Leadership in strengths-based social care

This Insights briefing aims to develop our understanding of and provide practical advice about leading strengths-based approaches and practice that support adults with social care needs. It builds on the Department of Health and Social Care's (DHSC) Strengths-based approach: Practice Framework and Practice Handbook, which SCIE helped co-author, Think Local Act Personal’s (TLAP) Asset-based area and the work of the DHSC-funded Social Care Innovation Network. The briefing identifies the key leadership behaviours and practices associated with successfully implementing and embedding strengths-based social care. It draws on interviews with leaders in adult social care and a review of the literature. Illustrative case studies are provided throughout.

Key messages

- **Leadership should encourage a positive attitude** to risk and empower the workforce to take control and ownership over the provision of social care support, in order to facilitate innovation and creativity.

- **Building buy-in and commitment is key** in embedding strengths-based approaches. Leaders need to be visibly involved, working alongside people and building relationships with practitioners.

- **Leaders need to clearly communicate** about why strengths-based approaches are being adopted, what they are hoping to achieve as well as the values and principles that underpin these approaches. Celebrating and disseminating success stories is also important to inspire staff and build their confidence.

- **Leaders need to embrace a systems approach** to leadership, which means fostering a culture of distributed leadership and influence at all levels of the organisation. This means sharing power with and devolving responsibilities to leaders at different levels of the organisation to drive change forward.

- **Co-production is embedded in the whole process** so adults, children and young people, carers and families are involved in developing, commissioning, delivering and evaluating services.

- **The responsibility for making change happen** cannot be held centrally. Leaders across the organisation should be supported to take ownership over new models of care and act as champions who will build buy-in and commitment from their team.

- **A strengths-based approach to supervision** is one that empowers and supports staff in their development and in their practice. This includes a focus on staff skills, celebrating successes and protecting time for reflexive conversations.

- **Strengths-based approaches require leaders** to commit to building the confidence and skills that practitioners need to work effectively with people. Leaders should act as coaches and mentors, provide platforms for support and training opportunities relating to working in a strengths-based way.
Leading strengths-based approaches in social care

The changing legislative and policy context of and the increased pressures on the health and social care system have meant that there has been a focus on identifying new evidence-based and innovative ways of delivering care and support. The implementation of the Care Act 2014 in particular has been a key policy driver for a new vision of social care. The Act emphasises the importance of a person-centred, outcomes-focused approach that promotes individual wellbeing. This has resulted in strengths-based approaches, sometimes called asset-based approaches, rapidly being adopted across social care for adults, children and young people, and families.

These approaches are based on a collaborative relationship between people supported by services and those supporting them. The focus is on working together to co-produce ideas to enhance individual wellbeing drawing on the individual’s strengths and assets. Successfully implementing these approaches requires significantly changing working culture and practices of individuals, teams and organisations. It requires a shift from the traditional paternalistic model focused on ‘fixing’ people, to getting alongside them and taking a holistic picture of their lives to identify how to achieve best outcomes.

There is also a focus on working beyond the confines of the traditional statutory sector, and work, as was argued in the Voluntary, Community and Social Enterprise Review (DHSC, Public Health England, NHS England, 2019), collaboratively with ‘community-rooted organisations which can reach and engage citizens from all parts of local communities’.

Strengths-based approach: Practice Framework and Practice Handbook (DHSC, 2019) identified strong and effective leadership as a key enabler in implementing and embedding strengths-based approaches. There has been a move towards systems and delegated leadership models for health and social care. This has increased focus on collaboration and building relationships, innovation and improvement, and learning and developing capacity.

‘[As this important new briefing sets out] A strengths-based approach requires a new kind of leadership, which draws strength from many more sources: the whole team, voluntary sector and other partners, and most importantly, from citizens themselves. Leaders practising strengths-based approaches will not try to effect change by themselves. They will share rather than hoard power, which in turn will enable them to ask more of those around them. The key measure of success is not their own strength, but the combined strength and capacity of the whole system.’

Alex Fox OBE, Chief Executive
Shared Lives Plus

This approach to leadership seeks to transcend individual or organisational interests and work to achieve better outcomes for communities. Leadership in this context is not about using one’s formal position to exert control and regulate behaviour, but about sharing power and co-production with staff across the system and most importantly with people with lived experiences and communities. Whilst the concept of systems leadership is not new understanding how we can use it to lead strengths-based approaches and practice is still emergent and evolving.

Leadership behaviours and practices

The following section highlights the key behaviours and practices that support the leadership of strengths-based delivery.

Encouraging creativity and innovation

Strengths-based approaches (SBAs) represent a way of thinking and doing things rather than a specific intervention or solution. There are common principles and values that guide SBAs, but developing and implementing these approaches rest on the social care workforce embracing out-of-the-box thinking and new ways of working. As emphasised in the DHSC Practice Framework, a key change
required for SBAs to be effective is organisations and practitioners being willing to experiment, innovate and be creative. To facilitate this, leadership should encourage a positive attitude towards risk and empower and trust the workforce.

Encourage a positive attitude to risk and a no-blame culture

An organisation’s relationship to risk is key in shaping its practice and its culture. In social care there has historically been a focus on risk avoidance as a result of regulatory frameworks, legal obligations, duty of care and local structures. Effective leadership behaviours therefore include:

- changing the narrative on risk to focus on the benefits and opportunities that ‘risky’ solutions can provide
- ensuring staff feel that they have ‘permission’ to take risks and that managers and leaders will support them in the event of any complaints or negative outcomes
- promoting a ‘learning’ culture rather than a ‘blame’ culture – where mistakes are regarded as learning experiences and staff know that they will not get into trouble in the process of trying to do the right thing for people
- providing constructive challenge in a supportive and compassionate space to help staff feel brave and safe enough to take risks.

CASE STUDY
Wolverhampton

Leadership in Wolverhampton have focused specifically on devolving responsibility and control to staff. For example, financial decisions about solutions and interventions proposed by practitioners are now made in team meetings (huddles) through discussion and engagement with colleagues, rather than by management. Leaders have stressed that teams have the authority to approve even high-cost solutions although input and advice from senior leaders is available if requested by staff. Similarly, practitioners also have control over a budget of £200 to tackle any issues or problems facing the people they support. For example, one practitioner used these funds to buy a new washing machine for a family to reduce the stress experienced by the carer, thereby preventing their family member from being placed in respite care. Providing the workforce with such control over resources and decision-making ensures that staff feel they have the trust of senior leaders.
**Encourage professional autonomy and trust the workforce**

**Strengths-based approach: Practice Framework and Practice Handbook** (DHSC, 2019) identified the importance of trusting practitioners as a key enabler of strengths-based practice. This means providing social care staff with professional autonomy and control, and trusting that they will make good decisions in partnership with the people they are working with. Leaders and managers across the organisation should:

- empower staff to take ownership of the design and delivery of solutions and interventions, in partnership with people and based on their needs

- provide staff with a broad framework and key principles, whilst trusting them to use their professional knowledge and practice to find creative solutions

**CASE STUDY**

**Leeds**

Leadership in Leeds set out to fundamentally change social work practice in response to the strong message from staff that they were under a lot of pressure, weighed down by paperwork and frustrated by bureaucracy. Leaders set out clearly defined values and principles for the practice of strengths-based approaches, informally known as the 'rule of three': Don’t break the law, Don't blow the budget, and Do no harm. Apart from that, leaders have emphasised to staff that they trust them to use their common sense and professional knowledge and that they have permission to make any changes to practice as they see fit. This empowered staff to lead the transformation of social work practice, whilst feeling supported and championed. For example, this led to the 27-page assessment form to be replaced by a two-sided conversation record which is Care Act-compliant and has three key questions.

- give staff control over resources to facilitate the provision of creative solutions without the need for management approval

- devolve responsibility for decision-making with respect to processes, systems and ways of working to provide staff with the flexibility needed to foster innovation.

**Building buy-in and commitment**

The successful implementation of strengths-based approaches requires the contribution and support of staff at all levels of the organisation. This requires a change in culture where all staff are aligned with the core elements of strength-based practices to enable them to think and behave differently to achieve change. This can be time consuming and challenging as many councils and care services are used to working from a deficit-based and needs-led perspective. Any efforts to embed strengths-based approaches must therefore first and foremost focus on building commitment and securing buy-in from staff. Some tried-and-tested strategies include:

- ensuring that the leadership team is visible and accessible

- there is continuous communication about strengths-based approaches
In Camden, we have started an initiative called ‘Walk the mile’ – social workers and other practitioners, community connectors, and social prescribers walk the local patch. This helps us build relationships between professionals on the patch and improves our local knowledge and links with the community so we can connect residents to resources and strategically support strengths-based practice.’

Jodi Pilling, Acting Director of Adult Social Care, London Borough of Camden

- celebrating and disseminating success stories.

**Leaders should be visible and accessible**

**Strengths-based approach: Practice Framework and Practice Handbook** (DHSC, 2019) stresses that the expectation to work in strengths-based way is not limited to practitioners and frontline staff. The most effective way to cultivate and reinforce culture change is for leaders and managers to model the values and behaviours associated with SBAs that they want others to emulate. In practice this includes:

- being visibly involved and ensuring learning through practice – working alongside people, being hands on and part of the process, and taking the time to listen to staff

- embracing a participatory and collaborative relationship with practitioners – changing the power dynamic so that staff feel that they can challenge ways of working, systems or structures that are impeding their practice.

**Communicate about strengths-based approaches**

People at all levels of the organisation need to have a clear understanding of SBAs. This communication

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CASE STUDY

**Hertfordshire**

In Hertfordshire, leadership emphasised the importance of connecting and engaging with staff in the early days of developing their strengths-based practice. In practice, this meant that the leadership team made time to meet with all teams across the organisation so that they were able to ‘get to know’ their leaders. The aim was to reduce the disconnect that often exists between senior leaders and frontline staff, particularly at a time of change. It ensured that leadership were able to hear directly from staff about problems and issues with existing social care practice, in particular the resource allocation system as well as their own job satisfaction. It also provided staff with the opportunity to hear about and discuss changes to practice directly from leaders, rather than messages only being communicated via team managers. By being visible, approachable and involved, senior leaders ensured that staff felt supported through the change process.

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In Wolverhampton, leadership described how they have employed the use of ‘stories of difference’ to celebrate successes and help build buy-in amongst staff and partners. These are stories which have been written by team members who have been using the new Three Conversations model in the mental health social care team. These stories highlight what the positive outcomes have been of this approach as well as what is likely to have happened before this model. A common theme of these stories has been that practitioners have been able to start conversations with people quickly, build better relationships and provide effective preventative support. Additionally, there is less bureaucracy and practitioners have reported an increase in morale and job satisfaction. Leadership reported that these stories are disseminated in a number of ways, for example, in monthly staff newsletters, in conversations with Healthwatch, community nursing teams and the Better Care Fund programme as well as at conferences and events.

CASE STUDY

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needs to be ongoing and re-enforced regularly to give staff the time and space they may need to embrace new ways of working. In practice, this means leadership should:

- clearly communicate that SBAs are not about cutting services but about providing a different type of support whilst also requiring investment in the voluntary, community and social enterprise sector
- highlight a simple vision statement about why a strengths-based approach is being adopted and what it is hoping to achieve, for example, supporting people to live independent lives
- help staff understand the values and principles that underpin these approaches and what it means in practice to work in a strengths-based way
- provide platforms where staff are able to hear from colleagues who have worked with SBAs and have witnessed their positive impact, both on people accessing care on their job satisfaction
- celebrate and disseminate ‘success stories’ across multiple forums, for example, newsletters, multi-agency meetings, and other events.

Investing in leadership across the organisation

A systems leadership approach recognises that leadership is not about job titles and authority but more about setting broad goals and outcomes and modelling expected values and behaviours, whilst fostering a culture of distributed leadership and influence at all levels of the organisation. Strong leaders recognise that they as individuals alone cannot drive the culture change needed to embrace strengths-based ways of working. Moreover, the responsibility for making change happen cannot be held centrally. Investing in and working collaboratively with leaders at all levels, for example principal social workers, team managers, assistant team managers, as well as frontline practitioners is key in successfully implementing SBAs. Leaders also understand the importance of co-production, and recognise that care that is strengths based needs to be designed, commissioned, delivered and evaluated with the full involvement of citizens and families. Leadership should:

- engage and involve people with lived experience, carers, frontline staff, and managers in early conversations about change and value their vision, ideas and opinions when developing any new model of care
- share and devolve responsibilities and decision-making with leaders at different levels of the organisation to drive change forward
- support leaders at all levels to take ownership over new models of care and act as champions who will push the work forward and build buy-in from their teams.
Practising a strengths-based approach to supervision

The traditional model in social care has often translated into supervision being experienced as a tool to identify ‘what’s not working’ – focusing on staff shortcomings and failures in order to prevent mistakes. The goal is to move from this performance-management approach towards one that empowers and supports staff in their development and in their practice. As mentioned earlier, in order to successfully embed SBAs into practice, leaders need to consider their own approach towards modelling the principles and values associated with these approaches. The ethos of working in an empowering way is best demonstrated and reinforced in supervision. Leaders should:

- focus on staff skills and competences and identify and amplify staff successes in supervision activities
- have reflexive conversations that focus on encouraging staff to explore and reflect on their practice and to find solutions to challenges
- employ motivational interviewing skills and open-ended inquiry to encourage supervisees to use critical thinking skills
- ensure that both managers and staff are able to prioritise and protect time
- share power and establish a collaborative relationship with supervisees by being open, honest and transparent about the change process, accepting suggestions and feedback, and encouraging decision-making.

Supporting staff learning and development

In addition to culture change, SBAs require organisations and leaders to make a commitment to building the confidence and skills that practitioners need to work effectively with people. Supporting the learning and development of staff will help ensure they have the skills they need to share power, resources and knowledge with people to co-produce solutions effectively. Additionally, skills development should be embedded as part of a multi-dimensional strategy to help develop new behaviours. For example, leadership should:

- clearly communicate to staff what is expected of them and establish a performance culture that rewards those who master new skills and ways of working
- act as teachers, coaches and mentors, by shadowing activities and directly observing staff practice, for example at social care meetings with families
- provide opportunities and platforms for support, for example action learning sets and team meetings that focus on reflexive practice and access to practice learning teams
- provide training opportunities relating to working in a strength-based way, for example, communicating and listening to people, having strengths-based conversations, co-productive practices and community building and development.

CASE STUDY

Hertfordshire

In Hertfordshire, leadership described how staff are supported through supervision and reflective practice. Firstly, supervision time is prioritised by protecting the manager to staff ratio at 1:8 and any increase results in the appointment of deputy managers. Whilst there is structured learning and development, reflective practice is encouraged through the presentation and discussion of cases at regular action learning sets. Team meetings are also structured such that reflection, discussion and constructive challenge help foster learning in a safe space. Staff are encouraged to develop their critical thinking skills by exploring particularly complex casework in detail during supervisory meetings. Leaders and managers have also invested in developing a ‘bank’ of success stories and these are shared and celebrated regularly to motivate staff.
I am pleased to see that co-production is a key recommendation for successful leadership in social care. For areas and leaders to be truly strengths based, they need to work with their staff, people who access services and the wider community when designing services, so they can harness the wealth of knowledge and experience they hold. True co-production involves sharing power with citizens and for this to happen it needs the culture change talked about in this briefing. We need to move away from paternalistic approaches and hierarchical structures and move towards collaboration and genuine partnership with people.’

Anna Severwright, Co-chair, Coalition for Collaborative Care

CASE STUDY

North Yorkshire

In North Yorkshire, leadership described how they prioritised staff learning and development using a multi-dimensional approach, when introducing their strengths-based Living Well service. They highlighted a 12–18 month ‘change’ programme which focused on educating practitioners about how to work in a strengths-based way. This included:

- talking to people about what matters to them and identifying their strengths
- focusing on outcomes rather than on services
- co-production in support planning
- finding solutions to challenges
- mapping the resources in the community.

They also established a practice team made up of principal social workers and occupational therapists who work across the county to support practitioners through action learning sets, peer supervision and sharing best practice. Additionally, there was a shift in supervision practices such that managers and leaders were expected to have strengths-based conversations with their supervisees. A strengths-based charter was also developed which all staff signed up to and which helped embed a commitment to SBAs.

Co-production and citizen leadership

SBAs require a shift from a paternalistic perspective of ‘fixing’ people to actually getting alongside them and co-producing and co-designing services. Such approaches appreciate that people with lived experiences are equal partners in the design of the services, care and support they receive. This means that people with lived experiences need to be empowered and enabled as citizens to engage with decision-makers in a meaningful way. Leaders should:

- develop leadership capabilities of citizens and encourage them to become formal leaders and representatives for their communities
- engage with communities and citizens in early conversations about change and value their vision, ideas and opinions right from the start
- create opportunities for meaningful involvement throughout the process of designing, commissioning, delivering and evaluating services, for example, co-designing practice frameworks, tools and monitoring and evaluation measures
develop platforms for regular engagement, for example by establishing co-production boards and citizen involvement panels that bring together people who use care services, their carers, and citizen leaders and representatives with senior managers and decision-makers.

**Working collaboratively with partners**

SBAs represent a shift from the provision of traditional care services to thinking creatively to find the best solution to achieve better outcomes for people. The best intervention for an individual may therefore extend beyond social care and require input from partners such as GPs, nurses, housing officers and local voluntary and community sector organisations. This need for integrated working highlights the importance of systems leadership, which by its very definition is the concerted effort of many people working together at different places in the system. Social care leaders must therefore work collaboratively with leaders at partner agencies and organisations regularly and from the very start of the change process. For example, they should:

- communicate with partners regularly and from the outset to foster a commitment to a shared vision and build system-wide understanding of the importance of working in strengths-based ways

**CASE STUDY**

**Leadership for Empowered Communities and Personalised Care**

The Leadership for Empowered Communities and Personalised Care (LECPC) is a leadership development programme, supported by NHS England, Think Local Act Personal and Skills for Care. It aims to help leaders meet the new challenge of making personalised care a reality in the NHS and social care to ensure that people get choice and control over the way their care is planned and delivered, based on ‘what matters’ to them. The programme is co-produced with people with lived experience and involves participants in co-production in their local communities. The programme encourages participants to sponsor a local citizen leader to join the programme with them and to learn and plan alongside each other.
London Borough of Camden

The London Borough of Camden has been very committed to working collaboratively with citizens and communities in developing its plan for living and ageing well. This has included taking the time to listen to local people about what matters most to them in terms of ‘living a good life’ as well as identifying and developing measures to know if the approaches used and support provided ‘are working’. The conversations are depicted in the pictogram below.

- invest time, both formally and informally, in building productive relationships with leaders across partner agencies and organisations, developing joint priorities and plans
- work with partners to map initiatives and programmes across the local area to minimise duplication and develop a joined-up approach to achieving better outcomes for communities
- create opportunities for co-production and collaboration by developing whole-systems solutions and interventions across a range of organisations, departments and professionals.

‘Our approach to strengths-based practice is a single approach for the whole council, with all the parts of the council signing up. In fact it’s now core to Hertfordshire’s social services plan for the next 15 years. Our commissioners are fully supportive and are helping social work to make this happen. We also signing up our colleagues in the NHS, housing and elsewhere.’

Iain MacBeath, Director of Health and Community Services, Hertfordshire County Council

CASE STUDY

IMAGE: SANDRA HOWGATE
Further reading

- **The Asset-based area** (Think Local Act Personal, 2017)
- **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)
- **Yorkshire and Humber ADASS: Strengths-based social care conference** (Yorkshire and Humber ADASS, 2018)
- **Evidence for strengths and asset-based outcomes** (NICE/SCIE, 2019)

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About SCIE

The Social Care Institute for Excellence 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 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.

SCIE’s SBA offer

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

Strengths-based practice: multi-session learning
This in-depth learning programme has been designed to guide team managers and leaders to develop their confidence and capabilities in modelling good strengths-based practice within their local context.

Strengths-based approach training course
Learn how to put a strengths-based approach into practice and maximise an individual’s independence.

Transforming care and support
We work as an improvement partner, providing independent challenge, support and evidence to help organisations and local systems improve.

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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