaches, their impact on users and carers quality of life and well-being, and the outcomes achieved. This will help policymakers, agencies and practitioners make evidence-based decisions.

The overarching aim is to understand how existing strengths-based models are being applied in the social work and social care arena in England. In addition, we wanted to explore how, and why, these have been implemented locally and how they impact on practice. We acknowledge prior publication of the study as a discussion paper ([www.pssru.ac.uk](http://www.pssru.ac.uk)), but given our focus on the impact of strengths-based approaches, we believe our research contributes directly to the interests and concerns of the British Journal of Social Work audience.

## Methods

This paper reports findings from two sources of data collected from social work and social care practitioners in England: analysis of free-text answers from an online survey (Microsoft Forms) and individual semi-structured interviews with a subset of the respondent group. As this is an exploratory study looking at a relatively new model of practice, these methods are appropriate. The interviews, which build on the survey, offer opportunities to capture more nuanced in-depth data and further insight into the survey data. We targeted three groups of professionals involved in the implementation and/or adoption of strengths-based approaches in adult social care: (i) Senior managers/managers (with responsibility for strategy) and/or adult services/managers responsible for practice development in local authorities; (ii) Principal Social Workers for Adults (PSWs)/Social Workers and (iii) Commissioners/commissioning managers. The majority of participants were either social workers or social work managers.

## Recruitment

We invited social care professionals to take part in the survey between December 2020 and October 2021. Those who agreed to be contacted

for an interview were invited to discuss their experiences further and expand upon comments made in the survey. Interviews were conducted from August 2021 to December 2021. Recruitment was facilitated via members of the study's Project Advisory Group and networks. These included representatives from: a Public Involvement and Engagement Group (PIEG); the Social Institute for Excellence (SCIE); the British Association of Social Workers (BASW); the Association of Directors of Adult Social Services in England (ADASS); the Local Government Association (LGA); the Principal Social Work (PSW) Network; Skills for Care; Department of Health and Social Care and academic colleagues working in related fields. The study was advertised via these organisations' websites and forums. The Twitter account for the research unit running the project also facilitated recruitment.

Recruitment was a challenge as it took place during the Coronavirus Disease (COVID-19) pandemic. Respondents were members of the critical services workforce; part of their role was to be responsive to new risks and provide ongoing and new support to vulnerable groups. Our respondents were experiencing a significant increase in workload demand, especially for those in direct contact with people accessing care and support. As a result, their capacity to take part in research was considerably compromised; this led to delays in recruitment.

## Data collection

The development of the survey was informed by the scoping review (Caiels *et al.*, 2020, 2021) and a consultation with members of the Project Advisory Group. Respondents were asked background questions to capture their role. To ensure respondent's anonymity they were only required to identify the 'type' of authority (county council, metropolitan etc.) they worked for (see Table 1). These were followed by open-ended questions about strengths-based approaches in their authority, its key features, how it was employed and for whom and with what aims and expected outcomes. The questions included in the survey varied slightly depending on the specific job role of the respondent (as described above).

All interviews were recorded using MS Teams; recordings were transcribed verbatim by a professional transcriber. The transcripts were checked against their recording by a researcher (JC).

## Analysis

Responses from the online survey and individual interviews were analysed separately. We undertook a framework analysis (Parkinson *et al.*, 2016) to organise and code responses. This involved a five-step process:

**Table 1.** Profile of respondents taking part in the survey

Type of Local Authority	Survey respondents			Interviewees		
	Principal social workers/social workers, <i>n</i> = 22	Managers, <i>n</i> = 6	Commissioners, <i>n</i> = 4	Principal social workers/social workers, <i>n</i> = 7	Managers, <i>n</i> = 1	Commissioners, <i>n</i> = 2
County council	8	1	2	2	0	1
District council	1	1	0	0	0	1
London borough	5	2	1	0	0	0
Metropolitan district	1	0	1	0	0	0
Unitary authority	4	2	0	4	1	0
Other: NHS	3	0	0	1	0	0
Applying SBAs						
Yes	22	6	3	7	1	2
No	0	0	1	0	0	0

SBAs: strengths-based approaches.

(i) familiarisation, (ii) identifying a thematic framework, (iii) indexing, (iv) charting and (v) mapping and interpreting the data. Responses were uploaded to Nvivo (release 1.5) and two unique datasets were created (one for responses collected via survey and one for individual interviews) to assist with this process.

One researcher (BS) read all the survey responses and one (JC) read all the individual interviews as part of the familiarisation process, making notes on recurrent themes and key points. The initial thematic frameworks (one for the online survey and one for individual interviews) were derived from a priori research aims and objectives and refined using notes from the familiarisation stage. The primary aim of this stage was to manage the datasets rather than interpret the data. We piloted these initial frameworks on a proportion of responses and then refined our categories into thematic frameworks using the data. The remaining responses were then coded against the thematic frameworks and refined further. Final thematic frameworks were discussed with the wider study team and collectively agreed upon. The final mapping and interpretation stage involved reviewing the charts and notes to look at patterns, connections and contrasts. We complemented qualitative findings with descriptive statistics that we ran using IBM SPSS Statistics 25.

## Ethical approval

Ethical approval was obtained from the University of Kent Division of Law Society and Social Justice Research Ethics Committee (Ref: SRCEA 0278) and the Association of Directors of Adult Social Services (ADASS) (Ref: RG21-03).

## Results

**Table 1** shows the profile of people that took part in the survey ( $N=32$ ) and subsequent interviews ( $N=10$ ). Survey respondents were spread across a range of all local authority types with the majority working for a county council. There were no interviewees recruited from either a London borough or a district council.

### Online survey

#### *Use of strengths-based approaches*

All but one respondent reported applying strengths-based approaches to the delivery or commissioning of social work and/or social care services (**Table 1**).

The most common approach reported was the ‘Three Conversations’ model: this approach uses a three-stepped conversation—listen and connect; intensive work; build a good life—to understand people and what they need to make their lives better (see: [www.partners4change.co.uk](http://www.partners4change.co.uk)). Other models cited included Collaborative Networks; Co-Design and Co-Production; Social Value in contracts; Making it Real (MIR); Person-centred approach; Proud conversations; Good conversations; Multi-agency working; Motivational interviewing; The Think Family approach; Rights-based approach; and Legal literacy in adult social care.

Rather than adopting a specific strengths-based model, several respondents referred instead to more general constructs including: reflective practice; strengths-based toolkit; holistic approach; a strengths-based audit tool; strengths-based practice; strengths-based model of assessment; and a strengths-based framework.

Irrespective of how strengths-based approaches were described, respondents reported they were being applied across a range of settings, teams and functions including: mental health; residential placements; self-directed support; locality social work teams; learning and intellectual disabilities; safeguarding; needs assessments; reviews; support planning and services; staff champions group and community-led support; assessed and supported year in employment programmes for social workers; supervision and policy.

#### *Conceptual basis and understanding of strengths-based approaches*

Respondents’ understanding of what constitutes a strengths-based approach varied; synthesising a single explicit definition does not conform to the multi-layered complexity of the approach. We used survey responses to capture the key elements of a strengths-based approach

(Figure 1). This model offers a framework to facilitate understanding of what strengths-based approaches are, and how their different dimensions may relate to one another. This can be used to consider how a strengths-based approach ‘works’.

As illustrated in Figure 1, strengths-based approaches can be understood as a philosophical position on social work and social care practices that translates into a practice or organisational ‘methodology’. As such strengths-based approaches not only inform face-to-face practice (e.g. assessments) but are ‘a golden thread that runs through all the work we do’ including informing relationships between colleagues (teamwork), management practices, external relationships, service provision and commissioning of services. The key goal of this approach to practice is to identify resources/strengths/assets that exist in the user’s ‘world’ (including the user themselves, their family and friends, the community, social care services and the NHS). Once the resources/strengths/assets are identified and adequate interventions (e.g. care plan, goals for individuals) are implemented the expectation is that positive outcomes will be facilitated.

### *Settings for strengths-based approaches*

Some respondents reported that they use strengths-based approaches across all areas of work. In addition, they were explicit about the approach underpinning the ethos of their work. For example:

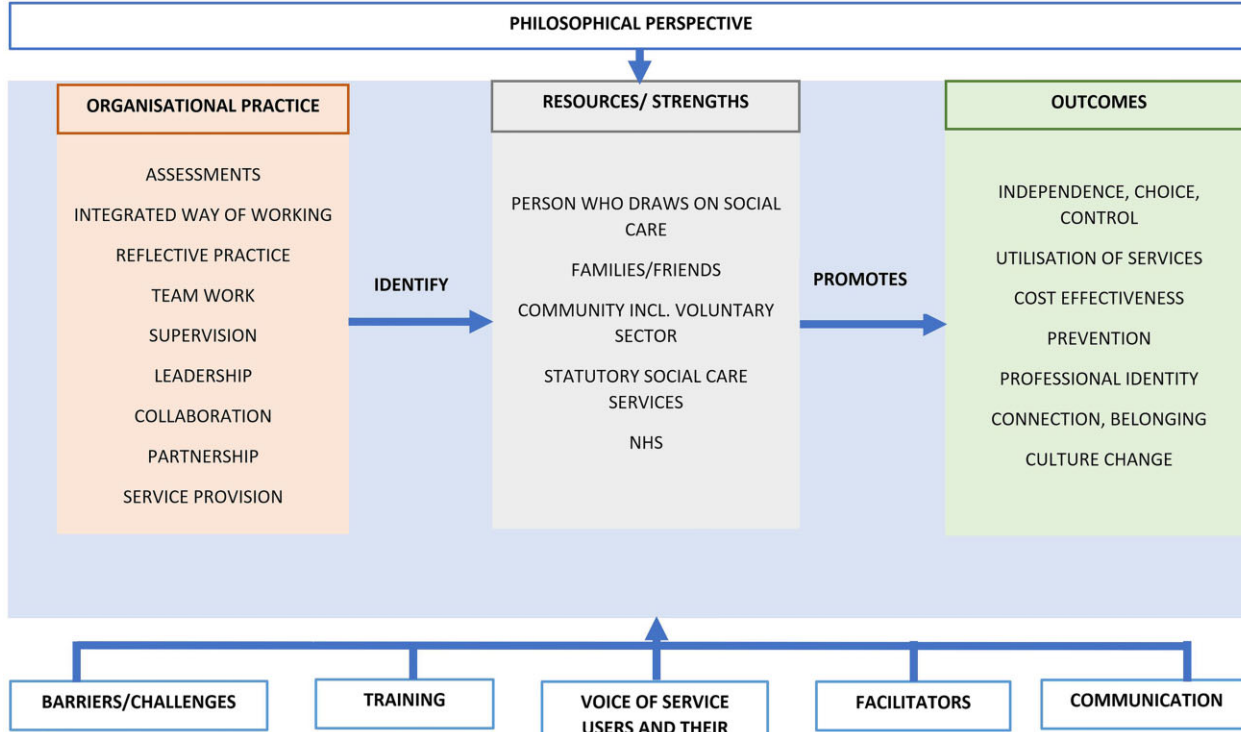
It influences us throughout our adult social care system- we have a strengths-based audit tool, a new strengths based supervision policy and tools, compassionate leadership and strengths-based practice runs through all our training. (ID:PSW17, Principal Social Worker).

There was broad consensus that strengths-based approaches are relevant for everyone who draws on social care services, their families and local communities, although a small number felt they were less suitable for people with severe mental health problems or severe learning disabilities and/or people in crisis.

... Can be difficult to apply it into crises if the person lacks the mental capacity to understand the situation, especially to assess risks, to make decisions about care and treatment, and if there is no family/lack of human and financial resources. (ID:M1, Manager).

### *Strengths-based approaches and perceived outcomes*

Survey respondents identified a range of—mainly positive—outcomes they perceived as resulting from employing strengths-based approaches in their area of work. Outcomes can be conceptualised as being located



**Figure 1:** Model describing strengths-based approaches in adult social work and social care in England.



at a number of different levels: the individual (e.g. person using social care/work); the community (including friends, families, voluntary sector, neighbours, etc.); the workforce and social care services and the NHS. Examples of outcomes for each level are listed in [Table 2](#).

### Training

Thirteen (out of 22) PSWs/social workers had received training in order to practice in a strengths-based way. Five (out of six) managers and two commissioners (out of three that were asked) also reported that training or guidance was provided. The training was either provided by a commissioned external provider and/or by the Social Care Institute for Excellence. Overall, respondents stated they were ‘happy’ with the training as it helped them to increase and/or refresh their knowledge and gave them the opportunity to reflect (e.g. on the use of language, assessments, professional identity). However, some respondents stated that whilst the training was a useful reminder of ‘good practice’, they did not ‘learn anything new’.

**Table 2.** Outcomes reported as resulting from the adoption of SBAs

Individual level (person drawing on social care)	<ul style="list-style-type: none"> <li>↑ Feeling of control, engagement</li> <li>↑ Hope</li> <li>↑ Well-being</li> <li>↑ Self-esteem, confidence, empowerment</li> <li>↑ Feeling of belonging/connection</li> <li>↑ Sense of independence, resilience</li> <li>↑ Trust in adult social care (being listened to, feeling valued, improved partnership)</li> <li>↑ Dignity</li> <li>↓ Continuation of activities</li> </ul>
Community level (including family, friends, neighbours, voluntary sector)	<ul style="list-style-type: none"> <li>↑ Improved relationships</li> <li>↑ Improved outcomes for carers (e.g. break, feeling supported in their role)</li> <li>↑ Hope</li> <li>↑ Feeling of belonging/connection</li> <li>↑ Utilising community services</li> </ul>
Social care and work workforce	<ul style="list-style-type: none"> <li>↑ Autonomy</li> <li>↑ Creativity/problem solving</li> <li>↑ Empowerment</li> <li>↑ Professional identity</li> <li>↓ Bureaucracy, paperwork</li> </ul>
Social care services and NHS	<ul style="list-style-type: none"> <li>↑ Prevent or delay the need for more costly services</li> <li>↑ Direct access to social workers without triage and barriers</li> <li>↑ Cost-effective (e.g. utilising community resources and family)</li> <li>↓ Culture change (e.g. use of language)</li> <li>↓ Waiting lists</li> </ul>

## *Evaluation*

Almost half of the respondents (fifteen) did not know whether any local evaluation had been undertaken. Those who were aware of an evaluation reported that both managers and practitioners had been involved. The tools or methods used to evaluate strengths-based approaches varied and included: interviews, surveys, performance framework and/or a mix of these approaches. Commissioners reported using external feedback, contract monitoring and quality oversight as ‘evaluative indicators’.

## *One-to-one interviews*

The final themes produced by our framework analysis were: implementing and adopting strengths-based approaches; applying strengths-based approaches; impact on staff; conceptualising and defining strengths-based approaches; impact on process; impact for people accessing services; challenges to adopting strengths-based approaches; facilitators to adopting strengths-based approaches; the purpose of adopting strengths-based approaches.

## *Adopting a strengths-based approach*

Interviewees reported adopting a strengths-based approach in a fluid, flexible way. Almost all interviewees described utilising parts of, or tools from, overlapping models, or creating modified versions of existing models:

So we’ve created our own version of what I think people would normally refer to as things like the Three Conversations Model. .It’s drawn on things like the [place name] templates, and the work that we’ve seen in [place name] and other places, but it’s our own, it’s bespoke. (Director of Adult Social Care).

Whilst a number of strengths-based models exist, interviewees were not always aware of these. However, what appeared to be more important than adherence to a specific ‘model’ was the adoption of the ethos and principles that underpin strengths-based approaches. Interviewees explained that they tend to adapt the approach to the needs of each individual, and to existing structures, systems and processes to achieve the desired outcomes. The specifics of which ‘model’ they were adopting were far less important than achieving these broader goals.

This isn’t necessarily about adopting a single model. This is about changing organisational behaviour, and not being so process-driven, and putting the person in the centre. But also looking not just at what they can’t do, but trying to see what they, the person can do – what strengths they’ve got, what assets they’ve got in the community. All those prompts

are in the [assessment] form, but not necessarily reflective of one specific model. (Principal Social Worker).

Reasons cited for not adopting a specific model ‘wholesale’ included the difficulty of ‘choosing’ one over another. Interviewees also reported a misalignment between the organisational requirements of adopting a strengths-based model and existing processes, protocols or business models.

### *Applying a strengths-based approach to practice*

The majority of interviewees stated that strengths-based approaches were for everyone (either directly or indirectly) involved in, or in receipt of, social care or social work services, meaning all staff, at all levels and all those accessing services. There were no specific groups identified for whom strengths-based approaches were either particularly relevant or not relevant. This was in contrast to findings from the survey, in which some people suggested that the approach might be ‘less suitable’ for people with severe mental health problems or learning disabilities, people in crisis; and/or people with dementia and/or severe frailty.

However, a small number of interviewees did consider that employing strengths-based approaches at crisis points can be challenging, with one describing this as ‘not possible’. This was due to the need to make a decision quickly. For example, if a family carer requires hospital treatment leaving the cared for person unsupported, then community-based services—or a placement in a residential setting—need to be urgently sought.

When the crisis happens and someone just drops off the edge of the cliff, you can’t use a strengths-based approach because you have to then put reactive measures in which are the ‘command and control’ measures, which go against the grain of the strengths-based approach. (Social Care Commissioner).

Other interviewees acknowledged the challenges presented by crises but considered that the principles of a strengths-based approach could still be foregrounded. Whilst a crisis might require prioritisation of immediate care, this could still be informed by a strengths-based approach.

### *Perceived impact on staff*

Nearly all interviewees felt that relationships between people accessing services and social care practitioners, and also the local authority, had improved as a result of adopting a strengths-based approach. This included creating or improving trust. Interviewees explained that this was achieved through a greater sense of partnership working, which subsequently led to improved openness and honesty in the conversations practitioners were having with the people they served. In addition to this,

social workers also felt they were able to explore outcomes ‘more broadly’ than simply meeting instrumental needs.

We’ve had lots of positive feedback about how it feels different, more of a partnership. They [people accessing services] feel heard. It’s more focused on outcomes rather than needs, and they feel a lot more able to not just concentrate on washing, dressing, and meals essentially. (Principal Social Worker).

According to many interviewees, employing strengths-based approaches granted them greater autonomy in their work. Thinking ‘in a more strengths-based way’ facilitated more innovative practice.

In the staff survey eighty per cent were saying that they’d used more creative ways to support people. (Director of Adult Social Care).

As a result of these reported positive outcomes (improved relationships, increased autonomy and feeling encouraged to be creative in solutions), interviewees described feeling a sense of ‘being able to go back to what they trained for’, to do good social work. Interviewees also described a sense of empowerment in decision-making and felt encouraged to use their skills to a greater extent in supporting people—to be ‘part of the solution’ rather than simply the conduit for support.

One example is somebody who’d had a fall and lost confidence and said that they wanted to move into a care home. And one of the social work assistants went to visit this guy about four times. Partly assessing but also building his confidence, and that was all he needed, he didn’t need anything else, just got his confidence. The only thing that she provided was time, so workers started to see themselves differently - that their professional skills were part of the offer. (Principal Social Worker).

Whilst many interviewees described feeling more empowered, one person reported that, for some practitioners, having a greater level of autonomy and responsibility for key decisions created anxiety and uncertainty. Without the reassurance of a more senior colleague or manager approving decisions, some practitioners felt uneasy and/or unsupported.

So increased autonomy for social workers .... some of them don’t want it. They want to go to their manager, and of course the support that’s available from their colleagues during COVID hasn’t been there in the same way. (Principal Social Worker).

In response to a question about the ‘potential burden’ of applying strengths-based approaches to practice, one interviewee—speaking for a number of colleagues—reported that conducting assessments had become more efficient in terms of time and resources.

By and large the staff who have come onboard have all said it’s made things quicker and easier. One of the key successes was the initial conversation and assessment and review form. Although we were designing

them for a strengths-based purpose, they are much shorter, more proportionate, and much easier to fill in. (Director of Adult Social Care).

Notwithstanding this comment, some interviewees expressed concerns about the challenges of applying strengths-based approaches in an environment of limited resources. One explained that some team members felt it was unnecessary to introduce a ‘new way’ of practising when they were already considering individuals’ strengths:

We had another group of staff who were like, “Well this is just what we do anyway. I don’t know why you’re telling me this. Why are you expending so much energy doing something we already do?” (Director of Adult Social Care).

### *Conceptualising and defining strengths-based approaches*

One important consideration regarding the impact of strengths-based approaches relates to how it is defined and conceptualised. Whilst all interviewees had a sense of what they felt constituted a strengths-based approach, many felt it was not sufficiently distinctive from other approaches and/or was difficult to define with any specificity.

During interview, respondents were asked whether adopting strengths-based approaches in practice was different from previous, or other existing approaches, such as personalisation or person-centred care. Responses were mixed. Some interviewees described strengths-based approaches as ‘markedly different and valuable’, whilst others described it as something of a repackaging of current practices or approaches.

The reasons that strengths-based approaches ‘feel different’ appear to be related to an expectation that for them to be effective systemic adoption of the model is required rather than the more common expectation that front line practice changes but not the wider infrastructure it is part of, such as commissioning or supervision. Other interviewees described these structural or cultural changes as ‘embedded awareness’ that permeates the whole social care system. Another contrast relates to the focus of the intervention. One interviewee described a strengths-based approach as an increased focus not only on the individual but also on their wider context and environment, which included peoples’ interests, networks, resources and local community assets.

A number of interviewees were not convinced that strengths-based approaches had had a distinctively different impact on the way they practised. In addition, some viewed the advent of strengths-based approaches as a ‘rebranding’ of care models they were already familiar with and had, in their view, been employing for some time.

I’ve always worked in this way, when they introduced the three Cs we all had training on it, I’m sitting there thinking you’re telling me something I’ve been doing for years. Nothing new for me. (Social Worker).

### *Perceived impact for people accessing services*

Interviewees were asked about the impact of applying strengths-based approaches for people accessing services. The majority felt that they had benefited either in terms of improved well-being, accessing innovative or alternative services, and/or through their satisfaction with their interactions with practitioners and the local authority. Whilst in agreement with this, one interviewee acknowledged the difficulty of attribution.

It's hard to make a link to one particular thing. When you've got strengths-based practice, which is everything from changing forms to equipping staff to have more open conversations. If I look at the sort of the data that we collect, one of the questions we ask people for review is, whether the support provided helps them to live the life that they want? And we've seen that increase, more people strongly agreeing or agreeing. (Director of Adult Social Care).

One benefit, described by many of the interviewees, was that employing a strengths-based approach helped to create empathy and understanding in the way people accessing services feel they are being supported.

We've had some good individual case studies. I had family members writing last month, saying, "The way in which you did this review or conducted this task was really helpful." Somebody said, "When I read the assessment for my mum, it just felt like her." And so that's quite a telling thing in terms of practice. It wasn't about the service, or the support, or the money. It was about the personal approach that somebody had taken to understand what was important to them. (Principal Social Worker).

Another benefit relates to the different view people take of themselves, their own life situation and the role they can play in managing their own needs. Taking an approach that was less prescriptive helped people to be reflective, and to take a more active and self-motivated approach to managing their own problems. There was a sense amongst some that support, albeit well meaning, can lead to dependency. Taking a strengths-based approach was seen as empowering for people accessing services as it encouraged their engagement with problem resolution.

The potential for detrimental or damaging effects on people accessing services as a result of adopting strengths-based approaches was also identified. One such risk—stemming from 'resilience' being a central dimension of a strengths-based ethos—was that by attempting to find alternative ways forward, people may feel unsupported, or that they should seek help elsewhere. Of particular concern was that the emphasis on 'personal responsibility' might ignore the damaging effects of structural inequality.

Strengths-based practice can put back onus on the person. And it can be quite individualised, and actually, that doesn't take into account oppression and systemic problems, that kind of stuff. (Principal Social Worker).

A number of interviewees suggested that whilst the principles of strengths-based approaches are laudable, there are cases in which it is difficult to apply them. For example, where it is clear that the provision of personal care (or other physical support) is essential to a person's survival, then that is what is needed. Room for innovation, or for the person to resolve their own need for support is very limited.

If somebody's extremely unwell with a chronic illness, there's nothing we can do about that. (Social Worker).

### *Perceived impact on organisational process*

During interviews, people outlined a number of impacts related to adopting strengths-based approaches on their own agencies. Several interviewees observed that employing a strengths-based approach, whether intended or not, had played a role in reducing bureaucracy, streamlining processes including IT, data collection and needs assessment forms.

One of the things we've been clear about, is if you want to walk alongside people and spend more time trying to help them find solutions, it takes time. And we haven't got any more staff, we've got the time we've got. So we've been really focused on reducing bureaucracy and stripping back process to only things that are useful to people in receipt of support, or absolutely necessary for us. But that was all driven by the need to find time. (Director of Adult Social Care).

Interviewees felt that the experience for people accessing services had been improved. Examples given included a service consistently offering information or advice at an earlier stage, and provision of a support package that was less fragmented. For one interviewee, this was due to a change in the management of first contact from a system that immediately signposted onwards to one that now attempted to resolve issues at this (earlier) stage. Where this was not possible, queries would be progressed using 'step conversations' with one contact until a resolution had been found, such as an appropriate service provided. This led to reduced waiting times for people because of more efficient triaging of individuals who contacted, or were referred to, the local authority.

### **Challenges to adopting a strengths-based approach**

Interviewees reported a number of challenges related to adopting strengths-based approaches. The first of these relates to existing systems employed by local authorities relating to assessing individuals' needs, creating support plans, and financial and commissioning processes. These

were often not compatible with adopting a strengths-based approach. Social care practitioners had to adapt, or rework, assessments or plans in order to ‘fit’ with the system.

We had organisational barriers, it’s starting to change, but the way that we commission support hasn’t fitted very well with the strengths-based approach. So that’s been jarring for workers, you might write something in a strengths-based way, then you need to kind of adapt and change that to fit into what is required for a commissioning system. (Principal Social Worker).

In terms of finance, and funding for support in particular, a number of interviewees reported that they felt constrained by being required to seek authorisation (from managers) for care packages they have co-designed with the service user. They felt devalued and mistrusted; it also goes against the strengths-based ethos of being creative, innovative and empowering.

Many interviewees reported that, whilst agreeing with the aims and principles of strengths-based approaches, implementing them was challenging in the context of workload pressures and a depleted workforce (due partly to Covid). This context made it difficult for practitioners to work—consistently—in a strengths-based way.

If you haven’t got the time to spend to delve into somebody’s history and what they can and they can’t do, because you’re on a schedule and you’ve got lots of other things to do, it’s very difficult to do. (Principal Social Worker).

Another resource-related challenge was insufficient funding. Many interviewees expressed the view that whilst there may be enthusiasm to embrace the approach, without the necessary funding to embed it properly, it would ultimately be unrewarding for practitioners and ineffective for those accessing social care or social work services.

It’s a sick system – we pretend we are doing all of these things, in reality we know that there are things we don’t do that we should do. But we would like to do them, but there’s no money. (Principal Social Worker).

One aspect of strengths-based approaches highlighted by interviewees was the use of community ‘assets’. Many are keen to engage with the use of community resources to provide alternative or more local support. However, if the community infrastructure, for example, third-sector agencies, community hubs, church groups, etc. are not reliably funded or managed, then this source of support cannot contribute as imagined. Interviewees explained that community services were becoming increasingly scarce in the context of the Covid-19 pandemic amplifying existing deficits.



Three interviewees described cases where individuals themselves were not receptive to working in a strengths-based way. They wanted a more ‘traditional’ service.

We do have people who don’t want for us to help explore their strengths, they’re not interested. They want the Council to provide a solution. (Principal Social Worker).

### *Facilitators to adopting strengths-based approaches*

Overwhelmingly, interviewees explained that strong leadership, gaining buy-in and trust between all levels of the organisation (from senior managers to front line practitioners) were key to successful implementation.

Interviewees also highlighted the importance of engaging with people accessing services, listening to their views and working with them to co-produce and redesign systems in order to create conditions more conducive to applying strengths-based approaches. Utilising existing frameworks such as ‘Making it real’ ([Think Local Act Personal, 2018](#)) were highlighted as a potential catalyst for effecting robust structural change.

Many interviewees stated that substantial re-organisation and systems redesign was required for the successful adoption of a strengths-based approach.

So it felt a bigger, more structural change and it felt like we did rip up the rulebook in lots of ways, we scrutinised everything, we rewrote policies, we rewrote paperwork, we restructured teams. We completely changed what we were doing to make it fit better for people. (Principal Social Worker).

A need for a shift in the ‘mind set’ of people accessing services, practitioners and the wider care system was regarded as critical by a number of interviewees. For some people accessing services, this shift was not necessarily welcome, especially when previous experiences of more ‘pre-scriptive’ interactions with social workers had come to be expected.

One interviewee emphasised the social work skills of helping an individual identify and tap into their own strengths. This dimension of the social work role is often overlooked.

Sometimes support is not needed, so the (social work) intervention itself is sufficient. I remember I had a client, I made a huge difference to this woman. Didn’t spend a penny. I just saw her every week, and it had a transformative effect on her life. I didn’t need to put in any carers. It was just me and her, we just talked. But it had a huge transformation in her life. She stopped using health services and she stopped self-neglecting, then she had a good quality of life. (Principal Social Worker).

Recognition of the link between health and social care needs—and services—is becoming an increasingly prominent feature of policy ([Caiels et al., 2020](#)). This was reflected in interviewees’ observations of an

enhanced focus on relationships between health and social care colleagues *and* between health and social care agencies in relation to the implementation of strengths-based approaches. In one area, the appointment of a dedicated strengths-based approach lead—funded jointly by the local authority and the clinical commission group—was cited as an example of this shared commitment to its successful delivery.

### *Cost savings*

A small number of interviewees suggested that strengths-based approaches are a means to save money on care packages, either by asking people to do more for themselves or asking them to seek support from non-local authority resources such as family or the local community.

The majority of interviewees did not share this view. They consistently stated that whilst cost-savings *may* result from adopting strengths-based approaches, this was not their purpose:

This isn't about cuts...it's not a euphemism for making people do things for themselves, which I think people can tend to think that's what this is. Some people do think that's what this is about. But it's not about forcing carers or the people themselves to have to do it all themselves. It's a better approach. (Principal Social Worker).

### *Limitations*

The study has some limitations. As it was conducted during the pandemic, we encountered significant delays with recruitment; a number of people may have felt unable to take part due to workload pressures.

As taking part was voluntary, we would anticipate a degree of self-selection bias. Whilst those not engaged with strengths-based approaches were eligible to participate (indeed one did), we might reasonably expect that those with an interest in strengths-based approaches would be more likely to volunteer.

Findings are based on self-reported surveys and one-to-one interviews. Any identified outcomes for people accessing services are (in effect) the perception of respondents. Whilst acknowledging this is a small study, given that all English local authorities are expected to implement strengths-based approaches in their adult social care and social work services, we think our findings are likely to have wider resonance.

## **Discussion**

Findings from this study improve our understanding of how strengths-based approaches are being applied in adult social work in England; how

these are being implemented locally; and how they are impacting on practice. Building on existing work (Bainbridge and Lunt, 2021), this study explores the perspectives of practitioners in depth and, as it was particularly successful in recruiting social workers, we are able to comment meaningfully on the ‘added value’ of adopting a strengths-based approach in social work with adults, and the tangible difference this makes. This group of workers are rarely the focus of research. The contemporary nature of the study means it is also more likely to influence social work practice and policy development in England.

Overall, respondents and interviewees were optimistic about strengths-based approaches. Many described the positive impact it was having on their work, and on their ability to help people with care and support needs more effectively. This approach was perceived to facilitate better engagement with people accessing services and helped to build trust and co-operative partnerships. This process was, itself, facilitated by organisational, systems and process changes, which were either amended or re-designed to be more aligned with the principles of strengths-based approaches, such as ensuring more time was spent on assessments and care planning. Creating more space to use therapeutic skills in practice was welcomed. This led to perceived improved outcomes for people accessing services, such as enhanced well-being, co-devising and/or accessing innovative or ‘alternative’ services and higher levels of satisfaction with support. People were overwhelmingly supportive of the principles and ethos that underpin strengths-based approaches; these were viewed as consistent with their own values and with the values of social work.

Challenges related to adopting a strengths-based approach largely stemmed from structural and organisational factors. Being able to deliver services and support in a ‘strengths-based’ way was sometimes hindered by existing processes relating to support planning, finance and care management priorities. Resource constraints are identified here, and in other literature (Bolton, 2019), as a significant threat to delivering on the positive aims of new models of care, like strengths-based approaches. This includes resources in people’s homes, families and communities and in third-sector organisations. That strengths-based approaches are being implemented in a neo-liberal policy context and in a political climate that envisions an ever-smaller role for the welfare state is important to acknowledge.

Chief Social Worker for Adults Lyn Romeo describes excellent social work as being about ‘emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach and keeping the person at the centre of all decisions’ (Department of Health and Social Care, 2017). These principles and values are closely aligned with a strengths-based approach. What is clear is that in order for a strengths-based

approach to be placed at the centre of social care practice, organisational and infrastructural commitment to change from the local authority is also required. In most circumstances, this is likely to require additional resources, or at least, for existing resources to be utilised in a different way.

## Conclusion

Whilst this article deepens our understanding of how strengths-based approaches are being implemented and contributes to the evidence base around outcomes, further work on evaluation is needed in this field. One of the key challenges of evaluating the effectiveness of strengths-based approaches—which tend towards capturing metrics and quantitative outcomes—is to ensure that the rich nuances of impact as defined by social work practitioners in this study are not lost. It is also important to engage directly with the perspectives of people accessing services and their carers, and to capture the multiple ways that strengths-based approaches and the systems they are embedded in, intersect with and effect, their lives and well-being.

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