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Perspectives on strengths-based approaches: social workers, commissioners and managers

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DISCLAIMER

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Executive summary

Introduction

Innovation in care models is seen as a key mechanism for addressing demographic and financial challenges facing the care system. One such recent development are strengths-based approaches to social care and social work. A previous systematic review of the literature conducted by the Adult Social Care Research Unit (ASCRU) showed that little is known about the development and implementation of strengths-based approaches in adult social care and social work. The present study builds on existing evidence and the literature review noted above.

Aims

The overarching aim of this study is to understand how existing strengths-based models and approaches are being applied in the social care and social work arena in England. In addition, we wanted to explore how and why these have been implemented locally; and how these models are impacting on practice.

Methods

This study reports analysis of free-text answers from an online survey and semi-structured interviews with professionals involved in organising, managing, delivering, and commissioning strengths-based approaches to adult social care and social work. We invited eligible participants to take part in the survey between December 2020 and October 2021. Participants who took part in the survey - and agreed to be contacted for interview - were invited to discuss their experiences further and expand upon comments made in the online survey. These interviews were conducted between August and December 2021. Responses from the online survey and individual interviews were analysed separately using framework analysis.

Results

In total, 32 participants completed the online survey and ten participants took part in a one-to-one interview. Participants reported adopting strengths-based approaches in a fluid, flexible way – with the 'Three Conversations' (3Cs) model being the most common. While participants had a sense of what they felt constituted a strengths-based approach, many participants also stated that it was not distinctively defined and was difficult to articulate. Largely participants agreed that strengths-based approaches are relevant for everyone (either directly or indirectly) involved in or in receipt of social care or social work services. However, some participants suggested that they may not be as suitable for people with severe mental health problems or severe learning disabilities and/or people in crisis.

Participants spoke about a range of outcomes/impact they felt had resulted from taking a strengths-based approach in their area of work. These included:

- Improved reported wellbeing for people accessing services and satisfaction with services;

  (ID:SW15, Social worker: 'I believe it [a strengths-based approach] can bring hope which is crucial for people's wellbeing. It may allow carers to have more belief in their loved one.')

- Enriched interactions with people accessing services – especially social workers – (greater empathy, trust and better rapport);

  (ID:SW19, Strength based practice lead: 'People drawing on support told us they didn't trust us so would not be honest about barriers and gaps, frightened resources would be removed from them. Now we concentrate on what matters to them, they feel listened to and are more likely to be open about outcomes and wellbeing.)

- Increased autonomy for social care practitioners to be creative and provide innovative solutions;

  (ID:SW17, Principal social worker: 'It feels such a positive change to how we were practising 5 years ago where we had larger waiting lists and we processed people through our system rather than trying to be creative in finding solutions.')

- A less 'prescriptive' view of support encouraging greater independence and improved sense of 'self-worth' for people accessing services;

  (ID:SW5, Social worker: 'It enables us to try different approaches before a crisis is encountered to prevent or delay the need for more costly services. so for example a combination of family support and paid carer support along with meals delivery services or day care services to enable a person to live at home more safely for longer before a crisis happens where the person may require hospital treatment which could lead to residential/nursing care. This is not only costly to NHS and social care but ideally a person would like to live in the comfort of their own home with family and friends around them for as long as possible. I think people like and value that they are able to speak to a social care worker as and when they require this advice and support.')

- Reduction in bureaucracy in organisational processes (e.g. care assessments and 'triaging' first contacts).

  (ID: ASC Director: 'One of the things we've been really clear about, is if you really 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, and so 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, for whatever reason.')

Participants reported a number of challenges related to adopting strengths-based approaches including: incompatibility of existing systems and organisational structures; workload pressures and a depleted workforce; limited resources including scarcity of community 'assets'; applying this approach at crisis point; challenging a dependency culture and reluctance to adopting a strengths-based perspective in some situations. Participants cited strong leadership, organisational 'buy-in' and trust between all individuals (from senior managers to practitioners) as key to successful adoption and implementation.

Attempts to 'evaluate' the impact of strengths-based approaches varied and included small-scale qualitative and quantitate data collection within local authorities.

Conclusion

Overall survey 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 and support people more effectively.

Despite the fact that, in general, participants in the study had a very positive view of strengths-based approaches and could identify a range of benefits resulting from their adoption, there is only limited evidence of its effectiveness as a model. The challenge for researchers - and to some extent practitioners too - is how to meaningfully capture the nuanced impact of adopting such a multi-dimensional approach, including and particularly what, and how, it contributes to improved outcomes for adults with care and support needs and their families. A case study model, which permits the benefits of a strengths-based approach to be made visible whilst accommodating the complexity of the issues facing adults with care and support needs and the role of practitioners in helping to meet these is likely to be appropriate.

The challenge for policy is how to operationalise and replicate the benefits, including better outcomes, of adopting a strengths-based approach. Changes in assessment and care planning (making them more outcomes focussed for example) may be one approach; a 'top down' strategy is unlikely to be appropriate on its own. It is evident that whilst 'more aspirational practice' helps to deliver a strengths-based approach this is only one element of a broader shift.

The principles and values associated with adopting a strengths-based approach appear to be consistent with providing high quality social work and social care. The inherent requirement is that a strengths-based approach has to be at the centre of practice, with the prerequisite that for this to happen meaningfully it has to be underpinned by organisational and infrastructural commitment and support.

Together these results can help to inform the development of an appropriate framework(s) or method(s) to evaluate strengths-based approaches applied in adult social care and social work in England and help policymakers to make evidence-informed decisions regarding investment in strengths-based approaches.

1 Introduction

Innovation in care models is seen as a key mechanism for addressing demographic and financial challenges facing the care system. 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 innovation in social work and social care. Although popular with policy makers we know very little about the development and implementation of these models locally, their interaction with other 'traditional' services, or their expected outcomes relating to wellbeing and care costs.

One such recent development are strengths-based approaches to social care and social work. Strengths-based approaches are appealing because they promote positive thinking and practice and engage with the skills and abilities of users, their families and their social networks. This approach has been relatively widely adopted by local authorities and has been positively embraced by social workers; they are seen as pivotal to the success of the strengths-based approaches.

A number of strengths-based approaches have been developed, such as Asset-Based Community Development (ABCD), Local Area Coordination and the Three Conversations Model. Previous work conducted by Adult Social Care Research Unit (Caiels, Milne and Beadle-Brown, 2021) showed that evidence of whether, and how, strengths-based approaches work, or which model works best for whom and in what circumstances is limited at present. There are methodological challenges in evaluating these approaches due to their complexity, variety and multi-faceted nature. The present study builds on this previous review of literature and evidence surrounding the use of strengths-based approaches in social care and social work for adults. It comprises an online survey with professionals working in social work and social care, and individual interviews with those who took part in the online survey and agreed to be interviewed. This report presents the findings from both.

The results from this study will inform the development of an appropriate framework(s) or methods to evaluate strengths-based approaches. In turn, this will help policymakers to make evidence-informed decisions regarding funding for investment in strengths-based approaches in social care and social work.

1.1 Aims

The overarching aim of this study is to understand how existing strengths-based models are being applied in the social care and social work arena in England. In addition, we wanted to explore how and why these have been implemented locally; and how these models potentially impact on practice.

Specifically, we aimed:

- To describe take-up of strengths-based models, by type and arrangements for implementing them (survey only);

- To explore views on the use of strengths-based models among people working in adult social care and social work (survey and individual interviews);
- To establish a consensus about what strengths-based approaches are/aim to do (survey and individual interviews);
- To understand for whom it is relevant for and at what time point (survey and individual interviews);
- To explore how and why they have been implemented locally including facilitators, challenges and impact of/on commissioning (survey and individual interviews);
- To describe expected outcomes for people including providers and people accessing services (survey and individual interviews);
- To gather information on the mechanisms of change associated with strengths-based approaches (individual interviews only);
- To explore what kinds of new strengths-based models of social care are developing (individual interviews only);
- To understand their interaction with other 'traditional' care services and how it differs from previous practice (individual interviews only);
- To understand the impact of the COVID-19 pandemic on strengths-based approaches (individual interviews only).

2 Methods

2.1 Study design

This study reports analysis of free-text answers from an online survey (Microsoft Forms) and semi-structured interviews of professionals involved in organising, managing, delivering, and commissioning strengths-based approaches to adult social care and social work. We targeted the study specifically at three types of professionals: a) Senior managers / managers (with responsibility for strategy) and/or adult services / managers responsible for practice development in local authorities; b) Principal Social Workers for Adults (PSWs)/Social Workers; and c) Commissioners / commissioning managers.

2.2 Participants and recruitment

We invited eligible participants to take part in the survey between December 2020 and October 2021. Participants who took part in the survey and agreed to be contacted for interview were invited to discuss their experiences further and expand upon comments made in the online survey. These interviews were conducted from August 2021 to December 2021. We recruited participants to complete an online survey through members of the Project Advisory Group including representatives from a Public Involvement and Engagement Group (PIEG); Social Institute for Excellence (SCIE); British Association of Social Workers (BASW); the Association of Directors of Adult Social Services in England (ADASS); Local Government Association (LGA); the Principal Social Work (PSW) Network; Skills for Care; Department of Health and Social Care; local councils and academic colleagues (outside

the University of Kent). Professionals working in England in adult social care and social work could take part in the survey if they were involved (in some way) in implementing, adopting, choosing or applying strengths-based approaches in their job role. Those who have either actively not chosen this approach, or are not using it at present, were also eligible to take part. The majority of participants were either social workers or social work managers.

Recruiting participants to take part in both the online survey and a subsequent interview in the context of the COVID-19 pandemic was a particular challenge for the study. Participants were part of the critical services particularly affected by the COVID-19 pandemic; part of their role was to provide ongoing and new support to people in vulnerable groups and contexts. Our participants were experiencing a significant increase in workload demand, especially for those in direct contact with people accessing care, and those with responsibility for providing care and offering continuity of care. As a result their ability and capacity to take part in any research study was considerably compromised; this led to delays in recruitment and participation. Feedback from potential participants indicated that lack of time and capacity was the primary reason for non-participation. While individuals were often enthusiastic to take part in this research study, given the context the study was carried out in, and some of the senior posts participants occupied, securing a date/time for an individual interview proved challenging and was often done some weeks or months after the team making initial contact. A number of appointments had to be cancelled and re-arranged at the request of participants.

2.3 Survey

The development of the survey was informed by the literature review (Caiels, Milne and Beadle-Brown, 2021) and following consultation with members of the Project Advisory Group including two representatives from a PIEG. In brief, participants were asked background questions to capture their role and the type (county council, metropolitan etc.) of local authority they work for. These were followed by open-ended questions asking about strengths-based approaches in their local authority. The questions included in the survey slightly varied depending on which of the type of the participant was recruited (as described in 2.1 Study design). The online surveys can be found in Annex 1.

2.4 Individual interviews with participants

The interview schedule was developed by the research team and the Project Advisory Group through an iterative process. A provisional interview schedule (version one) was developed by researchers and presented to the Project Advisory Group as part of an advisory group meeting. The schedule was then modified based on their comments and an amended version (two) circulated for further comments. The schedule was again revised (version three) based on these comments. A final version (four) was agreed by the Project Advisory Group and used to collect the data. The interview schedule can be found in Annex 2. The questions included in the interviews slightly varied depending on which of the type of the participant was recruited (as described in 2.1 Study design).

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

2.5 Qualitative analysis

Responses from the online survey and individual interviews were analysed separately. We undertook a framework analysis (Bryman and Burgess, 1994) to organise and code these responses. This involved a five-step process of 1) familiarisation, 2) identifying a thematic framework, 3) indexing, 4) charting, and 5) mapping and interpreting the data. We uploaded the responses to Nvivo (release 1.5) and created two unique datasets (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. We derived the initial thematic frameworks (one for the online survey and one for individual interviews) by a priori research aims and objectives, and refined them using the notes from the familiarisation stage. The primary aim of this stage was to manage our datasets rather than interpret our data. We piloted these initial frameworks on a proportion of responses. We then refined our a priori categories into thematic frameworks using the data. We then coded the rest of the responses against the thematic frameworks and refined them further. BS was responsible for indexing and charting the survey data in Nvivo (release 1.5) and JC was responsible for data from individual interviews. After this stage, we discussed the thematic frameworks with the wider study team and collectively agreed their final versions.

Finally, the mapping and interpretation stage involved the reviewing of the charts and notes, to look at patterns, connections and contrasts between the experiences of participants. We then wrote up our findings for review by the research team and presented the results at a Project Advisory Group meeting.

We complemented qualitative findings by descriptive statistics that we ran using IBM SPSS Statistics 25.

3 Ethics approval and consent to participate

Ethical approval was obtained from the University of Kent Research Ethics Committee (Ref: SRCEA 0278) and the Association of Directors of Adult Social Services (ADASS) (Ref: RG21-03). All participants gave informed written online consent before they began the survey. All participants were asked again prior to beginning an interview if they were happy to take part, and if they were happy for the interview to be recorded.

4 Patient and public involvement

Two members of the public contributed, through discussions and email, to the development of the survey and the interview schedule.

5 Results

Table 1 and Table 2 show the profile of participants taking part in the survey and subsequent interviews. In total, 32 participants completed the online survey and ten participants took part in a one-to-one interview. The key responsibilities of PSWs/social workers included: supervision, development and management of other team members; conducting reviews, assessments and care planning; safeguarding; advice, signposting and support of service users, their unpaid carers and families; liaising with other agencies; audit, policies, and quality assurance. Two participants (PSWs/social workers) specifically stated "facilitating strengths-based approaches" as their key responsibilities.

The key responsibilities of senior managers/managers included audit and reviews; supervision, training and development of team members; and other responsibilities (e.g. recruitment, operational tasks, safeguarding, and authorisations). The key responsibilities of commissioners/commissioning managers included: commissioning of services (e.g. housing based services; care homes/nursing homes; community-based services); market and partnership development; and monitoring and management of services.

Table 1. Profile of participants taking part in the survey

	Type of participant		
	Principal Social Workers/Social Workers n= 22	**Managers n= 6**	**Commissioners n= 4**
Type of local authority	**N**	**N**	**N**
County council	8	1	2
District council	1	1	0
London borough	5	2	1
Metropolitan district	1	0	1
Unitary authority	4	2	0
Other: NHS	3	0	0
Applying SBAs			
Yes	22	6	3
No	0	0	1

Abbreviations: SBAs - strengths-based approaches

Table 2. Profile of participants taking part in the individual interviews

	Type of participant		
	Principal Social Workers/Social Workers n= 7	**Managers n= 1**	**Commissioners n= 2**
Type of local authority	**N**	**N**	**N**
County council	2	0	1
Metropolitan district	0	0	1
London borough	0	0	0
District Council	0	0	0
Unitary authority	4	1	0
Other: NHS	1	0	0
Applying SBAs (Yes)	7	1	2

Abbreviations: SBAs - strengths-based approaches

As the data collected via survey and individual interviews were analysed separately, we present themes identified from these separately. While there may be some overlap between the survey and individual interviews in the identified themes, a number are unique to one of the modes of data collection. Moreover, presenting themes for survey and individual interviews separately enabled us to capture the breadth and variety of perspectives among social workers, commissioners and managers on strengths-based approaches. Quotations are referred to using unique IDs that were assigned to each participant. Different IDs were assigned to participants taking part in the survey and subsequent interview to preserve anonymity and confidentiality. It is therefore not possible to cross-reference between survey and interviewee responses.

5.1 Online survey

5.1.1 Uptake of strengths-based approaches

All but one participant reported applying strengths-based approaches to the delivery or commissioning of social work and/or social care services (Table 1). One commissioner who reported they do not take strengths-based approaches into consideration when considering bids and tenders was unclear about the reasons why strengths-based approaches were not considered in their work. In addition, they stated that no other model or approach was being applied as an alternative to a strengths-based approach.

The most common model or approach reported was the Three Conversations model. Other models of strengths-based approaches cited by participants 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.

Several participants did not refer to a specific strengths-based model when asked about how strengths-based approaches are being operationalised in their area of work. Instead,

they referred to reflective practice; strengths-based toolkit; holistic approach; a strengths based audit tool; strengths-based practice; strengths-based model of assessment; and strengths-based framework.

5.1.1.1 Uptake of strengths-based approaches across adult social care and work settings

Irrespective of how strengths-based approaches were operationalised in participants' area of work, these were applied in many settings including: mental health settings, residential placements, self-directed support (SDS) packages, 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, and supervision and policy.

Some participants reported that they use strengths-based approaches across all areas of work. For example:

> *"In my area we would expect all of our providers to work in a strengths-based way, my team who carry out assessments and reviews of individuals living in accommodation based services would also work with a strengths-based approach - ensuring that people are given the right opportunities to live as independently as they can" (ID:C5, Commissioner).*

In addition, some participants were explicit about strengths-based approaches underpinning the ethos of their area of work. For example:

> *"It influences us throughout our adult social care system- we have a strengths-based audit tool we're using, a new strengths based supervision policy and tools, compassionate leadership and strengths-based practice runs through all our training. We have become more connected to and knowledgeable about our communities and the resources within them- this has slowed down a bit with Covid restrictions but that is still very much our intention" (ID:PSW17, Principal Social Worker).*

There was a consensus that strengths-based approaches are relevant for everyone who draws on and works in social care including those with high care and social needs. This includes people with social care needs, their families, local communities as well as all professionals working in adult social care together with administrative staff, integrated staff (district nurses, health colleagues, police etc.), agencies and commissioners. For example:

> *"All professionals using a 'think family' approach- Ensuring that the whole system is involved and included as part of the assessment and intervention stage. It is also important for service users and their families to know how strengths-based approaches are implemented in the organisational model so that they can feel assured that they are experiencing a service which focuses on this. This could create a more supportive working model" (ID:SW14, Social worker).*

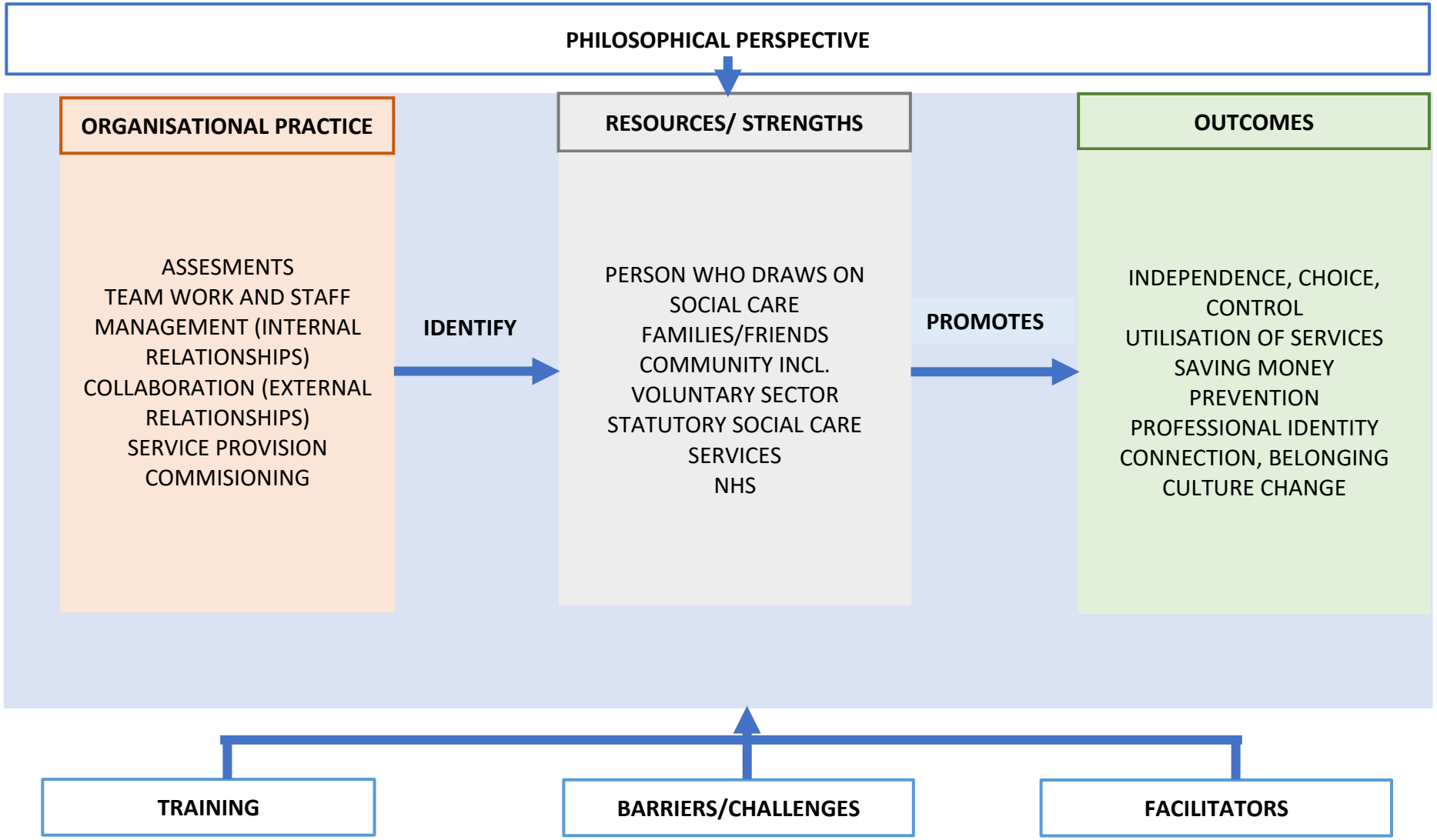
> *"I work on a rehabilitation ward with brain injured and functional neurological service users - a lot of rehabilitation is strengths-based, however it can be slow and*

frustrating for individuals - by focusing on what service users are able to achieve and do I can support with motivation and determination and reflection on progress for example" (ID:SW16, Social worker).

5.1.2 Concept and understanding of strengths-based approaches

Understanding of what constitutes a strengths-based approach varied across our participant group; synthesising a single explicit definition based on their responses proved to be challenging. When participants were asked about how they understood the term 'strengths-based approaches' most would describe strengths-based approaches in terms of their objectives, impact or outcome. Based on these responses, we developed a model (Figure 1) which offers a framework to facilitate understanding of what strengths-based approaches are and how different dimensions of strengths-based approaches relate to one another.

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



As can be seen in Figure 1, strengths-based approaches can be understood as a philosophical position on social care and social work practices that translates into a practice 'methodology' or organisational practice. As such strengths-based approaches, not only informs 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 across all the layers of an organisation or service (including a person who draws on social care and social work, family, friends and wider community such as voluntary sector as well as statutory social care services and the NHS). Once the resources/strengths/assets are identified and adequate interventions (e.g. care plan, goals for individuals, improved working conditions) are implemented this should help to facilitate positive outcomes.

5.1.3 Outcomes

Participants identified a range of outcomes they perceived as resulting from using strengths-based approaches in their area of work. Outcomes can be organised at individual level (e.g. person who draws on social care/work), community level (including friends, families, voluntary sector, neighbours etc.), social care and social work workforce, and social care services and the NHS. The tools used to 'measure' the impact of strengths-based approaches varied and included both qualitative and quantitate data collection in the form of audits, monitoring meetings, service user feedback, case studies with narratives from client and provider, budget monitoring and savings, strengths-based performance framework, MIR group and practice oversight board.

The examples of outcomes for each level are listed in Table 3.

Table 3. Outcomes reported as resulting from the adoption of strengths-based approaches

Individual level (person drawing on social care)	↑ Feeling of control, engagement
	↑ Hope
	↑ Wellbeing
	↑ Self-esteem, confidence, empowerment
	↑ Feeling of belonging/connection
	↑ Sense of independence, resilience
	↑ Trust in adult social care (being listened to, feeling valued, improved partnership)
	↑ Dignity
	↕ Continuation of activities
Community level (including family, friends, neighbours, voluntary sector)	↑ Improved relationships
	↑ Improved outcomes for carers (e.g. break, feeling supported in their role)
	↑ Hope
	↑ Feeling of belonging/connection
	↑ Utilising community services
Social care and work workforce	↑ Autonomy
	↑ Creativity/problem solving
	↑ Empowerment
	↑ Professional identity
	↓ Bureaucracy, paperwork
Social care services and NHS	↑ Prevent or delay the need for more costly services
	↑ Direct access to social workers without triage and barriers
	↑ Cost-effective/save money (e.g. utilising community resources and family)
	↕ Culture change (e.g. use of language)
	↓ Waiting lists

5.1.4 Challenges and barriers

While participants seemed to embrace strengths-based approaches, they also highlighted several challenges relating to their successful implementation in their area of work. For example, some participants suggested that this approach may not be suitable for people with severe mental health problems or severe learning and intellectual disabilities and/or people in crisis. Most importantly, strengths-based approaches were not seen as suitable for people where the services they need are not available and/or when people need immediate or urgent support e.g. admission to psychiatric hospital in an emergency. One Social worker (ID:SW4) reflected on how one has to be mindful of those for whom strengths-based approaches are suitable as "*sometimes exploring former strengths and abilities can reinforce the sense of loss associated with deterioration of health*". Other challenges related to organisational and job features (e.g. lack of time, lack of funding, lack of support within organisation). Without addressing these, participants stated that strengths-based approaches would be a "*problematic approach*", and "*a good idea, but idealistic*". Examples of challenges mentioned by our participants with illustrative quotes are presented in Table 4.

Table 4. Examples of barriers/challenges with illustrative quotes

Barriers/Challenges	Participant	Illustrative quote
Person who draws on social care and social work	ID:SW4, Social worker	"*Can be a problematic, ineffective approach when people are entrenched in 'the sick role'. This could be improved by having the capacity to form relationships with people through longer term work.*"
	ID:SW5, Social worker	"*It can also be difficult to work closely with people during C2's.*"
	ID:SW11, Social worker	"*Negatives can be trying to work alongside parents of young adults with additional needs in trying to educate and encourage a more strength based approach.*"
	ID:SW8, Social worker	"*An example being of a case discussion with a service manager regarding staffing issues and unmanageable caseloads within our safeguarding team and not being able to respond as quickly as we would like to some of our allocations (all of which would have met the threshold for a section 42 enquiry) and being encouraged to use voluntary services, such as the good neighbour scheme to check in on these individuals. We challenged the appropriateness of this, considering the level of complexity and risk within the individuals we work with and the strengths-based approach was mentioned. However, this did not feel appropriate in this scenario.*"

	ID:M1, Manager	"*Can be difficult to apply it into crises if the person lacks the mental capacity to understand the situation (ex. to assess risks, to make decisions about care & treatment) and if there is no family/ lack of human & financial resources.*"
Time	ID:SW12: Principal Social worker	"*Negative - can initially take longer to plan - social work staff resource limited to provide the quality time needed to work with individuals, listen to them and identify their strengths.*"
	ID:SW17: Principal Social worker	"*The only downside has been that workers need time to get to know their communities and to be more creative than just commissioning services- being able to find that time for people with the pressure of an under-resourced service is our biggest challenge.*"
	ID:C5: Commissioning manager	"*…however it appears that what often happens outside of my team is that workers are struggling with the quantity of work and to do a proper strength based assessment takes time to do properly. because of this the approach is talked about more than it appears to be delivered*."
	ID;SW4, Social worker	"*This should be the core of what we do. It is a pity that over the years the time allowed to spend with people gets shorter and shorter and in my opinion this makes the approach less effective.*"
Services and support available	ID:SW8, Social worker	"*3 C's theory of less Social Work intervention needed due to Signposting and using community resources is not realisitic. voluntary and community Services have quickly become saturated, have long waiting lists and are unable to cope with demand. Families/Neighbours are at work and often unable to provide care expected by this approach, which resembles the idealism of Community Care approach. As a result of the 3 C approach, frontline services has been slashed, and Social Workers are having to carry out unsustainable*

		caseloads to fulfill the missing support that is supposed to be available."
	ID:SW13, Social worker	"*Negative - agenda to cut LA budgets means we lean on people's resources unrealistically. Expect informal support to manage.*"
	ID:SW8, Social worker	"*However, I have been sceptical about strengths-based approaches being banded around in the midst of a lack of resources and cut backs from austerity, such as a lack of domiciliary care availability, gate keeping and budget containment and trying to negate over stretched mental health services.*"
	ID:M8, Social worker	"*Can be inappropriately used to paper over the cracks of insufficient services and resources and can place individuals at risk of trying to manage something that they are unable to and further negatively impact on their wellbeing.*"
Cultural shift	ID:SW20, Care coordinator	"*Long term service users and their families are very often resistant to a strengths base approach in mental health. Historically as mental health services have been provided the by NHS there is the unspoken understanding that the service users care will be overtaken by their Community Psychiatric Nurse/Care Coordinator. The CC/CPN will sweep in and sort it all out. There is also that sort of expectation from communities as well. The ideas of wellness also need to shift as someone can still be experiencing and responding to voices, but taking medication, in regular contact with their team, managing with day to day life. But they will be reported (neighbours, friends) as unwell because they are talking to themselves. Sometimes that is as good as it is going to gets. Service users with a mental illness have just developed a different way of coping and responding to daily life that is different from the perceived norm.*"

	ID:M7, Advanced social work practitioner	"*My local authority are not applying strengths-based approach as it is not in their radar. But I as a practitioner and social work educator ensure that such practices shine through in my practices. It very frustrating that managerialism has taken over in social work and practitioners to some extent don't have the skills and or the commitment/ dedication to keep brining strengths-based approach practices to the fore. Conversely, I believe it is lack of skills and confidence, assertiveness on the part of practitioners that can be in the way.*"
	ID:SW12, Social worker	"*some cynicism from staff (Emperor's new clothes, no real tangible difference if not attached to money / more resources;)*"
	IDM4, Senior social worker	"*should encourage more independence, however it could be perceived as less supportive. Messaging is very important.*"
	ID:SW3, Social worker	"*Sometimes this approach is received positively but more often patients appear reluctant to acknowledge strengths for fear that they will not receive support for their mental health.*"
	ID:SW19, Strengths-based practical lead	"*Additionally concentrating on strengths is empowering, although this has been challenging as people are used to being 'done to' and a menu of fixing support. Some people feel the change is negative, that the council should continue to fix rather than work in partnership.*"

5.1.5 Facilitators

Alongside challenges or barriers, participants also suggested organisational features that may be needed to facilitate strengths-based approaches in adult social care and social work. Examples included: capacity to build relationships with people over the long periods of time; adequately resourced services; embedding strengths-based approaches in organisational strategic vision and values; employing a strengths-based lead post; strengths-based leadership qualities and a programme to support it; co-production groups; practitioner-led huddles; revision of supervision policy; and strengths-based approaches being part of new staff induction.

5.1.6 Training

Thirteen (out of 22) PSW/social workers had received training in order to deliver services using a strengths-based approach. Five (out of six) managers and two (out of three that were asked) also reported that training or guidance was provided to those who work in a strengths-based way. Training was provided either externally (council commissioned provider), in-house (including in/via team meetings), and/or by the Social Care Institute for Excellence. Overall, participants stated they were happy with the training received 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, their professional identity). However, some participants stated that while the training was a useful reminder of 'good practice', they did not 'learn anything new'.

5.1.7 Evaluation

Responses to the question of whether, how and by whom evaluations of strengths-based approaches had been conducted in adult social care and social work is presented in Table 5. Interestingly, 15 (almost half of the participants) did not know whether strengths-based approaches had been evaluated in their area of work. Those who were aware of evaluation reported that both managers and workforce staff had been involved. The tools reported evaluate strengths-based approaches varied and included: interviews, surveys, performance framework and a mix of different approaches. Commissioners stated using external feedback, contract monitoring and quality oversight for evaluation of strengths-based approaches.

Table 5. Evaluation of strengths-based approaches in adult social care and work

	Type of participant		
	Principal Social Workers/Social Workers n= 22	**Managers n= 6**	**Commissioners n= 3***
Evaluation of SBAs	**N**	**N**	**N**
Yes	8	2	3
No	3	2	0
Do not know	11	2	0
Type of Evaluation			
Internal	7	2	NA
External	0	0	NA
Both	0	1	NA
Do not know	1	0	NA
Missing	14	3	NA
Inclusion of service users			
Yes	2	1	NA
No	5	1	NA
Do not know	1	0	NA
Missing	14	4	NA

Abbreviations: SBAs - strengths-based approaches
*only the commissioners applying SBAs in the commissioning were asked questions related to evaluation

5.2 Individual Interviews

A number of themes emerged as a result of participant interviews, including: implementing and operationalising strengths-based approaches; applying strengths-based approaches; impact for 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; purpose of adopting strengths-based approaches; guidance for practice, tools and training; evaluation; and impact of COVID-19 pandemic. These are addressed in turn.

5.2.1 Adopting a strengths-based model

Participants appeared to be adopting strengths-based approaches in a fluid, flexible way. Almost all participants 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" (ASC Director).*

While a number of 'strengths-based models' exist, participants were not always aware of these. However, what appeared to be more important to participants was the ethos and principles that underpin strengths-based practice, rather than 'strictly applying a specific

model' per se. It was these principles, (which include: a focus on individual strengths (salutogenesis) rather than pathology; community as a source of resources; interventions based on a person's self-determination; emphasis on practitioner–person relationship; people seen as being able to learn, grow, and change) that appealed to all participants. Participants explained that they tend to change their approach to individuals (to fit the person, what will help them grow and achieve desired outcomes, and available personal and community assets), and to existing structures, systems and processes to achieve the desired support and outcomes. The specifics of which 'model' they were applying appeared less important to participants than these broader goals.

> *"This isn't necessarily about adopting a single model. This is about changing your/our organisational behaviour, and not being so process-driven, and putting the person, you know, putting the person in the centre. But also looking not just at what they, you know, what they can't do, but first of all trying to see what they, you know, what 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, if that makes sense" (PSW2).*

Reasons cited for not adopting or applying a specific model 'wholesale' included difficulty of 'choosing' one over another, and also recognising a misalignment with models compared to existing system led processes, protocols or business models. Participants explained that while a number of different models had much to commend them (hence embracing aspects of different approaches), it was difficult to apply one model 'overall' which would fit easily into existing structures, especially without increasing burden or adding to existing workloads:

> *"I mean, there's an easy answer to that [which model have you adopted?] because it's none. We have considered lots of them and saying that, so early days we considered the Three Conversation approach. We actively chose not to adopt that because it didn't fit with our business process, and we knew that we'd need to look at our business processes and of course, we have had to do that, but that was a model that fits very well I think where you have organisations who've got a corporate front door. So some signposting before an assessment function" (PSW4).*

Notwithstanding these comments, one participant stated that they had explicitly adopted the Three Conversations model. In terms of strengths-based approaches, this approach was notably the most well-known among participants and appeared to be the approach that participants were either adopting or aligning themselves most closely to. Some participants also had knowledge of KVETS, ABCD and other models, approaches or tools.

5.2.2 Applying strengths-based approaches to practice

Participants were asked to whom strengths-based approaches apply to and when (e.g. in what scenarios). The majority of participants 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 people accessing services. No specific groups of people were identified for which strengths-based approaches were either particularly relevant, or for whom they did not apply. Interestingly this was in contrast to findings from the survey, in which some people suggested that the approach may not be suitable for some people. These included people with severe mental health problems; people with severe learning disabilities; people in crisis; people with dementia and severe frailty.

> *"It might look different at different points of people's journey, or at different points in terms of things like crisis, hospital discharge, I don't know, conducting a review of somebody who is in long-term residential care. So it will look different at different points. But we've tried to include different tools and techniques to enable people to operate in a strengths-based way, regardless of the service area that they're working, in, or the reason why we're involved with that person at that time" (ASC Director).*

Notwithstanding the view illustrated by the above quotation, a small number of participants also explained that employing strengths-based approaches at crisis point can be challenging, with one participant describing this as 'not possible'. This was due to the urgency of a given situation that care workers may find or be alerted to (for example an informal carer, such as a parent, requiring critical care or hospital treatment themselves) and the immediacy with which decisions had to be made by practitioners.

> *"When the crisis happens and someone just drops off the edge of the cliff or something, then 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. And there are so many people hitting crisis, that we are doing the command and control, but trying to call it strengths-based. But it's not. Look, we, you know we will deal with the crisis, and then once that's done then we will look to apply kind of a more strengths-based approach. But yeah, it's not something you can do necessarily, you know at this sort of nuclear moment as it were because it just it just can't work like that because you have to deal with the issue" (Commissioner 1).*

Other participants acknowledged the challenges presented by crises but explained that strengths-based approaches could still be considered. While a crisis might require prioritisation of some immediate concerns, this could still be managed (as far as possible) by applying a strengths-based approach.

> *"I think it's more difficult – yeah, yeah. It's slight – it is more difficult in our – that sort of crisis or fast-paced work, like hospital discharge, intermediate tier. However, I don't think it's impossible. And I think what those service areas can do is sow the seed and, you know, manage expectations, and sort of start to have the conversation with people. It's not necessarily – you haven't got time to be go --you know, really*

that we might be just literally sorting out what's in front of us. But we can manage expectations about what's going to come next. So I think that's the short answer to that" (PSW2).

5.2.3 Impact for staff

Participants were asked how the introduction or adoption of strengths-based approaches had impacted their work and practice. Overwhelmingly participants felt that relationships between people accessing services and social care practitioners, and also the local authority, had improved. This included creating or improving trust that practitioners felt people were able to place in them. Participants explained that this was achieved through a greater sense of partnership working (one of the principles underpinning strengths-based approaches), which subsequently led to improved openness and honesty in the conversations practitioners were having with people. In addition to this, social workers also felt they were more able to explore 'other needs' with people, for example beyond instrumental needs such as personal care needs already identified.

"We've had lots of really, really positive feedback about it feels different. It feels 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 just not concentrate on washing, dressing, and meals essentially, which was something that was coming through a lot" (PSW4).

One participant commented that even conversations with people in which they were imparting 'bad news' (e.g. not being able to put a desired service in place, or having to negotiate a different kind of provision to meet a person's needs) had improved. Participants reported that conveying this in an open, honest and empathetic way appeared to improve the management of such conversations and situations, which was a departure from the previously 'defensive' nature of such interactions.

"And I think the other thing that's been helpful, is that we have come to better understand the need for honest relationships and conversations with the people that we work with. I think we're all quite, you know, years of austerity, you all get quite conscious that you can't fulfil people's expectations. And so the way in which staff have managed that have been, well you're not eligible. You can't do, my manager says, you know. And those things might be true, but the way in which they're described isn't particularly helpful. And that's because we're kind of defensive and want to cover up the fact that we haven't got the resources we want. But actually, having different conversations with people to really kind of say, "Look this is what we can do. This is what we can't do. How are we going to make the best of that between us?" I would say that's progress" (ASC Director).

In this case the same participant (an Adult Social Care Director) reported that they had captured the degree to which staff felt that their relationships with people had improved in a staff survey:

"But the previous one that we did, so towards the back end of last year, I think you know, what we were finding was that staff were saying, you know – yeah, I think 83% of staff, 84% of staff felt that their relationships had improved with the people they were supporting" (ASC Director).

According to many participants, employing strengths-based approaches had granted them greater autonomy in their work, especially in seeking more creative solutions to support people. Participants described how thinking 'in a more strengths-based way' had encouraged them not to use the usual 'tried and tested' or 'go to' solutions.

"In the staff survey eighty per cent were saying that they'd used more creative ways to support people, despite those pressures" (ASC Director).

One participant described how taking strengths-based approaches had encouraged them to consider alternative organisations or sources, hitherto 'untapped', which could help them engage more with the community, and improve their own awareness in terms of the resources that were available, particularly with the advent of community assets that were now unavailable due to the COVID-19 pandemic:

"And again, has been difficult since [COVID]. And we want to get to know our communities, we were walking about, but we were going to places that we wouldn't normally go to in terms of services and support. So we went to hairdressers and things like that. And part of that conversation, which they were really brilliant, was about us getting to know what they already provided. But also, it was us saying, "Oh you know, there is this need, is there anything you would be able to offer that could be a bit different or look a bit different?" And for me, I see that as part of the social model and yeah, challenging us to adapt" (PSW3).

As a result of these reported impact factors (improved relationships, increased autonomy and feeling encouraged to be creative in solutions), participants described feeling a sense of 'being able to go back to what they trained for' – to do good social work:

"There was a group of staff who were really enthusiastic and got it, and kind of thought, "You know yeah, this is how I want to practice."" (ASC Director).

Participants also described a sense of empowerment in decision-making, and a change of perspective in how peoples' needs could be met or outcomes could be achieved:

"Yeah, it definitely boosted staff a lot. And they also felt empowered to do things that they probably could have done before, but they felt they had more freedom to do it" (PSW3).

This empowerment, according to participants, also encouraged staff to use their skills to a greater extent in supporting people – to be 'part of the solution' rather than simply 'putting a service in place' or being the 'conduit' for a solution, support, or alternative care.

"So 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 who was in the team I was in went to visit this guy about four times, I think. And partly assessing kind of but also to build his confidence and that was all he needed, he didn't need anything else, and just got his confidence. So that was kind of the 'sticking like glue' kind of approach. The only thing that she provided was her own time and so workers started to see themselves differently in terms that their professional skills were part of the offer, I suppose. But also, they felt they had the freedom to visit more or do things a bit differently, so they might take people to visit places to build confidence" (PSW3).

Reflecting on taking strengths-based approaches to practice, participants reported a sense of departure from a previously 'managerialist' or care management approach. While acknowledging that care management has its merits, there was a sense from participants that this had become too much of a dominant influence in social work, in particular, and that applying strengths-based approaches went some way to re-dressing that to a more 'traditional' view of social work.

"So yeah, I can think of workers who had been quite disenchanted with social work or local authority work, who you know, they got their life back again and felt that they were doing what they'd trained to do. 'Cos it does – done well, it does feel much more like social work than care management did. I can remember when I first started in this authority but another team, when we were using care management that I was told not to call myself a social worker, that I was a care manager" (PSW3).

While many participants described feeling more empowered and having increased autonomy, this was not the case for all. One participant reported that for some social care practitioners, this resulted in anxiety and uncertainty related to decision-making. Responsibility for key decisions was unwanted, and without the reassurance of a more senior colleague or manager approving their decisions, some practitioners felt uneasy and unsupported.

"So are they [social care practitioners] feeling more empowered, are they feeling more confident? Because again, we've got a bit of a gap where we've got some people who are less confident. So lots of our systems are set up to let people self-authorise very much so. So increased autonomy for social workers effectively, but 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" (PSW4).

Participants were asked about the potential burden of applying strengths-based approaches to practice. One participant stated that social care practitioners had reported that, contrary to what might be expected, that conducting assessments had become less burdensome and more efficient in terms of time and resource use:

"By and large the staff who have come onboard have all said it's made things quicker and easier. And I think that has been -- one of the key successes was the um, the initial conversation and assessment and review form. Although we were designing them for a strengths-based purpose, they are much much shorter, much more proportionate, and much easier to fill in. So actually that was a bit of a win" (ASC Director).

"What he said was – so his colleagues said to him, "Isn't it taking longer, all of that stuff?" and he said, "No. It's taking less time than the forms used to take. I'm just using it differently and I'm getting a much better outcome with the person, and I feel better." And that's what we're seeing on our survey. Increased job satisfaction and happiness. We're seeing all of the standard stuff; social workers telling us that it's what they went into the job for, etc., but that's only working because we are also reducing the forms" (PSW3).

Notwithstanding the comments above, some participants did express concerns about the burden of applying strengths-based approaches to practice, particularly in an environment of limited resources.

"And you know, my other worry, is that the strengths-based approach, although I like it, is quite time consuming" (Commissioner 1).

In this context, one participant explained that some team members felt it was 'unnecessary' to introduce a 'new' way of practicing. In this case, social care practitioners believed they were already considering individuals' strengths in current practice.

"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?" And so that was a more tricky one to break down, because they weren't resistant, but they didn't see that anything needed to be done differently" (ASC Director).

5.2.4 Conceptualising and defining strengths-based approaches

One important consideration regarding the impact of strengths-based approaches relates to how participants' define and conceptualise it. This is a challenge because, as noted above, strengths-based approaches can be defined and applied in a number of ways. While all participants had a sense of what they felt constituted strengths-based approaches (examples included: promoting independence, having a holistic view of peoples capabilities and capacity, utilising personal and community resources and assets), many participants also stated that it was not distinctively defined and was difficult to articulate:

"I think that if you probably asked if you if you stood 10 of us up against a wall, and asked for a strengths-based approach. I think people would really struggle to articulate it" (Commissioner 1).

During interview, participants 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, with some participants describing strengths-based approaches as markedly different and valuable, while others described it as something of a 'rebranding' or repackaging of either current practice or approaches they were already familiar with.

Commenting on their experience of strengths-based approaches compared to other approaches one participant stated the following:

> *"Yeah, I think it is [different]. I mean, for me this has felt like a really different journey for us. You know, I kind of lived through the in-control pilots, I'm really old. Anyway, it's -- and yeah, person-centred care. And actually we were having a conversation in our strengths-based oversight group just the other day, about some of the work we did quite a long time ago with [name], around person-centred care planning, but this feels really different" (ASC Director).*

Unpicking the reasons behind strengths-based approaches 'feeling different', this appeared to be related to a more wholesale or structural implementation compared to approaches that had come before. This included an 'embedded-ness' that was also recognised as an important aspect of strengths-based approaches – it was important to retain a consciousness and awareness in all aspects of social care practice and social work.

> *"I think that's partly because it's kind of as much about us and how we do things, as it is about that narrative about putting in somebody at the centre of support planning. And I think what we tended to do was make sure we were hearing the voice of the person. But all of the stuff that sat around it organisationally, culturally, the way in which we felt our need to gate-keep, manage, those kinds of things, although, you asked your question, did the flexibility exist before? It probably did, but we hadn't identified it and we weren't routinely using it. And our own processes and rules were getting in the way" (ASC Director).*

Other participants echoed these comments in relation to the notable systemic, structural or cultural impact in terms of 'embedded awareness' that permeates through the local social care system as a result of applying a strengths-based approach.

> *"This is really about how do we as a system process people? How do we as a system need to change? And how does our culture need to change? How does our language need to change? I mean, internal system I don't mean kind of health and social care system" (PSW3).*

Another participant described the impact of using strengths-based approaches compared to, for example, personalisation, as utilising an increased focus not only on the individual but also on his or her wider context and environment. This included peoples' interests, networks, resources and local community assets.

"I think there's a focus more on what can the person – there's a focus more on the individual with strengths-based approach. I think with personalisation we were just starting to focus on the person, if you think of like I use the analogy of like magnifying something to see better. I would like we were starting to focus on the person maybe 25 percent, 50 percent. But I think strengths-based approach is probably 50 percent to 75 percent more focus. I think you know, the zoom focus on the individual and their resource, his, her, their, you know own self-defined resources. And also, you know, what they can do for themselves, but also not just in their family, I think. With personalisation it was probably me, my family, my friends, rather than you know, me as a person in a you know, thinking of – you think of these circles of itself. You know, self, who you would say is your nearest and dearest or who's in your immediate circle of support. And then, the circle is going wider in regards of community, you know, be it church, library, shops, you know, I think we're more holistic with how we view things" (SW2).

A number of participants expressed the view that strengths-based approaches had not had a significant impact on the way they practiced or provided support for people from previous practice.

"I think if you asked front-line practitioners and they were completely bluntly honest, they would probably say, not much [has changed], because it's what they want to do anyway, engage in better conversations" (PSW2).

Some participants viewed the advent of strengths-based approaches as a 'rebranding' or repackaging of care models they were already familiar with and had, in their view, been employing in their practice for some time.

"Yeah, I've always worked in this way, and of course when they introduced the three Cs we all had to have training on it, and I'm sitting there and I'm thinking you're telling me a new name for something I've been doing for years. But it was nothing new for me" (SW1).

Nonetheless, in this example the interview participant also held the view that there was value in re-emphasising and 'labelling' the model of care that social care practitioners should be applying in their work.

"I think because it's been given a specific name, people possibly when they assess somebody are more mindful of what that individual could do or couldn't do or family support, etc. And that's probably more of a focal point than it maybe was. When you didn't have these well, I mean, back in my day it was person-centred approach" (SW1).

Among participants that felt they recognised elements of previous models of care in strengths-based approaches, some also explained that they saw this as an evolution or logical progression of how they provide care and support for people accessing social care services. From this standpoint they were broadly supportive of strengths-based approaches.

"And I was doing the personalisation work before strengths-based approaches. So I think it's kind of, I wouldn't say there's been a sudden change with the sort of the language now changing to strengths-based approaches. But some of these ideas were already there through the personalisation, the development of community assets, you know, community assets being really much more important, you know, looking at what a person can do. All that was already there in personalisation, I think. And it's just been articulated more clearly through the Care Act as you must -- you know, we've now got more of a statutory push to say, we must be thinking about a person's strengths. So, I think it's kind of evolved in what we've done, and it's always been, it's been there for quite a long time" (PSW2).

One participant explicitly rejected the notion of strengths-based approaches, articulating that the purpose of social work should be made as simple as possible. In their view, too much focus on theorising resulted in over-thinking the practice and particularly the profession of social work.

"Yeah. So, I have a bit of a view about strengths-based practice model, and I just speak it as I see it, right? There's a bit of a nonsense that we – there's a bit of a nonsense that we like to talk about in social work, and it's called strengths-based practice nonsense. The reason I say that is that people like to make big things out of simple things… We need to train our practitioners at university level and in practice, to have open good conversations in which the person listens and you facilitate, that's all it is. And so we like to complicate it and call it theory, and call it strengths-based. So the intention is good, but there is also a lot of nonsense with it" (PSW1).

Expanding on this view, the interviewee made a case for changing the terminology used in the profession of social work:

"And if I were to do it myself, I would focus on reminding people in work what it is that they're doing without calling it something else. So we call it a social work intervention. But we are, we actually name it as an intervention, and then there is a skillset that comes under that intervention. But we don't call it anything else other than social work intervention. That would be my wish" (PSW1).

5.2.5 Impact for people accessing services

It was not within the remit of this work to include the views of people accessing services. During interviews, participants who took part were asked for their thoughts on the impact of applying strengths-based approaches for people accessing services.

The majority of participants felt that people accessing services offered under a strengths-based model had benefited from doing so. Either in terms of improved wellbeing, accessing innovative or alternative services, or through their satisfaction with their interactions and contact with the local authority. While in agreement with this notion, one participant outlined the difficulty of attributing any improvements or impact on wellbeing to taking

strengths-based approaches, especially given the multitude of ways they can be employed. Nonetheless, they also pointed to data that showed improvement in people's self-reported satisfaction with services.

> *"It's always really hard isn't it to make a link to one particular thing. And particularly when you've got strengths-based practice, which is everything from changing forms to equipping staff to have more open conversations. But you know, if I look at the um, you know if I look at the sort of the data that we collect, one of the questions that we ask people at the point of review is, whether the support provided helps them to live the life that they want? And we've seen that increase, so more people strongly agreeing or agreeing. I was just reminding myself of the kind of quarter one performance. And actually, the outcomes that people are self-reporting in terms of how they feel their services have a positive or not impact on their life have gone up over the last quarter, and they have done the quarter before" (ASC Director).*

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

> *"We've had some really good individual case studies. I had a flurry last month of family members writing, for all sorts of different reasons, but saying, "The way in which you did this review or conducted this task was really helpful." You know, somebody who said, "When I read the assessment that you sent for my mum who has dementia, it just felt like her. And it was heart-breaking to read it because it's a sad situation for us to be in. But at least I sense that you understood what we were going through and what she was like." And so, little things like that, you think you know, wow that's quite a, that's quite a telling thing in terms of practice. Because it wasn't about the service, or the support, or the money, or you know. It was about the personal approach that somebody had taken to really try and understand what was important to them as a family" (PSW3).*

Another advantage, discussed by participants, was the benefits strengths-based approaches can yield for helping people to take a different view of themselves, their own life situation, and the role they can play in managing their own needs. According to participants, taking an approach which was less prescriptive (but not less supportive) helped people to be reflective, and to take a more active and self-motivated approach to resolving or managing problems as they saw them.

> *"There are people that have been in mental health services for years and years and years that I was able to work with and eventually get them out of services. And not kick them out, so they felt that they were completely lost, but people who agreed it was time to move on with their lives. And I think a big part of that was not telling people what they've got to do, giving people the choice, that element of these are what your options are. This is what you can change or you can choose not to change*

and this will be the consequences of these. And being able to get people to utilise the skills that they thought they hadn't got into effectively problem solving…'Cos I've worked with a lot of people from a health background who've just said, "You will take this medication, you will do this, you will do this," it doesn't work" (SW1).

There was a sense among some of the social work participants, that sometimes support provided, albeit well meaning, can lead to dependency. Taking a strengths-based approach in this scenario was seen as helpful as it encouraged greater independence and discouraged dependency.

"How can we assist you to maximise your participation? But again, it's from the person's perspective as much as possible. And really, the idea of addressing the need sooner in order to one, mitigate the need for shall we say an untoward level of intervention that's created dependency and also a long-term legacy of service but also in the enhancing of prevention" (SW2).

Some participants reported the potential for detrimental or damaging effect on people accessing services as a result of taking strengths-based approaches. One such risk, stemming from 'resilience' being a central part of a strengths-based ethos, was that by attempting to find alternative or innovative solutions for people, they may feel unsupported, or that they should seek help and support elsewhere. Of particular concern here was that this emphasis on personal responsibility might not take account of the damaging effects of structural inequality.

"Strengths-based practice can put back a lot of onus on the person. And it can be quite individualised, I think, that, you know, everybody's got a solution to their problems that they can resolve if they look hard enough, and actually, that's not very – doesn't take into account oppression and systemic problems and all that kind of stuff" (PSW3).

A number of participants suggested that while the principles of strengths-based approaches are laudable, there are cases in which it is difficult, or more challenging to apply them. For example, where it is clear that provision of personal care (or other physical support) is what is required for an individual to manage their daily life, then that is what is needed, regardless of whether it is considered 'traditional' support or not.

"And the other I think other thing is that people can find it harder to think about kind of strengths-based care and support when people have got kind of a high personal care type needs" (PSW3).

"If somebody's extremely unwell and it's a chronic illness, there's nothing we can do to change that" (SW1).

5.2.6 Impact on organisational processes

During interviews participants outlined a number of impacts related to adopting strengths-based approaches. One such impact was on reducing bureaucracy. A number of participants

held the view that, as a result of employing a strengths-based approach, whether intended or not, had played a role in streamlining processes including IT, data collection and assessment forms for individuals.

> *"One of the things we've been really clear about, is if you really 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, and so 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, for whatever reason. And so I think that's what's driven us to sort of this constant questioning about, "Well why are we doing that?" "And why have we got so many stats?" "And what's this IT process?" And you know, and we've just produced a sort of like a poster around cutting red tape and cutting bureaucracy. But that was all driven by the need to find time" (ASC Director).*

> *"So yeah, and our paperwork simplified, and it became much more person-centred. So we're just yeah, trying and when we look at things like that, we're trying very hard to think okay, well how does this make sense to the person that's reading it?" (PSW3).*

Participants felt that the experience for people accessing services had been improved. Examples given included a service that felt more consistent in terms of contacts for people, and provision of a service that felt less disjointed.

> *"So we were very procedural and so we had front door work was screened in our access team. Then, if it was a request for a kind of a longer-term service, it would be screened again, when it reached a locality team. And a lot of our focus was kind of around is this in the right place? Are we the right workers? There was a lot of back and forth between workers. And we were kind of passing people around, which must have been a really poor experience. So a lot of the kind of catchphrases of three conversations model we've really taken to heart. So things like having a no hand off principle, it's not always possible to achieve it, but we try very hard to, you know, have as few workers involved as possible" (PSW3).*

One participant reported that they had become more responsive and efficient as a result of employing a strengths-based approach. This was due to a change in the mechanism of managing first contacts to one that now attempted to resolve or answer queries at this stage rather than immediately signposting elsewhere. Where this was not possible, queries would be progressed using 'step conversations' with one (local authority) contact until handover. This led to reduced waiting times for people because of more efficient 'triaging' of individuals who were making contact or being referred to the local authority.

> *"Yeah, so the positives were that we became much more responsive to people. And so, things like waiting times reduced dramatically and have continued to even during Covid. And we've got a completely different approach when people contact us, so*

previously, we were screening people. And seeing as that was, you know, a big chunk of your time was taken up looking at referrals thinking how urgent is it? Which waiting list can I put it onto? And you didn't ever really think okay, can I try and sort this now? And so, that was what was really transformational was that people contact us and we would try and resolve it straightaway. And we did have a lot of success in that. And we were resolving about 70 percent of referrals at conversation one or two. So it's not really at the front door entirely, because you'd have, you know, met with that person probably and done a piece of work. But it wasn't progressing into a full Care Act statutory type intervention. And I think people find that much more effective and I think they feel their needs are met kind of more appropriately through that kind of response" (PSW3).

This participant also explained that taking strengths-based approaches with individuals, and to problem solving, resulted in a 'better quality' of conversation with the people they were supporting. While this may result in a similar outcome (even if using a different care model), these were more illuminating and informative, which could lead to greater understanding and to the benefit of interactions in the future.

"So whereas before you would jump straight to okay, they're going to need an overnight sitting service. Yeah, we have kind of better quality conversations really with people to find out more about what you need. And yes, of course we still might provide a service or support that looked very similar to what we would have provided before, but the kind of reasoning why we put that in is probably different now, I think, and the exploration beforehand" (PSW3).

5.2.7 Challenges to adopting strengths-based approaches

Participants reported a number of challenges related to adopting strengths-based approaches.

The first of these relates to systems used in local authorities in both assessing individuals' needs, creating support plans, and financial and case management systems. Participants reported that very often existing systems were not compatible with taking a strengths-based approach. This resulted in social care practitioners having to adapt, or rework assessments or plans in order to 'fit' the required system and increasing their own bureaucratic process.

"We had organisational barriers, so it's starting to change now, but the way that we commission support hasn't been, it hasn't fitted very well with the strengths-based approach. And so, that's been jarring for workers, so that they yeah, you might write something in a very strengths-based way and put through something where you're really stressing what somebody wants, needs. And then, you need to kind of adapt and change that to fit into what is required for a commissioning system" (PSW3).

"So we've got -- so the assessment is, you know, we've got a, you know, our IT system, our recording system, like everybody does. And around the country different systems do different things. But fundamentally social care workers have become very system and process driven. So the system kind of mirrors our statutory requirements" (PSW2).

In terms of finance, and funding for support in particular, a number of participants reported that social care practitioners can feel constrained by authorisations required for care packages they have designed. Here, participants reported that they can feel devalued, mistrusted, and with any feeling of freedom to be independent, creative or innovative (encouraged by the ethos of strengths-based approaches) eroded.

"I've been in the organisation for a long time, there have been periods where financial control has been very much about top-down scrutiny. So heads of service, auditing, you know, making sure all the authorisations are bumping up a level. So you know, if you want to spend over fifty quid on a package, you're almost at director level to approve it in order to give a sense of control [for senior managers]. But actually, it doesn't make any difference in terms of expenditure, it's just a hoop to jump through" (ASC Director).

Many participants reported that, while agreeing in principle with the notion of strengths-based approaches, implementing or adopting these, at least provisionally, was challenging in the context of current workload pressures and a depleted workforce. This made it difficult for practitioners to maintain a consistent focus on applying these as 'purely' as they should be.

"But again, if you, you haven't got the time to spend to delve into somebody's history and what they can and they can't do more, because you're on a schedule and you've got lots of other things to do, it's very difficult to do" (PSW2).

Another challenge outlined by participants was again related to resources. Many participants expressed the view that while there may be enthusiasm and good will to embrace a 'new' care model, without the necessary funding to embed this properly, it would be unsuccessful and ultimately unrewarding for practitioners and those who access social care or social work services.

"It's a sick system, where we want – we pretend that we are doing all of these things, when in reality we all know that there are things we don't do that we should do. But we would really very much like to do them, but there is no money" (PSW1).

"I think the people at the top that implement these things need to have conversations with us, the frontline staff that are delivering this, because it often feels like and I hope it isn't, but it often feels like it's just something that they've come up with that they can tick a box and say, "We've implemented this." But it doesn't feel as if they really want you to do it or they're giving you the time and capacity to actually do that work. It's like whenever they bring in any change, it's you're dictated to. You have to

now implement X, Y, Z. But they don't give you the time and the means to be able to do that. They just want to be able to say, "Well, we've ticked that box." That's how it feels. And then we all do it; we actually see somebody once or have a conversation with them once. And you've got to say, "I've ticked the box for a strengths-based approach." How can you do that with one conversation?" (SW1).

Similarly, where certain areas or local authorities had been established as pilot or 'innovation' sites, with additional funding/resources made available, a small number of participants expressed concerns. Firstly, that these were shifting resources away from already under-funded teams, and secondly that while these might be assessed as being 'successful', there was a question as to whether this would be replicable in 'real world' conditions.

"The problem is that those innovation sites are staff heavy and you know because they're then taking stuff off other frontline duties, there's a bit of a sort of an exhaustion in the in the other teams who aren't innovation sites because they're picking up more cases. Whether we have a plan of how we're going to implement innovation sites throughout it all. So we'll see the pilots work but then to resource the whole county like that we'd probably not be able to do. Which then means that the innovation learned through the innovation sites can't actually be embedded throughout" (Commissioner 1).

One aspect of strengths-based approaches highlighted by participants was the use of community 'assets'. Participants described a number of scenarios in which they might look towards community infrastructure to either provide support for people (e.g. a daycare centre), or consider alternative resources as a means to meet a persons need, such as a community hub. However, participants stated that without the infrastructure to support these, or in the absence of a provider market to draw on, this would be ineffective. Participants explained that this was becoming increasingly challenging in the context of the Covid-19 pandemic.

"You know, what's available at the end? So I could, we could talk about all this stuff, but actually there aren't many community assets out there, because they're being whittled away. You know, a lot of our third sector support was underpinned by local government grants that have gone. So, if there isn't – you know, if we don't maintain that community-based, you know, the infrastructure, you are kind of, you are building a house on sand. So, you know, the menu can be quite limited, and that's even more extreme currently [during the pandemic]" (PSW2).

As well as the difficulty of applying strengths-based approaches to certain cases or scenarios, three participants stated there were also cases where individuals themselves were not receptive to working in a strengths-based way. In these cases participants reported that individuals' preference was to be supported in a more 'passive' way.

"We do have people who don't want for us to help explore their strengths, they're not interested in that. They want the Council to provide a solution, that's it" (PSW4).

Among participants that expressed support for strengths-based approaches, one aspect these participants acknowledged as challenging was defining the concept, particularly for social care practitioners that were either sceptical, or viewed it as a re-branding of previous and familiar care models. In these cases, participants advocated training in order to promote buy-in from all staff.

"Yeah, so is that something about kind of training? Or I guess I mean, if we're talking about something like a strengths-based approach, you know, I think it can be and I think this is the one of the issues actually with the concept is it is very difficult to define really what it is. Now, we've talked about it a lot this morning, and we understand what we mean. But if you were kind of sitting down and saying, "Well, what is it?" It's actually quite a difficult concept to sort of pin down. So I wonder whether that's something that people need help with, I don't know" (SW1).

5.2.8 Facilitators to adopting strengths-based approaches

As well as the challenges associated with adopting strengths-based approaches, we asked interview participants to tell us what conditions or circumstances they felt facilitated its adoption.

Overwhelmingly participants explained that strong leadership, gaining 'buy-in' and trust between all individuals involved (from senior managers to practitioners) was key to successful adoption and implementation. A number of participants highlighted the importance of these factors permeating throughout the local authority:

"We had very strong buy in from our leadership and a lot of trust. So that made a big difference, I know that I think that's been what has been the undoing of other authorities. I think Partners for Change were really helpful in getting us going" (PSW3).

Participants also highlighted the importance of engaging with people accessing services, listening to their views and working with public engagement members 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' were highlighted as a potential catalyst for effecting any structural or cultural changes needed.

"So we have set up a Making it Real group with people with lived experience. We're just moving into our second meeting, and that group are going to – I mean, they've already given us lots of practical suggestions about things we need to be doing better [laughs], and we've been acting on them. Or trying to act on them [both laugh], I think is fair to say" (PSW4).

As well as a challenge, bureaucracy and process were identified as a facilitator, particularly when these were designed, or re-designed with strengths-based approaches (and people) at the forefront of purpose.

> *"It was things around our process and bureaucracy and control over it that meant that they couldn't operate with the flexibility that they needed to make their life worth living. They were almost servicing their disability be meeting our requirements in terms of audits, and you know, financial management. And you know, it was very formulaic" (ASC Director).*

Many participants stated that existing structures, processes and systems were not designed to complement strengths-based approaches, so in order to create an environment that was conducive to applying these, there was a need to undertake substantial re-organisation, re-structure and systems redesign in order to support the adoption of this care model.

> *"So it felt a bigger, more structural change and it felt like we did rip up the rulebook in lots of ways, so you know, we scrutinised everything, we rewrote our policies, we rewrote our paperwork, we restructured our teams. You know, we really did completely change what we were doing to make it more just fit better for people" (PSW3).*

Effecting cultural changes for people accessing services was also identified as a facilitator for applying strengths-based approaches. Participants stated that a new care model for social care practitioners was also a new care model for people, and that this required a different way of thinking than they might previously have been used to. Participants explained that this could be a challenge for people, but that once they were 'on board', was beneficial for care planning and peoples own sense of self-worth.

> *"But we're trying to change the culture, so it's much more about people's own – their own networks, their own planning, and again they're difficult conversations for some of our staff to have" (PSW4).*

An aspect of social work emphasised by one interviewee were the skills of the social worker themselves, and the role they play in supporting people, as well as any interventions or support they put in place. In their view, this was crucial to helping the individual identify and 'tap' their own strengths. They stated that this aspect of being a social worker is often overlooked.

> *"Sometimes support is not needed, so the intervention itself is sufficient. That's all…I remember I had a client, I worked with her for a year. I made a huge difference to this woman, with her, working with her. Didn't spend a penny. I just saw her every week, and it had a transformative effect on her life, she was only young. And I didn't put any carers, I didn't need to put any carers. It was just me and her, and we just talked. But it had a huge transformation in her life. And then she stopped using health services and she stopped self-neglecting, and then she had a good quality of life" (PSW1).*

The link between health and social care is becoming an increasingly important policy shift (Harlock et al., 2020), and participants noted that this was an important relationship pathway (both organisationally and for people accessing services) for enacting strengths-based approaches across each sector.

> *"There's a really really good strong coalition with our CCG, who absolutely trust us to be delivering stuff, you know, for the system. And I think that then helps to have the conversations with them about what was important to us from a strengths-based perspective, the language we were using, and the outcomes we were seeking to achieve. So for example, we've now got a "We" statement in the uh the – what's our new system flow partnership. So that's across the acute hospital, CCG, community health providers. You know, so a key part of the ICS and our purpose is now couched in "We" statement terms. So we've kind of been able to sort of get our values and ambition around strengths-based practice into the landscape, and that has helped us have some very practical conversations around things like joint health funding for individual people" (ASC Director).*

In one area the appointment of a dedicated strengths-based approach lead was cited as a key aspect of engendering success in terms of adopting strengths-based approaches.

> *"So, the fact that we've got somebody who can help with practice development, the practice implementation lead role, it's her day job. So all of the stuff that people don't find time to do around you know, forms and revisions and process, and all of those kinds of things, you know. Developing the toolkit for example, supporting the training, you know, that's what she is employed to do. So having that resource as opposed to it being on top of somebody's day job has been really helpful" (ASC Director).*

Similarly, creating a management or 'oversight' group with responsibility for driving this model of care was identified as crucial for generating buy-in from within organisations. Including representation from all teams involved in providing social care was identified as critical for this process:

> *"So I mentioned our strengths-based oversight group. And what we didn't want to do was say to people, "This is what it looks like. Go and do it." So we brought people together so it's a cross-section of staff, both from frontline services, but also from our support functions around commissioning projects, finance, business application. So we brought them together to say, "This is our ambition. This is what we want to get to. These are some of the things that we produce. How would you do it in your team? What are your priorities?" And so each of them have, you know, each service area has got its own um sort of strengths-based development plan, pulling out the things that they think they really need to focus on. So we started with asking teams how they would do it, as opposed to saying, "This is how it needs to be done." That was really helpful, I think. And by and large I think that was helpful in people feeling that*

they were in control of it, and not that it was something else that was being done to them" (ASC Director).

Another aspect of generating buy-in for key individuals was the use of examples where strengths-based approaches had been successfully used by social care practitioners, and people, to generate desired outcomes:

"So the innovation sites are sort of showing that if you embed a strength based approach properly and give workers time to work with somebody, it reaps rewards" (Commissioner 1).

When discussing the challenges related to adopting strengths-based approaches, participants identified a diminishing provider market or local resources and infrastructure to to utilise. Equally important for facilitating thinking and working with strengths, particularly community assets, was being aware of what was available in the community, and therefore having a 'suite of tools' available for practitioners to deploy as and when they felt appropriate.

"I was really impressed when we went to [place] because they've absolutely nailed their preventative strategy. So their workers are very much able to know what's out there in local communities. And without knowing that it's very difficult to break the culture with people drawing on support, in a positive way. If you're going to hold their hand and support them to different solutions, you need to have both the time to do that and the resources to be able to do it" (PSW4).

5.2.9 Strengths-based approaches and costs

We asked participants about their view of the overall aim and purpose of strengths-based approaches in social care and social work. Participants invariably discussed the cost of providing care and support to people. Participants' views here were somewhat mixed. A small number of participants posited that applying strengths-based approaches was a euphemism for saving money on care packages, either by asking people to do more than they can for themselves or asking people to seek support or resolution from elsewhere, crucially not funded by the local authority.

Others, and the majority participants, rejected this view. These participants stated consistently that while cost-savings may result from adopting strengths-based approaches, this was not the purpose or aim, but an unintended benefit.

"But I think yeah, and it's hard doing this work in the context of savings and austerity and that I think strengths-based practice can be used as a vehicle for that" (PSW1).

"This isn't about cuts, and this isn't about trying to – you know, when we're talking about using people's strengths, it's not a euphemism for making people do things for themselves, which I think people, which is, you know, we can tend to think that's what this is about. And maybe 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. We're doing this because it's better, a better approach" (PSW2).

One participant explained that the mechanism through which costs can be reduced was the process of greater engagement with individuals, and establishing a rapport with them to help personalise their care plan:

"And to me then you can build in that strengths-based approach because you should have that 360 degree view of people then and actually start putting a plan in place about what someone's life course might start to look like. And if you plan early enough the costs are reduced" (Commissioner 1).

Another participant agreed, while again stating that this was not the focus or rationale for adopting strengths-based approaches, but that nonetheless this could be a beneficial bi-product.

"But I think yeah, and it's hard doing this work in the context of savings and austerity and that I think strengths-based practice can be used as a vehicle for that. But again, in our council, we're really strongly giving people that that's not why we're doing this. We're doing this because we think it's better [laughs] you know, a better approach. But yeah" (PSW3).

5.2.10 Guidance for practice, tools and training

Participants explained that there were a number of resources available in relation to applying strengths-based approaches to social work and social care. A number of interviewees reported that because these were numerous, the best approach for them was to select the most appropriate that could most easily be integrated into their own local systems and culture.

"Our practice implementation lead, sort of looked at what was out there, and you know, there are some toolkits. You know, there's the national ones. You know, SCIE have done stuff. You know, so there's a lot of stuff out there that kind of says, "Look, this is how you do strengths-based practice." But I think what we found was, a lot of it was quite theoretical. And a lot of it then still needed that translation into how you do it in your work context. So if you're working in a hospital discharge team, what does it mean? How do you do it? How do you make it fit with [IT system] – which is our case management system? You know, what does it mean in terms of X process? So she kind of took what was out there, particularly around some of the, you know, the specific tools. But then created something that works for us and helps practitioners to understand the application in their day-to-day reality" (ASC Director).

Participants reported making use of existing frameworks and training that are aligned with strengths-based approaches such as the Making It Real framework and Make Every Contact Count. Participants also described a number of different tools available to enable and guide them in applying strengths-based approaches to their practice. These included: the good

conversations tool; the conversation wheel; ropes; three houses; solution focussed practice; and the 50 strengths-based questions. Participants explained that many of these were not associated with any specific strengths-based 'model', but were more generic and with the purpose of guiding the user in applying strengths-based practice. Participants largely described training they had received in similar terms – that it did not necessarily advocate one particular 'model' but provided an overview and guidance on what resources were useful. All but one participant reported that they had experienced some form of training.

> *"So what the training did was – what I think we got from the training was that idea of, this isn't necessarily about adopting a single model. This is about changing your/our organisational behaviour, and not being so process-driven, and putting the person, you know, putting the person in the centre. But also looking not just at what they, you know, what they can't do, but first of all trying to see what they, you know, what the person can do – what strengths they've got, what assets they've got in the community. So all those prompts are in the form, but they're not necessarily mirroring any particular model. It's just that we've got prompts – have you considered the persons strengths? Have you considered what assets are available in the community? Have you discussed, you know, community options with them? All those things are in the form, but not necessarily reflective of one specific model, if that makes sense" (PSW2).*

5.2.11 Evaluation

Participants reported largely small-scale monitoring of services, for example 'spot checks' for people accessing services. Some participants also reported surveying or internal discussions (and interviews) with social care practitioners who were involved in operationalising strengths-based approaches in their area. No participants described being involved in any substantial evaluation programmes. One participant described the following process, which was characteristic of other approaches identified by other participants:

> *"They decided to monitor the success of the three conversation model or not, that they were going to hold regular proud conversations. And what a proud conversation is basically is that a service user is just chosen at random, and the allocated worker is then contacted by a manager, and she goes through whether your assessment has been strength based" (SW1).*

5.2.12 Impact of COVID-19 pandemic

It is unsurprising that participants have invariably commented on the impact of the pandemic on the adoption and implementation of strengths-based approaches, as well as the wider provision of social care and social work in this context. This narrative features throughout these findings. Nonetheless participants were also explicitly asked for their views on how the pandemic had effected their plans and aspirations related to applying strengths-based approaches in care provision and support.

One benefit participants identified was that of improved attendance at meetings as a result of large scale working from home (as per government guidance). These could be oversight meetings for adopting strengths-based approaches, assessments or review meetings. Participants reported that this was helpful for establishing agreement across teams, engaging with relevant individuals and cascading relevant information to key individuals involved in implementing strengths-based approaches in social care and social work.

> *"One advantage of COVID is that we are seeing more professionals in meetings, because they're not having to travel, so they can dip in and out. So that's an advantage in terms of bringing a person's network of people or social care people together" (PSW1).*

While recognising some internal benefits for engagement across teams, participants overwhelmingly agreed that the move to working from home had had a detrimental impact on engaging with people who were either accessing services or seeking support. These included hampering the ability to conduct assessments and reviews for people, as well as creating a 'digital inequity' between people who either had access or were more comfortable and able to use technology in their interactions. Even for individuals who were happy to engage with services using modern platforms such as MS Teams, Zoom and so on, participants reported difficulties because they felt hindered in their ability to carry out their work to their fullest ability. Participants pointed to the disjointed and 'less natural' interactions with people using digital platforms, and the lack of physical and environmental cues garnered from face-to-face contact and home visits as contributing factors to impeding their ability to carry out their work as they would like.

> *"I think it has because there's nothing quite like a face-to-face conversation. Or even going into somebody's home, I mean, people tell you what they want you to know over the telephone. You go into somebody's home and you know whether that person is coping or not. And then, by something that you might see in their home, you can then open up a conversation around that and get the person to open up about it. I find it quite hard doing it over the phone. And obviously there's quite a few older people who are hearing impaired and won't speak on the phone. So you've then got a family member that is speaking on that person's behalf. Just offering to make somebody a drink and going in the kitchen and having a look in the fridge and there's no food there. You know, there's more cues when you see somebody face to face." (SW1).*

One of the most profound effects of the pandemic cited by all participants was the (temporary) closure of community-based services. Participants explained that this diminished their ability to apply strengths-based approaches, and especially to utilise community-based assets to meet someone's needs or seek innovative solutions to providing support:

> *"So [because of COVID-19] we can't deliver half the things that we need to deliver, you know, so day services shut so you have a conversation with someone. And actually what they really need to support them and what they really like to do is to see their friends and go to a day service. Well, it doesn't exist" (Commissioner 1).*

While pointing to one 'positive' impact of the pandemic, overall participants described the pandemic as having a damaging impact on their ability to apply strengths-based approaches in their support for people and limiting the rate of progress for the adoption of these approaches.

> *"So where we thought we were going to be with strengths-based practice I think has differed to where we are in reality" (PSW4).*

6 Limitations

The results of the study should be considered in the context of a number of limitations. The study was conducted during the COVID-19 pandemic. As such we encountered significant difficulty and delays with recruiting participants, and a number of potential participants may have felt unable to take part due to work pressures.

Taking part was voluntary and therefore we would anticipate a degree of self-selection bias. While participants not engaged with strengths-based approaches were eligible and able to take part in the study (indeed one did), we might reasonably expect that those with an interest in strengths-based approaches would be more likely to volunteer their time.

All findings are based on self-reported surveys and one-to-one interviews. While the research methodology is robust and the findings valid, it is worth noting that identified outcomes for people accessing services are (in effect) the proxy views of participants.

Whilst not a limitation per se – it may indeed be a strength - it is noteworthy that the majority of respondents were social workers or social work managers.

7 Conclusion

Findings from this study improve our understanding of how existing strengths-based approaches are being applied in the social care and, particularly, in the social work arena in England; how these are being implemented locally; and how these are impacting on practice. With the data we collected from an online survey and one-to-one interviews we have been able to gain a 'snapshot' of what kinds of strengths-based models or approaches are being implemented by (some) local authorities and how this has impacted on social care practitioners, the people they provide support for and the organisations in which they operate.

Overall survey 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 and support people more effectively. Adopting a strengths-based approach (often) facilitated better engagement with people accessing services and helped to build

trust and more co-operative partnerships with care practitioners. This process was, itself, facilitated by organisational, systems and process changes which were either amended or re-designed to be more focussed on people with care and support needs (such as more time spent on assessments and care planning) rather than on bureaucratic priorities. This led to perceptively improved outcomes for people accessing services - such as enhanced wellbeing, devising or accessing innovative or 'alternative' services, higher levels of satisfaction with local authority support. Respondents were overwhelmingly supportive of the principles and ethos that underpin strengths-based approaches; these were viewed as consistent with their own values especially the values associated with being a social worker.

Challenges related to adopting a strengths-based approach largely stemmed from systemic, structural and organisational factors. Being able to deliver services and support in a 'strengths-based' way was sometimes hindered by existing processes of support planning, finance and case management systems. Social care practitioners described needing to 'work around' these systems to achieve desired outcomes for people accessing services. This could lead to unwanted bureaucracy, impair decision-making (for example being obliged to wait for agreement to sign-off on a care package) and therefore stifle innovative and creative solutions for people, and ultimately the practitioner's capacity to operate autonomously and in a timely fashion.

Current workload and pressures (especially in the context of the pandemic) were cited as challenging for respondents adopting a strengths-based approach. Questions were raised about the need for a 'new' care model and whether additional resources are needed to implement it. Adopting a strengths-based approach requires change embedded at all levels of local authorities (including structural and organisational), as well as crucially, a different 'mind-set' and approach to conversations with people accessing services and their families. In most circumstances this would likely require either additional resources, or for existing resources to be utilised in a different configuration.

Based on participant experiences, we can distil a number of key factors - the ingredients if you will - for a 'successful' adoption or implementation of a strengths-based approach. Some of these are drawn from wider change management literature (Mason et al, 2014; Bamford and Daniel, 2005). They include:

1. Strong local leadership, project management and governance.
2. Interpersonal relationships and communication.
3. Engaging key stakeholders early on.
4. Supportive organisational culture.
5. Resources and capacity for implementation.

Some of these factors are consistent with the findings of evaluations of policy initiatives such as personal health budgets, integrated pioneers and the Better Care Fund (e.g. Jones et al, 2016; Erens et al. 2016, Harlock et al. 2020).

Despite the fact that, in general, participants in the study had a very positive view of strengths-based approaches and could identify a range of benefits resulting from their adoption, there is only limited evidence of its effectiveness as a model. The challenge for researchers - and to some extent practitioners too - is how to meaningfully capture the nuanced impact of adopting such a multi-dimensional approach, including and particularly what, and how, it contributes to improved outcomes for adults with care and support needs and their families. The previous ASCRU review (Caiels, Milne and Beadle-Brown, 2021) outlined a number of potential methodologies for evaluation, and from these we can infer that the application of existing outcome measures (such as ASCOT) (Netten et al., 2012) are unlikely to be sufficient on their own (although these can obviously play a part). A case study model which permits the benefits of a strengths-based approach to be made visible and distilled more clearly, whilst accommodating the complexity of the issues facing adults with care and support needs and the role of practitioners in helping to meet these, is likely to be more appropriate. Capturing the views of people accessing services will be crucial to capturing the effectiveness and nature of strengths based approaches and what they contribute to improved outcomes.

The challenge for policy is how to operationalise and replicate the benefits, including better outcomes, of adopting a strengths-based approach. The study highlights the way that local authorities have approached adoption/implementation (choosing from a 'suite' of available tools and approaches) as appropriate to their own circumstances and existing systems (and re-designing / amending these where necessary). Changes in assessment and care planning (making them more outcomes focussed for example) may be one approach; a 'top down' strategy is unlikely to be appropriate on its own. It is evident that whilst 'more aspirational practice' helps to deliver a strengths based approach this is only one element of a broader shift.

Overall, the principles and values associated with adopting a strengths-based approach appear to be consistent with providing high quality social work and social care. The inherent requirement is that a strengths-based approach must be at the centre of practice, with the prerequisite that this also has to be underpinned by organisational and infrastructural commitment, change and support. The challenges highlighted by participants as involved in adopting a strengths-based approach as well as the factors that they perceived as facilitating adoption, are helpful as they: inform the development of an appropriate framework(s) or method(s) to evaluate strengths-based approaches and may help policymakers to make evidence-informed decisions regarding funding for investment in strengths-based approaches in adult social care and social work in England.

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Annex 1. Online survey questions

All surveys used question routing using MS Forms software.

Survey questions for senior managers / managers (with responsibility for strategy) and/or adult services / managers responsible for practice development (survey one)

This survey is about strengths-based (which includes asset-based) approaches in social care and social work. The purpose of the survey is to find out if, and how, these approaches are being used in your area, and what the impact of their adoption has been. The questions are not meant to imply either support or opposition to these approaches. We are just gathering a picture of what's going on.

All information collected as part of this work will be treated confidentially. These data are being collected anonymously. It will not be known specifically who took part and any data presented will be done so in such a way as not to identify specific local authorities or individuals.

The purpose of the first 3 questions is to gain clarity about your role and the type of local authority you work for.

1. What is your full job title?
2. Please could you describe your key responsibilities in no more than 3 bullet points.
3. Which of the following matches the type of local authority you work for most closely: Unitary; Metropolitan; London borough; County council; District council.

The following questions are about strength-based approaches in your local authority.

4. Are you applying a strength-based approach to the delivery of social work and/or social care services? Yes/No

If Q4 = no

5. Are there any reasons that your local authority has not adopted this approach? Can you list these here please?
6. Has the decision not to adopt a strengths-based approach been based on evidence? [Y/N/Don't know]
    a. [If yes], can you tell us about this please?
7. What, if any, concerns do you have about adopting a strengths-based approach?
8. Has any other particular approach or model been applied instead of a strength-based one? [Y/N]
    a. [If yes] Can you say what this/these are here.
9. Would you like to adopt a strength-based approach in the delivery of services? [Y/N]
    a. [If yes] what advantages or benefits do you think this would deliver for users?

End

If Q4 = yes

5. How, and in what form, are strengths-based approaches operationalised and/or visible in your local authority? Please give examples.

6. Which stakeholders are strengths-based approaches relevant for/to in your organisation? For example: social workers; users; carers/families; local communities; others (please say who).

7. What are the key objectives of adopting strengths-based approaches in your Local Authority?
   For example: to promote independence; improve reablement; promote community based resources; reduce costs; others? If you can, please illustrate with examples.

8. In which settings/areas of work (in your local authority) are strengths-based approaches used? E.g. Innovation hubs, dementia care services, learning disability services, community mental health teams, other teams/areas/user groups?

9. Are there specific groups of users or people with specific types of need for which a strengths-based approach is particularly helpful? Please list these groups and explain why.

10. Are there specific groups of users for which strengths-based approaches are more challenging, or not appropriate? Please list these and explain why.

11. What difference do you think strengths based approaches make to users and carers' lives and wellbeing? We are interested in both positive ***and*** negative impacts.

12. Are (or have) the strengths-based approaches being used in your organisation being evaluated? [Y/N]
    If yes:
    I. Is this an internal or external evaluation?
    II. Which groups of staff are involved?
    III. Are people who access services included? [Y/N]
    IV. How are data being collected? For example questionnaires, interviews?
    If No:
    a. How is your local authority monitoring or measuring impact and efficacy?

13. Do you regard your strengths-based work as an 'intervention'?
    a. If yes, how would you define the intervention?
    b. If no, how would you define what a strengths-based approach is?

14. Is training being provided/available to staff in order to deliver services in a strengths-based way? [Y/N]
    a. If yes does this involve carers and/or service users?

15. We are interested in your view of what is new and different. In what ways is taking a strengths-based approach new and different to what one might view as 'good practice', or what has been done up to this point?

16. We are very keen to talk to you further about the use of strengths-based approaches, would you be prepared to take part in a telephone/skype interview with a researcher? [Yes/No] If yes, please provide your contact details so a researcher can get in contact with you to arrange a convenient time to do this.

Survey questions for Principal Social Workers for Adults (PSWs). (survey two)

Note. This survey is about strengths-based (which includes asset-based) approaches in social care and social work. The purpose of the survey is to find out if, and how, these approaches are being used in your area, and what the impact of their adoption has been. The questions are not meant to imply either support or opposition to these approaches. We are just gathering a picture of what's going on.

All information collected as part of this work will be treated confidentially. These data are being collected anonymously. It will not be known specifically who took part and any data presented will be done so in such a way as not to identify specific local authorities or individuals.

The purpose of the first 3 questions is to gain clarity about your role and the type of local authority you work for.

1. What is your full job title?
2. Please could you describe your key responsibilities in no more than 3 bullet points.
3. Which of the following matches the type of local authority you work for most closely: Unitary; Metropolitan; London borough; County council; District council.

The following questions are about strength-based approaches in your local authority.

4. Are you applying a strength-based approach to the delivery of social work and/or social care services? Yes/No

If Q4 = no

5. Are there any reasons that your local authority has not adopted this approach? Can you list these here please?
6. Has the decision not to adopt a strengths-based approach been based on evidence? [Y/N/Don't know]
    b. [If yes], can you tell us about this please?
7. What, if any, concerns do you have about adopting a strengths-based approach?
8. Has any other particular approach or model been applied instead of a strength-based one? [Y/N]

b. [If yes] Can you say what this/these are here.

9. Would you like to adopt a strength-based approach in the delivery of services? [Y/N]
    b. [If yes] what advantages or benefits do you think this would deliver for users?

End

If Q4 = yes

5. How, and in what form, are strengths-based approaches operationalised and/or visible in your area of work? Please give examples.

6. Can you say how a strengths based approach influences your work and the work of the department/team you work in? Give examples if possible.

7. Who are strengths-based approaches relevant for/to in your organisation? For example: social workers; users; carers/families; local communities; other stakeholders (please say who).

8. What difference, in your view, do strengths-based models or approaches make to service users and carers' lives and wellbeing? We are interested in both positive ***and*** negative impact.

9. Are the strengths-based approaches that your organisation is implementing currently being evaluated? [Yes / No / Not yet]
   If yes:
   V. Is this an internal or external evaluation?
   VI. Which groups of staff are involved?
   VII. How are data being collected? For example questionnaires, interviews?
   If no:
   I. Is feedback from service users being sought? [Y/N/Don't know]

10. Can you tell us what the main objectives are of implementing strengths-based approaches in your organisation? For example: to promote independence; improve reablement; utilise community based resources?

11. Are there specific groups of users for which a strengths-based approach is particularly helpful? Please list these and explain why.

12. Are there specific groups of users for which a strengths-based approach are more challenging? Please list these and explain why.

13. Do you regard your strengths-based work as an 'intervention'?
    a. If yes, how would you define the intervention?
    b. If no, how would you define strengths-based approaches?

14. Have you received any training in order to deliver services in a strengths-based way? [Y/N].

a. [If yes] Who delivered the training?
b. [If yes] Was it in person or online?
c. [If yes] How long was the training?

15. Do you have any other views you wish to share about strengths-based approaches in social work?

16. We are very keen to talk to you further about the use of strengths-based approaches, would you be prepared to take part in a telephone/skype interview with a researcher? [Yes/No] If yes, please provide your contact details so a researcher can get in contact with you to arrange a convenient time to do this.

Survey questions for commissioners / commissioning managers. (survey 3)

Note. This survey is about strengths-based (which includes asset-based) approaches in social care and social work. The purpose of the survey is to find out if, and how, these approaches are being used in your area, and what the impact of their adoption has been. The questions are not meant to imply either support or opposition to these approaches. We are just gathering a picture of what's going on. We recognise that there will be a mixture of activities across local authorities and this is an attempt to capture some of this diversity.

All information collected as part of this work will be treated confidentially. These data are being collected anonymously. It will not be known specifically who took part and any data presented will be done so in such a way as not to identify specific local authorities or individuals.

The purpose of the first 4 questions is to gain clarity about your role and the type of local authority you work for.

1. What is your full job title?
2. Which adult social services do you commission e.g. LD, Carers, older people, dementia, MH, younger adults, other - brain injuries e.g. and others.
3. Please could you describe your key responsibilities in no more than 3 bullet points.
4. Which of the following matches the type of local authority you work for most closely: Unitary; Metropolitan; London borough; County council; District council.

The following questions are about strength-based approaches in your local authority.

5. Are you expected to apply a strength-based approach when considering tenders/bids/decisions regarding the commissioning of any social work and/or social care services? Yes/No

If Q5 = no

6. Are there any reasons that your local authority has not adopted this approach? Can you list these here please?

7. Has the decision not to adopt a strengths-based approach been based on evidence? [Y/N/Don't know]
    c. [If yes], can you tell us about this please?
8. What, if any, concerns do you have about adopting a strengths-based approach?
9. Has any other particular approach or model been applied instead of a strength-based one? [Y/N]
    c. [If yes] Can you say what this/these are here.
10. Would you like to adopt a strength-based approach in the delivery of services? [Y/N]
    c. [If yes] what advantages or benefits do you think this would deliver for users?

End

If Q5 = yes

6. How, and in what form, are strengths-based approaches operationalised and/or visible in the services commissioned by your local authority? Please give examples.

7. How do you take account of strengths-based approaches when you decide which services to commission? E.g. is it specified in service level agreements or contracts; using specific providers; other (please say).

8. How (if at all), have commissioning decisions and activities been influenced by the widespread introduction of strengths-based approaches / models?

9. In your experience are providers promoting strengths-based approaches in their tenders or provision of services? [Y/N]
    a. If yes can you provide any examples of this?

10. In which service areas are strengths-based approaches being used? E.g. Innovation hubs, dementia care services, learning disability services, community mental health teams, other areas (please say which).

11. What difference do you think strengths based approaches make to service users and carers' lives and wellbeing? We are interested in both positive ***and*** negative impact.

12. Do you evaluate or assess that the services you are commissioning are being delivered in a 'strengths-based way'? [Y/N]
    If yes:
    I. Can you say what models or tools you use?
    II. Do you capture the impact of strengths-based approaches on users? [Y/N]
        a. If yes can you say how you do this? e.g. outcome measures; feedback surveys; informal feedback from providers [open]

13. Is any training or guidance being provided to staff (who work in the commissioned services) on working in a strengths-based way? [Yes/No/Don't know]

14. We are very keen to talk to you further about the use of strengths-based approaches, would you be prepared to take part in a telephone/skype interview with a researcher? [Yes/No] If yes, please provide your contact details so a researcher can get in contact with you to arrange a convenient time to do this.

Annex 2. Interview schedule

Interview Schedule for Participants

How are strengths-based approaches being operationalized locally?

- What models (if any) are being applied/adopted?
    - How are these applied?
- What groups/cohorts of people do they apply to?

What has been the impact of adopting SBA on service users? How has it made a difference?

- Positive (e.g. wellbeing; outcomes; more holistic care/provision/support)
    - Can you explain why/how you think this has been the case?
- Negative (e.g. wellbeing; outcomes; impact on care/provision/support)
    - Can you explain why/how you think this has been the case?
- Does it work differently (better/worse) for different cohorts of people? (e.g. working age people; people with Dementia; serious disabilities; people in crisis; 'new' clients).

What has been the impact of adopting SBA on staff implementing this approach? How has it made a difference?

- Positive (e.g. more time for users; increased focus on user needs; able to provide more personalized support).
- Negative (e.g. less time for users; administratively convoluted/burdensome process).

What have been the facilitators to adopting/implementing a SBA approach in your area?

- Strong leadership/mentors?
- Understanding SBA as a concept and how it can be utilised?

What have been the barriers to implementing/adopting a SBA in your area?

- Resource / Time issues?

Is a strengths based approach different from previous or existing approaches/models?

- If so can you explain how/why?
- Do you feel it is a re-branding / continuation of existing practices or concepts (e.g. personalization)?

Has COVID impacted on the rolling out / adoption of SBA? If so how?

- Reduction in access to community based services? Other?

In general how do you feel about adopting a strengths-based approach?

- Is it a useful model that should be adopted more broadly?
    - Should it be adopted nationally?

Do you have any guidance / training docs from your LA you can share with us?

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