



Leadership in strengths-based social care

Introduction

Leaders at all levels in adult social care and key partners continue to develop strengths-based approaches, in ways that inspire and demonstrate great courage and passionate commitment in what is an extremely challenging context.

This briefing is for those leaders and partners. It updates the first briefing from 2019 with new insights, examples of good practice and resources. The aim of the briefing is to support leaders to continue to develop strengths-based approaches that support better life chances for citizens.

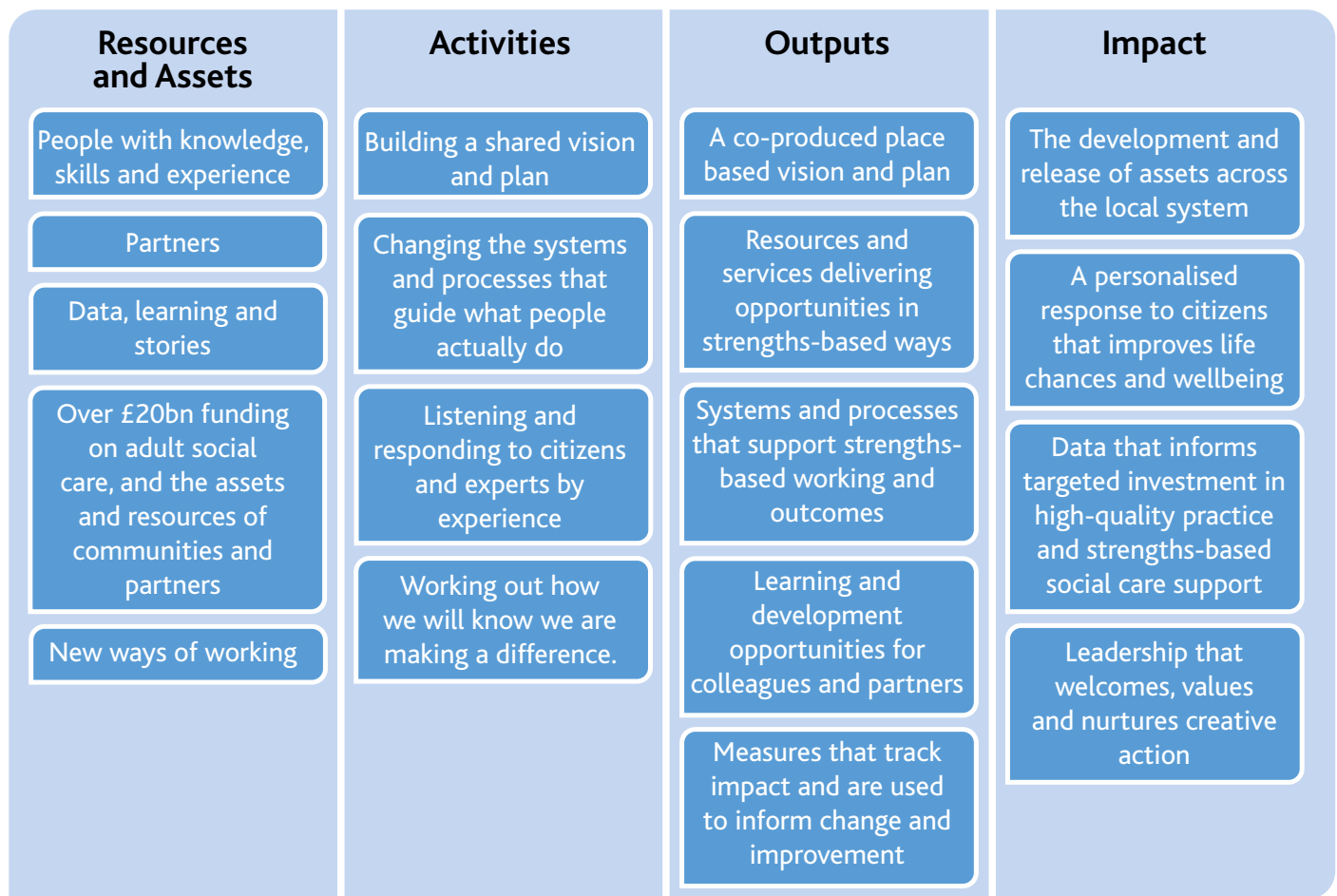
The briefing builds on the Department of Health and Social Care's (DHSC) [Strengths-based approach: Practice Framework and Practice Handbook](#)¹, which SCIE helped co-author; Think Local Act Personal's (TLAP's) [recent review of the Asset-based Area](#)² and the work of the DHSC-funded [Social Care Innovation Network](#)³.

The briefing identifies the leadership behaviours and practices associated with successfully implementing and embedding strengths-based approaches in adult social care. It draws on the experience of leaders and partners engaged in place- and strengths-based development in adult social care and a review of the literature.

Before the COVID-19 pandemic years of funding cuts for some services, and rising demand for many, had already brought home the limits of what public services can do on their own. Experts by experience who have reviewed this briefing rightly ask why these progressive ideas are still in development and not the norm across the system despite decades of campaigning for respectful and personalised support. However, during the pandemic we have also seen many examples of collaborative and strengths-based responses to extraordinary challenges.

Logic models are widely used in public services to map how different contributions or activities – in this case leadership – contribute to improved outcomes (See Figure 1).

Figure 1: A Logic Model for Leadership of Strengths-based Approaches



Key messages

Leaders from all levels in place-based partnerships should:

- **Lead development of a compelling and shared vision.** Facilitate the development of a clear, co-produced vision which explains how strengths-based approaches change practice and what this means for citizens. Record and act on feedback from experts.
- **Work with place-based partners.** Harness and co-ordinate the assets of partners in public services, the voluntary, community and social enterprise sector. Support providers to enable independence and wellbeing.
- **Improve support, systems and processes and make them relevant to people and staff.** Support changing practice, systems, and processes in pursuit of a shift from a focus on deficits and services to personalised and place-based outcomes.
- **Measure the impact of strengths-based approaches.** Develop qualitative and quantitative measures that inform evidence-based change and improvement.

The policy and practice context

The legislative and policy context clarifies leaders' responsibilities and duties. The practice context offers a growing body of approaches and learning that enables those duties to be met.

Both contexts are underpinned by the importance of listening and responding to those with lived experience during the process of meeting duties and applying new ways of working to create better local opportunities and support for independence, personalised support and wellbeing. Whilst compliance with duties will not on its own deliver on a progressive vision for the future it is a prerequisite for sustainable plans.

Policy context

The Care Act Guidance⁴ is clear about how strengths and capabilities must be considered: 'The assessment must: identify the person's needs, outcomes and how these impact on their wellbeing; consider the person's strengths and capabilities'. The social care reform White Paper, Putting People at the Heart of Care⁵ is clear that, 'care and support should be bespoke to individuals, building on their strengths and enabling them to achieve the outcomes that matter to them', whilst the Social Care Future movement is calling for a different vision for social care to be delivered, focusing on people's assets and strengths.

To develop and deliver strategies, leaders are increasingly expected to work across local areas and in close collaboration with colleagues in other partner organisations, and with local people. Forthcoming work on the implementation of Integrated Care Systems⁶ recognises that solutions to reducing health inequalities will often be found by engaging with communities through relational and strengths-based approaches drawing on the experience of local authority, Voluntary Community and Social Enterprise and other partners.

Practice context

'Our first question to someone who comes to us for help should not be... "What problems bring you here today?" but rather... "You have lived life thus far, tell me how you have done it."'

(Reynolds, 1951, in *Research in Practice for Adults 2019, Strategic Briefing on Developing Strengths-based Working*)

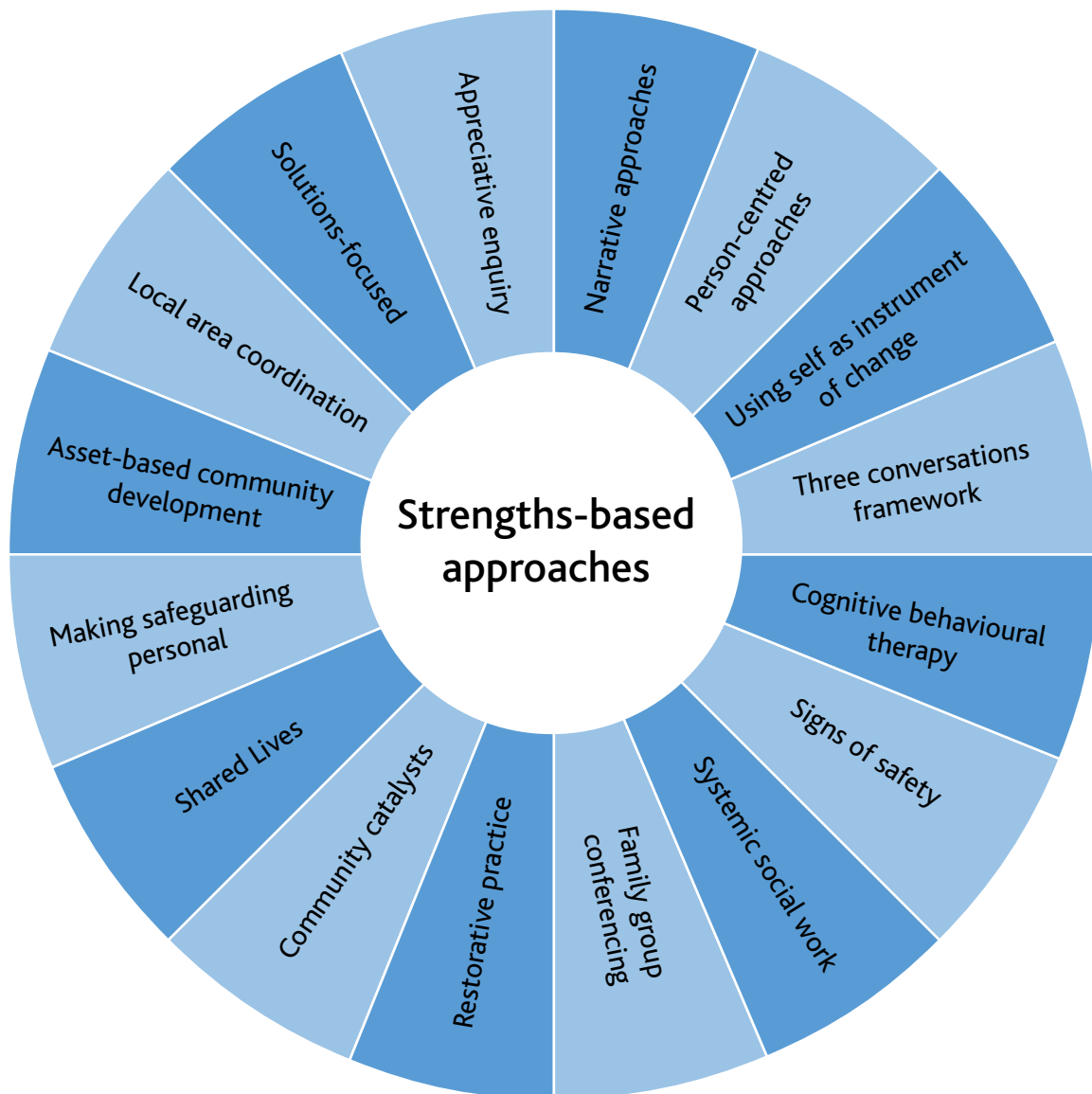
The context for strengths-based approaches to practice has a long history stretching as far back as the 1960s. It is maturing through the application of a range of models and approaches. This helps leaders to support practitioners and partners to turn ideas into action, informed by evidence and experience.

The range of available models of and approaches to support are summarised in the following diagram (see Figure 2) from work developed by the Chief Social Worker, Lyn Romeo. This forms part of the SCIE Critical Review Tool⁷, which supports leaders to review their local practice and strategy for strengths-based approaches. Leaders can use this tool to audit their place-based plans and action. There are also many examples of this work in practice in the National Institute for Health Research review of Innovations in Adult Social Care⁸ and in the Department of Health/ SCIE Roundtable Report on Strengths-based Social Work Practice⁹.

'Don't we all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us?'

(Social Care Future)

Figure 2: Strengths-based Approaches: SCIE critical review tool



'Leadership has to be seen to lead to change where residents can see their input. This takes commitment from councillors, council officers and from residents who can only lead if they are supported to participate and make decisions together.'

(Kevin Caulfield, Hammersmith and Fulham Council (from TLAP's 2021 report, Ten Actions for an Asset-based Area))

Leadership practice

The behaviours and action of leaders across the system is key to promoting, embedding and sustaining this work.

Leadership for Strengths-based Practice is the subject of work at Birmingham University in partnership with SCIE. Here, leaders from across the system are engaging¹⁰ in the Strengths-based Leadership Programme, which engages learners in developing skills around:

- Leading across systems
- Compassionate leadership

- Leading effective teams
- Co-production – working with people who draw on support and care to design, commission and deliver care and support.

The programme recognises the importance of leadership across the system not just from senior managers. In Figure 3, TLAP¹¹ identifies the different behaviours and roles for People with Power, Workers and Volunteers, and Citizens.

Figure 3: Behaviours and Roles for People, Workers/Volunteers and Citizens with Power

PEOPLE WITH POWER	WORKERS AND VOLUNTEERS	CITIZENS
We show empathy and humanity, and feel valued	We show empathy and humanity, and feel valued	We show empathy and humanity, and feel valued
We are open to change and being led by others, and are present in our community, and build alliances	We work alongside (not for) citizens, connecting ourselves and others	We are active – doing and starting stuff in the community, and are well-connected with others
We are happy in our roles, creating healthy, learning workplaces, and roles in which people are able to thrive and build deep relationships	We are happy in our roles, and help people to live good lives, working with their capacity not just their needs	We pursue good lives and are happier, and expect support to help us live our idea of a good life
We aim for wellbeing and measure the good and bad impacts of our work	We are confident we do what matters to people rather than the system, showing humility and courage at the right times	We define the lives we want to live and the roles we want any organisations to play; feeling confident to feed back and take the lead
We build systems and services that fit with people's individual and family lives	We are free to be led by people, not a system; we can work whole-family and with carers	We're in control of our lives and support plans and who sees our information; we can make choices and take responsibility
We share our resources, responsibility and power	We support people to make choices and take risks	We share ownership of our neighbourhood and its organisations and resources

Criticisms of strengths-based approaches

Strengths-based approach is not without its critiques, and leaders should be aware of these when developing their visions and building consensus around a way forward. Criticisms include¹²:

- a perceived risk of the approach not accounting for clients' reality, which is characterised by few resources and serious problems;
- that there are poorly evidenced 'overly optimistic claims about the strength of social capital, community, and community development'.

Efforts to promote system reform (for example SCIE¹³, The Kings Fund¹⁴, ADASS¹⁵) can inform leaders' work in the national and local policy context. This will help address the risk of simply making the best of a dysfunctional system rather than addressing evident inequalities that have been amplified by the pandemic¹⁶.

Leading the development of a clear approach to a particular intervention or approach helps address the criticism of ill-informed and unclear practice guidance and support. Using data to measure the impact of new ways of working and achievement of outcomes desired at individual and system level will build the evidence base locally and nationally. This will enable the refinement of plans and processes in response to data and feedback; it will also support leaders to build the evidence case they will need to re-invest resources in new ways of working.

The impact of the pandemic

The challenges for leaders have been intensified by the pandemic's demands on resources: 'there simply is not the management or political capacity to take on a major generational reform of the entire industry in the midst of this massive epidemic'¹⁷.

Through its extensive engagement with the sector, SCIE has picked up that online working can diminish the effectiveness of leaders in trying to convey the importance of strengths-based practice; it can also inhibit some of the trust and relationship building associated with strengths-based ways of working.

Despite the challenges, there has been a wide-ranging and courageously positive effort across local authorities, partners and communities to continue to find **strengths-based and personalised responses**¹⁸.

'I have to say that the COVID-19 guidance provided by my social service was rather banal. Yet, one thing stood out like a beacon. This was 'permission' to spend my social care direct payment as I saw fit. Given the years of oppressive policing of every penny, this came as a shock. While not a universal response across England and Wales, it meant I could make decisions about my care needs during this crisis without the anxiety I would normally have had doing so. This breath of fresh air is just one of many other examples of this new flexibility shown by social care services. We must not revert back to 'business as usual'. Trusting us must continue.'

Ossie Stuart, SCIE Trustee and person with lived experience, from *Beyond COVID, New thinking on the future of Social Care*, SCIE (2021)

Four steps to leadership for strengths-based approaches

The following four sections, on co-producing a vision; achieving system-wide impact; good leadership; and measuring impact bring together insights, case studies, good practice examples and resources.

1. Co-producing and sustaining the vision and plan

The two years since the first briefing in 2019 have seen a fast-changing context for social care. Leaders across the system have been asking the fundamental question 'What is adult social care today?' Answering

this question involves drawing from the experience of people who use services, from legislation and policy and from the experience of peers and partners.

Honest feedback from directors of adult social services while refreshing this briefing, and feedback from experts by experience prior to publication, suggests that co-production with people who use services is rarely at the heart of developing plans and approaches. Hammersmith and Fulham Council are an exception, with the work of their Disabled People's Commission¹⁹. This commission defines co-production as where:

“Local Disabled residents are working together with decision-makers to actively identify, design, and evaluate policy decisions and service delivery that affect our lives and remove the barriers we face.”

The outcome of this approach is action across the whole scope of Council action in Hammersmith and Fulham, informed by this comprehensive co-production approach.

There is a growing recognition of the need for a fundamental shift in how care and support is provided and received. This shift is explored in more depth in publications like *Whose Social Care is it Anyway?*²⁰ and SCIE and TLAP's work through the Social Care Innovation network²¹. This shift has been captured well by Doncaster Council, who want to develop a profoundly different approach to care – see Figure 4, where Bryony Shannon, Strategic Lead for Practice Development at Doncaster Council, summarises the required shift in approach that underpins their practice framework.

Figure 4: A new approach at Doncaster Council

From	To
Process-focused	People-focused
Transactions	Relationships
Them and us	Us
Getting a service	Living the life you want to lead
Assessments	Conversations
What's the matter with you?	What matters to you?
What's wrong/needs	What's strong/capabilities
Reducing risk	Understanding/managing risk
Doing to	Working with
Furious	Curious
Blame	Trust

The following examples of vision and plan development are all examples of system leadership which involves collaboration to make change happen. This collaboration takes place with people at all levels within their organisations, with people in other organisations, and with communities.

CASE STUDY

People at the Heart in Gateshead

The local health and care partnership in Gateshead (Gateshead Cares Alliance), requested an independently facilitated and co-produced piece of work to change the way agencies and services responded to people who needed help from lots of agencies. This led to a move away from many agencies treating different aspects of a person in different service settings to an approach that put People at the Heart.

Listening and responding to 'experts by experience'

A central feature of strengths-based leadership is co-production, that is the involvement of people in the design, commissioning, delivery and evaluation of social care. There is a growing body of evidence around how co-production can lead to better outcomes and experiences for people who draw on care and support. One of the most important tools which has been designed to help leaders develop and drive co-production is the Making it Real framework, which describes a series of 'I' and 'we' statements created by people about what they want from social care.

'If you want to personalise care, first personalise your language'

(Kate Sibthorp, member of the National Co-Production Advisory Group, If you want to personalise care, first personalise your language (TLAP))

CASE STUDY

A New Practice Framework for Doncaster

Doncaster have developed a new framework to underpin practice development, informed by the Social Care Future vision, the TLAP Making it Real framework, and **Be Human Values**. The framework includes a set of practice principles, co-produced by a group of staff and people with lived experience. It uses the six themes from **Making it Real** to describe 'what good looks like' and build accountability to, and partnership with, people with lived experience. Through embedding the framework, Doncaster are aiming to improve people's experiences and lives, the morale and satisfaction of Doncaster's workforce, and achieve more sustainable use of resources. Doncaster's Health and Wellbeing Board have endorsed the framework.

Language matters

Asking big questions and engaging with the wider group of citizens whose lives will be changed by new ways of working requires us to consider the language we use. TLAP offers a Care and Support Jargon Buster²² Bryony Shannon, Strategic Lead for Practice Development at Doncaster Council, provides challenging insights about language use in her blog *Rewriting Social Care*²³ and in conversation with Nick Sinclair and Clenton Farquharson as part of the *Changing it Up* series of podcasts²⁴ from Community Catalysts.

Creating a vision and plan that will last

Strengths-based leadership involves working with local partners and people to develop a clear, shared story about how we want to work and what we want to change. This requires skilled consensus building around a new way of doing things, which moves from a traditional service-focused approach to a vision built around people's strengths and local resources. Alex Fox, Chief Executive of the Mayday Trust, reflecting on why some plans do not last, notes that things can go flat because they never actually move

beyond the vision; as a result, there is no evidence beyond small-scale pilots and core processes have not been changed. He also notes that if a small group of leaders own a vision which was not created in a participative way, the vision will not last when the leaders leave.

The following recommendations from TLAP²⁵ provide a checklist for creating a sustainable and inclusive plan:

- Ensure you have enough senior leader buy-in to this process to give it a good chance of success, and aim to broaden that buy-in.
- Map your local assets, expecting that list to change and grow as you build new connections and conversations.
- Look for groups and communities with whom you already have a relationship and introduce with them the idea of moving towards an asset-based area. What do they want to contribute? What resources will they need to do so?
- Identify the people and communities you are poor at reaching. Talk with their community groups and organisations about how best to reach them. What does a good life look like and how can we get there? What do those community organisations want to contribute and what do they need to do so? Where will these resources come from? The move towards genuine co-production with its clear focus on inequalities may require a willingness to shift limited resources towards organisations that can demonstrate they reach least well-engaged groups and places.
- Start to build your clear, shared story about the place you are now, and what kind of place you want to be in future. What goals do people share? What commitments are you and your partners willing to make, to turn this vision into reality?

Summary

Creating and sustaining the vision and plan requires commitment from those who hold authority over resources and decisions in the local system. For the plan to survive it needs both senior leaders' commitment and the wisdom of citizens and

practitioners from the across the local system. Keeping it real requires:

- the facilitating of challenge
- the sharing of stories of difference in ways and language that people can understand
- use of data to refine and improve the vision and plan.

If the right people are at the table, then the result is a plan that properly resourced, sustainable and owned and supported by all partners.

CASE STUDY

Good practice in Solihull

The commitment to citizens in Solihull, Our Offer To You, is clear about strengths-based approaches and the importance of working across a whole system. The offer describes what they want to change for local people and how this can be supported by strengths-based approaches:

'The core objective at the heart of our approach is to help people to achieve the outcomes that matter to them in their life. Our work, at every level, aims to provide support to the residents of Solihull, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people. Adopting a strengths-based approach is vital to this. It means focusing on what is important to people, and what they can do, rather than what they find difficult.'

In a growing number of places, such as Doncaster, Shropshire, Islington and York the Making It Real Framework is being used to model leadership behaviours and drive co-production.

Resources

The development of a vision for the future of adult social care is the subject of a growing and cross-sector body of thinking and action. The following resources can support the development of a vision that harnesses contributions from a broad alliance of partners, and learning from diverse voices.

[Ten Actions for An Asset Based Area](#) (TLAP, 2021)

[The asset-based area 2.0](#) (Social Care Innovation Network, 2020)

[Strengths-based approach: Practice framework and practice handbook](#) (Department of Health and Social Care, 2019)

[Insights into Asset Based Approaches in the Voluntary Community and Social Enterprise Sector](#) (from the NCVO and RSA, 2021)

Leaders reflections on the impact and opportunities of the pandemic, [Building a resilient system: reflections and insights from health and care leaders on learning from the pandemic](#) (Carnall Farrar, 2020)

[From place-based to place-led: a whole-area approach to integrating care systems](#) (NHS Confederation, 2020)

[Making it Real - Think Local Act Personal](#)

[An adult social care compendium of approaches and tools for organisational change](#) (Birmingham University, 2015)

[The Social Care Future Vision](#)

[A Radically Realistic Vision for Adult Social Care](#) (The King's Fund, 2021)

2. System-wide action

System leadership

Leaders have a key role to play in partnership development²⁶. Many issues of mutual concern in public services cannot be solved by any one person or institution. Leadership in this context involves working collaboratively across organisations and with communities, as opposed to simply managing your own organisation or teams. The belief is that it is only through this collaborative action, that complex challenges – including how to develop strengths-based

practice across a whole place – can be overcome. There is little point in investing in excellent strengths-based practice if the individual who is being supported can't find resources in their local area that will enable them to live a full life and make the most of their gifts. System leadership is often contrasted with the more traditional notion of 'heroic' leadership; a model in which a single individual is perceived as driving an organisation to success. A systems leader, conversely, is focused on how they can work with others to bring about change, at times giving away power, or encouraging others to take on a leadership role.

'Single, heroic leaders will be unable to address such [complex, system-wide] problems, as they will not individually have sufficient resources or command the necessary authority.'

(Professor Robin Miller, University of Birmingham)

The components for system-wide working

Local authorities spend over **£20bn per year** on adult services²⁷ and senior leaders can support the development of **commissioning plans**²⁸ and **market position statements**²⁹ that support strengths based approaches that shift from fixing problems and deficits to promoting independence and wellbeing. The recipe for building a sustainable development of strengths-based approaches and positive outcomes includes:

- Balancing adult social care investment to include sustainable investment in community-based resources and an associated shift away from institutionalised services.
- Action on housing with care (see for example the recent SCIE paper, *A Place We Can Call Home*³⁰), to open up choice and a diverse range of housing options for people.
- Commissioning providers to work in new ways, and investment in a new family of asset-based approaches to social care support.

- Building a guiding coalition of local leaders, workers and citizens, starting with the health and wellbeing board and reaching out to neighbourhoods and citizens.

The profile of spend from public services must change to resource progressive ways of working that promote independence. Most adult social care resources are still spent on residential and residential with nursing services. This investment will not cease, and for some people residential care will be the right choice for them. Investment needs to be balanced by a shift towards using an increasing proportion of resources to support and where necessary facilitate growth in the assets of the wider community.

CASE STUDY

Brent

In Brent, Commissioning colleagues are involved in individual reviews. This connects them with the individual experience of receiving support. The Brent Practice Framework also focuses on the practice of partnership and clarifies what this looks like in practice.

Georgina Diba, PSW

The Health Foundation, The King's Fund and Nuffield Trust³¹ note that, 'while there has been a slight increase in the number of people accessing short-term support that can prolong people's ability to live at home and remove or reduce the need for care, it is likely that far fewer people are getting this type of support than could benefit.' The TLAP Innovation Directory³² provides further examples of what is possible with new ways of working, which can help to widen access to alternative means of promoting independence.

It is important not to forget the impact that strengths-based approaches can have on people who have been receiving long term support for many years. This group may not have benefited from the more recently developed approaches to strengths-based conversations and promotion of independence.

CASE STUDY

Achieving Change Together in Gateshead

The Achieving Change Together team in Gateshead are supporting people with learning disabilities in more 'traditional' care settings to explore how they can live independently. The team use assistive technology, reduced caseloads, closer discussions with families, and joint working with providers including enablement services to support progression.

Working collaboratively

TLAP identify key actions³³ that are required to adopt an asset-based approach to care and support. This work is, 'founded on the belief that every area and its citizens can achieve more when they combine their expertise, time, creativity and resources.' One of the three big changes they recommend involves ensuring the asset-based approach is embedded across the system, using the [Social Value Act](#)³⁴ to inform the building of a much more diverse and inclusive range of support providers.

Summary

System-wide action requires a strong senior leader commitment that is often led by the health and wellbeing board but is also informed by neighbourhood and citizen action. Strengths-based approaches will not have impact at scale if they are not part of a wider initiative to build community action, to improve housing options and benefit from action from the wider, place-based partnership.

'Leadership is not about the innate qualities of an exceptional person but rather a relational process between individuals who have a common interest, challenge or goal.'

(SCIE/ Birmingham University resources for the Strengths Based Practice Leadership Programme)

CASE STUDY

Good Practice: Bradford

Bradford Council's Market Position Statement has been developed as a framework to encourage providers to engage with the Council in delivering improved services. It clearly communicates the aim of moving towards a more strengths-based approach. It describes how the local authority wants to: 'work with people's strengths to promote well-being, self-care and independence, with support appropriate to their needs' and describes how it wants providers to support its three-tiered approach to strengths-based practice.

Useful resources

[Re-imagining social care: a study in three places](#)
(Think Local Act Personal, 2019)

[Commissioning for a better future: a starter for 10](#)
(Social Care Innovation Network, 2020)

[Commissioning during COVID-19 and beyond](#)
(SCIE, 2020)

[Thriving Places](#) (LGA, 2021)

[Cormack Russell on Focusing on what is strong in communities not what is wrong](#)

SCIE's 2021 webinars on [Developing strengths-based places](#) and [leadership of strengths based approaches](#)

[The King's Fund 360](#) analysis of spend in adult social care.

[A Place We Call Home](#): A vision and a roadmap for providing more options for housing with care and support for older people. SCIE 2021.

3. Leadership for high-quality practice**Leadership of practice change in social work and occupational therapy**

Strong and sustained leadership of practice is a critical aspect of leadership of strengths-based ways of working. The Care Act clarified and strengthened the role of adult principal social workers who now have a clear role, 'As a member of the senior management team, contribute to the strategic leadership of services'. Their colleagues who are principal occupational therapists are increasingly acting as 'leaders within social care, working alongside their principal social work colleagues'³⁵. This work informs the development of great systems and processes that support positive risk taking and creativity, using forms and processes that support strengths-based practice. However, many processes still feel complex, focus on deficits rather than strengths and are not rooted in place-based action to tap into community assets. A range of exemplary work to embed best practice in local systems is noted in the Roundtable Report on Strengths-based Practice³⁶.

Lead professionals also have a key role in developing workforce skills to build confidence and competence and sustaining this through induction, supervision and forums that have a mandate to challenge and improve practice.

CASE STUDY

Tower Hamlets

Katie O'Driscoll, Director for Adult Social Care at the London Borough of Tower Hamlets describes the 'practice week' process for reviewing quality in adult social care.

'We ran our first practice week in 2019 and repeated the process in 2021. This strengthens our Quality Assurance System through peer audits of practice, feedback from people who use services and the involvement of senior leaders across the council to look at practice and opportunities for development. The approach is rooted in appreciative enquiry.'

Compassionate Leadership in Public Services

The challenge and improvement journey will require a leadership commitment to a supportive and compassionate culture. This culture must help staff feel safe enough to take positive risks and listen well to individuals, rather than be overly task- or process-driven.

Working with The King's Fund, Michael West et al (2017)³⁷ have developed a model of leadership based on four core components of compassion:

- **Attending** – leaders must pay attention to the views, interests and needs of individual colleagues and their teams, in order to recognise their challenges and problems.
- **Understanding** – leaders should facilitate their colleagues and teams to explore what has led to their distress, so that they can make sense of their experiences and better understand what has caused their difficulties.
- **Empathising** – leaders should engage emotionally with what people are experiencing and so demonstrate that they value, respect and care about the individuals and their teams.
- **Helping** – leaders should then work with their colleagues to identify thoughtful and appropriate actions which can be taken to address the causes and relieve the symptoms of people's distress.

Commissioning strengths-based approaches to care and support

A vital leadership role in building a more strengths-based approach is to strengthen the role of commissioning. Focusing on improving practice alone will be insufficient; there is need to consider how commissioning functions can be changed to adopt a more strengths-based approach to commissioning care and support. Strengths-based or asset-based commissioning is based on developing a detailed understanding of the actual strengths and needs of adults within the local place at both an individual and population level. It entails working with people and organisations to design and invest in different forms of services and support.

Strengths-based commissioning:

- focuses on outcomes – like wellbeing and independence – rather than 'time and task' (how much carers spend with people and what they do) or episodes or care
- increases the uptake of direct payments and provides the support to people to commission person-centred support and personal assistants
- is co-developed with people who draw on services, providers and the voluntary and community sector so that they help shape outcomes, priorities and preferred models of care
- encourages more commissioning to take place at the neighbourhood level and 'micro-commissioning' (people using personal budgets and direct payments to purchase services)
- encourages smaller, innovative providers to enter the market, and encourages strengths-based practice in organisations which are supporting people.

CASE STUDY

Somerset Micro-enterprise Project

Since 2015, the project has supported the development of 350 brand new and 110 established community enterprises (and that number is rising).

Collectively they are supporting 1,500 older people and provide 360 jobs to local people. Together they provide 9,000 hours of care or support a week.

A new family of approaches to supporting people to live full lives is gaining ground. These approaches can be explored in the TLAP Innovations in community-centred support directory. These innovations learn from and develop progressive ways of working that have been in development for most of the 21st century such as reablement, supported living, the recovery and progression models and extra care housing. This learning is summarised in New Developments in Adult Social Care³⁸.

New, co-produced, radical change visions such as [Social Care Futures](#)³⁹ point to the future and aim to 'Challenge and change the present through action at all levels to close the gap between the positive ambition of the Care Act 2014 and reality on the ground.'

Improving forms and processes

Interviews with directors and principal social workers noted that there was much work to do on changing the forms and processes that workers use to guide their practice.

The Care Act Guidance (Section 6.2) notes that the assessment, 'should not just be seen as a gateway to care and support, but should be a critical intervention in its own right, which can help people to understand their situation and the needs they have. . . It can also help people to understand their strengths and capabilities, and the support available to them in the community and through other networks and services.'

Nearly all local authority workers who are involved in this process will use forms to guide and record the conversations they have with citizens. The nature of the forms and the training associated with using them will have a profound influence on the quality of conversations and relationships with citizens. The following note on forms used in various local authorities in England provides some pointers to the features of forms that can support strengths-based approaches. Good practice in the design of forms includes:

- Respectful language that starts with the person's own strengths and views
- Plain language that helps the worker and person to understand what is required and how its delivery will be measured.
- The identification of the full range of means of achieving a desired outcome including natural and non-costed supports.
- Clarity about how wellbeing and independence can be maximized
- A positive approach to risk-taking
- Clarity about what care providers are doing to deliver support in a strengths-based way
- Clear and measurable goals, agreed with the person concerned.

CASE STUDY

Good practice

Features of forms that support a strengths-based approach to initial conversations, assessment support planning and review are highlighted below.

In Camden, the adult social care department has worked with partners on 100 iterations of their social care forms and processes. Their forms ensure that the What Matters programme in the borough is reflected in the forms that practitioners use. Once the initial conversation has helped practitioners to understand the person's situation, the forms guide practice and focus on:

- what matters to the person and what they want to change and achieve;
- reablement goals that will support the maximum possible level of independence;
- how goals will be achieved, including use of means other than purchased support and what is expected of any provider support plan.

Each of the 10 domains of wellbeing starts with a question about the person's strengths in that area which guides conversation and discussion. When risks are discussed, the language used explores how to balance risks and opportunities rather than just identifying problems.

Camden's form that explores longer-term support is entitled, 'Building a Good Life'. This captures the essence of the purpose of a strengths-based approach, focusing on what is strong not what is wrong.

On Bradford's Let's Connect assessment form, a grid helps identify hoped-for outcomes and explores means of achieving those outcomes including the person's own strengths, support from family and friends, and access to resources in the local community. Only then does the form explore support from care providers.

Summary

Changing what workers do every day, while building relationships with those they support, is the key to closing the gap between rhetoric in policy and plans, and the reality of lived experience. A key means of doing this is to ensure that the forms and processes used are in line with the strategy for strengths and area-based approaches. This requires sustained effort. Stella Smith, Principal Social Worker in Camden, notes that they are on their 100th iteration of their Mosaic workflow.

The role of lead professionals provides a bridge for senior leaders to the realities of everyday practice, and a conduit for the wisdom of frontline practitioners to inform change. The practice of compassionate leadership creates a safe context for dialogue, challenge and improvement. The growing range of progressive means of enabling independence and inclusion from innovative providers continues to provide evidence of impact and social value from community-based action.

Good practice studies

A range of exemplary work to embed strengths-based practice in local systems is noted in the [Roundtable Report on Strengths Based Practice](#)⁴⁰.

The [Bradford teaching partnership with HEIs](#)⁴¹ is supporting the development of excellent learning and development opportunities for social work staff.

Overview of the [What Matters Approach to Adult Social Care in Camden](#)⁴² and video aimed at Camden residents [What Matters: Camden Adult Social Care](#)⁴³.

Useful resources

[Strengths-based approach: Practice framework and practice handbook](#) (Department of Health and Social Care, 2019)

[Supervision and reflective practice](#) (RiPFA (login required))

[Strengths-based training](#) (SCIE, 2019)

[Post-qualifying standards for social work supervisors](#) (DHSC, 2018)

[The 3 r's of social care reform: how constructive risk taking, respectful relationships and a sense of](#)

[reciprocity characterised a positive response to the Covid-19 pandemic](#) (TLAP, 2021)

[Person-centred and community-based working \(strengths-based approaches\)](#) (Skills for Care, 2021)

[Taking a strengths-based approach to social work and social care: a literature review](#) (Caiels et al, 2021)

[Michael West on compassionate and inclusive leadership](#), The King's Fund, 2019.

[System leadership and COVID – Case study of practice](#) (SCIE, 2021)

[How might leadership roles evolve in integrated health and care systems?](#) (SCIE, 2021)

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

[Accelerate: empowering social care leaders. Learning from the third cohort](#) (ADASS, 2021)

[A strengths-based approach to delivering the Disabled Facilities Grant: Thurrock Council](#) (Beard, 2019)

[Developing strengths-based working: strategic briefing](#) (Research in Practice, 2019)

[Strengths-based approaches web resource](#) (SCIE, 2021)

4. Measuring Impact

‘There are two key questions we need to ask of people we support: “Did you get what you needed to live a good life?” and “How long did it take?”’

(Phil Holmes, DASS, Doncaster)

Ensuring that the system is clear about how impact is being measured, and taking the time to celebrate successes, are both critical to sustaining impact. Leaders must ensure that performance frameworks seek quantitative data that illustrates impact in terms of promoting independence and preventative action;

the data must also support investment in those interventions, opportunities and assets that are shown to make a positive difference. All local authorities have a significant range of quantitative data. What is often not so clear is how this is applied to change and improvement. There is also a very patchy approach (acknowledging some fantastic beacons of good practice) to getting satisfaction feedback from those who use and rely on social care support, and to involving experts by experience in the review and development of strategy.

Leadership and evidence-based change

Increasingly, leaders are required to produce robust evidence of the impact of their work or to develop strong business cases to support investment in new models or approaches to health and care. This means they need to understand how to use and interpret different forms of evidence, including cost-benefit and quantitative data.

A commitment to using evidence to support change means that leaders and managers need to:

- support a whole-system approach that promotes a culture of research mindedness and evidence-informed practice
- ensure research and evidence is embedded into, and aligned with, accountability processes related to planning, decision-making, governance and supervision
- foster a continuous learning culture by encouraging staff to seek out, critically appraise and apply the best available evidence as an integral part of their role
- provide a continuum of training, including critical appraisal skills and research methodology and processes
- use evidence to support decision-making and make cases for investment in new ways of working or the commissioning or investment in new interventions or services.

So, what do we measure and how?

As part of SCIE's [Critical Review Tool](#)⁴⁴ that supports social care leaders to move towards a strengths-based, whole-place approach, SCIE suggests that leaders and managers need to ask themselves:

- What difference are we making to the lives of people we support?
- What is the contribution of the changes we are making to the achievement of these outcomes?
- How will we know we have succeeded?

The [national data sets for social care activity](#)⁴⁵ can track trends such as the proportion of spend in a place on different types of support, the proportion of people who have direct payments or who live independently or with family. The LGA offer further support⁴⁶ aimed at senior leaders, with analysis through their use of resources reviews for individual councils.

John Bolton, in [New Developments in Adult Social Care \(2019\)](#)⁴⁷, notes the different ways that outcomes are referred to in different contexts:

- Outcomes that are demonstrated by the overall satisfaction of the customer
- Outcomes that are defined by the Adult Social Care Outcomes Framework (ASCOF)
- Outcomes that are defined by the way in which users have expressed their goals and aspirations at the various stages of the help they get
- Outcomes that are defined by the way in which a person has been helped to gain or regain their independence.

He also notes the importance of aligning commissioning work and the work of social workers and assessing staff: 'Unless commissioners and practitioners are working to a common purpose, it is unlikely that any of the changes that some may wish to see will develop successfully.' He also provides useful pointers to how the existing national data sets can inform measurement of the impact of new ways of working.

CASE STUDY

Bradford

In Bradford the Director, Iain McBeath and PSW, Rob Mitchell, are supporting work to change measures around assessment performance to focus on the timeliness and quality of conversations. This links to work to clarify expectations of providers, summarised in the Market Position Statement and the refreshing of a Compact with local Voluntary Community and Social Enterprise partners.

Summary

Sector-wide data is not clear on the impact of strengths-based approaches and there are worrying trends relating to reduced levels of direct payments. Qualitative evidence from those who promote new ways of working is compelling in terms of sharing stories that demonstrate the potential for strengths-based approaches to deliver better life chances for citizens. Ensuring that visions and plans are clear about measuring impact using both quantitative and qualitative data will provide the evidence that will be needed to sustain and embed progress.

Good practice case studies

Doncaster are creating a Making it Real Board. This will give strategic oversight to Adults, Health and Wellbeing practice development, influence and challenge decisions, and agree priorities. The Board will have equal representation from people with lived experience and senior leaders from Adults, Health and Wellbeing. Members will work together as equal partners to ensure the practice framework and Making it Real are embedded across Adults, Health and Wellbeing.

Camden are reviewing outcomes for people from a range of innovative ways of working with support from Birmingham University using [ICECAP measures](#)⁴⁸.

[Write On! Extra: Sharing stories of experience, strength, and hope by and for real people in this time of crisis in London Borough of Barking and Dagenham](#)⁴⁹

CASE STUDY

'If you want to know what difference you have made, you need to ask!'

Camden Council are refreshing their What Matters Framework with a What Matters Next initiative. This seeks to inform development, based on feedback from a wide range of stakeholders blended with quantitative data.

These are the 'hard yards' of sustaining and maturing a vision that is in place across a whole council, and working hard on building alliances with partners and citizens. The data they are using to inform next steps is as follows:

- Staff survey feedback
- ASC resident and carer surveys feedback
- Staff interviews
- Resident and Carer Interviews
- Practice Audit
- Impact steering group led by people with lived experience
- Safeguarding practice audit, including making safeguarding personal experience
- Mosaic data – conversation numbers, early help analysis, longer term support analysis
- Mosaic feedback channel analysing experience of people and carers we are working with
- Supervision self-assessment and assurance (being developed).
- Coaching training/Learning and Development feedback
- Care Provider feedback (being developed).

(Learning Disability and Autism self-assessment of practice and action plan with Co-Researchers.)

Useful resources

[Making it Real](#) (Think Local Act Personal)

[Meaningful measurement](#) (Nesta, 2020)

[How would we know that an area had become asset-based?](#) (Social Care Innovation Network, 2020)

[NIHR Literature search](#) section 4.7 provides an overview of approaches and examples

[Use of Resources Support from the LGA](#)

Further reading

- [The Asset-based area](#) (Think Local Act Personal, 2017)
- [Person-centred and community-based working - strengths-based approaches](#) (Skills for Care, 2021)
- [Strengths-based social work practice with adults: Roundtable report](#) (Department of Health, 2017)
- [Strengths-based approach: Practice Framework and Practice Handbook](#) (Department of Health and Social Care, 2019)
- [Senior leader buy-in critical to success of strengths-based social work, says government guidance](#) (Community Care, 2019)
- [Developing systems leadership: Interventions, options and opportunities](#) (NHS Leadership Academy, 2017)
- [Leading strengths-based practice frameworks: Strategic briefing](#) (Research in Practice, 2018)
- [How can we use strengths-based approaches in social work?](#) (Community Care, 2018)
- [Growing innovative models of health, care and support for adults](#) (SCIE, 2018)
- [Asset-based places: A model for development](#) (SCIE, 2017)
- [Leadership in integrated care systems: Report prepared for the NHS Leadership Academy](#) (SCIE, 2018)
- [Strengths-based social care for children, young people and their families](#) (SCIE, Leeds City Council and Shared Lives, 2018)
- [Developing a wellbeing and strengths-based approach to social work practice: Changing culture](#) (Think Local Act Personal, 2016)
- [Reimagining social care: A study in three places – Thurrock, Somerset Wigan](#) (Think Local Act Personal, 2019)
- [Evidence for strengths and asset-based outcomes](#) (NICE/SCIE, 2019)
- [An adult social care compendium of approaches and tools for organisational change](#) (Birmingham University, 2015)
- [Strengths, assets and place - the emergence of Local Area Coordination initiatives in England and Wales](#) (Lunt, Bainbridge & Rippon, 2020)
- [Building a resilient system: reflections and insights from health and care leaders](#) (Carnall Farrar, 2020)
- [Applying the principles of adaptive leadership to person-centred care for people with complex care needs: considerations for care providers, patients, caregivers and organizations](#) (Kuluski et al., Health Expectations, 24(2), pp.175-181, 2021)

[From the strengths perspective to an empowerment–participation–strengths model in social work practice](#) (Kam PK, British Journal of Social Work 51(4), 1425-1444, 2021) and written up in: [Strengthening the empowerment approach in social work practice: an EPS model](#) (Kam PK, Journal of Social Work 21(3), 329-352, 2021)

[Staff engagement for practice change in long-term care: evaluating the Feasible and Sustainable Culture Change Initiative \(FASCCI\) model](#) (Journal of Long-Term Care, Caspar et al. 2020)

[From place-based to place-led: a whole-area approach to integrating care systems](#) (NHS Confederation, 2020)

[Strengths-based actions to enhance wellbeing in the time of COVID-19](#) (Tayyab & McGrath, International Journal of Wellbeing, 10(4) 2020)

[Beyond COVID: New thinking on the future of adult social care](#) (SCIE, 2020)
Talks about creating asset-based areas

[System leadership and COVID – Case study of practice](#) (SCIE, 2021)

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social care
institute for excellence

About SCIE

The Social Care Institute for Excellence (SCIE) improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading values-driven improvement agency and an independent charity. Working beyond and across social care, health and housing and children's and adults sectors, we contribute to the development and implementation of better care, support and safeguarding at national and local level.

Supporting strengths-based approaches

We support local authorities and partners to develop and implement strengths-based approaches and provide training.

Strengths-based practice leadership programme

This new programme from SCIE and the University of Birmingham is designed to support practice leaders to demonstrate leadership through engaging with academic insights, critically reflecting on their own leadership, and developing a community of practice with their peers.

Strengths-based approach training course

Learn how to put a strengths-based approach into practice and maximise an individual's independence.

Support for transforming care

We work as an improvement partner: providing expert advice, consultancy and support to help organisations and local systems across social care, health and housing improve. We also provide [training, learning and CPD](#) on a range of topics.

SCIE INSIGHTS BRIEFINGS summarise key issues emerging from work and research by the Social Care Institute for Excellence. They aim to inform and stimulate discussion amongst practitioners, policy-makers and planners about the future of care and support.

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