



Strengths-based approaches for council services supporting adult social care





About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by coproducing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

About ADASS East Midlands

ADASS is a membership charity, a leading, independent voice of adult social care. It promotes higher standards of social care services and influences policies and decision-makers to transform the lives of people needing and providing care - so that all of us needing care and support can live the lives they want regardless of age, disability, status and social background.

The membership is drawn from serving directors of adult social care employed by local authorities and their direct reports. Associate members are past directors and, since 2019, our wider membership includes principal social workers.

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Why have SCIE and East Midlands ADASS created this resource?

A strengths-based approach in Adult Social Care (ASC) is often perceived to be a model of practice that is only applicable to direct client-facing roles, such as social work or occupational therapy.

The Care Act 2014 general duties, which are underpinned by strengths-based approaches to connect with people who access care and support, apply to all people who work in the ASC sector including commissioning, brokerage, and business support.

Research undertaken by SCIE shows that strengths-based ways of working are only successful when a whole-place or whole-system approach is implemented.

In partnership with East Midlands ADASS, SCIE has created this resource to support council services that support ASC, understanding the vital role they play and the legal responsibility they have in embedding strengths-based ways of working.

Who is this resource for?

This resource will support council services supporting ASC to understand what a strengthsbased approach is, what it means to their role and how to ensure their practice is strengthsbased.

A council service supporting ASC refers to employees in the department/wider local authority who work in non-social work/occupational therapy roles but do perform tasks that support or enable social work/occupational therapy interventions and therefore the provision of care and support to residents.

This resource specifically addresses what strengths-based practice means for the following council services supporting ASC:

Commissioners: "Commissioners are people responsible for identifying population needs and the priority outcomes for individuals and communities. They work with a range of providers to devise a service specification to deliver those outcomes and procure a preferred provider" (Arts Professional, 'Who are the commissioners?').¹

Examples of where commissioners will use a strengths-based approach:

- To establish and maintain provider relationships.
- To identify unmet needs and promote market development.

Direct payment administrators: Direct payment administrators work alongside assessment and care management, and finance, ensuring that the payment, processing and use of direct payments is legal and appropriate to agreed criteria.

Examples of where direct payment administrators will use a strengths-based approach:

¹ https://www.artsprofessional.co.uk/magazine/283/article/who-are-commissioners.

- To support the provision of clear and easy to understand information and advice.
- To ensure co-ordination with social care practitioners.

Contracts and procurement roles: Procurement and contracts roles will work with project and administrative staff to ensure timely and compliant procurement of goods and services and tight management of contracts.

Procurement roles are more general and cover many aspects from selecting vendors to negotiating contracts and purchasing products. Procurement roles also have quite a strategic impact on businesses and their goals.

Procurement contract management is the process of managing contracts related to procurement and purchases made as a part of legal documentation of forging work relationships with customers, vendors, or even partners. It comprises negotiating the terms and conditions of contracts.

Examples of where contracts and procurement roles will use a strengths-based approach:

- To monitor quality of partners standards.
- To support high quality care and support and information on the services available.

System and business support roles: systems and business functions staff support other departments and roles within the ASC department in the performance of their roles, carrying out a variety of tasks and functions such as updating and maintaining IT systems, updating and maintaining workflows, filing (online or otherwise), administration, and logistics, etc.

Examples of where system and business support roles will use a strengths-based approach:

- Ensuring systems support contacts with the community.
- Liaising with social care practitioners, supporting their roles and ensuring systems do so too.

Financial operations roles (invoicing, payments, financial assessment): Financial operations covers a broad range of functions. Types of activity include purchasing, income, cash and grants management, master data set up, and processes that impact individuals directly such as expenses and payroll interaction.

Examples of where financial operation roles will use a strengths-based approach:

- Ensuring financial information is available and up-to-date.
- Liaising with brokerage and social care practitioners to ensure accurate and prompt financial information.

Performance management roles: "Performance management is what an organisation does to realise its potential against performance targets, to deliver high-quality services and to identify opportunities for improvement, change and innovation." (SCIE, 'Performance management').²

The Performance Manager for ASC takes the lead on developing and maintaining fit-forpurpose performance management and intelligence frameworks, and ensures the timeliness

² https://www.scie.org.uk/workforce/peoplemanagement/staffmanagement/performance/.

and accuracy of statutory returns. Leading a team of performance management officers who will work with operational teams to ensure that they have access to valuable and effective management information, and that robust intelligence is at the heart of service provision.

Examples of where performance management roles will use a strengths-based approach:

- Creating reports and feedback that enables better management of contracts.
- Ensuring appropriate reports are available to maximise individuals' outcomes.

Why is this important for me when working in a council services supporting adult social care role?

Every intervention undertaken by a local authority member of staff in relation to the provision of care and support is regulated by the Care Act 2014. Regardless of whether these interventions are front line or back office, and whether they have direct contact with individuals in the community or not.

The Care Act statutory guidance is very clear that the Act places an expectation that every local authority works in a person-centred and strengths-based way to fulfil, amongst others, their legal duty of promoting individual wellbeing.

When employed by a local authority it is expected that a core set of values underpins our work, and at the heart of each of these values is the person accessing support from the services that a local authority provides.

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

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

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

(NICE, 2018)

The contribution of council services supporting ASC to people's experiences

The Care Act and strengths-based practice means that all interventions become holistic, person-centred and outcomes focused, and will result in better outcomes and lives for individuals.

Recent evidence, along with our experience of supporting dozens of councils, shows that strengths-based ways of working are only successful when you adopt a whole-place or whole-system approach, involving not just adult social care, but also the NHS, housing, community organisations and local people.

The following graphic illustrates how council services supporting ASC roles help to support a person that accesses support.

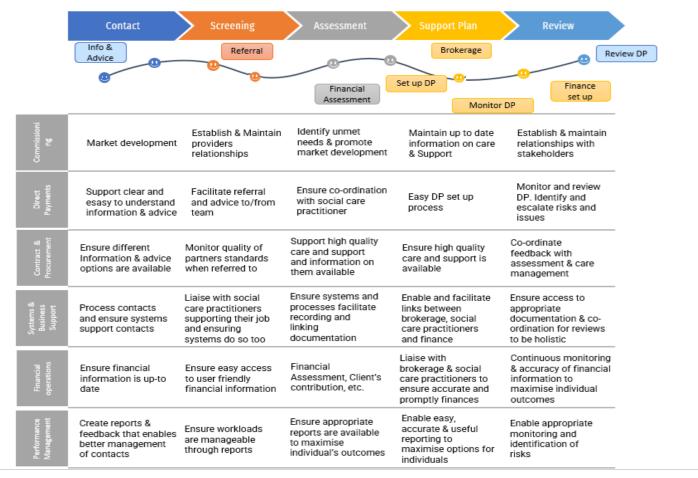


Figure 1: Enabling roles chart

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(https://www.scie.org.uk/files/strengths-based-approaches/enabling-roles/enabling-roles-chart.pdf.)

Despite an increased focus on strengths-based practice, if services are commissioned, performance-managed and inspected in a way that is risk averse, looks for quick fixes, and values outputs over outcomes, it will limit workers' potential to employ strengths-based approaches.

At the end of the day the core duty of the Care Act, the legislation which underpins all functions within a Local Authority, is to promote individual wellbeing, which is broader than 'meeting eligible needs'.

Strengths-based practice

The Care Act 2014 provides local authorities with a legal framework and outlines its duties and functions. Each of these need to be achieved using strengths-based approaches to enable people to find the best solutions for themselves and to support them in making independent decisions about how they live.

What are strengths?

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The terms 'strengths' and 'assets' are often used interchangeably to apply to either individuals or communities. But taking a strengths-based approach is both person-centred and asset-based. This diagram below from the NICE and SCIE 'Quick guide for strengths and asset-based outcomes'³ is a helpful way of showing how the person is at the centre, with their personal and community strengths and assets around them.

The term 'strength' refers to different elements that help or enable the individual to deal with challenges in life in general, and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- their personal resources, abilities, skills, knowledge, potential, etc
- their social network and its resources, abilities, skills, etc
- community resources, also known as 'social capital' and/or 'universal resources'.

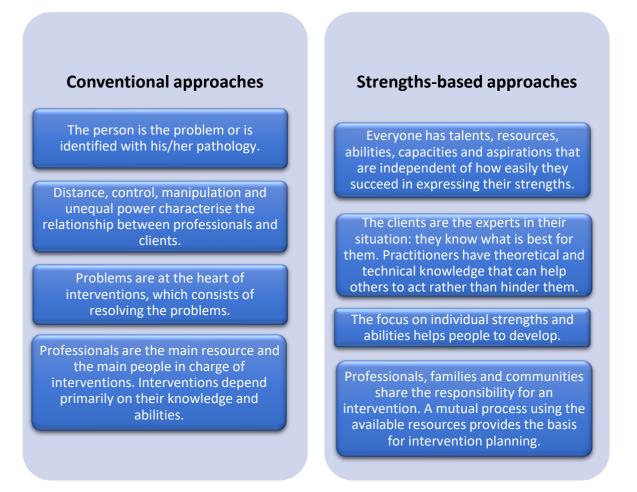


Figure 2: Personal and community strengths and assets

³ https://www.scie.org.uk/strengths-based-approaches/evidence.

Strengths-based practice vs conventional practice

Strengths-based practice is an approach, not an outcome. It is a 'how to do' not merely a 'what to do' or 'where to get'.



The following questions are intended to give you an opportunity to reflect if your approach is conventional or strengths-based. These questions were taken from a series of workshops that were undertaken with people in council services supporting ASC where discussions around how to be strengths-based in practice was explored.

Have a look for questions which seem relevant to your role, then try to answer them.

The text in brackets indicates whether the option selected is conventional or strengths-based practice.

When I need to do a task:

- Do I focus on the negatives of it? (= conventional practice)
- Do I focus on what I can learn, improve, benefit from it? (= strengths-based practice)

When I need to work alongside others:

- Am I concerned about their potential attitude, hidden agenda, etc? (= conventional practice)
- Am I open minded about what they can bring to the table? (= strengths-based practice)

When I am working with others:

- Am I concerned about their potential attitude, hidden agenda, etc? (= conventional practice)
- Am I open minded about what they can bring to the table? (= strengths-based practice)

When I identify something in a process or guidance that I think is not right, and I am asked to follow it:

- I despair, wing it, and do it, nevertheless, being unhappy and complaining (= conventional practice)
- I identify what I think is not working and why I think it is not working and raise potential solutions or ways forward (= strengths-based practice)

When I interact with partners, stakeholders or peers, and their approach is not strengths-based:

- I feel defeated, I think there isn't another way forward and go with their approach (= conventional practice)
- I have an honest conversation with them, highlight the positives of strengths-based practice, and if the constraints continue, I do as much strengths-based practice as possible given the circumstances (= strengths-based practice)

At my job:

- I focus on tasks, procedures and getting things done to reduce the 'to do list', 'there is so much to do!' (= conventional practice)
- I really try to lift my head and find the necessary headspace to see the bigger picture and how each task contributes to it and who else should be involved (= strengthsbased practice)

When I receive a newsletter:

- I remove it or archive it as I don't have time to read it (= conventional practice)
- I read the headlines to see if there is anything of interest, and I book time to read it or circulate it to others that may be interested in it (= strengths-based practice)

When I am doing my job with confidence:

- So when I work with others I make this clear verbally or with my attitude so my proposed way forward is accepted as soon as possible (= conventional practice)
- So when I work with others, I think what they are good at and how we can put our heads and strengths together to be even better together (= strengths-based practice)

I am really busy, so when I know what needs doing and I am clear about the process:

- I reproduce it as quickly as possible without much thought (= conventional practice)
- I look at the circumstances each time, and how I can follow the process and maximise the outcome personalising the process to the given circumstances (= strengths-based practice)

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Most partners, stakeholders and peers don't really know or agree with strengthsbased practice, and:

- I adapt to others to get things done quicker (= conventional practice)
- I take it as my responsibility to provide meaningful and practical information about the benefits of strengths-based practice and how we can apply it (= strengths-based practice)

I am too busy to be doing training courses, learning new ways, reading articles, etc. let alone to reflect on my practice before and/or after:

- When something seems to work I do reproduce the practice and focus on learning when somebody complains or I don't know how to do something (= conventional practice)
- I am proactive about learning and agree time for it with my manager, keeping abreast of new ways of working, good practice around the UK, etc. and even if something works out I reflect with others, when possible, on how it can be done better (= strengthsbased practice)

Sometimes either I know, or people are clear that a certain route is very risky and can bring negative consequences, in those cases:

- I stop considering alternatives to reduce the possibility of negative consequences (= conventional practice)
- I explore with others and/or research whether it also has potential benefits and then make a decision or present all the options with potential beneficial and negative consequences (= strengths-based practice)

It is much quicker to do something on my own than with other people, so normally:

- I get on with my work and leave others alone, as they are busy too (= conventional practice)
- I try to understand if there are better, more inclusive or different ways of doing things, and perspectives that I don't know about (= strengths-based practice)

When I am in a meeting with others and there are different priorities and angles:

- I try to defend my position over those of others (= conventional practice)
- I try to understand the positives of other points of view and focus on commonalities and mutual visions to find a compromise (= strengths-based practice)

I do lots of things every day and generally:

- I have little idea, or don't give a lot of thought about, who will be impacted by my work (= conventional practice)
- I like knowing who will be impacted by my work and seek their views to ensure I
 maximise the positive impact (= strengths-based practice)

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I find it very difficult to be practically strengths-based, I was wondering if it will be possible:

- To have a checklist to ensure I do everything as I should (= conventional practice)
- To have a framework or clarity with indicators that help me to reflect on whether my practice is as strengths-based as it can be in each case (= strengths-based practice)

When presented with options, defined by me or others, I:

- Look into each potential option and their possible consequences (= conventional practice)
- Look into each potential option and their possible consequences, and try to come up with other alternatives that could bring more positive outcomes (= strengths-based practice)

When talking to others:

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- I focus on the matter in hand and how to solve the problem or to move forward (= conventional practice)
- I ensure I consider all participants and their circumstances, and focus on working together to maximise the beneficial outcomes (= strengths-based practice)

Most people I work with, from other departments, don't really know what my job is about, so when working or interacting with them:

- I feel misunderstood and find it difficult to create a sense of whole (= conventional practice)
- I explain what my role and expertise are in relation to the matter in hand and ask them to do the same about themselves (= strengths-based practice)

Conventional approaches to a strengths-based approach

When practice is underpinned by a strengths-based approach, there is a shift in the focus of the interaction with people that access support from ASC:

- 1. Process focussed
- 2. Transactions
- 3. Them and us
- 4. Outputs (forms, documents)
- 5. What is wrong and needs
- 6. Reducing risk
- 7. Doing to
- 8. Blame

1. People focussed

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- 2. Relationships
- 3. Us
- 4. Conversations
- 5. What is strong and capabilities
- 6. Understanding and managing risk
- 7. Working with
- 8. Trust

Strengths-based practice and the Care Act 2014

Strengths-based practice has always been at the heart of social care practice but this approach to supporting adults accessing adult social care was consolidated in the Care Act 2014 which placed the expectation that all people employed by a Local Authority should practice in this way.

The Care Act is a legislative framework which provides Local Authorities with core duties and functions such as:

- Promoting individual wellbeing (https://www.legislation.gov.uk/ukpga/2014/23/section/1).
- Preventing the need for care and support (https://www.legislation.gov.uk/ukpga/2014/23/section/2).
- Integration and cooperation (https://www.legislation.gov.uk/ukpga/2014/23/section/3).
- 4. <u>Providing information and advice</u> (https://www.legislation.gov.uk/ukpga/2014/23/section/4).
- 5. <u>Promoting diversity and equality in provision of services</u> (https://www.legislation.gov.uk/ukpga/2014/23/section/5).

At the heart of the Care Act is the core duty to promote individual wellbeing, which is broader than 'meeting eligible needs' and strengths-based practice means that all interventions become holistic, person-centred and outcomes focused, and work towards achieving better outcomes and lives for individuals.

Strengths-based practice in adult social care

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A good starting point for a definition of a strengths-based approach is that used by Lyn Romeo, England's Chief Social Worker for Adults, in the 'Strengths-based approach handbook'⁴ published by the Department of Health and Social Care:

"It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live. I whole heartedly believe in taking a strengths and asset-based approach to supporting individuals and empower people to live the lives they want."

Another useful definition is that given by Alex Fox, Chief Executive of the charity Shared Lives:

"A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives."

There are diverse elements and definitions of strengths-based practice, but for the purpose of this resource we have identified the below as key elements to consider in any activity you perform:

- Focus on strengths and assets at all levels (personal, relationships, community).
- Ensure your interaction, task, activity, etc. is personalised and person-centred and can be flexible and adapted to the current and individual circumstances.
- Proactively ensure the shift of power to ensure you work collaboratively with others involved.
- Approach the interaction, task, activity, etc. in a holistic and multidisciplinary manner.
- Enable new forms of connection, establishing meaningful relationships, maximising the communication and interaction at different levels: professional and individual, between individuals and between individuals and community.
- Monitor your attitude towards risk, maintain a risk-enabling approach and ensure your attitude is positive towards risk.

⁴ https://www.gov.uk/government/publications/strengths-based-social-work-practice-framework-and-handbook.

Following strengths-based practice, the below are natural consequences:

People can learn, grow and change - discovering personal outcomes

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

Identifying resources from the environment

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

The relationship is hope-inducing

• It aims to increase the hopefulness of the person. Hope can be realised through strengthened relationships with people, communities and culture.

Meaningful choice

• A collaborative stance where people are experts in their own lives. The practitioner's role is to increase and explain choices, encouraging people to make their own decisions and informed choices. (Adapted from Rapp, Saleebey and Sullivan, 2008)

Making it Real – 'I' and 'We' statements

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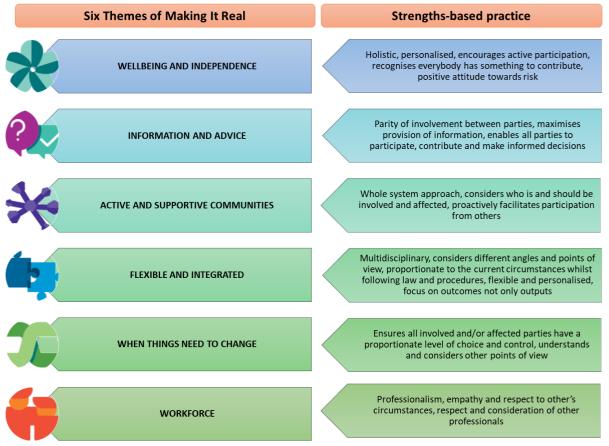
The Care Act 2014 places a strong focus on co-production and outcome-based interventions throughout all roles/functions who contribute to the provision of care and support.

'Think Local, Act Personal' (TLAP) developed 'Making it Real'⁵ which is built around six themes to reflect the most important elements of personalised care and support.

Each theme has a number of 'l' statements that describe what good looks like from an individual perspective. These are followed by 'We' statements that express what organisations should be doing to make sure people's actual experience of care and support lives up to the 'l' statements.

Find below the six themes and the 'We' statements related to strengths-based practice and how they apply to the enabling roles in adult social care.

Figure 3: Six themes of 'Making it Real' and 'We' statements related to strengthsbased practice



What's in it for adult social care?

'Making it Real' can help organisations that genuinely want to get better at personalisation to look at their current practice against the statements, identify areas for change, and develop plans for action.

- It can help organisations achieve a more positive and productive relationship with people who use services.
- It can help organisations to meet their legal duties and contribute to raising standards.
- For organisations that do not directly provide services, it can guide them in how to support the spread of personalised care and support.
- Not all of the statements will be equally relevant to all people and organisations, and there will be some variation in how organisations use them within the overall approach.
- Organisations and their staff have certain legal requirements which they must meet, for example around safeguarding. 'Making it Real' provides a framework within which legal duties and responsibilities can be fulfilled through working in a person-centred way. Best interest requirements should ensure that the principles set out in this framework apply where practicable and possible to people where reduced capacity has been established, or where there are legal restrictions or limited choice.

Wellbeing and independence - living the life I want, keeping safe and well

These 'l' statements focus on people's expectations to live a fulfilling life, connected to family, friends and community, with support that promotes wellbeing and independence.

The 'We' statements are pointers for organisations on how to have positive and constructive conversations with people to support them to live they life they want.

Wellbeing and independence and strengths-based practice:

- Strengths-based practice is holistic, and considers the individual as a whole including within their relationships and dynamics with others.
- Strengths-based practice is personalised and encourages active participation by all parties. It recognises that all parties involved in an interaction have something to add or contribute and proactively seeks to maximise everybody's contributions.
- Strengths-based practice has a positive attitude towards risk, identifying potential benefits from every action, task, agreement, etc. rather than focusing on, or solely identifying potential negative impacts.

Wellbeing and independence legal duties under the Care Act 2014:

The key legal duty in the Care Act, upon which the entire legislation is based, is the duty to promote individual wellbeing. 'Wellbeing' is a broad concept. It is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health, and emotional wellbeing
- protection from abuse and neglect

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- control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal domains
- suitability of the individual's living accommodation
- the individual's contribution to society.

There is no hierarchy in the areas of wellbeing listed above – all are equally important. There is also no single definition of wellbeing, as how this is interpreted will depend on the individual, their circumstances and their priorities.

• The Care Act places a legal duty in Local Authorities to prevent, reduce and delay individual needs.

'I' statements – applicable to council services supporting ASC

I am treated with respect and dignity.

I feel safe and am supported to understand and manage any risks.

I am valued for the contribution that I make to the department.

'We' statements – applicable to council services supporting ASC

We have conversations with people to discover what they want from us that will enable this, without restricting solutions.

We work with people to manage risks by thinking creatively about options.

We welcome ideas about working flexibly and creatively.

We look for ways to involve people in their teams and departments where they feel included and valued for their contribution.

How does this apply to strengths-based practice to council services supporting ASC

- When I talk to people, do I find out what matters to them? Before putting proposals forward or making recommendations, do I consider what matters to people?
- What is my level of awareness or knowledge on what promotes people's independence? Where are the ideas/thoughts coming from?
- When dealing with risks, am I risk averse? Do I prefer actions that help me to feel safe? Do I consider the potential benefits for others on taking risks?
- Am I aware of a wide range of options or ways forward? Do I look into them? Do I research?
- When developing or applying processes or procedures, do I leave room for flexibility in relation to individual circumstances?
- Are my decisions and contributions aware and considerate of the of individual as part of the community?

Information and advice - having the information I need, when I need it

These 'I' statements focus on people's need for information so they can get on with their lives.

These 'We' statements are for organisations and the workforce on how to provide relevant and timely information.

Information and advice and strengths-based practice:

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- In strengths-based practice there is the opportunity to enable equal involvement between parties, therefore it is crucial that the individual has as much information as possible to maximise their involvement.
- In strengths-based practice the individual should be supported and enabled to make their own decisions as much as possible, therefore it is crucial that they have enough information to be able to exercise this right and make informed decisions.

Information and advice and legal duties under the Care Act 2014:

- The local authority has the legal duty to "establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers".
 - Information: communication of knowledge and facts regarding care and support.
 - Advice: helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support.

'I' statements – applicable to council services supporting ASC

- I can get information and advice that helps me and that is accurate, up to date and provided in a way that I can understand.
- I know about the projects, activities, initiatives, departments, roles, etc. in my department.

'We' statements – applicable to council services supporting ASC

- We provide information and advice that reflects relevant law and/or clinical guidance.
- We provide information to make sure people know how to navigate the team and department.
- We provide information about what's happening in our teams and departments and how people can get involved.
- We always include a contact name, telephone number and email address when giving advice or information electronically.
- We make sure we share information about what we do and how people can access our services with other relevant organisations, so that we can all work more effectively.

How does this apply to strengths-based practice for council services supporting ASC?

- Is there information and advice available for residents to enable them to make informed decisions and get involved in the development of departmental services?
- Is this information and advice accessible to all residents?
- Are residents aware of the role of commissioning?
- When I interact with individuals in the community or partners, do I?
 - Focus on strengths and assets (personal, relationships, community).
 - Personalise and be flexible with the process to ensure a person-centred approach? Do I bear on mind 'what matters to you'?
 - Establish collaborative relationships enabling and proactively supporting the individual to meaningfully contribute actively to the relationship?
 - Liaise and/or consider other stakeholders and professionals to ensure a holistic and multidisciplinary approach?
 - Enable new forms of connection, establishing (meaningful relationships and promoting communication and interaction at different levels?
 - a. professional and individual
 - b. between individuals
 - c. between individuals and community.
- Ensure I am outcome focussed, not service focussed (is a how to do, not a what to do)
- Have a positive attitude towards risk ensuring risk enablement is my approach?
- When I provide information or interact with residents or other professionals, do I provide my contact details?
- Do I inform, with consent, all relevant stakeholders and parties with appropriate information?

Active and supportive communities - keeping family, friends and connections

These 'l' statements are about people leading a full and meaningful life connected to family, friends and their community.

These 'We' statements indicate how to create opportunities to make sure people are connected to their communities and doing things that matter to them.

Active and supportive communities and strengths-based practice:

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- A whole systems approach is a key element in strengths-based practice.
- It is paramount for strengths-based practice to enable and proactively promote community development jointly, with links between individuals and their communities.

Active and supportive communities' legal duties under the Care Act 2014:

- The Care Act places a general responsibility of integration, cooperation and partnership between partners and stakeholders.
- The legal duties of supporting the development of a community that caters for the needs of their individuals from the prevention, provision, support, etc. point of view are core to the Care Act.

'I' statements – applicable to council services supporting ASC

- I feel welcome and safe in my team and department and can join in activities that are important to me.
- I have opportunities to learn, volunteer and work and can-do things that match my interests, skills and abilities.

'We' statements – applicable to council services supporting ASC

- We make sure that people have opportunities and build relationships with other people who share their interests.
- We work in partnership with others to make our team and department supportive and inclusive for everyone.
- We work in partnership with others to create opportunities for people to work and to learn.

How does this apply to strengths-based practice for council services supporting ASC?

- Do my activities and deliverables consider and promote links between individuals and the individuals and the community?
- Do I promote interaction and joint working in different shapes and forms between partners and stakeholders?
- Am I aware of my role within my team, my department, my organisation and my community? Do I consider the impact of my actions in others?
- Do I co-produce decisions, activities, processes, outputs, etc?
- Do I develop a stakeholder map for my projects, activities, etc?

Flexible and integrated care and support - my support, my own way

These 'I' statements focus on people's need for information so they can get on with their lives.

These 'We' statements are for organisations and the workforce on how to provide relevant and timely information.

Flexible and integrated care and support and strengths-based practice:

- By definition, strengths-based practice is multidisciplinary. As a holistic intervention which considers each part and the relationship/impact of the parts between themselves, strengths-based practice must include different disciplines and points of view.
- Strengths-based practice is proportionate to the circumstances, and is based on processes, procedures, etc. that are flexible enough to be adapted. It is based on frameworks more than scripts.
- Strengths-based practice is person centred, the ultimate aim of improving outcomes for the individual in the community is paramount and all activities are personalised to the circumstances defined by the individuals being part of the activity.

Flexible and integrated care and support legal duties under the Care Act 2014:

- The Care Act places a general responsibility of integration, cooperation and partnership between partners and stakeholders.
- The Care Act defines the proportionality duty within public law as a clear duty in local authorities when performing any care and support function. Proportionality is intrinsically linked to flexibility, on the basis of a person-centred approach.

'I' statements – applicable to council services supporting ASC

 I can get skilled advice about my work, my career progression and who to work with on what.

'We' statements – applicable to council services supporting ASC

- We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services and other departments.
- We talk with people to find out what matters most to them, their strengths and what they want to achieve, and consider this when working together.

- We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making.
- We make sure that people can rely on and build relationships with the people who work with them.
- We make sure that our organisational policies and procedures reflect the duties and spirit of the law and do not inadvertently restrict people's choice and control.

How does this apply to strengths-based practice for council services supporting ASC?

- When developing services, proposing changes, developing outputs, etc. do I consider the impact and views of those directly affected by them? Do I consider how the different stages and elements fit together and how this will be experienced from the resident point of view?
- Do I actively seek other views to ensure a positive outcome for all involved?
- In my conversations, do I consider, ask, or just assume what is important for others?
- Do I approach my work being conscious of the role of my experience and knowledge as complementary to others' experience and knowledge?
- Do I make joint decisions with others affected by the decisions?
- Do I actively encourage others to put forward their views and participate in developments and outputs?
- Do I encourage and develop positive and collaborative relationships with my peers and other partners and stakeholders?
- Do I take responsibility for my learning and development ensuring accurate and up-to-date knowledge of the law and good practice in my areas?

When things need to change - staying in control

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These 'l' statements focus on people's need for information so they can get on with their lives.

These 'We' statements are for organisations and the workforce on how to provide relevant and timely information.

When things need to change and strengths-based practice:

- Ability to exercise choice and control and being an active part in decision making is crucial for strengths-based practice.
- It is very important to understand the perspectives and desired outcomes of others in any interaction to ensure strengths-based practice.

When things need to change and legal duties under the Care Act 2014:

• The Care Act has a legal duty to ensure integration, cooperation and partnership, which means that we must work together to achieve better outcomes for all parties involved.

'I' statements – applicable to council services supporting ASC

- I am supported to plan ahead for important changes that I can anticipate.
- When changes need to occur there is a plan for what happens next and who will do what, and all practical arrangements are in place before change happens.

'We' statements – applicable to council services supporting ASC

- We support people to plan for important changes, so they can have enough time to make informed decisions about their future.
- We talk to people during and after significant changes to find out their requirements.
- We talk through changes with people so that they understand the changes and possible implications.

How does this apply to strengths-based practice for council services supporting ASC?

- Do we ensure that all those people we work with and who will be affected are fully aware of the changes to come?
- Do we involve all necessary/appropriate people in designing changes?
- Do we ensure that people affected by changes fully understand the impact they will have on them?
- Do we ask people how they have been affected, or how they think they will be affected by changes?

Workforce - the people who support me

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These 'l' statements focus on people's need for information so they can get on with their lives.

These 'We' statements are for organisations and the workforce on how to provide relevant and timely information.

Workforce and strengths-based practice:

- Professional behaviour and professionalism are important in strengths-based practice. Each professional brings different strengths to the table/interaction, and it is crucial for a strengths-based relationship to be able to establish and maintain professional relationships with others.
- Each person is different, and whereas they may have the same profession as us, they are different people facing different circumstances. In strengths-based practice it is crucial to be able to personalise the professional relationship within the appropriate boundaries.

Workforce and legal duties under the Care Act 2014:

• The Care Act 2014, and other relevant pieces of legislation must be adhered to at all times by members of staff working in ASC. Legal literacy is fundamental for strengths-based practice and professionalism.

'I' statements – applicable to council services supporting ASC

- I work with people who see me as a unique person with strengths, abilities and aspirations.
- I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, and/or with respect from my point of view.

'We' statements – applicable to council services supporting ASC

- We don't make assumptions about what people can or cannot do, and don't limit or restrict people's options.
- We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.
- We know how to have conversations with people that explore what matters most to them, and how they can manage their work and life.

How does this apply to strengths-based practice for council services supporting ASC?

- Do I take into account the potential strengths (i.e. knowledge and skills) that my peers have?
- Do I approach projects, activities, etc. in a professional manner?
- Am I up-to-date with the legislation and best practice applicable to my job?
- Do I keep abreast of what other organisations are doing so that we can learn from or use to improve?

Next steps and some examples of good practice

As you may have already gathered, strengths-based practice is a journey, one that you may never finish, but a journey that you need to continuously check that you are on.

The most important thing is that you don't give up, that you keep on trying, learning and reflecting. Keep reading this resource and keep checking your practice against the key principles, on your own and with others.

Strengths-based practice is by nature always possible to improve. There isn't a golden rule that applies to all cases or scenarios, but this resource identifies some of the key principles that must be followed and by following them will give you some examples of the principles in action.

While the examples and initiatives contained in this guide follow the principles of strengthsbased practice, they are not necessarily right for circumstances other than the ones they have been applied to. They are, however, useful food for thought to help you reflect, jointly and alongside this entire resource, on how you can keep on improving your practice to be more strengths-based.

Here are some further resources that you may find useful:

Strengths-based approaches web resource (SCIE, 2021)

(https://www.scie.org.uk/strengths-based-approaches/leadership/review-tool). These resources describe how strengths-based practice works in a variety of interventions and settings and provides information on how to enable and implement strengths-based practice.

Unlocking the potential of adult social care critical review tool (SCIE, 2021)

(https://www.scie.org.uk/strengths-based-approaches/leadership/review-tool). Critical review tool to help social care leaders move towards a strengths-based, whole-place approach.

Asset-based places: a model for development (SCIE, 2017)

(https://www.scie.org.uk/future-of-care/asset-based-places).

This briefing suggests a framework for local areas to enable asset-based approaches to thrive. It is based on SCIE's research for the Greater Manchester Health and Social Care Partnership.

<u>The four essential elements of an asset-based community development process</u> (Asset Based Community Development Institute, 2018) (https://citizen-network.org/uploads/attachment/626/4-essential-elements-of-abcd-

process.pdf).

This paper provides an overview of Asset-Based Community Development (ABCD) and discusses the four essential elements of the (ABCD) process that make it distinct from other approaches.

Webinar: developing strengths-based places (SCIE, 2021)

(https://www.scie.org.uk/strengths-based-approaches/webinar20210615). This webinar gives an overview of how local authorities are overcoming some of the barriers to a strengths-based approach and building a whole-place approach to strengths-based working. It also showcases the <u>critical review tool</u> (https://www.scie.org.uk/strengths-based-approaches/leadership/review-tool), which helps social care leaders move towards a strengths-based, whole-place approach.

<u>Strengths-based approach: practice framework and practice handbook</u> (Department of Health Social Care, 2019).

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_d ata/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf). A framework and handbook to support social worker and social care professionals in applying a strengths-based approach to their work with adults.

<u>Person-centred and community-based working - strengths-based approaches</u> (Skills for Care, 2021)

(https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Community-Asset-and-strength-based-approaches.aspx).

This <u>resource</u> contains information, ideas and bite-size learning for adult social care employers and their employees to learn about person-centred and community-based working. The <u>practice guide</u> covers the what, why and how of person-centred and community based working.

<u>Evidence for strengths and asset-based outcomes: quick guide</u> (SCIE & NICE, 2019) (https://www.scie.org.uk/strengths-based-approaches/evidence).

A quick guide for practitioners, based on recommendations from a range of NICE guidelines and quality standards that focus on identifying and supporting an individual's strengths and assets.

Care Act guidance on strengths-based approaches guide (SCIE, 2015)

(https://www.scie.org.uk/strengths-based-approaches/guidance).

This guide summarises the process and the key elements to consider in relation to using a strengths-based approach.

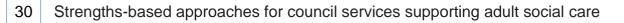
Developing a wellbeing and strengths-based approach to social work practice: changing culture (TLAP, 2016)

(https://www.thinklocalactpersonal.org.uk/Latest/Developing-a-Wellbeing-and-Strengths-based-Approach-to-Social-Work-Practice-Changing-Culture/).

The report sets out the key knowledge and skills the social care workforce needs to apply strengths-based approaches in improving people's lives and considers the business case for how a community-focused strengths-based approach can deliver efficiencies for the sector. Includes case studies: Shropshire, Essex County Council, Hertfordshire, and Calderdale.

Innovations in community-centred support (TLAP, 2019)

(https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/). This directory of innovations is for commissioners and providers to find out about community-centred approaches that are having a positive impact on people's lives.



Reimagining social care: a study in three places (TLAP, 2019)

(https://www.thinklocalactpersonal.org.uk/_assets/BCC/ReimaginingSocialCare.pdf). The examples highlight approaches such as Local Area Coordination, micro-enterprises, Shared Lives, Wellbeing teams and Community Circles.

<u>Developing a wellbeing and strengths-based approach to social work practice: changing</u> <u>culture</u> (TLAP, 2016)

(https://www.thinklocalactpersonal.org.uk/Latest/Developing-a-Wellbeing-and-Strengths-based-Approach-to-Social-Work-Practice-Changing-Culture/).

Includes case studies: Shropshire, Essex County Council, Hertfordshire, and Calderdale.

Strengths based social care in Leeds City Council (Leeds City Council, 2017)

(https://www.ndti.org.uk/assets/files/Strengths-

based_social_care_in_Leeds_City_Council_low_res.pdf).

Explains how Leeds City Council has developed a strengths-based and person-centred approach to social work and social care, and their plans for the future.

<u>A strengths-based approach to delivering the Disabled Facilities Grant: Thurrock Council</u> (Beard, 2019)

(https://www.housinglin.org.uk/_assets/Resources/Housing/Practice_examples/Housing_LIN _case_studies/HLIN_CaseStudy_155_DFG-Thurrock.pdf); <u>Person-centred and community-based working - strengths-based approaches</u> (Skills for Care, 2021)

(https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-

service/Community-Asset-and-strength-based-approaches.aspx).

Provides some brief practice examples.

<u>Developing strengths-based working: strategic briefing. Dartington: Research in Practice for</u> <u>Adults</u> (Research in Practice, 2019)

(https://www.researchinpractice.org.uk/media/2384/ripfa_strategic_briefing_developing_stren gths-based_working_mar_19.pdf).

This briefing presents evidence that sits behind the concept of strengths-based working.

Leadership in strengths-based social care Insights briefing (SCIE, 2019)

(https://www.scie.org.uk/strengths-based-approaches/leadership/review-tool). This briefing provides practical advice about leading strengths-based approaches and practice that support adults with social care needs.

Strengths, assets and place - the emergence of Local Area Coordination initiatives in England and Wales (Lunt, Bainbridge & Rippon, 2020)

(https://journals.sagepub.com/doi/10.1177/1468017320918174).

Review of how local area coordination is developing in England and Wales. This article points to the challenges and opportunities of implementing such strengths-, assets- and placed-based initiatives within local authority social service settings.

Making safeguarding personal toolkit (Local Government Association, 2019)

(https://www.local.gov.uk/msp-

toolkit%20https:/www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbo ok%20-%20FINAL%20December%202019%20v1.1.pdf).

You are okay, strengths-based practice insights from adult services (NI Department of Health, 2019)

(https://www.scie.org.uk/northern-ireland/reflections/strengths-based-practice-insights-adult-services).

<u>Asset-based approaches and inequalities: briefing</u> (Ambition for Ageing, 2018) (https://www.ambitionforageing.org.uk/sites/default/files/Briefing%20Note%20on%20Assets %20and%20Inequalities.pdf).

<u>The asset-based area 2.0. Social Care Innovation Network, Phase II</u> (SCIE, 2020) (https://www.scie.org.uk/transforming-care/innovation/network/reports/phase-two/asset-based).

<u>Community building guide</u> (Barnwood Trust, 2020) (http://www.barnwoodtrust.org/wp-content/uploads/2020/09/CB-Guide-V2.pdf).

<u>New developments in adult social care: further considerations for developing a Six Steps</u> <u>Approach</u> (Bolton J., 2019) (https://ipc.brookes.ac.uk/files/publications/New_Developments_in_Adult_Social_Care.pdf).

<u>A glass half-full: 10 years on review</u> (Local Government Association, 2020) (https://www.local.gov.uk/publications/glass-half-full-10-years-review#4-leadership).

<u>The asset-based area: briefing document</u> (TLAP, 2017) (https://www.thinklocalactpersonal.org.uk/_assets/Resources/BCC/AssetBasedArea.pdf).

<u>Asset-based community development for local authorities: how to rebuild relationships with</u> <u>communities through asset-based approaches</u> (Nesta, 2020) (https://media.nesta.org.uk/documents/Asset_Based_Community_Development.pdf).

Asset-based approaches in service settings: striking a balance (Glasgow Centre for

Population Health, 2017)

(https://www.gcph.co.uk/publications/705_asset-

based_approaches_in_service_settings_striking_a_balance).

<u>Community power: the evidence</u> (New Local, 2021) (https://www.newlocal.org.uk/wp-content/uploads/2021/02/Community-Power-The-Evidence.pdf).

<u>'What works here doesn't work there': the significance of local context for a sustainable and</u> <u>replicable asset-based community intervention aimed at promoting social interaction in later</u> <u>life</u> (Wildman et al., Health and Social Care in the Community 27(4), 1102-1110, (2019) (Research))

(https://onlinelibrary.wiley.com/doi/10.1111/hsc.12735).

<u>What a strengths-based approach means in practice</u> (Carol Baxter, Strengths Based Coach, London Borough of Barnet) (https://www.communitycarelive.co.uk/media/7859/strengths-based-practice.pdf).

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<u>Mapping and working with marginalised communities: a workbook to guide you in identifying</u> and supporting seldom heard communities in your neighbourhood (Ambition for Ageing, 2020)

(https://www.ambitionforageing.org.uk/equalitiesmodel).

Owning the process: taking a 'Thriving Places' approach to asset mapping: a case study in the Thriving Places series (Mitchell A., 2017)

(http://whatworksscotland.ac.uk/wp-

content/uploads/2017/04/ThrivingPlacesOwningtheProcessApproachtoAssetMapping.pdf).

The community mapping toolkit: a guide to community asset mapping for community groups and local organisations (Preston City Council, 2016) (https://ucanr.edu/sites/CA4-HA/files/206668.pdf).

<u>Place-based approaches to joint planning, resourcing and delivery: an overview of current practice in Scotland</u> (Baczyk et al., 2016)

(https://www.improvementservice.org.uk/__data/assets/pdf_file/0016/10744/place-based-approaches-report.pdf).

<u>CLS Evidence and Learning Briefings 2020. Paper 1: programme findings and lessons about</u> <u>what makes Community Led Support work well for people and places across the UK</u> (NDTI, 2020)

(https://www.ndti.org.uk/assets/files/CLS_Paper_1_Findings_MAY_2020_Fnl.pdf).

<u>CLS Evidence and Learning Briefings 2020. Paper 2: the big themes and messages from</u> <u>Community Led Support</u> (NDTI, 2020) (https://www.ndti.org.uk/assets/files/CLS_Paper_2_Graphic_Summary.pdf).

Place-based working. Glasgow: Institute for Research and Innovation in Social Services (IRISS, 2015)

(https://www.iriss.org.uk/sites/default/files/2016-07/iriss-on-placebasedworking-08-2015-2.pdf).

Place, strengths, and assets: a case study of how local area coordination is supporting individuals and families under conditions of austerity (Bainbridge & Lunt British Journal of Social Work 51(4), 1354-1373, 2021) (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7989567/).

Local area coordination: catalyst for a system wide prevention approach (Billingham & McEleney, 2016) (http://lacnetwork.org/wp-content/uploads/2016/02/LAC-catalyst-report.pdf).

Local area coordination: from service users to citizens (Broad, 2012) (https://citizen-network.org/uploads/attachment/340/local-area-coordination.pdf).

<u>Coordination in place</u> (New Philanthropy Capital, 2021) (https://www.thinknpc.org/wp-content/uploads/2021/03/Coordination-in-place.pdf). <u>Sustainability strategies for Local Area Coordinated Programmes: a proposed theory for change</u> (Rippon & Gamsu, 2018) (http://lacnetwork.org/wp-content/uploads/2018/10/ToC-Final-version-Oct-18.pdf).

<u>Video: Concept of a strengths-based approach under the Care Act 2014</u> (SCIE, 2015) (https://www.scie.org.uk/strengths-based-approaches/videos/concept).

Video: Using SBAs in social work (SCIE, 2018)

(https://www.scie.org.uk/strengths-based-approaches/videos/using-sba-in-social-work).

<u>Video: What is a strengths-based approach?</u> (SCIE, 2018) (https://www.scie.org.uk/strengths-based-approaches/videos/what-is-sba).

Webinar recording: Innovation network (June 2020)

(https://www.scie.org.uk/transforming-care/innovation/network/webinars/2020-06-09). The webinar explores the three main thematic areas of Phase II, which includes developing the asset-based model in more depth.

Webinar: Building back from COVID-19: tackling health inequality in partnership (SCIE, NHS England & NHS Improvement, 2020)

(https://www.scie.org.uk/transforming-care/innovation/network/webinars/2020-06-09). Covers what is the role of asset-based working with communities as a way to tackle health inequalities.

<u>Commissioning for a better future: a starter for ten. Social Care Innovation Network, Phase II</u> (SCIE, 2020)

(https://www.scie.org.uk/transforming-care/innovation/network/reports/phase-two/commissioning).

This document sets out a draft framework to guide changes to adult social care commissioning and help localities move towards the goal of becoming an asset-based area.

Commissioning for a better future: useful resources (SCIE, 2020)

(https://www.scie.org.uk/transforming-care/innovation/network/reports/phase-two/commissioning-resources).

One of the topics covered is asset-based approaches.



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