

Evidence for strengths and asset-based outcomes

A quick guide for social workers



*'What's strong', not 'What's wrong'
– that's a great place to start*

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Strengths and asset-based approaches in social care focus on what individuals and communities have and how they can work together, rather than on what individuals don't have or can't do.

The terms 'strengths' and 'assets' are often used interchangeably to apply to either individuals or communities. This guide uses 'strengths and asset-based approaches' in relation to both individuals and communities.



This quick guide contains strengths and asset-based recommendations from a range of NICE guidelines and quality standards. NICE is recognised for developing guidance based on the best available evidence, following extensive systematic reviews. Guidance is developed by groups of experts, including people with lived experience.

Personal strengths and assets

These evidence-based recommendations from NICE focus on identifying and supporting an individual's strengths and assets:

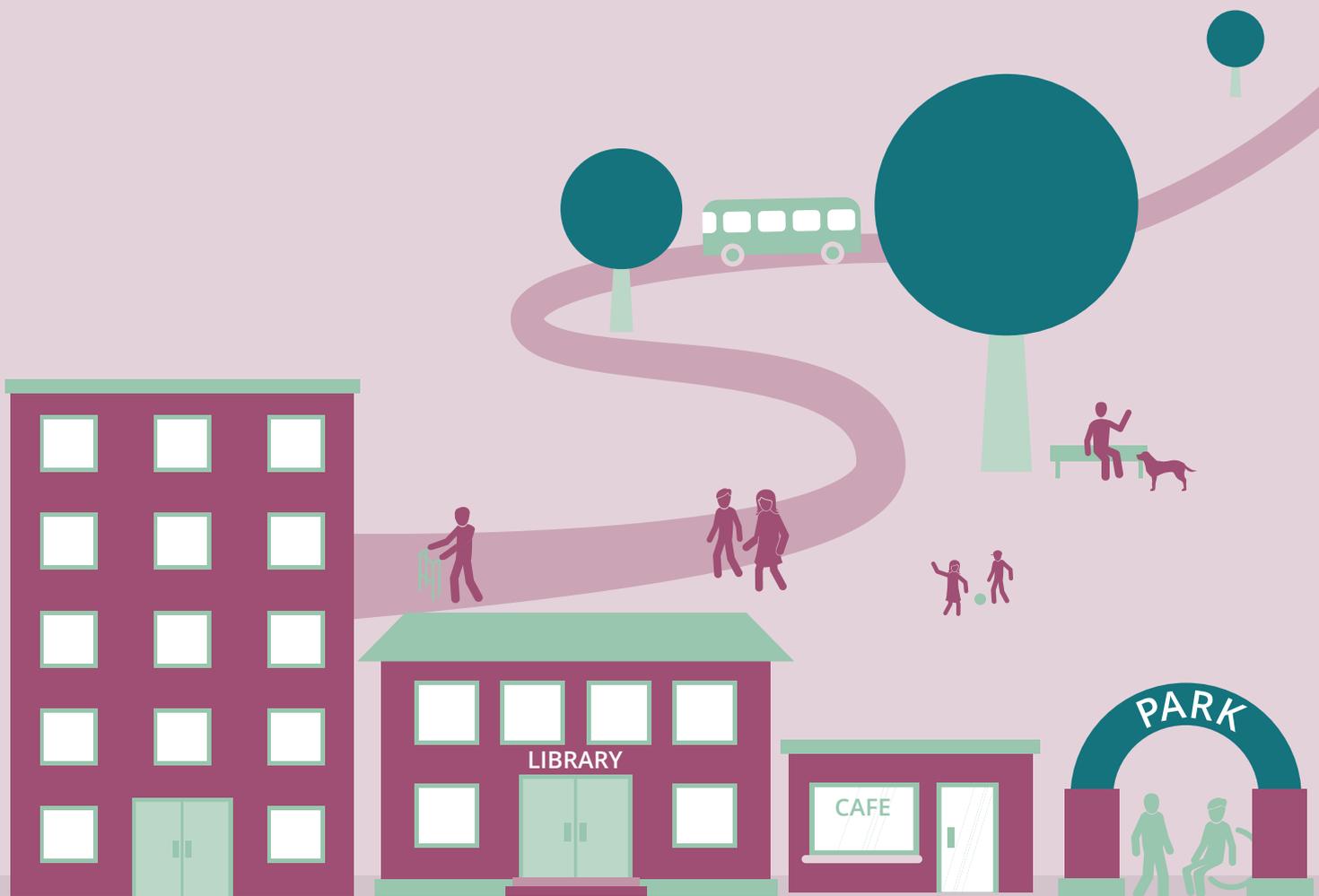
- through person-centred conversations, build a picture of each person's individual strengths, preferences, aspirations and needs
- provide any support needed to enable the person to express their views and participate in the conversations, including independent advocacy if required
- involve the person's wider social network (carers, family, friends, advocates) if that is their wish, and explore the support it may offer
- share information with the person in an accessible way so that they feel informed about care and support services, financial advice, safeguarding procedures, rights and entitlements, how to make a complaint, and personal budgets
- consider how to support and promote positive risk-taking
- promote the person's interests and independence, including through contingency and crisis planning, and their preferences for future care and treatment



Community strengths and assets

Building a stronger connection between the person and their community is mutually beneficial. The following evidence-based recommendations show ways in which the connection between a person and their community can be developed:

- use your own knowledge, networks and relationships to help identify assets and facilities within the local community
- during care planning, involve a practitioner who has the knowledge and competence to work with a range of social care, health and housing services, including those provided by the voluntary and community sector
- support the person to identify the strengths and assets available in their community
- share information with the person about resources and support available in the local community, including voluntary organisations, user-led organisations and disabled people's organisations (and promote more widely, for example in community spaces and services)
- provide information about access to peer support services and opportunities for the person to offer peer support (using their skills, life experience and cultural awareness)
- enable people using care and support services to build social connections and a sense of mutual support
- support people with mental health issues to maintain links with their home community (including education, employment and social contacts) during inpatient stays and at discharge
- make it as easy as possible for people to use and contribute to the support available in the community:
 - are there any barriers that people might face? These could include being without access to IT for a range of reasons, childcare, access to transport, language, literacy, numeracy, low income or disability
 - what support might help them overcome these barriers? For example, access to IT and digital training, using familiar and accessible places, providing childcare support and offering information in plain English, an accessible format or a different language



Supporting people to shape their communities

NICE guidance highlights the evidence for co-production, which means enabling people using care and support services to use their strengths and assets to shape services in their community. Senior social workers may have opportunities to enable people to:



Work with local authorities and service providers to produce information, policies and procedures



Shape individual services through involvement in decisions about how services are commissioned, run and governed, and in checking the quality of the support provided



Help recruit and train staff through involvement in interviewing, developing and delivering training, job descriptions, and supporting and training others to become experts by experience



Share views and personal experience through forums within services, audits, planning and evaluating services and providing mentoring for practitioners

Think about the best ways to promote co-production. Consider how to communicate with vulnerable or isolated people; recently established communities; people with learning disabilities; and people who do not use digital or social media.

Further information

[People's experience in adult social care services: improving the experience of care and support for people using adult social care services \(NG86\)](#) – NICE guideline

[Community engagement: improving health and wellbeing and reducing health inequalities \(NG44\)](#) – NICE guideline

[Community engagement: improving health and wellbeing \(QS148\)](#)
– NICE quality standard

[Transition between inpatient mental health settings and community or care home settings \(NG53\)](#) – NICE guideline

[Strengths-based approach: Practice Framework and Practice Handbook](#) (for social workers and social care professionals) – Department of Health and Social Care

[Developing a Wellbeing and Strengths-based Approach to Social Work Practice: Changing Culture](#) – Think Local, Act Personal

[Strengths-based approaches](#) – SCIE

This content has been co-produced by NICE and SCIE and is based on NICE's guidelines and quality standards on people's experience in adult social care services, community engagement and transition between inpatient mental health settings and community or care home settings.

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