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# Leading by example? Culture, change, and strength-based social work

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## Abstract

Leaders play a central role in positive change through setting out a clear vision and inspiring others to commit their skills and resources. Leadership can also influence professional and organizational cultures to provide a more receptive environment for new ways of working. This article considers the interplay of leadership and culture within the context of strengths-based transformational programme within adult social work. Using theory of change, the research used mixed qualitative methods over a twenty-four-month period to understand assumptions of those tasked with leading change and experiences of those involved in implementation. Participants included senior managers, social workers, operational managers, health professionals and the voluntary and community sector. Underlying programme assumptions highlighted potential benefits of distributing leadership within and outside social work

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organizations to encourage practice innovations. In reality, senior leaders remained central to the process and communities often had limited influence. The need for culture change was recognized but how best to approach and sustain within local contexts was not sufficiently understood. Improving knowledge and practice of distributed leadership and culture change within social work will result in more effective transformation. Building stronger infrastructures to support co-production and skills in community development will enable more inclusive leadership contributions.

*Keywords:* culture; leadership; lived-experience; organizational change; strengths-based practice.

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## Introduction

Social work leadership has been associated with creating supportive workplaces in which social workers can individually and collectively thrive, facilitating excellence in professional practice, and encouraging greater co-production with people and communities (Tafvelin, Hyvonen, and Westerberg 2014; Schaub et al. 2022). Within social work, and in general, leadership is also commonly connected with the process of embedding change. Leaders are seen to create ‘burning platforms’ which communicate the urgency for change, rally others around shared purposes, and inspire followers to voluntarily commit their skills and resources (Rank and Hutchison 2000). Change is therefore explicit within conceptualizations of social work leadership—for example, Peters (2018) describes leadership as ‘behaviours that effect positive change to address client and societal challenges’(p40) and Haworth, Miller, and Schaub (2018) see its purpose as being to ‘positively influence others in response to the interests and aspirations of people and families’ (p32). Different models of leadership are seen to be relevant to undertaking change within the context of social work. Examples include—transformational leadership that connects with the underpinning values of the profession (Peters 2018; Choy-Brown et al. 2020), distributed leadership that opens space for new voices and diversity of influence (Spillane, Halverson, and Diamond 2004), and strengths-based leadership that encourages co-production and building on existing networks and assets (Mahesh and Miller 2024). Leadership of change is seen not only within management roles, but also by those in direct practice. Social workers can use their professional credibility and skills to positively influence other practitioners, challenge injustices, and be overall conduits for transformation (King Keenan, Sandoval, and Limone 2019).

Much has been written about achieving and sustaining positive organizational change, including by those responsible for social work (Miller

and Freeman 2015). Change is seen as a constant dynamic due to planned interventions and emergent responses to internal and external factors (By 2005). Numerous theoretical and implementation models to understand and guide change have been developed (Da Ros, Vainieri, and Bellé 2023). There are multiple variables to be considered, with Pettigrew (1985) proposing that successful change requires ‘a continuous interplay between ideas about the context of change, the process of change, and the content of change, together with skills in regulating the relations between the three’ (p62). Within social work, contextual factors include financial pressures, tensions between professional and managerial values, external scrutiny and critique, and the emotional strain of practice (Peters 2018; Schaub et al. 2022). The contribution of organizational culture to embedding or resisting change has also been emphasized (Mannion and Davies 2018). Understanding local dynamics as the basis of change is far from straightforward due to the many cultures which comprise an organization, including those relating to professions, functions, and service areas (Drumm 2012). Adapting cultures to provide more receptive contexts for change is also complex, with some questioning the extent to which this is feasible (Mannion 2022). Leadership has though been identified as making an important contribution to developing cultural readiness through aligning vision and actions and facilitating distribution of agency and action (Willis et al. 2016).

The importance of leadership and culture to change initiatives in social work has been frequently highlighted in programme evaluation reports (e.g. Ruch and Maglajlic 2020), but findings are often generic with little research focussed specifically on these issues (Caiels, Milne, and Beadle-Brown 2021). This article therefore specifically considers social work-led change and its interplay with culture through the implementation of strengths-based transformation programme within adult services. This programme was selected as it has been shown to impact positively on the core processes and activities of adult social work systems and has an emphasis on leadership within the change process. Strengths-based practice has been encouraged by professional bodies and policy makers in the UK over the past decade within adult services (Caiels, Milne, and Beadle-Brown 2021). Whilst there is no-one definition, strengths-based social work is generally considered to focus on what matters to the individual and their family, be based on an open and constructive professional-person relationship and built around the person’s and community assets (Miller and Mahesh 2025). There are similarities between strengths-based approaches deployed within adults and children’s social work services in the UK with some practice tools being deployed in both such as Family Group Conferencing, but it is also important to note that there are differences between the legal context and professional responsibilities within adults and children’s services (Manthorpe and Rapaport 2020). The purpose of this article is not to provide an evaluation of the

programme as such, but rather to consider how the local areas responded to the cultural and leadership dimensions of transformation. In doing so, it seeks to provide insights into assumptions and realities of change in social work.

## Methods

The strength-based transformation programme at the centre of this study has been applied in over thirty local authority areas in the UK. It is largely funded through direct subscription by local areas but has also been commissioned on a national basis. Based on previous experience of implementing change and underpinning strengths-based values, it has developed a set of organizing principles as the basis to improve local practice cultures and organizational processes. These principles emphasize the importance of putting people with lived experience and communities at the heart of the change process and engaging wider system partners in health and the voluntary and community sector. Once an area has signed up to the transformation programme, the national team will work with local senior stakeholders to discuss their current situation and identify their initial focus in relation to embedding strengths-based practice. The approach seeks to facilitate local reflection and co-design rather than requiring prescribed interventions to enable each local area to develop strengths-based practices to suit their community. There are though common practice developments introduced in many of the participating sites. These include reducing the bureaucracy of assessment and care coordination processes to enable these to be more conversational in tone, providing accessible community venues in which members of the public can speak to social workers and other professionals, and encouraging peer challenge between practitioners to support greater professional autonomy. The national team also offers a suite of developmental workshops to enhance local understanding and skills and can provide advice regarding local evaluation processes.

The overall study design used a theory-of-change process to understand the assumptions, activities, and expected outputs and outcomes of the programme with a particular focus on the 'leadership' and 'culture' related aspects (Breuer *et al.* 2015). This was developed through documentary review and interviews with the national programme team and local managers responsible for implementation. Due to the centrality of 'co-production' with people and communities within the principles of the transformation programme, and as a core principle of strengths-based practice, this was also a core area of interest. Mixed qualitative methods explored the change processes from the perspectives and experiences of those leading and contributing. The research was guided by two different stakeholder groups, one comprised of people with lived experience of

social care and the other social care practitioners. These groups were consulted on the focus and approach of the different research phases, co-designed the interview and focus group schedules, and helped to interpret findings and their implications. The research team met with the lived experience group every six to eight weeks at crucial development stages of the research and the social care practitioner group once every twelve months to gain their input into the practice related aspects such as assessment processes and care planning. Workshops on the research were held at the annual programme conference in which local areas participating in the change process were brought together to discuss tools, discuss challenges, share learning, and celebrate success. Ethical approval was granted for this research by Kings College London and all participants provided verbal or written consent.

Prior to data gathering within the local areas, the research team developed a collaborative relationship with the national team who designed and support implementation of the transformation programme (hereafter described as '*change facilitators*'). To begin to develop the overall theory of change a documentary review was undertaken. This included the brochures setting out the transformation programme's principles and expectations on participating sites, case examples of best practices within local areas, and internal evaluations and reviews. These provided initial insights of how the programme sought to change practice and its assumptions in relation to leadership and culture.

### Phase 1 of the evaluation

Phase 1 involved qualitative interviews of people who implemented and managed the strengths-based programme within local areas using the theory of change framework to understand how they expected the transformation to affect change. All local areas in England registered with the programme at that time were invited to participate by the change facilitators using information developed by the research team. Five local areas subsequently agreed to participate. In total, Phase 1 interviews were undertaken with eighteen participants employed by local authorities, thirteen participants within health care organizations, and six within voluntary and community sector organizations. In addition, interviews were completed with three change facilitators within the national team. Interview topic guides were informed by the Theory of Change framework and explored assumptions and activities introduced as part of the programme in relation to local authority and partner cultures, co-production activities, and leadership practice (Breuer et al. 2015). At the end of Phase 1, a refined Theory of Change was developed which interpreted the perspectives of the local and national stakeholders (Table 1).

**Table 1.** Theory of Change outlining common assumptions of local sites and change facilitators, change activities, and expected outcomes in relation to culture and leadership.

Assumptions	Activities	Outcomes
Previous culture was bureaucratic and deficit-orientated	Range of leadership development opportunities	Greater trust and reciprocity across system
New values would be widely endorsed	Change champions to lead local initiatives	More creative and relational practice
Practitioners would flourish with greater autonomy	Governance processes involving community	Constructive and brave peer challenge of practice
Leadership would be demonstrated at all levels	Sharing of stories of success	Tangible influence of diverse people and communities
People and communities would be keen to engage	Community access points	Openness to internal and external learning
Partners would sign up to shared vision	National in person and virtual networks	Strengthened partnerships
An external partner would help achieve change	Guidance and challenge from change facilitators	More inclusive workplaces

## Phase 2 of the evaluation

To understand how these overall theories of change were working in practice, Phase 2 of the research engaged with those involved in directly implementing these activities. This included social workers, social work team managers, and voluntary and community sector representatives. It was hoped also to interview people with lived experience who had been involved in steering groups and other governance bodies. A mixture of qualitative methods was used (Table 2). Originally five local sites agreed to participate, but two dropped out due to local pressures, post-covid recovery, and changes in senior management.

Local programme gatekeepers who were responsible for coordinating the change activities in the site shared the opportunity to participate in research amongst relevant health and care networks. Final interviewees included social workers and social work managers (twenty-nine), health professionals (four), and representatives from the voluntary and community sector (three).

Data were analysed using a deductive and inductive coding framework developed by the research team (Gale et al. 2013). The theory of change framework was used to create an initial search through the data for emerging themes, and these were combined and re-organized to create the final coding framework. Emerging analyses were shared with the lived experience and practitioner groups to gain their interpretation and insights on other aspects of interest. The data were then analysed against these themes with new codes being added deductively as the research team progressed with analysis (Braun and Clarke 2006). Findings were again shared through workshops at the annual programme event for validation and wider interpretation.

**Table 2.** Overview of planned research activities in Phase 2.

Research activity	Purpose	Participants
<b>Semi-Structured interviews</b>	To understand the implementation of the programme and how the change processes were experienced	Practitioners, Managers, Voluntary & Community Sector representatives
<b>Focus Groups</b>	To facilitate discussion among professionals of the programme's principles and implementation.	Practitioners from health and social care within each site involved in the implementation.
<b>Vignette interviews (narrative interview followed by story/vignette creation)</b>	To create the story of an average day experienced by practitioners who worked within community access points connected with the programme	Practitioners who were based within the community access points.
<b>Observations</b>	Observations of training run by the change facilitators, events run by the local authority, and steering group meetings. Field notes were made along with access to related materials used.	Practitioners, Managers, Voluntary & Community Sector representatives, and people with lived experience

## Limitations

The research sought to gain perspectives of the wider system in which the local authorities operated including people with lived experience, the voluntary and community sector, and professionals working in allied sectors such as health. Despite considerable efforts by the research team, participation of those outside social work and social work management are limited. Gaining their perspectives would have provided a richer view of local implementation and highlighted alternative and potentially conflicting views.

## Findings

### Assumptions of leadership, culture, and change

Overall, leadership was expected to be a major factor in the potential success of the strengths-based transformation programme and in particular endorsement and active support of senior social work managers. Senior organisational leaders explicitly communicating that their values aligned with the overall programme ethos and then demonstrating these values within their actions was seen as a core enabler by local sites.



Similarly, the change facilitators saw leadership as crucial to achieve cultural changes within the organization and the wider system:

*A lot of what we're doing is moving towards a different culture. We talk about a culture that is based on trust.... And of course, what's behind, well, it's right around culture's leadership, so a different leadership culture, a different leadership .... A leadership approach that is authentic and brave and willing to, I suppose, take some risks. (Social Work Manager)*

Leadership prior to the engaging in the transformation was generally described as being corporate and top-down, with an emphasis on standardization of processes and meeting organizational targets. Examples of normative leadership behaviours were shared to illustrate what new approaches were hoped for through the changes. These included senior managers relinquishing control to give staff the space to do the 'right thing' and de-centralizing power through distributing authority and decision making over resources:

*I think leadership in terms of [change program name] is doing something different to what we've done before. We're realising we're not just trying to lead on a purely social care, statutory response. .... what we're trying to do is create a leadership structure where we give people permission, to think about people's well-being and do something different. (Social Work Manager)*

This quote reflects a common belief expressed by participants that leaders had a responsibility to reflect on how they have behaved in the past and challenge previous perspectives on who can be trusted with authority over resources and decisions. In relation to such reflection, local managers principally spoke about training opportunities provided by the change facilitators and the core principles used to guide the system transformation. Other examples included practitioners taking on the role of 'change champions' to encourage and support colleagues with embedding the principles. Alongside those in senior positions, middle managers were also seen to need to 'do something different' and move away from more directive cultures to 'give people permission' to work in new ways.

Leaders who embedded this new approach were described as 'brave' in allowing more creative forms of strengths-based practice. This was seen to be aligned with the social work values of inclusion and diversity, facilitating individual and community resilience, and acting with compassion. Participants spoke of the ideal values a new strengths-based leader would embody whilst recognizing that the extent to which leaders currently achieved this varied (including themselves). Where this was demonstrated within the programme, such leadership behaviour was seen to foster greater engagement by social workers and other colleagues. For example, the following interviewee described how the commitment

demonstrated by senior management opened opportunities for their contribution:

*It's a collective direction to achieve one vision.... And there's been quite a lot of work about that that's been going on recently, and I think I've had an opportunity to feed into what that vision is.... And I have to say, we've got some very brave, open-minded leadership going on at the moment. (Social Work Manager)*

The change facilitators similarly outlined the contribution and type of leadership required:

*... brave and courageous to make the changes and be open to deal with things differently. So, you need to be very open and trusting equally between people within the organisation and outside the organisation. (Change facilitator)*

Whilst culture was frequently mentioned as also needing to change, few Phase 1 participants specified in detail what aspects of organizational culture should be changed, and what was required to facilitate this new culture. This lack of clarity was similarly expressed in discussions with other sites at the annual conferences. Most participants in these workshops could identify the need for a culture change from one based on 'central control' to one which was 'professionally autonomous'. This has many similarities to the comparison that is often made between strengths-based and deficit-based direct practice models.

### The continued role of individual leaders ('great' people)

Both practitioner and manager interviews identified the new leadership approach as being primarily instigated by, and represented through, the behaviours of senior managers. The main characteristics which were seen to be of importance were such senior managers being credible as social workers, relatable as individuals and authentic in their behaviours:

*Well, I think [implementation lead], who leads the project is very practical, pragmatic, realistic but also equally passionate. So, because of her enthusiasm and the way that she sells it to you, I think it would be really difficult for anybody not to be engaged, really. (Healthcare practitioner)*

*Our director she's done a lot of, not training, but she's done a kind of presentation. And I think she even said the phrase 'call to arms' or 'this is your calling' or, you know, to staff that you need to be making this change and that, you know, a senior leadership team are really behind that, and I think staff do see that. (Social Work Manager)*

This director is therefore seen as creating the 'burning platform' for change, with the metaphor of 'call to arms' implying a battle against

forces which are preventing change from happening. This focus on the 'great leader' at in the most senior role could be seen as conflicting with the aspiration of the theory of change described in Phase 1 to embed more distributed leadership. However, as this one voluntary and community sector interviewee states, the reality is that senior managers are placed to create a culture in which others are also able to demonstrate leadership due to their legal and organizational authority:

*the director of adult social care is absolutely the driving force around embracing [change programme] and has made sure that the next layer down are bought in, who then made sure the next, so people are following and along for the ride and bought into the process because they know it's safe. (Voluntary and community sector representative)*

Whilst individual senior managers brought momentum through their personal commitment and commitment of organizational resources, it also meant that the local change programmes were vulnerable to changes in such key individuals. This risk was expressed explicitly by staff, as well as implicitly by their frequent describing of success being the direct result of one senior leader. It was also experienced in the research, with an initially committed local area dropping out when the director changed:

*Whilst I believe everyone's a leader despite the level you are in an organisation or can be, you need certain ownership and buy-in from the senior leaders. Otherwise, they won't put it on the priority...it won't happen or take too long to happen, or barriers will be put in the way, or you'll have a change of manager, and then it's like, Oh, no, we don't do it in that way anymore. (Healthcare Manager)*

It was also recognized that changing organizational and professional cultures takes considerable time, and therefore sustained commitment was needed to embed the new practice. Again, senior leaders were seen to play an important role in providing this reinforcement on a long-term basis:

*The director of services leadership is steadfast and true, if you like. So, she's maintained that consistency of approach. She reflects us so well in the outside world. So, she takes every opportunity to celebrate the success in [location name], externally, but also brings back ideas. (Social Work Manager).*

This vulnerability to the leadership of an individual was also reflected in practice-based innovations. Where a particular project or activity was led by one social worker or team manager, and in the absence of shared responsibility, momentum could be lost if they moved on. This included engagement with people with lived experience and communities:

*There was a lot more engagement initially, which has sort of fallen off the radar somewhat because the engagement lead for this work left. (Social Work Manager)*

One approach to mitigate the risks of too much focus on one individual is to adopt a more distributed leadership approach, and this is the focus of the next theme of our findings.

### Vertical leadership distribution—within organizations

The theory of change within the strengths-based transformation programme assumed that leaders could be found throughout organizations and professional roles and greater distribution of leadership would enable practitioners and teams to be empowered to bring about change. Interviewees described distributing leadership as challenging within the traditional hierarchical structures in place in local authorities, in which employees are accountable to the Director of Adult Social Services and the lead politician for adult social care. Despite such established bureaucracy, staff still described examples of successful approaches to distributed leadership including local teams being able to introduce new practices, and the activities within community venues having flexibility to respond to local need:

*Making sure that the key people are at the table making sure we've got a voice and that they're allowed to speak. Our organisation, we've got people employed who purely work on this integration and who are purely facilitating and supporting that community led support approach. So I think it's threaded through everything that we do, really. And so the messages, just keep spreading. (Healthcare manager)*

In some cases, professionals were seen to have had a major influence in improving practice and this was not confined to social workers. For example, one manager at a local authority described how they valued the contribution of frontline healthcare workers due to their wealth of emotional intelligence and knowledge of the local area. Consequently, this manager asked them to share their skills by being part of different innovation groups responsible for implementing local change:

*We always advocate that everybody's a leader you can lead on if you're modelling your behaviour and you've got the right trust values and integrity and behaviours anybody can lead on anything they want. (Healthcare manager)*

Local authority engagement was not only seen to be needed in relation to professionals and managers involved in direct service delivery, but also those supporting functions such as human resources, finance, and procurement:

*the strategic vision that they want and how they want it to work, sometimes get a bit stuck on the way down because of the way services might be commissioned, all the expectations on the frontline staff... what is discussed "up here" in a very senior meeting about how they want things to work and the practicalities of that can be quite difficult... (Social Work Manager).*

This highlights that culture change was not only required within practice settings but also those 'backroom' teams which oversee organizational processes and resources. Examples were found of organizational functions such as human resources, finance, and planning working together to support the aims of the programme, and of senior managers encouraging other parts of the local authority to lead the change:

*We really praise our senior leadership team, chief officers, social work and finance; they've been very hands-off because they've let us have the conversations with the people who've got the ideas on delivering the services at the moment. So our new social work process was developed with a team of social workers, wellbeing workers and occupational therapists. (Social Work Manager)*

Middle managers were described as both instigators at the heart of innovations within teams, and as barriers to the aspirational visions of senior leaders. Their engagement (or not) in relation to change seemed to reflect their individual approach to leadership, the extent to which they supported the presented vision, and the pressures which they were facing due to increasing demands and workforce capacity issues:

*I'm not so sure that middle management is quite there yet. So you've got people on the ground who are really getting involved and people right at the top... but I don't know whether there's a bit of a barrier somewhere in the middle. (Social Work Manager)*

Many participants pointed to the difficult national context in which social workers were practicing. They acknowledged the challenges which their organizations faced and how their senior leaders were restricted by the insufficient resources available. This team manager expressed how the resources available to their organization through the political hierarchy made it challenging for senior managers to responsibly enact distributed leadership

*Senior management is getting the most money they can get from the central government. Whatever funding we're talking about here, it's rubbish, it's crap, we're absolutely overworked and things are terrible. ... you squeeze what you can out of it and to me, the detriment of that is the wellbeing of the staff. (Social worker)*

Along with vertically distributing leadership across organizational levels, the strengths-based transformation programme also emphasized the

importance of sharing authority and power across partner organizations and with community bodies, and horizontal distribution is the focus of the next theme.

### Horizontal leadership distribution—across organizations and communities

There were three main stakeholder groups in relation to horizontal distribution outside of the local authority—external partners, the voluntary and community sector, and people with lived experience of health and social care. Whilst inter-sectorial collaboration with health care was a core principle of the programme, this seemed difficult in practice given their different organizational cultures and disputes over resources. Such tensions were observed, for example, in programme-related development sessions where health care and social care professionals would view the training from contrasting perspectives and not agree on how to apply the values of the program within their sectors. Whilst joint training was seen to have improved local networking, it also highlighted how fractured health and social care continued to be, and how legacies of previous disputes could cast a shadow on collaborative opportunities:

*So partnership working is good. I mean, there are some politics with a small P, as there are anywhere there is a competitive element when it comes to funding, and the view that the third sector thinks they are sometimes excluded from doing work, and that's certainly the case. My team, it was going to be a multi-agency. This is going back many years. And then it wasn't, it was just council. So there's still some lingering resentment there. (Social Work Manager)*

Better joint working with voluntary and community organizations was seen as core to embedding a strengths-based approach. This was based on their understanding of local assets such as peer supports, practical assistance, and befriending activities, and focus on what mattered to their members and communities. However, the extent to which voluntary and community organizations were able to actually lead on program initiatives seemed to be minimal. Like the difficulties of health and social care working together, this was due in part to the embedded norms of this relationship, in which local authorities have over time become the procurer of voluntary and community activity. This had embedded a hierarchical approach based on funding and contracts in which the social work organization could determine the activities which were provided. Being financially dependent on the local authority had to some extent detracted from the flexibility and community orientation of the voluntary sector:

*I feel that the sector needs not to conform into mainstream, but to bring its uniqueness and be part of the mainstream. (Voluntary and community sector representative)*

In relation to co-production with people with lived experience, participating local authorities did not see themselves as having the capacity and skills to engage with people directly. This connection was often therefore outsourced to voluntary and community organizations. Another common approach was to consult with a public involvement group who advised the local authority as a whole—whilst useful, this meant that those commenting did not necessarily have direct experience of social work and social care and were not given the opportunity to lead:

*I see stakeholders around the table making decisions. I see the voluntary and community sector being there as well, representing the community. But I don't see, I guess maybe lay members involved so much. (Social Work Manager)*

There were though some examples of progress to opening opportunities for people with lived experience to demonstrate their leadership:

*The co-production group has come out of the drive from leadership. [Change Programme] has underpinned some of that and allowed us to start talking about it realistically, how to do that, how to co-produce and deliver that. (Social Work Manager)*

*We've been able to utilise peer support groups in our outreach and in the working, getting people involved in transformation, because one of the things that we're doing is trying to ensure that we co-produce the work. So we're bringing people into every phase of the transformation. (Voluntary and community representative)*

## Discussion

The strengths-perspective in social work has endured over four decades due to its continued congruence with the underpinning values of social work relating to equality, rights, inclusion and community (Saleeby 2000; Miller and Mahesh 2025). From the outset, challenges of embedding strengths-based working within day-to-day practice through moving away from deficit-based systems to reflect more progressive approaches have been raised (Rapp, Saleebey, and Sullivan 2005). Organizational and professional cultures are known to be powerful influences on the nature of social work through shaping what is acceptable and what is not and creating boundaries around the creativity and autonomy within which practitioners can operate (Currie et al. 2025). For many social workers, their core motivation is to make a positive difference in the lives of

people and communities and approaches based on strengths-based principles are congruent with their values (Stevens et al. 2012). Whilst many factors influence culture, leadership is recognized to play a particular role through developing a common narrative and framing and helping to set out the overall direction of travel (Willis et al. 2016).

The importance of culture was recognized within the implementation of this strengths-based transformational programme as both an enabler of change and an aspect of the practice conditions to be changed for new practices to flourish. Its centrality was highlighted by those in senior and middle management as well as by practitioners and external partners. Such a dual perspective of culture as both facilitator and outcome of change is common in organizational development and links to wider debates as to extent to which culture is the organization, or an aspect which can be moulded through deliberate intervention (Mannion and Davies 2018). Beyond highlighting its centrality, there was though limited consensus or depth of understanding about what was meant by culture in this context, which aspects needed to be changed, if it was in all or parts of the organization, and how interventions would achieve the new cultures practically. Perhaps ironically for a strengths-based approach, the most frequent articulation was portraying a negative picture of previous cultures (based on managerial control) when there was likely to have been at least some good elements which could have been built upon. The overall imprecision regarding the focus and practicalities of culture change is of concern as embedding new cultures takes sustained effort and multi-layered and synergistic activities—a scattergun approach is unlikely to transform cultures in the long term (Willis et al. 2016; Mannion 2022).

Positive social work leadership is seen to reflect the underpinning values of the profession through encouraging contribution from diverse voices and challenging established and unequal power dynamics (Peters 2018; Schaub et al. 2022). Such thinking was reflected in relation to professional leadership within this strengths-based transformation programme with an emphasis on vertically distributing influence to social work practitioners and teams to encourage innovation and lodge decision-making closer to individuals and families (Spillane, Halverson, and Diamond 2004). In contrast to culture, there was a greater level of understanding of what a new leadership approach would be, and engagement with specific activities such as leadership development and change champion roles to achieve more distributed leadership. However, the most pronounced dynamic remained one in which a senior manager (often the overall Director) was the influential leader and others across middle management and practitioners took on the roles of followers. There is of course nothing wrong with this dynamic as such, so long as it does not shut out other forms of leadership. Those in senior positions potentially have the hierarchical power necessary to provide certainty of



intent and resources to support transformational change (Miller 2001), and this was reflected in the actions of some senior managers in this research. Evaluation of innovations within children's social work services has also reported the centrality of senior leadership to the success of such programmes through either a single leader or a stable team (Ruch and Maglajlic 2020).

What was though perhaps surprising was the extent to which the local programmes continued to be seen as relying on the support and visioning of the senior leader even when the transformation had been underway for some time. This is particularly unexpected when so much of contemporary leadership thinking, including social work, has moved away from notions of reliance on a 'great leader' (Currie and Lockett 2011). Returning to culture, it is likely that practicing within an organizational hierarchy such as a local authority will have socialized social workers and managers into accepting this is the 'way we do things around here'. They will therefore have come to expect and in many respects feel comfortable within such a dynamic, and there are good arguments for clear decision making and accountability processes (Mannion 2022). Therefore, moving beyond such a hierarchy would take both time and repeated practical demonstrations that influence over resources and decision making has in fact been distributed. As was experienced during the research, the departure of a senior leader who was seen as instrumental to the transformation could result in the organization's commitment, and indeed subscription, to the programme being terminated. This does not mean by itself that the overall cultural journey by the organization would cease as such, but did mean that there was uncertainty and loss of the artefacts connected with this approach. It is also worth noting that the corporate organizations within which social work was housed may not have been actively seeking to distribute leadership and in fact within the austere times of the research may have been centralizing decisions over resources to seek major savings.

Perhaps more concerning was the limited extent to which people with lived experience and communities were able to demonstrate leadership within the transformation process (Sunkel and Sartor 2022). Co-production and horizontal distribution of power was positively endorsed by social workers and managers in line with core social work values and strengths-based principles. Whilst there were some good examples of creative approaches, overall, there seemed to little evidence of leadership being distributed outside of the local authority boundary. This is not untypical in relation to health and social care and indeed public service in general, with numerous barriers having been identified relating to practicalities of involvement, willingness of professionals and managers to see those with lived experience as leaders, and opportunities for people to develop leadership skills and access supportive networks (Amorim Lopes and Alves 2020; Miller *et al.* 2024). With the heritage of social

work in relation to social activism and inclusive advocacy, a more positive picture could though have been hoped for. The loss, in the UK at least, of a strong community development component within social work qualification and recent focus on individual care management may have contributed as this results in a lack of skills and confidence in how to co-produce as leaders (Turbett 2018). Furthermore, the wider policy shift towards a more transactional relationship with voluntary and community sector organizations in which they are increasingly contracted providers, rather than equal partners, has established a culture in which the public organization sets out the vision and other organizations bid for resources to deliver (Rees, Miller, and Buckingham 2017). This underlines that social work leaders must seek to influence the wider system including colleagues in procurement and finances and that achieving a strengths-based approach is more than a matter of a professional practice.

## Conclusion

This study confirms both the centrality and complexity of leadership within transformational change in social work. Professionals and managers recognized the need for greater distribution of leadership to facilitate greater innovation in how people and communities were supported. Practically, and emotionally, there remained, however, a reliance on a senior organizational manager to ensure continued organizational support and to be the figurehead for the urgency and potential for change. As no senior manager will be in post forever, this emphasizes the importance of transformational programmes building in succession planning within their leadership and embedding change within their professional and organizations cultures so that it is sustained beyond the tenure of a single person. Distributing influence vertically within organizations is difficult and horizontally to external partners even more challenging meaning that detailed and realistic plans are required—signing up for distribution in principle is not sufficient. Reflecting the importance of values to the profession's identity and distinct contribution, social workers embrace change when its principles are congruent with their underlying professional principles.

There are many practical implications from the research. There is evidently a need for greater understanding of the practicalities of culture, and what approaches can be used in which contexts to achieve required changes. Co-production with people with lived experience still appears to be marginal within social work transformation—to become embedded in system redesign will need investment in the required infrastructure and greater emphasis on related skills of community development in qualifying and post-qualifying learning. Social workers, managers, and people with lived experience can benefit from opportunities to explore

their identity as leaders and grow their leadership competences and confidence. Leadership development which involves other professionals alongside social work will enable greater understanding of each other's role and contribution. Including those from the voluntary and community sector, and people with lived experience, can further widen the scope and depth of such learning. Due to its long-standing commitment to inclusion and diversity, and promoting the rights of all to influence, social work should perhaps not only see the potential of such co-production and collaboration but see itself as having a responsibility lead through example.

As a final note, this strengths-based transformation programme was selected for study due to the foregrounding of culture and leadership in its approach. The change facilitators, and participating local sites, have demonstrated their own commitment to reflective leadership practice by being open to external researchers, taking to time to robustly consider the findings, and instigating changes to what was already an impactful programme.

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