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RESEARCH

Strengths-Based Approaches in Social Work and Social Care: Reviewing the Evidence

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Context: There is substantial policy support for strengths-based approaches to social work and social care. These new models of care promote the deployment of 'strengths' including personal, social and community resources to empower individuals to achieve their desired outcomes. Although a number of strengths-based models have been developed it is not known whether and how they work, or which model works best for whom and in what circumstances.
Objectives: A scoping review of evidence was conducted between July and September 2019. Its primary aim was to explore the nature and extent of evidence in relationship to strengths-based approaches in social work and social care for adults; also how these approaches impact on practice and on outcomes for social care service users and their families.
Methods: A database search was conducted for the period 2009 to 2019 to identify peer-reviewed and grey literature publications on the use of strengths (or asset) based approaches in social work and social care. A total of 72 items were included.
Findings: Strengths-based approaches are being embraced by policy makers and practitioners but questions remain about: their definition (how they are distinct from other approaches, and how they should be conceptualised); their effectiveness and feasibility (including their intersection with local authority eligibility thresholds); and how they should/can be evaluated. Specific research needs to be done to evaluate the precise nature of strengths-based approaches in social work and social care, their impact on users and carers quality of life and well being and the outcomes achieved.
Limitations: The review may be limited by the lack of evidence in a relatively under-researched area of practice. Study designs were varied and included a number of qualitative case studies but very few quantitative or RCT based studies.
Implications: This review has brought evidence together, extended understanding about strengths-based approaches in social work and social care for adults and offered us a platform upon which to develop models of evaluation.

Keywords: Strengths-based approaches; social work with adults; social care services for adults; asset-based approaches

Background

In the UK there has been growing interest in 'strengths-based' or 'asset-based' approaches in the provision of social work and social care services for adults for at least a decade. Strengths-based approaches aim to change the way individuals with care and support needs are assessed and supported by social work and social care services by refocussing interventions away from 'need' and deficits and towards resources and 'strengths'. The overarching aim is to improve the lives and wellbeing of users and carers (Department for Health and Social Care, 2019).

There is substantial policy support for strengths-based approaches to social work and social care for adults (Department for Health and Social Care, 2018b). New models of care developed in this way utilise personal resources, social networks, and community resources to empower individuals to achieve their desired outcomes. Although the political and societal rhetoric associated with the strengths-based movement is compelling, surprisingly little is known about the development and implementation of these models at a local level, their interaction with other 'traditional' care services, or their impact on users' wellbeing and quality of life; very little indeed is known about costs. A number of strengths-based models of care have been developed including: Asset-Based Community Development (ABCD); Knowledge, Values, Ethics, Theory and Skills (KVETS); Local Area Coordination; and the 'Three Conversations Model'. Despite their popularity, it is not known whether and how these models work, or which model works best for whom and in what circumstances. There are also a number of initiatives that could be regarded as 'strengths-based' in their nature (such as

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Restorative Practice and Family Group Conferencing for adults), but again evidence for their effectiveness is limited at present.

One of the standout features of a strengths- or asset-based approach is its orientation to positive health and wellbeing. This stems from two fundamental positions. The first is its focus on identifying, and freeing up, the nurturing factors that exist in the user's context that will facilitate wellbeing. Second, the approach distinguishes itself by being an *alternative* to the deficit approach, which it conceptualises as focussing on the causes of illness and disease and on problems, needs, and deficiencies (Foot, 2012). Strengths-based approaches herald a positive move away from a pathogenic response to illness towards a more salutogenic one. The theory of salutogenesis highlights the factors that create and support human health and wellbeing, rather than those that cause disease (Antonovsky, 1979); it is a well-established concept in public health and health promotion (Lindström & Eriksson, 2005).

Aims

In July 2019, a scoping review was commissioned by the Department of Health and Social Care (DHSC). The primary aim of the review was to examine the development, and potential, of strengths-based approaches and models in social work and social care for adults. Specifically, the following questions were addressed:

1. What is a strengths-based approach?
2. How does evidence support the use of strengths-based approaches?
3. What are the challenges or criticisms of adopting a strengths-based approach?
4. What kind of cultural or system changes are associated with implementing a strengths-based approach?
5. How does the Care Act 2014 impact on the use of strengths-based approaches?
6. How can we evaluate the efficacy of using strengths-based approaches?

While the initial focus for the scope of the review was on the UK, relevant literature from North America, Africa, Australia, and Asia was also included; one paper from the Netherlands was also included.

Methods

A database search was conducted for the period 2009 to 2019 to identify peer-reviewed publications on the use of a strengths- (or asset-) based approach in social work and social care services. Documents published before 2009 were also included if they had particular significance or saliency. The review was conducted between July and September 2019.

International academic databases (Pubmed, PsycInfo, and Social Care Online) were searched as a primary resource along with 'E-resources', the University library's search portal. Targeted website searches and independent, free text internet searches were also conducted. Both academic and grey literatures were accessed. For the purposes of the review, the 'grey' literature comprised: discussion papers; working papers; government framework documents, policy statements, and guidance documents. As well as primary searches, secondary searches were conducted using methods such as citation searches (i.e., tracking articles that had cited a key article), snowball searching and reference harvesting. A final additional search of the web of science database was carried out to check for any additional material not duplicated from earlier searches.

Documents were selected for their relevance to the UK context of social care policy, social work provision, and provision for older people (as the largest group of social care service users). Non-UK literature was selected if it added value to the review and/or described specific different or innovative strengths-based models of interest.

The following search terms (including derivatives) were used as key words in the title/abstract: 'strength(s)-based'; 'social care'; 'social work'; 'asset based'; not 'child' or 'children'. The titles and abstracts of the identified articles were reviewed to exclude any articles published before 2009, not available in English, research that involved children or young people under 18 years of age, and articles deemed not to be relevant to the broad research topic of the use of strengths-based approaches in social work and social care.

A researcher reviewed the full text of each of the remaining articles against the inclusion/exclusion criteria as outlined above and the review aims outlined in section two. Opinion pieces such as letters to the editor or commentaries were excluded from the formal summary and analysis; however, they may be referred to within discussion of the issues related to the use of strengths-based approaches.

Results

The literature search is summarised in **Figure 1**.

Of the 1744 articles initially identified by the literature search, a total of 211 articles were deemed to be potentially relevant to the research question and were reviewed in full. Upon review of the full text, a further 162 were rejected based on the inclusion/exclusion criteria. A further 14 articles were included based on secondary searches carried out, and an additional 9 articles were included from the final web of science database search. A total of 72 articles are, therefore, included in this review.

The literature review articles are summarised in **Table 1**. This summary includes both proponents and critics of the strengths-based approach, as well as the inclusion of one randomised controlled trial and a number of theoretical or reflection pieces on the use of strengths-based approaches in social work and social care.

Discussion

What is a strengths-based approach?

Definitions of a strengths-based approach are many; they also vary over time. The approach was originally popularised by American academic Dennis Saleebey's edited collection of readings in *The Strengths Perspective in Social Work Practice* (2009). It is an approach that stresses the importance of people's own characteristics, the type of environment they live in, and the multiple contexts that influence their lives. It postulates that interventions must be focussed on clients' competencies and the resources at their disposal or accessible to them. Clients are considered to be the 'experts' in their situation, and practitioners as

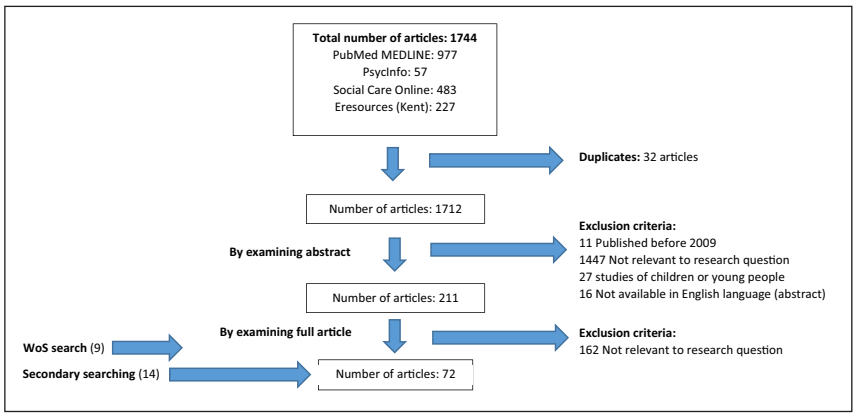


Figure 1: Results from the literature search.

partners whose theoretical and technical knowledge must be used to help them, particularly by empowering clients rather than labelling them (Foot, 2012).

One of the most frequently quoted definitions of strengths-based practice is provided by the Social Care Institute for Excellence (SCIE) (2015, 2):

> 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.

Authors who have discussed the format, content, and implementation of strengths-based interventions have proposed a number of stages. While the number of stages can vary from one author to another, they can be summarised as three key stages: a) evaluation of the client's situation; b) development of intervention objectives; and c) direct action (Blood & Guthrie, 2018; Saint-Jacques, Turcotte, & Pouliot 2009; Saleebey, 2009).

Instead of starting with *problems,* a strengths-based approach starts with what is working, what makes people feel well and what people care about. The more familiar deficit approach starts with needs and deficits and secures the input of services to ameliorate the problem and fill the gaps. Dennis Saleebey shows us how this 'salutogenic' model works in comparison to a pathogenic one (Saleebey, 2002). His model illustrates the shift of approach to focusing on the positive attributes of individual lives, neighbourhoods, and communities and recognition of the capacities, skills, knowledge, and potential that individuals, families, and communities possess.

While we can – to a degree – articulate what a strengths-based approach is in terms of how it differs from a deficit approach, defining it with any degree of specificity is more challenging. In good part this is because of the myriad ways that the approach can be operationalised. A primary issue relates to 'where' the approach is located and what form it takes. It is not necessarily confined to service delivery, although there are some examples of initiatives that could be regarded as strengths-based in nature, such as local area co-ordination (Department of Health and Social Care, 2017) and family group conferencing for adults (Metze, Kwekkeboom & Abma, 2015). However, strengths-based approaches can also encompass a range of structural, organisational, and philosophical dimensions: some strengths-based approaches demand changes that are systemwide whilst others are situated inside a single service or set of services; others still demand a shift of practitioner and managers' thinking and a reconfiguration of the nature of the professional/user relationship. **Figure 2** shows a (non-exhaustive) list of practises that would all constitute 'taking a strengths-based approach'.

The terms *strengths-based* and *asset-based* appear to be used interchangeably, but without any discernible or significant difference between the two. In her report 'What makes us healthy?' (2012), Jane Foot describes assets as 'any resource, skill or knowledge which enhances the ability of individuals, families and neighbourhoods to sustain their health and wellbeing'. She cites Hills et al. (2010), who define assets thus:

> Assets can include such things as supportive family and friendship networks; intergenerational solidarity; community cohesion; environmental resources for promoting 'physical, social and mental health'; employment security and opportunities for voluntary service; affinity groups; religious toleration; life-long learning; safe and pleasant housing; political democracy and participation opportunities; and, social justice and equity.

As such, an assets-based approach values the skills and knowledge of individuals, networks, personal resources, community resources and community cohesion. These dimensions appear to be very similar, if not the same, as those of a 'strengths'-based approach. Utilising these attributes, the aim of both approaches is to address 'needs' – in the language of the deficit model – by nurturing the *strengths* and resources of people, their families and communities. The two models share aims and territory albeit with some suggestion that 'assets-based' potentially refers more to *community*-related development.

In outlining strengths-based approaches, the Department of Health and Social Care (DHSC) (2019)

Table 1: Summary of review.

Reference	Country	Client/User group	Sample	Key findings/Position/Conclusion
Abdullah, S. (2015)	South Africa	N/A	N/A	Paper examining the Islamic concept of fiṭra or 'original purity' in relation to the strengths perspective in social work as a basis to guide religious and culturally appropriate services to Muslim clients. Concludes that fiṭra can be an appropriate strengths-based concept to inform social and welfare interventions, and support hope and resiliency in social work, especially in multicultural practice with Muslim clients.
Alshuler, M., Silver, T., & McArdle, L. (2015)	USA	N/A	N/A	Integrates the theoretical models of the strengths perspective with narrative theory and reflective practice, while incorporating the concepts of parallel process and the Socratic method into the group supervision of social work students. It is suggested that the strengths perspective can be used with student group supervision, making the process more positive, participatory, and collaborative.
Ben-Ari, O.T., & Ben Shlomo, S. (2014)	Israel	Grandparents	**Study 1:** 210 grandparent/offspring pairs **Study 2:** 202 grandparent couples	Article reporting two studies examining the validity of using the Post-traumatic Growth Inventory (PTGI) to assess growth following the transition to grandparenthood as an aid for social workers seeking to promote strengths-based interventions for this population. The authors conclude that the PTGI can be considered an effective instrument for measuring growth following the transition to grandparenthood and may therefore be used in designing strengths-based social work practices.
Blood, I. & Guthrie, L. (2018)	UK	N/A	N/A	This book introduces attachment-based practice and strengths-based practice to support people who work directly with older people and their families. It considers what it means and looks like to work with older people in the context of their families and other networks and to reflect upon the skills and attitudes needed to actually do strengths-based practice in an attachment-informed way. Attachment theory puts the concept of the relationship at the heart of practice.
Boelman, V., & Russell, C. (2013)	UK	People with complex needs	11	Young Foundation report exploring the potential for asset-based approaches to enable people with complex needs to make an active contribution to the services they use and the communities they live in. An ethnographic approach was taken. The research shows a gap between the aspiration of people and reality, as well as uncertainty from commissioners/providers as to how these approaches can work for people with complex needs. Eight factors which shape the lives of people with complex needs were identified: Social networks; Routine and choice; Relationships; A sense of purpose and worth; Passions and experiences; Money; Place; Individuality; Getting out and about.
Bolton, J. (2019)	UK	Local Authorities	6 LA Case studies	Exploration of how councils are meeting the dual challenges of financial austerity and an aging population using a small number of case studies. Suggests the need to develop a clear narrative for national, regional, and local organisations that builds and shares models for prevention, while also acknowledging the uniqueness of local authorities and therefore the challenges of replicating best practice from one place to another. Common practices typically observed fell into either: strength-/asset-based practice; promoting independence; outcome-based commissioning.

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Bransford, C.L. (2011)	USA	N/A	N/A	Article illustrating how the differences between paternalistic and empowerment approaches embedded within social work have unnecessarily evolved into competing approaches to practice. The author argues that there are times when it is more appropriate to focus on clients' vulnerabilities, at other times, their strengths, and at still other times, a combination of both. Clinical case vignettes are provided to illustrate the limitations of focusing too narrowly on either clients' pathology or clients' strengths.
Brown, H., Carrier, J., Hayden, C., & Jennings, Y. (2017)	UK	Local Authorities	7 LA Case studies	Evaluation of Community Led Support (CLS) Programme hosted by the National Development Team for inclusion (NDTi). Designed as a new way to deliver community-based care and support using approaches (including strengths-based) to encourage collaborative working, continual evolvement, learning and development. Reported impact included: improved experiences and outcomes for people; easier access and greater efficiency; engaged staff and improved morale; potential for savings.
Busch-Armendariz, N., Nsonwu, M.B., & Heffron, L.C. (2014)	USA	Trafficked individuals and service professionals	55 (total) 31 Individuals 24 Professionals	Article reporting the results of a qualitative research study into responses to people trafficking. The authors conclude that social workers and the use of social work perspectives provided a strong and effective framework for service delivery and effective interdisciplinary collaboration. Ecological, strengths-based, and victim-centred approaches were a benefit to survivors and professionals specifically around coordinated efforts, trust-building, and increased cultural competence.
Chapin, R. K., Sellon, A., & Wendel-Hummell, C. (2015).	USA	Older adults	Pilot intervention case study	Paper focussing on the 'practice-to-research gap' between educators, researchers, and practitioners in gerontological social work. The authors illustrate how the application of the strengths perspective (the Reclaiming Joy Peer Support Program RJPSP) can help to mitigate some of the barriers that contribute to the research–practice gap and to create more relevant research. The authors posit that an overarching strengths framework can provide a structure for successful collaborations.
Daly, M., & Westwood, S. (2018)	UK	N/A	N/A	Using Carol Bacchi's analytical framework to consider UK developments, the authors conclude that while asset-based approaches for older people and social care has potential application, the key assumptions and objectives ('ableist' undertones; 'empowerment'; hierarchy of assets; treatment of material assets; existence of unharvested resources; community rather than individualist; inequality) do not hold well for social care and therefore adopting the approach carries risks. The authors also posit that an asset-based approach is 'overpromised', is insufficiently theorised and lacking empirical evidence. Concern that asset-based approach is falsely emerging as panacea to solve the challenges facing social care at present (by offering more for less).
Department of Health and Social Care (2015)	UK	N/A	N/A	A learning resource for social workers who work with adults with autism. The guide focusses on identifying and meeting the learning and development needs to equip social workers to understand how autism impacts on people's lives, and how they as social workers can support them effectively and successfully.

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Department of Health and Social Care (2017)	UK	N/A	N/A	Roundtable based on a workshop commissioned by the Department of Health and hosted at the Social Care Institute for Excellence in January 2017. Examines what 'strengths-based social work' with adults, individuals, families, and communities means for practitioners and people using the services.
Department of Health and Social Care (2018b)	UK	N/A	N/A	Chief social worker for Adults' annual report 2017/18. Fourth annual report themed around strengths-based social work practice. It sets out progress in implementing strengths-based practices, offers some examples of practice and sets out priorities for 2019.
Department of Health and Social Care (2018a)	UK	N/A	N/A	Care and support statutory guidance from the Department of Health and Social Care updated on 26 October 2018.
DiLauro, M.D. (2018)	USA	N/A	N/A	A review of the research and clinical application of a mind–body program titled the Relaxation Response Resiliency Program (3RP). A client-centred, strengths-based program that can be used in conjunction with traditional therapies to empower clients to take part in their own health care by teaching non-invasive, self-care, and user-friendly techniques. The author cites research that demonstrates reductions in service use and cost savings from participation in 3RP. Implications for social work education and practice are discussed.
Donaldson, L. P., & Daughtery, L. (2011)	USA	N/A	N/A	Documents the emergence of a new pedagogical model that integrates experiential community service activities academic learning. The article presents the integration of a progressive service-learning model into a graduate-level social work macro practice course. The model gives explicit attention to respecting the dignity and worth of the individual by sharing power and developing collaborative relationships between students and community residents where both are serving and learning together – a strengths-/asset-based approach.
Dunstan, D., & Anderson, D. (2018)	Australia	Mental Health	126 Service users	Case study of Personal Helpers and Mentors service (PHaMs) in a rural town in New South Wales, Australia. PHaMs uses a strengths-based recovery model aimed at people affected by severe mental illness. The study concluded that a strengths-based approach to service development and operations – one that recognises individual abilities and prizes interpersonal relationships and teamwork – can maximise the potential of local human and other resources and serve as a solution to resolving apparent service gaps and perceived deficits in rural and regional areas.
Engelbrecht, L. (2010)	South Africa	N/A	N/A	This article presents a strengths perspective on supervision of social workers. The South African welfare context is presented as a best practice vignette of a strengths perspective on supervision employed at a welfare organisation. It concludes that a strengths perspective has transformational potential and supports managers to employ this approach for assessments and personal development of those they supervise.

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Ennis, G., & West, D. (2010)	Australia	N/A	N/A	This article outlines that while asset-based community development (ABCD) has been criticised for its lack of an evidence base, lack of theoretical depth, and its lack of consideration of the macro level causes of disempowerment, social network theory and analysis have rarely been utilised in a comprehensive manner in asset-based community development practice or research. The author proposes that social network analysis holds promise as an appropriate methodology for understanding the efficacy of asset-based community development projects.
Foot, J. & Hopkins, T. (2010)	UK	N/A	N/A	Improvement and development agency (I&DeA) report 'A glass half full' outlining how an asset approach can improve community health and wellbeing. Defines the asset approach, provides techniques for how this approach can be applied in practice (asset mapping, ABCD, appreciative inquiry, storytelling, world café, participatory appraisal, open space technology) and makes the case for its potential to reduce health inequalities.
Foot, J. (2012)	UK	N/A	N/A	Follow-up report to 'A glass half full' – 'What makes us healthy?'. Argues that asset principles help to understand what gives us health and wellbeing. It makes the case for developing ways of working that protect and promote the assets, resources, capacities, and circumstances associated with positive health. Outlines research evidence for the positive impact of community and individual assets (resilience, self-determination, reciprocity, social networks, and social support) on health and wellbeing and argues these are comparable to housing, income, and environment. Asserts that evaluating asset-based activities requires a new approach.
Ford, D. (Ford, 2019)	UK	N/A	N/A	RIPFA strategic briefing on developing strengths-based working. Explores the reasons behind 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. Its aim is to support strategic leaders in developing and communicating locally relevant approaches.
Franklin, C. (2015)	UK	N/A	N/A	Editorial discussing the importance of the strengths perspective to the field of social work. The author reviews updates on strengths-based Solution focussed brief therapy (SFBT) and suggests that this approach is advancing, and that social workers can confidently use SFBT when their clinical judgment and client situations suggest that it may be useful.
Gates, T. G., & Kelly, B. L. (2013)	USA	Lesbian, Gay, and Bisexual community	N/A	This article examines the potential application of a strengths perspective and its usefulness in reshaping the discourse on stigmatisation of the lesbian, gay, and bisexual (LGB) community and its members. It argues that social work research with the LGB community and its members must shift from a focus on pathology to strengths and resources.

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Gelkopf, M., Lapid, L., Werbeloff, N., Levine, S. Z., Telem, A., Zisman-Ilani, Y., et al. (2016)	Israel	Mental Health	1276 People	Assessment of the effectiveness of a new strengths-based case management (SBCM) service in Israel, using a randomised controlled trial approach. Individuals who receive psychiatric rehabilitation services (PRS) in the community were assigned to receive or not to receive the SBCM service in addition to treatment-as-usual PRS. Results showed that SBCM participants improved in self-efficacy, unmet needs, and general quality of life, and set more goals than the control group. Results suggest that SBCM services are effective in helping individuals with serious mental illness set personal goals and use PRS in a better and more focused manner.
Gollins, T; Fox, A; Walker, B; Romeo, L; Thomas, J; Woodham, G. (2016)	UK	N/A	N/A	A report aimed at social workers discussing the need to change their workforce culture to one that is strengths-based for promoting wellbeing, early intervention, and prevention. It sets out the key knowledge and skills the social care workforce needs to apply strengths-based approaches in improving people's lives and considers the emerging business case for pursuing a strengths-based approach.
Guthrie, L. & Blood, I. (2019)	UK	N/A	N/A	RIPFA frontline briefing on embedding strengths-based practice. Proposes and explains seven key principles of strengths-based approaches in social care, and the evidence base supporting them. Presents a series of practical tools to support strengths-based practice, focussing on communication skills. Considers some of the challenges to strengths-based practice as experienced by practitioners, with recommendations for how practitioners, teams, and managers on how they can embed the approach.
Grant, J.G., & Cadell, S. (2009)	Canada	Mental Health		Asserts that social workers need to alter their 'frames' (pathological worldview) in order to practice from the strengths perspective. This pathological world view is the belief that practice begins with what has gone wrong rather than what is going right – a pathogenic rather than salutogenic approach to health.
Gray, M. (2011)	Australia	N/A	N/A	A critique of the strengths perspective in social work, examining its philosophical roots, core characteristics and limitations. Underpinned by Aristotelianism, humanistic individualism and communitarianism, the article also highlights links with neoliberalism. It concludes that while stemming from sound philosophical foundations, a strengths-based approach is in danger of running too close to contemporary neo-liberal notions of self-help and self-responsibility, ignoring structural inequalities.
Henwood, M. (2014)	UK	N/A	N/A	Skills for care report examining a programme of work referred to as 'skills around the person' (SATP). SATP stems from an assumption that person-centred approaches are vital in ensuring that care and support meets individual needs and preferences, but also that everyone has their own skills, knowledge, experience and attributes which they bring with them – an asset-based approach. It concludes that in meeting the demands of the Care Act 2014, there are opportunities to draw from the SATP programme to meet new duties around the provision of care and supporting people to live their lives.

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Reference	Country	Client/User group	Sample	Key findings/Position/Conclusion
Hootz, T., Mykota, D. B., & Fauchoux, L. (2016)	Canada	Service users/ providers	14 service users; 7 providers	Exploration of Crisis Management Services (CMS) from the perspective of clients and providers using semi-structured interviews. CMS is a strengths-based program that targets individuals who experience crises every day. Results suggest that the establishment of a close personal strengths-based relationship is key to client engagement. Collaborative goal setting with informal and formal community resources viewed as potential assets, characterises the process that enables clients to live at their optimal level of independence.
Hughes, M. E. (2015)	Australia	Informal end of life carers	28	Paper reporting the results of in-depth interviews with informal carers of persons who died at home from a life-limiting illness. The author concludes that the application of a strengths perspective will contribute towards better support for informal carers by deepening the understanding of the lived experience of caregiving, promoting collaborative partnerships between workers and informal carers, and building community capacity at end of life.
In control. (2013)	UK	N/A	N/A	Briefing to analyse changes to the care bill which are intended to introduce strengths- or asset-based approaches into social care, considering both the opportunities and the risks they present. The briefing concludes that on balance these changes positive for people who use services and family carers.
Institute for Research and Innovation in Social Services (IRISS) (2012)	UK	Mental health	59 (Service users, practitioners, project leads)	Asset-mapping exercise with East Dunbartonshire council (Scotland) to discover the community assets in Kirkintilloch that were available for positive mental health and well-being. Using a combination of interviews, group workshops and one-to-one sessions, a digital map was developed that individuals can access on computers and mobile devices which details all the local assets identified.
Kelly, J., Wellman, N., & Sin, J. (2009)	UK	Mental Health	30 Questionnaires, 3 case studies	This paper describes the work of the Hounslow Early Active Recovery Team (HEART), which placed recovery principles and strengths-based approaches at the heart of the work of an early intervention for psychosis team. Results from an audit showed that 57% of respondents were in employment or education, contrasting with the extremely high unemployment rates reported in several UK studies of people with serious mental health problems.
Kings Fund and Nuffield Trust. (2016)	UK	Social care Stakeholders	65 interviews	Kings Fund report on the future of social care. 'Asset-based approaches' and increasing individuals' 'social capital' were frequently described by stakeholders as necessary solutions to the lack of capacity in social care. In all areas interviewees spoke of the need for better self-management by users and greater involvement from families and the wider community in the provision of care. However, it was recognised that this required a cultural shift in perceptions that would be difficult to achieve.
Knapp, M., Bauer, A., Perkins, M., Snell, R. (2013)	UK	N/A	N/A	Paper that examines whether community assets can play greater roles in preventing the emergence of social care needs and/or in helping to meet them. The researchers investigated whether three initiatives (timebanks, befriending services and community navigators) could generate cost-savings to the public purse and more broadly to society. Using a cost-benefit approach the authors concluded that sizeable savings could potentially be made to the public purse by investing in community capital-building initiatives at relatively low cost.

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Reference	Country	Client/User group	Sample	Key findings/Position/Conclusion
Krabbenborg, M. A. M., Boersma, S.N, van der veld, W.M., van Hulst, B, Vollerbergh, W.A.M., Wolf, J.R.L.M (2017)	Nether-lands	Homeless young adults	251	Paper reporting on a cluster randomized controlled trial testing the effectiveness of Houvast: a strengths-based intervention for homeless young adults. The results suggest that homeless young adults benefit from service provision in general, regardless of whether they had received care according to Houvast or care as usual. When homeless young adults receive care according to Houvast compared to care as usual, dropping out of care is less likely, and a positive completion of the trajectory is more likely. However, conclusions about the effectiveness of the Houvast were inconclusive.
Lamb, F., Brady, E.M., & Lohman, C. (2009)	USA	Older women (aged 64-72)	12	Article reporting on qualitative study involving 12 older women (aged 64–72) participating in the Osher Lifelong Learning institute at the University of Southern Maine. The authors suggest a positive dynamic relationship between the capacities for resiliency and lifelong learning.
Leeds City Council. (2017)	UK	N/A	N/A	Leeds City Council document outlining the local use and benefits of taking a strengths-based approach to social care in Leeds. Indicates use of '3 conversations' model as its mechanism for delivering strengths-based approach. Includes some vignettes from peoples' experience of accessing services using a strengths-based approach.
Lilley, W. (2014)	UK	N/A	N/A	A reflection piece exploring the spread of asset-based thinking across housing, health, and adult social care. Examines the key motivations that are driving many commissioners and providers towards the adoption of this thinking and includes some case studies. Identifies a number of key challenges for taking this this approach including: a need for culture change; the gradual nature of change; sustainability and investment; measurement and evaluation and ensuring the approach is not a veil for cuts.
McCormick, A.J., Becker, M.J., & Grabowski, T.J. (2018).	USA	People living with memory loss (PLWML)	24 PLWML 27 Clinic staff 10 Carers	Reports the development of a patient and family handbook for people with memory loss using two key approaches: partnership with people with memory loss and strengths-based social work practice. The development process reinforced the key message of the handbook, which is that people with memory loss exhibit ongoing strengths which help them participate in life.
McGovern, J. (2015)	USA	Mental Health	7 Dyads (People living with dementia + carers)	The article ultimately argues for the adoption of a new paradigm for dementia care based on core concepts of social work, including family systems theory, the strengths perspective, and the practitioners use of self where self-disclosure and authenticity are concerned. Two important steps facilitate adopting a strengths perspective: remaining in the present and focussing on what remains rather than what is lost.
McKnight, J. & Russell, C. (2018)	USA	N/A	N/A	Working paper by the ABCD Institute at DePaul University setting out the four essential elements of an Asset-Based Community Development (ABCD) Process. The primary goal is to enhance collective visioning and production through a process that combines four essential elements: (1) Resources, (2) Methods, (3) Functions, (4) Evaluation.

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Reference	Country	Client/User group	Sample	Key findings/Position/Conclusion
Mguni, N., & Bacon, N. (2010)	UK	N/A	N/A	Report published by the Young Foundation detailing the development of the Wellbeing and Resilience Measure (WARM). A framework to measure wellbeing and resilience at a local level. Its aim is to enable local professionals and communities to see which services are having an impact on people's lives at a local level and which are not; identify a community's strengths as well as its weaknesses; and make informed decisions about where to direct limited resources.
Miller, R., & Whitehead, C. (2015)	UK	N/A	N/A	Working paper describing six 'Community Offer' schemes in different local authorities pursuing a preventative approach to social care provision. Community asset- and strengths-based services were deployed. The authors conclude that it is possible to use community-based approaches to make positive changes to the provision of social care, but more evidence is required to understand the impact of these approaches and that cultural change is required to implement such schemes.
Morgan, S. & Andrews, N. (2016)	UK	N/A	N/A	Article exploring 'positive risk taking' from professionals and care workers as applied to delivering dementia services, and within the context of strengths-based, values-based, and relationship-based working. The concept is also examined within the legislative framework of the Mental Capacity Act 2005, Safeguarding and the Care Act 2014. Authors conclude that despite the challenges faced, positive risk-taking applies equally to people living with dementia who have or who lack mental capacity in relation to their decision making.
Mottron, L. (2017)	Canada	Autistic preschool children	N/A	The paper is critical of Early Intensive Behavioural Intervention (EIBI) and Naturalist Developmental Behavioural Intervention (NDBI), which aim to increase socialisation and communication, and to decrease repetitive and challenging behaviours in preschool age autistic children. The author posits that autistic repetitive behaviour and restricted interests can be used as cognitive strengths, rather than suppressed as disturbing behaviours.
Naylor, C., & Wellings, D. (2019)	UK	N/A	One Council	Kings Fund report on the impact of the 'Wigan Deal', a new approach to delivering local services, underpinned by taking an asset-based approach and the idea of a new relationship with the public. The authors conclude that public services can get better results by 'working with' rather than 'doing to', drawing on the strengths and assets of individuals and communities to improve outcomes.
Nel, H. (2018)	South Africa	Staff/providers	61	A comparison study between the asset-based community development (ABCD) approach versus the more traditional needs-based approaches to community development. Interviews were conducted with staff from 24 projects (14 using ABCD and 10 not using ABCD). Evidence showed the ABCD approach as suitable for addressing the many challenges facing South African communities, but the traditional problem-based approach also showed positive results in certain instances.
Northern Ireland Department of Health. (2019)	UK	N/A	N/A	Office of Social Services resource for social work practitioners. Highlights the importance of using strengths-based approaches to empower and support service users. Provides and draws on local examples.

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Reference	Country	Client/User group	Sample	Key findings/Position/Conclusion
Pattoni, L. (2012)	UK	N/A	N/A	Summary paper examining strengths-based practices when working with individuals. The paper concludes: the strengths approach has broad applicability across a number of practice settings and populations; there evidence that use of a strengths-based approach can improve social networks and enhance well-being; some evidence suggests strengths-based approaches can improve retention in treatment programmes for those who misuse substances; a strengths-based approach can improve social networks and enhance well-being; the evidence for strengths-based approaches is difficult to synthesise because of the different populations and problem areas that are examined in the literature.
Probst, B. (2009)	USA	N/A	N/A	Contextual article on the strengths perspective for social work practice in mental health. The author argues that the strengths perspectives has been misunderstood which prevents its use more widely. Since a strengths perspective can be attached to any methodology, and any methodology can be an expression of a strengths approach, the author argues it makes no sense to examine the efficacy of the approach itself as if it were an independent variable. Instead of arguing about whether the approach can be empirically tested, it may be more useful to examine how it applied in practice.
Prowell, A.N., (2019)	USA	N/A	N/A	Conceptual article that uses post-structuralism to problematise the construct of resilience within social work, and specifically its influence through advocacy on the strengths-based approach. Suggestions are provided on how to more cautiously and comprehensively implement resilience in social work education, practice, and research. The author urges social workers to be more critical and to better advocate for marginalised groups through practices and methodologies.
Rahman, S., & Swaffer, K. (2018)	UK	N/A	N/A	Editorial which argues that an assets-based approach toward 'dementia-friendly communities' is required to create communities that are inclusive and accessible for all and would help to break down the barriers that exist for the main stakeholders.
Roy, M., Levasseur, M., Dore,I., St-Hilaire,F., Michallet,B., Couturier,Y., et al. (2018)	Canada	Representative adults	8737	Theorising that assets build foundations for overcoming adverse conditions and improving health, this study examines the distribution of assets and their associations with social position and health. A representative population-based cross-sectional survey of adults was conducted in 2014 in Quebec, Canada. Different distributions of assets were observed with different social positions. The authors conclude that having assets contributes to better health by increasing capacities, therefore interventions that foster assets and complement public health services are needed, especially for disadvantaged people. Health and social services decision makers and practitioners could use these findings to increase capacities and resources rather than focusing primarily on preventing diseases.
Russell, C. (2011)	UK	N/A	N/A	Reflection paper which seeks to outline the ways in which the desire to age well is inextricably linked to the domains of community and associational life. Based on the qualities asset-based community development (ABCD) as a process for convening conversations in communities. The paper finds that citizens and communities co-producing health outcomes will out-perform individuals reliant on medical services only.

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Reference	Country	Client/User group	Sample	Key findings/Position/Conclusion
Saint-Jacques, M., Turcotte, D., & Pouliot, E. (2009)	Canada	Practitioners	30 Practitioner interviews + 77 Practitioners surveyed pertaining to 118 families	A qualitative analysis of practitioners personal practice descriptions and a quantitative study, based on a questionnaire measuring professional behaviours of the practitioners work with 118 families. The study showed that the emphasis put on the parents' strengths varied according to organisational context. However, in most cases the focus was on problems/weaknesses of families/parents rather than strengths.
Slasberg, C., & Beresford, P. (2016)	UK	N/A	N/A	Article that contends that the foundation of a depersonalising and stigmatising social care system is down to the question of eligibility. This is the difference between the needs of individuals and the resources of local authorities to meet them, and how currently need is determined by available resource rather the other way round. The authors argue that without addressing this fundamental problem in social care provision, establishing trust between councils and service users will remain difficult.
Slasburg, C., & Beresford, P. (2017)	UK	N/A	N/A	The authors contend that social care continues to search for a 'miracle cure' that will transform it into a system both personalised and less costly. The latest of which is strengths-based practice. Examples show of how cost-saving claims for the strength-based approach have not been borne out by financial returns data. The authors identify the eligibility question as the source of a depersonalising system, and that anxiety about cost has led to the creation of a system that results in 'need' being defined by the available resource. The authors argue that good practice cannot change the system. The system must change first.
Social Care Institute for Excellence (2015)	UK	N/A	N/A	A guide summarising the process and the key elements to consider in relation to using a strengths-based approach for assessment and eligibility under the Care Act 2014. Provides a checklist of core duties for local authorities when conducting a strengths-based assessment.
Social Care Institute for Excellence (2017)	UK	N/A	N/A	SCIE briefing that suggests a framework for local areas to enable asset-based approaches to thrive. Based on research for the Greater Manchester Health and Social Care Partnership.
Social Care Institute for Excellence (2019)	UK	N/A	N/A	A 'quick guide' based on recommendations from a range of NICE guidelines and quality standards that focus on identifying and supporting an individual's strengths and assets. Designed to help social workers recognise opportunities for improving outcomes for the people they work with.
Stanley, T. (2016)	UK	N/A	N/A	Conceptual paper designing a practice framework (conceptual map) for social care practitioners within a strengths-based design and in the context of the 2014 Care Act. Based in Tower Hamlets it places person-centred safeguarding at its core. It shifts practice from care management processes to a more sophisticated approach to assessing and managing risk. Embedded in the framework is the five quadrant KVETS model (Knowledge, Values, Ethics, Theory, Skills). The framework was designed to guide practitioners and service users along a series of steps and questions that encourage respectful conversations. Practitioners are encouraged to mobilise person-led and person-centred practice. A 3-month pilot phase conducted in 2014 with KVETS rolled out in April 2015.

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Reference	Country	Client/User group	Sample	Key findings/Position/Conclusion
Sutton, J. (2018)	UK	N/A	N/A	RIPFA Leaders briefing on asset-based work with communities. Describes asset-based work with communities as part of a wider strengths-based approach drawing on personalisation, community development, and co-production. Acknowledges that asset-based approaches have become popular in social care despite a dearth of evidence for effectiveness. Also acknowledges the legal context and (the Care Act 2014), as well as the complex nature of communities. Highlights the ABCD (asset-based community development) as the principal model.
Think Local Act Personal (2019)	UK	N/A	3 Local authority sites	Study looking at three sites in Thurrock, Somerset, and Wigan. It explores what these councils are doing to transform social care and the relationship between themselves and the communities they serve. Key messages include the necessity of a permissive framework to allow for innovative, person-centred solutions; development of services and support anchored in the community; and the importance of trust in the relationship between councils and their residents in how support can best be provided.
Tse, S. et al (2016)	Hong Kong	Mental Health	N/A	Critical review of research regarding the use of strengths-based approaches in mental health service settings. The focus is on effectiveness and advances in practice. A systematic search was conducted. The review found emerging evidence that the utilisation of a strengths-based approach in clinical settings improves outcomes including hospitalisation rates, employment/educational attainment, and intrapersonal outcomes such as self-efficacy and sense of hope.
Vishal, M.V. (2018)	India	Older adults	N/A	This article proposes Strengths-Based Protective (SB-P) and Strengths-Based Engagement (SB-E) social work practice model with older adults with particular reference to living in older care homes. The author posits that the strengths perspective is especially pertinent in work with older adults since they have a lifetime of rich experience which could be utilised for overcoming current difficulties.
Wildman, J.M., Valtorta, N., Moffat, S., Hanratty, B. (2019)	UK	Service users, volunteers, project partners and staff	21 Interviews	Paper looking at the significance of local context for a sustainable and replicable asset-based community intervention aimed at promoting social interaction in later life. The authors conclude that that successful asset-based community projects require extensive community input, and that learning captured from existing programmes can facilitate the replicability of programmes in other community contexts.
Wood, R. (Wood, 2019a)	UK	Autistic children and adults. School staff and parents.	10 Autistic children, 10 parents, 36 school staff, 10 autistic adults.	Article about intense or 'special' interests, and a tendency to focus in-depth to the exclusion of other inputs – as associated with autistic condition, and sometimes framed as 'monotropism'. Despite some drawbacks and negative associations with unwanted repetition, this disposition is linked to a range of educational and longer-term benefits for autistic children. The author considers the role and functions of the strong interests of ten autistic children. She argues that accepting this cognitive trait can lead to a range of educational, social, and affective advantages for children, as well as more empathetic and skilled support from school staff.
Yarry, S. J., Judge, K.S., & Orsulic-Jeras, S. (2010)	USA	Dementia	Two case studies	Paper examining a newly designed (strengths-based) dyadic intervention to help manage the symptoms of dementia and memory loss for both persons with dementia and their family caregivers. Two case examples illustrate the flexibility and advantages of using a strengths-based approach rather than a 'one size fits all' approach.

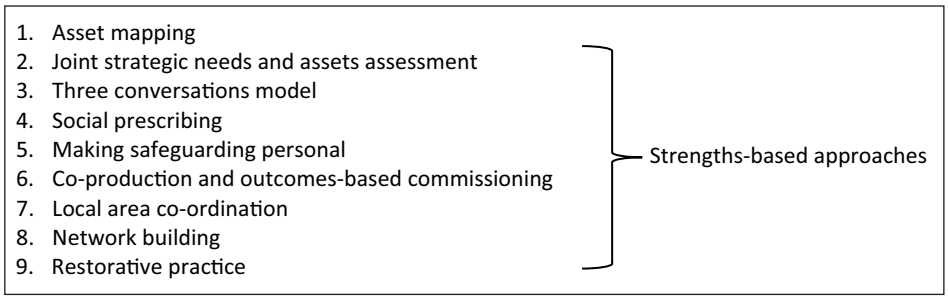


Figure 2: Practices constituting a strength-based approach.

tends to rely on definitions of what they *are not* rather than what they *are*. This is partly for clarity, and also to respond to some of the criticisms that have been levelled at the approach (which we explore later). It is important to recognise this presentation by the DHSC as it helps us to appreciate the conceptual and policy position it has adopted; it is signalling a shift away from deficit oriented procedural models of social care and placing 'new' emphasis on strengths, resources, and partnerships between professionals and agencies and those with care and support needs. The DHSC specifies that strengths-based approaches and/or practice *is not*:

- an outcome on its own;
- about reducing care packages;
- about signposting people onwards and providing less support;
- about not helping people;
- a focus on 'what is the matter with you' and 'what is wrong';
- about shifting responsibilities to carers and family or friends;
- a one size fits all approach (there are no scripts);
- about avoiding talking about the problem or issues.

These statements are in part a response to fears that a strengths-based approach would lead to – or worse was a euphemism for – retrenchment of the state with regards to welfare services and a reduction in accountability for care provision. In her (2017) report, Lyn Romeo (Chief Social Worker for Adults for England) asserts that a strengths-based approach is not driven by a need to save money (although cost savings may occur), reduce funding, or to shift responsibility for managing care and support services onto people and communities.

Supporting strengths-based approaches

The strengths-based approach to social work practice values the empowerment of individuals seeking support from services and advocates a relationship of collaboration as opposed to one of authority (Itzhaky & Bustin, 2002; Saleebey, 2009). Blood and Guthrie (2018) propose a number of principles underpinning support for older people using a strengths-based approach to help achieve both empowerment and increased resilience. These include: (a) collaboration and self-determination – bringing together personal and professional knowledge to find solutions; (b) relationships – core to a strengths-based approach and central to wellbeing; (c) personal strengths and contributions – understanding that everyone has something they can do, as well as things they need help with; (d) being curious about individuals – looking at interests or other characteristics that can be utilised to help them; (e) hope – the belief in the capacity of people to change and also the role this plays in sustaining emotional resilience; (f) positive risk taking – promoting positive risk taking or 'risk enablement'; (g) building resilience – enabling people to build their own capacity to deal with challenges now and in the future.

All of these principles can arguably help people to lead independent lives and maximise their freedom, and it is well evidenced that the vast majority of people want to have a say in decisions that (may) enable to them to do this (Hoole & Morgan, 2011). Among proponents of strengths-based approaches, relationships are consistently identified as key to achieving outcomes, namely maximising user quality of life and facilitating their ability to participate in activities they enjoy and are good at (Blood, 2013; O'Rourke, Duggleby, Fraser, & Jerke, 2015). The Mental Health Foundation (2016) also identifies relationships as being the foundation of mental wellbeing at all stages of the life course.

To support social care professionals to operationalise these principles, a number of authors identify the role of positive risk taking (Blood & Wardle, 2018; Guthrie, 2018; Morgan & Andrews, 2016). This requires people – service users and professionals alike – to explore and weigh up together the 'risks' of different options, including the risks associated with doing nothing and those associated with doing something that is inherently 'risky'. For example, there may be a number of risks associated with leaving a person living with (moderate) dementia in their own home (leaving the gas on, falling, not eating), but there may be greater risks associated with admitting them to a care home (decreased freedom, reduced quality of life, less independence, fewer rights, less access to friends & community activities). When people who use services are asked about 'risk' they tend to highlight the risk of losing their independence (Faulkner, 2012) as opposed to the risk of a harmful outcome such as a fall. This 'optimism' related to retaining independence is important in its own right, and according to Crittenden (2014) has a key role to play in promoting or maintaining positive mental wellbeing (Milne, 2020).

Proponents of a strengths-based approach may well agree that robust evidence in support of it is limited, in good part because it is difficult to define as a distinctive 'intervention' and/or capture its effectiveness either as a

standalone model or compared to other approaches. This was highlighted by Tse et al. (2016) in their critical review of existing research regarding the use and effectiveness of strengths-based approaches in mental health service settings. The authors did, however, acknowledge that there is some emerging evidence that use of a strengths-based approach can improve outcomes for people with serious mental illness, including hospitalisation rates, employment, educational attainment and intrapersonal outcomes, such as self-efficacy and a sense of hope.

Critical perspectives of strengths-based approaches

A number of criticisms have been made of strengths-based approaches. First, there is a debate about the status of the approach, which can be summarised by the following question: is it an intervention model comprising values and a specific method, or is it an ideological position on social practices? In response to this question, Saleebey (2002) stated that the strengths-based approach is based on an 'ideological position' but that it also constitutes 'a practice model'. Saint-Jacques et al. (2009) argue that it can be difficult to discern which methods are unique to strengths-based practices and that very little information currently exists about the extent to which services are actually delivered in ways consistent with the strengths-based model. In their study of social work practice in Canada, with families in difficulty, they state that it was impossible to establish whether the services offered to the families conformed to the principles of a strengths-based approach or not. This was due to the diversity of services and to the fact that the principles were extremely difficult to operationalise or capture.

Some authors, like Slasberg and Beresford (2017) have stated that there is a risk of the approach not accounting for the clients' reality, which in adults' social work is often characterised by few resources and embedded and multiple chronic problems. Similarly, Gray (2011) argues that 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 ignoring structural inequalities that undermine personal and social development, damage health and wellbeing, and create hardship and distress. Furthermore, she states there is a lack of empirical evidence for the 'successes' of strengths-based approaches; proponents tend to rely on descriptive case studies. The author advises against 'overly optimistic claims about the influence of social capital, community, and community development' and calls for more robust evaluation of the effectiveness of strengths-based approaches. Bransford (2009) questions the over-reliance or focus of one approach over another, be it one of empowerment or paternalism. She argues that social work is more amenable to an integrated holistic approach to practice than to either a diagnostic or strengths-based approach alone.

Daly and Westwood (2018) suggest that the objectives of strengths-based approaches are not necessarily applicable to social care, and that adopting the approach carries a number of risks. They argue that the default focus of much of the literature in this field is 'functioning younger older people' and not the groups of people who tend to rely on publicly funded social care in the UK: these groups tend to be characterised by complexity, multi-morbidity, being 'necessarily dependent' on others for their everyday survival, and/or facing a crisis which requires a speedy response (Lloyd, 2010; Saint-Jacques et al., 2009). The claim that strengths-based approaches are 'empowering' for individuals with this profile is questioned by the authors, hence their limited purchase for social care. Daly and Westwood also assert that strengths-based approaches are imbued with a number of underlying assumptions. The first assumption is that people *need empowering* and by implication that existing service models are *disempowering*. The second assumption is that informal (family/support networks/community) resources are empowering and, by implication, that to be in receipt of formal state support is to be 'disempowered'. They argue that evidence does not support either of these assumptions (de São José, Barros, Samitca, & Teixeira, 2016; Westwood & Daly, 2016), and that the types – and critically the source – of support that is empowering (either for those needing care or those giving it) is not clear in strengths-based literature.

Another criticism arising from Daly and Westwood's analysis is an assumption that resources (or 'strengths') exist in the user's situation, which are as yet untapped. They argue that this is something that needs to be tested rather than assumed; it may well not be the case. Furthermore, they identify a hierarchy of 'resources' which privileges particular resources over others. Those that are privileged include: communities, social networks, connectedness, resilience, and psychosocial health (Hopkins & Rippon, 2015). Daly and Westwood suggest that these are largely relational, deriving from individuals' social capabilities and personal connectedness to networks. While this is – of itself – not problematic, they note an absence of focus on material or monetary resources, and importantly an absence of recognition of the health inequalities that arise from social and structural inequalities. In broad terms this critique posits that the strengths-based approach insufficiently engages with the important role played by inequalities, including those relating to resources and power, that are significant drivers of ill health, need, and dependency in UK society (Friedli, 2013). Daly and Westood (2018) argue that an emphasis on the social and relational attributes could potentially exacerbate inequality, in that affluent people are more likely to have more of all the resources that are 'privileged' and less likely to be vulnerable to shortages and inadequacies in public services. Prowell (2019) agrees and argues that a new construct of resilience (in the context of strengths-based approaches) carries with it potentially dangerous underlying assumptions, particularly for those in marginalised groups. This links to another criticism; that despite its apparent focus on communities and social connectedness, strengths-based approaches are rooted in individualism; they place primary emphasis on recognising and enhancing personal attributes such as coping abilities, resilience, and positive adaptation rather than on the development of social or community resources (Foot & Hopkins, 2010).

One final criticism articulated by Daly and Westwood's work can be summarised in the following question: is a strengths-based approach really any different from current approaches? The argument is that community-based assessments of need, particularly in social care, have always been based initially on identifying what informal support is already available (i.e., existing strengths), then identifying any gaps in that informal support, and in turn identifying when and where the state may need to step in. This, they argue, is not a deficit approach. Rather, it is a strengths-based approach that recognises, first, that people's strengths and resources need to be taken into account for the purposes of entitlement and access to services and other public resources; secondly, that the nature and level of people's resources vary, and thirdly that there is a 'strengths sufficiency threshold' that determines well being beyond public services. This sufficiency threshold is executed by the longstanding practice of means testing, widely employed by local authorities in the UK.

Daly and Westwood (2018) suggest that a strengths-based approach is overpromised, insufficiently theorised and lacking empirical evidence of positive impact on social care services users. They raise concern that this approach is emerging as a 'false panacea' presented as solving the complex multi-dimensional challenges facing an under-funded social care sector by offering 'more for less'. Slasberg and Beresford (2017) concur and argue that policy makers continue to search for a 'miracle cure' that will transform social care into a system that is both personalised and less costly. The latest of these is strengths-based practice. They cite examples which show how cost-saving claims for the strengths-based approach have not been borne out by financial returns data from local authorities.

Strengths-based practice and the 2014 Care Act

A number of key responsibilities and principles are embedded in the 2014 Care Act. As set out by the Act, Local authorities in England are responsible for: promoting individual wellbeing; preventing needs for care and support; integrating social care with health services; providing people with information and advice; promoting diversity and quality in service provision; and working co-operatively with both people and partners in meeting care needs. The Care Act 2014 guidance explicitly refers to strengths-based approaches, by requiring local authorities 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 (Department for Health and Social Care, 2018a).

However, the Care Act 2014 does not *require* local authority staff to adopt a strengths-based approach in their practice. Rather, it states that they must, or should, perform their care and support functions – assessment, providing services, commissioning – in a way that is consistent with the core elements of a strengths-based approach.

Whilst Slasberg and Beresford (2014) consider the Care Act to be a largely positive piece of legislation they are critical about the fact that the power related to decision making regarding resources (continues to) rest with local authorities. They argue that this positions the service user – who should be at the centre of decision making about their care and support – subject to the resource constraints of councils. Guthrie and Blood (2019) support this view when they state:

> Despite the rhetoric of strengths-based practice within the Care Act 2014, eligibility for adult social care support is still largely determined by level of need (and by financial circumstances). This is also true of disability benefits and Continuing Health Care funding, where there is an even greater focus on people's deficits.

Stanley (2016) suggests that in order to create practice systems that encourage holistic and person-centred assessments to inform support planning, agencies need to move from a service driven model to one that is needs led. He acknowledges that this is not straightforward because service-led practice has dominated adult social care for a long time. The reality, and the challenge, is that social care needs to be both cognisant of resource issues while adopting a needs-led approach.

There is some agreement then (Guthrie & Blood, 2019; Slasberg & Beresford, 2017; Stanley, 2016) that if strengths-based practice is to be truly embedded in local authority adult services, there needs to be a willingness to delegate financial decision making (at least to certain monetary limits) to frontline teams and their managers, and to trust in the skills and judgement of social workers (who do the majority of assessments of need) and the genuine involvement of users.

Cultural implications of strengths-based approaches

A number of authors have expressed the view that adopting a strengths-based approach requires a fundamental shift in values and attitudes amongst both providers of social care and service users (Foot & Hopkins, 2010; Ford, 2019; Guthrie & Blood, 2019; Pattoni, 2012; Tse et al., 2016).

Ford (2019) suggests that a 'true strengths-based approach' requires a whole systems change to the way that social care is envisaged and co-produced with individuals, families, groups, and communities. She argues that when care (or case) management became the dominant model in social care (under the NHS and Community Care Act 1990), it imposed bureaucratic procedures that still prevail in practice today. This threatens the flexibility and creativity that are seen as *essential* for successful implementation of a strengths-based approach.

Proponents of a strengths-based approach often refer to what it is not, or at least how it differs from the more traditional 'deficit approach'. The deficit approach focuses on the problems and needs of an individual or a community, and so designs services to fill the gaps and address the problems. One of the consequences of this process,

it is suggested, is that individuals can feel disempowered and dependent; they can become passive recipients of expensive services rather than active agents in improving their own and their families' lives (Foot & Hopkins, 2010). Conversely, because a strengths-based approach values the capacity, skills, knowledge, connections, and potential of an individual, their family, and their community, Foot and Hopkins (2010) argue that this requires a shift in attitudes and values (particularly among professionals and councils in relation to the 'sharing of power') and an understanding of the limitations of a 'deficit' way of seeing the world.

What this means is that professional staff, local authority managers and councillors have to be willing to share power; instead of doing things *for* people, they have to help a community *do things for itself*. In this scenario, place-based, partnership working takes on added importance as silos and agency boundaries can get in the way of people-centred outcomes and community building. Here proponents argue that a strengths-based approach does not replace investment in improving services or tackling the structural causes of health inequality. The aim is to achieve a better balance between service delivery and community building (Foot, 2012).

There are potential cultural barriers to being able to practice in a strengths-based way. Social work and social care practitioners are influenced by the cultures of the organisations they work in. Despite an increased focus on strengths-based practice, if services are commissioned, performance managed and inspected in a way that is risk averse, looks for quick fixes, and values outputs over outcomes, it will limit workers' potential to employ strengths-based approaches (Guthrie & Blood, 2019; Stanley, 2016).

Commenting on mental health services, Tse (2016) states that there is a dearth of evidence-based guidance on the best approaches to training staff in strengths-based approaches, but that this is critically important given that much clinical training continues to focus on 'deficits' and 'symptoms', fostering a 'clinician knows best' attitude towards patients.

Strengths-based approaches and autistic spectrum disorder

Much of the more positive discourse about strengths-based work and autistic spectrum disorder (ASD) exists in literature about children and education. Whilst children's services were excluded from this literature review, it was felt important to include a section on ASD and education here as strengths-based approaches are embedded in this arena.

While the language of 'strengths-' and/or 'asset-based' approaches may not be terms that are explicitly used in the field of autism and intellectual disability, there are a number of parallels worth acknowledging. For example, a key part of the SPELL framework (Structure, Positive approaches and expectations, Empathy, Low arousal, Links) developed by the National Autistic Society from the 1960s onwards (https://www.autism.org.uk/), includes starting with people's skills and interests as a way to help them learn, develop, and have a better quality of life. A key element of person-centred active support – a method of enabling people with learning disabilities to engage more in their daily lives which was first formalised as an approach to support in the 1980s – also begins with people's skills, knowing what they can do and then providing support to compensate for the things they find more difficult (Mansell & Beadle-Brown, 2012). Both the SPELL Framework and Person-centred active support aim to improve people's quality of life including by putting individuals, even with the most severe disabilities, at the centre and in control of their lives. These approaches, even if not in name, have clear similarities to adopting a strengths- or asset-based approach in social work and social care more widely. Cementing this parallel, Haney's (2018) work found that social workers have accurate knowledge and hold strengths-based attitudes about autism and persons on the autism spectrum.

Evaluating strengths-based approaches

Traditional evaluative methodologies, such as randomised control trials (RCTs), work best when we are asking straightforward questions of a clearly delineated intervention for a defined population – questions like 'can it work for group X with problem Y'? Such trials depend on 'an intervention' – that operates largely independently of context – interacting directly with a number of individual subjects/patients with a delineated – often single – difficulty or health condition (Foot, 2012).

Given the complexities inherent in the interconnected systems that can form part of a strengths-based approach (services, interventions, communities, environments, relationships, and so on), it is perhaps unsurprising that there a number of challenges associated with evaluating this approach. Moreover, for RCTs to make sense, there should be good grounds for assuming a degree of homogeneity of impact of the intervention on individuals, so that the task becomes one of estimating the mean effect size. When an intervention can have wildly different (and unpredictable) impact(s) on individuals, and even more so in whole communities – with some gaining great benefits, while others suffer ill-effects – it makes far less sense to seek an estimate of 'average benefit'. So, assessing the empirical value of a strengths-based approach, whilst important, may not be straightforward or even possible, at least in a conventional way. Council leads in one study acknowledged 'the challenge is to develop an evaluation framework that would enable us (them) to understand the short-term outcomes and longer team impacts of the initiatives' (Miller & Whitehead, 2015).

An important consideration when thinking about how to evaluate a strengths-based approach (or approaches) appears to be dependent on how we think about it conceptually. In their review of empirical studies of the strengths perspective, Staudt, Howard, and Drake (2001) concluded that the dimensions/aims of the strengths perspective are not adequately operationalised or measurable, and that it lacks empirical support for either its uniqueness or its efficacy. Moreover, in those studies reporting positive outcomes, they reported it is not possible to determine whether outcomes are due to the strengths-based approach, or the delivery of additional services (attribution problem). However, Barbara Probst (2009) argues that strengths-based approaches are often

misunderstood, resulting in confusing and fruitless debates about whether there is empirical evidence for the utility of the strengths perspective. She argues that the strengths perspective is fundamentally an applied concept that can operate only through the medium of a specific intervention, not a distinct 'modality' whose efficacy can be independently evaluated. She also cites Saleebey (2009), who makes clear that the strengths perspective is not an explanatory theory or a specific methodology, but a fundamental orientation toward hope, healing, purpose, and meaning that can be applied to a range of settings and interventions. Probst (2009) argues that instead of arguing about whether the strengths perspective is a 'real theory', has been sufficiently operationalised, or can be empirically tested, it may be more fruitful to examine how it can be used by a wide range of professionals in practice. Further to this, she argues that a more relevant question is to ask whether there is a nurturing environment that can support a shift from a deficit-based to a strengths-based approach. How one evaluates the impact or efficacy of 'practice applications' or of a 'nurturing environment', however valid they may be, would at best be challenging, and at worst simply not viable.

Miller and Whitehead (2015) suggest that while evidence is slow to emerge, 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. One example is that of Shropshire's 'Let's Talk Local' initiative (based upon asset-/strengths-based principles) which established these performance indicators to develop an outcomes framework:

- Increased number of people leaving 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.

Although a helpful framework, these performance indicators may be subject to similar concerns as those expressed above. For example, one could argue that any impact on these indicators could also be due to the withdrawal of care services.

Practitioners need to evaluate what they do in order to inform future implementation, and commissioners will also want to use the most robust evidence available to them when making decisions on funding allocation. Foot and Hopkins (2010) pose a number of questions related to the challenge posed by the evaluation of strengths-based approaches. These include:

- What does a strengths-based approach achieve?
- Does it achieve health-related goals?
- How does it work: what is the 'theory of change'?
- In what context does it work?
- What measures can be used to establish baselines and track inputs/outputs?
- How can outcomes be measured in the short/medium term?
- How can the effectiveness of different interventions be compared?

A number of other methodological challenges outlined for evaluation include: clarifying goals and objectives – what are these, how narrow or broad should they be? How can we *prove* impacts such as stronger community networks or greater levels of social capital on health/care related outcomes? How do we measure organic and dynamic systems that respond differently to varied events and circumstances, and make replicability difficult? How do we identify savings or beneficial outcomes which may not happen within project timescales? These may be overlooked entirely because they accrue elsewhere in the 'system', for example, a housing initiative may reduce costs for health services.

One potential way to answer these questions is to model the process and show the complex relationships between inputs, outputs and outcomes using evidence and other local information. Three examples of these models are: the logic model, outcomes-based accountability (OBA), and developmental evaluation.

The logic model (see: https://www.wkkf.org/) is a systematic and visual representation of a programme which creates a framework for evaluation. It provides a 'roadmap' for how inputs are linked to outputs and outcomes. By setting out the anticipated 'theory of action' – that is, how the inputs will produce the outputs and how those outputs contribute to the outcomes – it enables the measurement and tracking of those inputs and outputs as intermediate states to the agreed outcome.

Outcomes based accountability (OBA) utilises tools such as appreciative enquiry, open space and storytelling which can be used to define the outcomes for people or a defined question. The aim is to gain understanding of what is working and to understand the human stories and experiences that people have had as a result of accessing services.

Developmental evaluation (Gamble, 2008) is an evaluation method designed for social innovation, which can be regarded as a strengths-based approach. It makes use of data generated through network mapping, modelling, indicators, and appreciative inquiry events. The method will not necessarily give you metrics that can be used in any 'objective' judgement about the success or failure of a project or produce findings that are generalisable to other localities or circumstances. Rather, it will provide a structure for 'action learning' about emerging practices and uncertainty.

All these models will enable a way of charting a project, measuring process targets, and tracking appropriate milestones. Whether they constitute robust evaluations of effectiveness, and/or help commissioners make funding decisions is another question. One option may be to use performance indicators from the national indicator set used for comprehensive area assessments (CAA), another is to utilise the Wellbeing and Resilience Measure (WARM).

The WARM was developed by the Young Foundation and brought together multiple agencies including councils,

the Improvement and Development Agency (IDeA), the Local Government Association (LGA) and academic partners (Mguni & Bacon, 2010). Its aim is to provide a way of bringing together existing and new data to help communities make sense of their choices. In particular, it focusses on analysing assets (or strengths) – things that make communities work – as well as deficits. The framework measures residents' current wellbeing and other measures of local areas circumstances and needs. It then looks at the balance of assets and vulnerabilities that are most likely to determine future success and how resilient the community will be to 'shocks' such as recession and high unemployment. It seeks to identify and understand an area's strengths, such as levels of social capital, confidence amongst residents, the quality of local services or proximity to employment, as well as vulnerabilities such as isolation, high crime, low savings, and unemployment.

These approaches to evaluation highlight the complexity and challenges related to evaluating strengths-based approaches and practice. The examples given are by no means exhaustive but can inform thinking about research methods and techniques. One important consideration may be the unit – and level – of assessment. For some models and examples this would be improved individual outcomes (as the goal of strengths-based practice for example) whilst for others it may be improved community wellbeing or networks (Ennis, 2010), or practice changes in social work or social care. An ambitious project may include a number of levels, or units of assessment.

Limitations

The review may be limited by the lack of evidence in a relatively under-researched area of practice. Study designs were varied and included a number of qualitative case studies but very few quantitative or RCT based studies.

Conclusion

Evidence of improved outcomes for adults who use social care services as a result of employing strengths-based approaches is limited at present. Whilst they are not 'new' in the sense that they have been written about and discussed for many years, their adoption in the adults' social care arena in English local authorities is a relatively recent phenomenon. It is a popular model with policy makers and its tenets chime with the neo-liberal narrative of competency, independence, and self-care. Many practitioners are also keen to embrace a model that promotes positive thinking and engages with the skills and abilities of users and carers and their social networks. Considerable investment has been made in rolling out strengths-based approaches in adult services, especially in social work. Nonetheless it remains a contested area, with some authors claiming the empirical evidence about its impact on the lives and wellbeing of users, particularly those with complex needs that straddle the physical, psychological, social, and financial, is unclear. Others point to the potential benefits of taking a strengths-based approach while also suggesting that capturing evidence using more 'traditional' methods of measurement may simply not be possible, or even desirable, in their context.

To take a strength-based approach is to look at people in their context adopting a holistic perspective, arguably one that goes beyond the purview of frameworks such as person-centred care. How far such a perspective is a 'model' is a key question. Given that strengths-based approaches can take many different forms and may conform more to a 'way of thinking' rather than a specified set of actions or interventions, makes them difficult to define with any specificity and therefore challenging, if not impossible, to evaluate.

It is difficult to draw definitive conclusions about the role and impact of strengths-based approaches as a consequence of the complexity and multi-dimensionality of the models adopted, the vast range of needs the social care system is expected to address, the variable and shifting nature of local authorities, and problems with attribution: the more elements of a person's life strengths-based approaches are expected to engage with, the more difficult it is to claim connectivity. Strengths-based ideas and approaches have much to commend them but at the present time it is hard to capture with any confidence what their role and particular contribution to improved outcomes is. That is, arguably, the next challenge: to explore ways to evaluate strengths-based approaches that take account of a range of perspectives, speak meaningfully to outcomes, are robust methodologically, and have resonance beyond a single setting or local authority. This review has brought evidence together, extended understanding about strengths-based approaches in social work and social care for adults and offered us a platform upon which to develop models and methods of evaluation.

Competing Interests

The authors have no competing interests to declare.

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