A strengths-based approach (SBA) to social care focuses on identifying the strengths, or assets, as well as the needs and difficulties of children, young people and families. This briefing describes how SBAs work and assesses their effectiveness. The values and principles that inform this approach are not new, but there has been a rapidly growing interest over the last five years in such approaches. These approaches are also about co-production – people providing care working in equal partnership with those who need it to design and deliver services.

“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.”

Alex Fox, OBE, Chief Executive, Shared Lives Plus

This briefing is based on research conducted during the spring of 2018 by SCIE, a seminar led by SCIE, Leeds City Council and Shared Lives Plus, and a seminar on strengths-based social care for children and adults in Leeds during January.
Why a strengths-based approach?
The practice of social work in the UK has always been grounded within a framework of legislation and government policy relating to children, families and adults. As this framework evolves, new evidence-based ways of working and innovation are required to meet the needs and particular contexts of people’s lives. SBAs are one such result of this shifting context.

The implementation of the Care Act in 2014 has been an important driver for change. The Act stresses that SBAs in relation to assessments and interventions are one of the key principles, along with co-production, prevention and personalisation.

‘Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person’s strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing support and those being supported, as well as the elements that the person seeking support brings to the process.’

The publication of the ‘Munro review of child protection’ in 2011 emphasised change from a system that has become over-bureaucratised to one that is focused on the safety and welfare of children and young people and the development of professional expertise.

In light of this changing context, the case for innovation in children’s social work became urgent:

‘By rethinking the organisational system as well as professional practice frameworks that underpin children’s social work, I believe we can better support social workers to do the work they came into social work to do, offer effective help and support to families and take more decisive action to protect children. We need brave, principled and dynamic organisations to lead the way in new thinking about how to get this system working to its full potential.’

Isabelle Trowler, Chief Social Worker for Children and Families

The case for innovation led to the implementation of the Department for Education (DfE) Children’s Social Care Innovation programme in 2014 to encourage new models and approaches. The first wave of the programme started in spring 2014 and involved 57 projects across all nine regions of England. An evaluation in 2017 outlined a number of defining features of success of the programme. SBAs were identified as a key factor that contributed to improvement in outcomes across the projects, embodying:

‘Systemic practice as a theoretical underpinning informing conceptual practice frameworks that translate into engagement in high-quality case discussion, that is family-focused, and strengths-based, to build families and/or young people’s capacity to address their own problems more effectively.’

Additionally, the evolving policy and legislative process discussed above reflected a fundamental shift from deficit-based thinking about children and young people as ‘being problems’ to being ‘at promise’ – productive agents of change in their own lives. Moreover, the concept that ‘the problem is the problem; the person is not the problem’ is important, because problems need to be externalised as separate from the person. This allows them to take responsibility for, and influence, their own lives.

Finally, SBAs can result in better outcomes at the individual, family and organisational levels.

At the individual and family level, SBAs aim to achieve greater stability and reduced risk for children and young people. They also aim to increase the wellbeing and resilience of families. SBAs encourage the involvement of children and young people and their families in decision-making so that they are more in control of the support they receive and thereby their everyday lives.

At the organisational level, local authorities achieve better value for money and cost savings, and there are stronger incentives for innovation, greater organisational adaptability and opportunities for a fresh start. This can also enable increased staff wellbeing and reduced turnover.
Defining strengths-based approaches for children and young people and their families

An SBA to social care essentially:

- is rights-based and person-centred and has a clear ethical and values-based position
- puts individuals, families and communities at the heart of social care and recognises that they have a key role to play in the care of children and young people, which cannot be replaced solely by professional intervention
- includes a new way of looking at people, embracing the core belief that even if they are experiencing problems, they have the strengths, skills, resources and capability to effect positive change in their lives if enabled and supported to do so
- appreciates that the valuable skills and experiences children and young people and their families have is key to getting alongside them and co-producing solutions.

### Key features of SBAs

SBAs can be effective if there is a whole-system approach to change to put in place the conditions necessary for success. More specifically, this requires a shift in the practices, attitudes, relationships and skills needed to effectively work with people and secure them the care they need.

<table>
<thead>
<tr>
<th>Shift from:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments for and identification of eligibility for care</td>
<td>Identifying strengths, assets and resources that can contribute to care</td>
</tr>
<tr>
<td>Seeing the world through divides like adults'/children's services</td>
<td>Adopting a holistic approach and appreciating whole lives and households</td>
</tr>
<tr>
<td>Fixing people</td>
<td>Getting alongside people and co-producing</td>
</tr>
<tr>
<td>Negative attitude to how risks impact on professionals and organisations</td>
<td>Positive attitude to risk to help people manage the risks which matter to them</td>
</tr>
<tr>
<td>Limited multi-agency working and commissioning third-sector organisations for a narrow set of tasks</td>
<td>Wider range of agencies and third-sector organisations involved in planning as well as delivery</td>
</tr>
<tr>
<td>Management of people in need of care</td>
<td>Communication and listening to people in need of care</td>
</tr>
</tbody>
</table>
Identifying strengths, assets and resources that can contribute to care

An important feature of SBAs is to shift away from the current practice of conducting structured assessments, applying rigid eligibility criteria and relying on constricted packages of care support. Instead, practitioners should focus on identifying the strengths, assets and resources that are already available to children and young people and their families.

Identifying what children and young people or their families are doing well, or what personal resources they have, can have a key influence on developing appropriate care services or support. This can include identifying ‘soft’ strengths such as personal qualities, skills and interests, or ‘hard’ strengths such as health, housing and finance. As one social worker commented at a SCIE seminar in 2018:

“For instance, my child has a learning disability and she loves rugby. But out of the 20 or so people who could have worked with her, there wasn’t a question asked about their shared interests.”

It also includes identifying significant individuals in children and young people’s lives who support them, and who they can count on. This can include friends, family, neighbours or professionals they are already working with. Similarly, community groups, shared interest groups, leisure clubs and social and online networks should also be identified. Additionally, practitioners should acknowledge that for children and young people, notions of community can be very subjective, and may be more likely to include online social networks.

Ultimately, it is about trying to identify the crucial variables contributing to individual and family resilience and wellbeing. The aim is to reframe the narrative and tell the positive stories about what people have achieved.

An example of such an approach is Signs of Safety (SoS), which is focused on child protection work that was developed in the 1990s in Western Australia and is now in use in many countries.

- It is a safety-oriented approach, which expands the investigation of risk to include strengths and signs of safety, to make a judgement on the safety and stability of children and young people and their families. The approach focuses on the question: ‘How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?’
- There tends to be a framework or protocol, which enables practitioners to think critically, gather and analyse information and map this data in order to assess whether a child is safe and their needs are being met, and identify potential dangers. Such a framework encourages practitioners to elicit family members’ views regarding concerns or dangers, existing strengths, safety, goals and day-to-day plans. The emphasis is on mapping information with the family, which allows for an open working relationship with the family and their network.

Implications for practice

- Frameworks and protocols for traditional assessments should be adapted and be flexible enough for practitioners to capture the strengths, assets and resources available to children and young people and their families.
- Practitioners need to be trained and supported in using new frameworks and protocols, for example through asset mapping or appreciative enquiry.
Adopting a holistic approach and appreciating whole lives and households

There has been a tradition in some parts of social care to adopt a restrictive view of people by categorising them through the lens of either adults’ services or children’s services. However, SBAs are grounded in adopting a holistic approach and appreciating whole people, whole households and whole lives.

This means focusing in the round on people’s issues, problems and needs as well as their personal capabilities, the supportive capacity of families and communities and the resources of services and professionals. A holistic approach also engages both with the children and young people and with their families. This is particularly important in the case of very vulnerable families, with cases of domestic abuse, substance misuse and mental health, which can often result in children being displaced and requiring admission into care. Developing an effective approach to engaging families so that they are able to see themselves as part of the solution is key to success.

An example of a holistic approach is local area coordination which was developed in Australia and focuses on supporting people before they are in crisis and in need of assessment, eligibility testing, support and services. It is an integrated approach that involves social care working together with health, public health, emergency services and housing, and therefore aims at system transformation.

The approach works alongside people and is based on the philosophy that all members of the community possess valuable skills or assets. It is a whole-person, whole-family approach that aims to build connections and relationships, making use of a person’s own networks.

It operates through a single point of contact, the local area coordinator, who works with families to find practical, non-service solutions where possible and put in place support that is not time limited but avoids dependency. The approach includes building awareness on how to prevent unnecessary use of public services and instead promotes the support of family and friends where possible.

Implications for practice

✓ Commitment to a whole-life holistic approach should be stressed, communicated and modelled by leaders and management to ensure staff buy-in.
✓ Practitioners should aim to have access, to and relationships with, other services and agencies such as housing, drug and alcohol teams and health services to be able to build a whole-life perspective of children and young people and their families.
✓ Practitioners should aim to be provided with the opportunities to develop their skills in engaging with families.

“I think what made a difference are those relationships that recognised I was more than a care-experienced young person – with the potential to achieve anything I set my mind to. That belief in me allowed me to rethink the expectations I had for myself and instilled the confidence to achieve more than I thought was possible. This resilience was developed in care, but it wasn’t harnessed until someone recognised and believed in me.”

Marvin Campbell, care-experienced social entrepreneur
Getting alongside people and co-producing
There needs to be a shift from a paternalistic perspective of ‘fixing’ people to actually getting alongside them and co-producing and co-designing services. This includes social workers rethinking their roles, their values and what positive outcomes look like. They should seek to enable children and young people to take the lead and share responsibility.

Relationships and communication with children and young people and their families need to be collaborative. This involves acknowledging that people are experts in their own lives. Additionally, as far as possible, decision-making should be devolved to children and young people and their families and people should be supported to make meaningful choices.

An example of such an approach is family group conferencing (FGC), which was developed in New Zealand in the 1980s but has subsequently been adopted as an approach in many other countries. It focuses on safeguarding vulnerable children and young people through a whole-household approach and includes a structured series of meetings including children and young people, extended family and professionals to determine the best course of action. The model includes an independent coordinator who liaises with families during the course of four distinct stages.

- Planning – the coordinator works with the family to identify relevant people to be included in the process.
- Information – information is exchanged between the family and professionals and questions are raised and answered so that everyone understands the issues and concerns.
- Private family time – an opportunity for the family alone to discuss and reach a plan of action, review arrangements and request resources.
- Agreement – a final meeting where the coordinator and professionals come back together to establish consensus around the proposed plan.

The aim of FGC is to enable families to make plans to ensure the safety and wellbeing of their children. It also gives families and children a voice in making decisions regarding their future.

Implications for practice
- This shift in perspective should be at the very core of organisational change and be modelled by leaders and managers to ensure buy-in from practitioners.
- Practitioners should be supported, trained and coached so that they are willing and able to share power, resources and knowledge with children and young people and their families in order to effectively co-produce solutions.
- Co-production is embedded within the whole process such that children and young people and their families are involved in service development, commissioning, selection and evaluation.
Positive attitude to risk
The ‘Munro review’ concluded that the current regulatory framework and local structures focused too much on risk avoidance and compliance for there to be effective practice. As such, a key change required for SBAs to be effective is a positive attitude towards risk and a willingness on the part of organisations and practitioners to experiment, innovate and be creative.

It’s about a change in outlook: from viewing risk assessment from the perspective of practitioners and organisations to identifying what risks matter most to children, young people and their families, the benefits of risky courses of action, their potential for taking responsibility for risk and finally helping them manage those risks.

At the same time, the risks of specific interventions or approaches do need to be recognised, as do the tensions created by legal obligations and statutory rules. What is needed is the adoption of pragmatic and transparent approaches to managing risk and the creation of systems that are flexible enough to change approaches and interventions that aren’t working.

Involvement of a wider range of agencies and third-sector organisations
Achieving whole-system change for children and young people and their families involves thinking about the system beyond the boundaries of children’s services. This means that SBAs need to be co-developed and delivered by a wider range of organisations and providers, including third-sector organisations.

Organisations need to rethink traditional procurement processes – for example, where third-sector organisations are commissioned to deliver a narrow set of services or tasks. Additionally, services such as housing, adult services, drug and alcohol teams need to stop engaging in ‘silo’-based working practices.

Instead, what is needed is co-design of interventions with other services and organisations as well as co-delivery of the agreed support plans.

Moreover, establishing a multi-disciplinary team around children and young people and their families is part of ensuring that social workers and other practitioners have access to the expertise they need in order to provide effective support. Different models require different team compositions. For example, social workers, educational psychologists, domestic violence specialist workers and clinical psychologists may be required to help support the issues faced by some children and young people and their families. On the other hand, a different family may require the police, probation and youth offending teams, and specialists such as drug and alcohol misuse workers.

What is crucial is that teams of practitioners from different sectors and services are co-located, or at least meeting regularly physically or virtually, and working together on a daily basis.

Many of the projects in the Children’s Social Care Innovation programme that showed significant promise were those that started with strong multi-agency commitment. For example, evaluations of projects in Leeds and Surrey provided evidence of effective multi-agency working and attributed widespread stakeholder engagement to bringing about change.

Implications for practice
✓ Leaders and managers should model a change in perspective towards risk so that practitioners feel they have ‘permission’ to take risks and innovate.
✓ Leaders and managers should also encourage a ‘learning’ culture so that practitioners feel brave and safe enough in taking risks and view potential mistakes as learning experiences.
✓ New ideas should be tested and piloted carefully, and at the same time evaluated rigorously.
In particular, great value was ascribed to multi-agency workers getting together to engage in group case discussions, which the evaluators identified as allowing a range of perspectives and providing the opportunity to challenge each other’s thinking, leading to better decision-making and more informed risk assessments.

**Implications for practice**

- Services should aim to build stronger relationships with other services, agencies and third-sector organisation to ensure that children and young people and their families can access support that is specific to their needs.
- Leaders should work together to ensure that staff at all the partner services, agencies and organisations involved are committed and supported to work with SBAs and have a shared understanding of intended goals and outcomes.
- Delivery plans should clearly outline the roles and expectations of all the people involved in design and delivery.

**Communicating with and listening to children and young people and their families**

There needs to be a shift in ways of working with children and young people and their families. This means moving from ‘managing’ people to communicating with and listening to them. The focus is on having reflective conversations and listening to what people want to say, rather than on what social workers need to know to assess eligibility criteria. Moreover, conversations need to embrace the fact that a person’s perspective of their reality is primary and therefore the change process needs to start with their story.

Employing strengths-based skills in communication is imperative, for example:

- using positive language when engaging, because the right words and type of language can be empowering
- allowing the child, young person or their family to tell their story without interruption
- being respectful, compassionate and non-judgemental
- highlighting strengths
- celebrating successes
- inducing hope
- providing support to reflect.

Finally, all communication should be goal- and outcomes-oriented. Practitioners should aim to identify what a child or young person believes is important to them, their best hopes, and what would constitute a good life. This is about identifying the children and young people’s vision of their future, establishing realistic goals and identifying achievable steps and strategies.

**Implications for practice**

- Practitioners should be provided with opportunities for skills development and access to frameworks and tools – for example, motivational interviewing – so that they are able to communicate with families using SBAs.
- Leaders and managers should accompany social workers at meetings with and visits to families to model strengths-based skills in communication.
Embedding SBAs in practice

SBAs can only become embedded in practice through whole-system and whole-organisation change. Key to this is a shift towards systemic practice in social care, where children and young people and their families are viewed as part of a wider set of systems and relationships. Hence, this kind of culture change is required not only in social care or children’s services but across all agencies and organisations that work with children and young people and their families.

For example, embedding SBAs in practice requires a shared vision, shared values, commitment to leadership and professional skills development. Essentially, it’s about shifting from a paternalistic management culture rooted in the deficit model to one that appreciates what communities can accomplish with support.

Commitment to shared values

All practitioners and organisations involved in providing interventions to children and young people and their families need to possess a shared set of values that underpin SBAs. This includes:

- recognising and building upon people's strengths, capabilities and connections
- recognising people’s rights and enabling them to take and share responsibility and accountability
- sharing power, resources and knowledge to effectively co-produce with individuals and families
- the need for humility, personal and organisational self-reflection
- embracing a learning culture
- commitment to building longer-lasting and more personal relationships with children and young people and their families
- a renewed focus on inequality and tackling institutionalised discrimination against minority groups
- courage and perseverance, and a willingness to embed these values in everyday practice.

Implications for practice

- All language included in guidance and tools should be reviewed to reflect strengths-based values, e.g. emphasising ‘time with family’ rather than ‘family contact’.
- Human resources should be guided by values-based recruitment to ensure that organisations are able to build a sustainable SBA. Attitudes, and behaviours such as compassion and humility should be assessed as well, and recruitment should be user-led. For example, in Islington, people who use services are on every panel and use motivational interviewing.
- It is not just the council that is responsible for the outcomes of children and young people and their families: every agency has a part to play. A commitment to the above values should therefore pervade through all agencies and partners if they are to work effectively towards the goals.
Implications for practice

Organisations should continuously communicate about the models of SBA in use, through staff engagement, through supervision, at multi-agency meetings and in tools and published materials.

Key partners should all be trained in SBAs, such as restorative practice, signs of safety and family group conferencing so that they have clarity on the existing priorities and outcomes.

Celebrating successes is key in keeping all staff and partners engaged, motivated and committed. For example, North East Lincolnshire made a film, produced newsletters and showcased at events. This served to remind all involved how important their role is in achieving change.

Leadership

In order to embed SBAs in the fabric of organisations, leadership should aim to be clear, visible and strong, and model strengths-based behaviours and organisational change. This means working alongside frontline staff to ensure learning through practice. Given that SBAs reflect very different ways to working than those organisations are typically used to, leadership should also be courageous. What this means is that organisations need leaders who aren’t afraid to push boundaries and make room for innovation, who change the conversation, who re-imagine safeguarding, risk and liability, who recognise that investment in new approaches takes money and time, and who appreciate but are also not tethered by national targets.

Additionally, leadership needs to exist at every level and across all agencies and partners – system leadership and engagement of senior management is critical. For example, the evaluation of the first wave of the Children’s Social Care Innovation programme reported that projects that indicated good progress usually benefited from strong, consistent leadership and this was thought to have been crucial to bringing about improvements in care.

Implications for practice

Leaders change over time and there is a need to create systems that recognise and reward excellence in the delivery of social work practice.

At the same time, organisations should strive for stability in leadership as a constant flux of senior management and practitioners can make it difficult to embed SBAs. Staff should be developed from within in order to stabilise the workforce and motivation and enthusiasm at all levels should be maintained.
Building staff confidence and skills
New ways of working require a commitment to building the confidence and skills that practitioners need to work effectively with children and young people and their families. This includes:

- a stronger focus on listening, hearing, reflection and empathy
- facilitation and mediation in group settings
- co-productive practices with organisations, children and young people and their families
- story-telling in order to create a clear vision of people's lives, including their strengths, experiences, needs and concerns
- the application and understanding of social pedagogy which is underpinned by the idea that each person has inherent potential, is valuable, resourceful and can make a meaningful contribution to their wider community
- community building and development, and encouraging and implementing peer support.

In fact, many of the projects employing SBAs in the Children's Social Care Innovation programme specifically aimed to develop the skills of practitioners. Several evaluations found that these projects were successful in increasing professional confidence and skills. For example, social workers in the 10 SoS pilots reported that training gave them confidence in using SoS and its tools, and developed their skills in identifying and managing risk and communicating better with children and young people. Additionally, skills development should be embedded as part of an overall strategy, including other factors such as organisational culture, a shared practice framework and management expectations.

Implications for practice

- Introduce a multi-dimensional approach to developing skills, where training is provided as part of other practices such as supervision, coaching, co-working and performance management. For example, one project in the Children's Social Care Innovation programme developed a bespoke curriculum to instil a culture of teaching and learning which contributed to a 20 per cent increase in staff who felt that they received the training they needed to do their jobs well.
- Leaders and management should articulate high expectations and ambitious goals for all staff and establish a performance culture that rewards those who master new skills and ways of working.

Stronger relationships with children and young people and their families
It is crucial that relationships with children and young people and their families are at the centre of support, with a focus on the needs of families and not on the limitations of services. Providing more intensive and consistent support to children and young people and their families not only improves outcomes but also improves their experience of the process, in which they work with a single person and build strong relationships over time. Such an approach also tends to increase family engagement. This was a key common feature of successful projects using SBAs in the Children's Social Care Innovation programme in that it provided increased time for direct contact with children and young people and their families. A number of projects noted improved relationships between families and social workers.

Implications for practice

- Practitioners should be supported by management to provide intensive and consistent support and spent time in the community to continuously expand their knowledge. This can include:
  - freeing up their time by employing volunteers and skilled administrators, to reduce the burden of these tasks
  - reducing caseloads to ensure sufficient time for intensive support
  - considering the balance of complexity across cases – practitioner experience and the type of support available also need to be considered when management is assessing appropriate workload
  - updating IT systems to allow practitioners to record their work in a way that is consistent with the new models and tools they are using, as traditional systems can be time consuming and undermine freeing up practitioner time.
Effective management and supervision
Practitioners who are delivering SBAs should be well supported by managers and colleagues. Effective management and supervision is also important and can be approached in many ways, as demonstrated by numerous projects employing SBAs in the Children’s Social Care Innovation programme. For example, specific training and development of supervisory managers and the employment of consultant social workers or clinicians to provide high-quality support for practitioners. Team cultures should also create a supportive environment where practitioners feel safe to take risks and work innovatively. For example, they should seek to provide a combination of support, compassion and challenge within the team culture and also within its practice. More specifically, constructive challenge should aim to create change, identify potentially missed opportunities and build confidence, and not undermine staff or create an oppressive environment:

“We need to be happy to be challenged in our jobs. We all like challenge in other aspects of our life, and should look forward to challenge when we are practising.”
SCIE seminar participant

Availability and use of data and evidence
Collecting, sharing and having access to data is key to ensuring that decision-making is appropriately informed and that outcomes of change are accurately measured. Similarly, using an evidence base to inform the development of interventions provides experience of what is needed to maintain fidelity within the model or framework that is being adopted. The evaluation of the Innovation programme reported that seven projects included a review of research at the outset due to a lack of evidence in specific key areas of children’s social care.

Implications for practice
✓ Commissioners should emphasise the importance of grounding frameworks and tools in evidence-based approaches and allocate funds to capture this evidence.
✓ The creation of data-sharing agreements within one local authority or across organisations was found to be a key facilitator to using data in the Innovation programme. The resulting rich data set was helpful in contributing to the demonstration of impact.

Implications for practice
✓ Leaders and managers should change the rhetoric from a ‘blame culture’ to a ‘learning’ culture, and ensure that this is continuously communicated and embedded in all systems and practices.
Case study: Growing Futures programme in Doncaster

The Growing Futures programme in Doncaster was established in 2015 to improve outcomes for children and young people and their families, particularly those who had experienced domestic violence and abuse (DVA).

The design of the programme was very much in line with the key principles of SBAs.

- A multi-disciplinary team including 12 domestic abuse navigators (DANs) was employed to work with families, with each family working with one key DAN worker who provided intensive support and built trust and confidence.

- Opportunities for skills development were provided in the form of a leadership course for leaders, a masters course for practitioners and mentoring training for relevant professionals from other services.

- Management worked to embed a transformative whole-family approach towards tackling DVA.

Positive impact on families, social workers and multi-agency working

Families reported significant benefits, including feeling as if their wishes and concerns were listened to, that practical advice and support was provided and that they had a greater level of trust in their DAN, compared to previous experiences of social workers. As one family member commented:

“[She] has been more giving us, like, solutions to, you know, if you think there’s an incident about to happen, or you feel that you are getting frustrated, type thing. She’s shown us other different ways we can go about dealing with it.”

Social workers also reported multiple benefits of working with DANs in a whole-family model. These included more uniform and consistent completion of risk assessments for DVA and better engagement between families and services. As one social worker commented:

“I’ve got to say, I think what’s made my job easier is [the DAN] doing all that work with the DVA, because obviously I have experience in DVA but not to her level.”

Multi-agency working was given a specific boost by the development of a whole-family approach, which centred on services coordinating to provide support and therapeutic input to perpetrators, victims and children.
Case study: Shared Lives for young people in transition

In Shared Lives, a young person or adult who needs support or a place to live moves in with or regularly visits an approved Shared Lives carer. Together, they share family and community life. Shared Lives has always been a service available to adults, but in recent years this has extended to include people from the age of 16. Transition to adult social care can be challenging practically, mentally and emotionally. Transition is often referred to as ‘the cliff edge’, where many services end and young people are transferred to new social work teams, health care providers, support services, and third-sector organisations that play a role in helping to maintain a happy, healthy life.

The rationale behind accessing Shared Lives from 16 or 17 is to provide a baseline of stability, to develop a safe home environment and establish trusting relationships as a source of support and stability throughout these major transitions. The values and principles of how Shared Lives works are relevant for people of all ages, but seem especially relevant to young people in transition. The opportunity to be part of a family and social network in young adulthood sets a young person up for the road ahead.

Shared Lives carers use their family home as a resource, so young people access their support in a very normal home and family environment like their peers. This provides committed and consistent relationships and reduces the risk of young people feeling like a burden or a ‘job’. The relationship between the Shared Lives carer and the young person is one of mutual benefit. Shared Lives carers want to be present in a young person’s life; they want the young person to be present in theirs. It is a shared life.

Paul’s story
Paul is a young man who first accessed Shared Lives aged 17. Joe is his Shared Lives carer.

Paul has been living with Joe and his wife for the past eight years. He celebrated his 18th birthday with his Shared Lives family. Joe says: ‘Paul was our second placement. At the time, our own children were 15 and 16 so it was really important that whoever moved in with us was compatible.’ Paul’s introduction to Joe was an initial day visit, where they went to a fair together. Joe recalls: ‘Paul won one of the prizes at the raffle and ended up going on stage. Then we had a weekend together and the rest is history’.

When Paul moved in he needed a high level of practical support and personal care, including assistance washing, brushing his teeth and shaving, help to go to bed and to complete his night-time routine. Eight years on, Paul’s skills around independence and self-care have developed significantly. ‘Paul now chooses his clothes, he’ll shave, shower, get dressed and come down by himself. None of that was possible when he came.’ Paul shared what it’s been like: ‘Now I’m more independent, I feel good. I do my shower, my dress, my own teeth, my own clothes, the whole thing is fine and I keep doing fine’.

The personal development of people in Shared Lives is not isolated to the person that comes to stay. Joe explains: ‘My wife comes from a social work background whereas I do not, so initially, relating to Paul’s needs was difficult, hearing about his background was very different to being hands on and actually as the months went on, our roles reversed and I ended up being the main Shared Lives carer. We had a 60th birthday party for me four years ago. My children were asked to say something about me, nobody did and guess who did? Paul. He said what a wonderful chap I was in front of everyone. I was in tears. Although my children aren’t saying anything, this man did’.

Looking at this example of Shared Lives, you can see the spectrum of the ordinary and the extraordinary. From learning how to shave, to giving a speech on behalf of your Shared Lives family.

On how it’s been supporting someone at the age of transition, Joe says: ‘It’s been different seeing someone growing up to be an adult; it’s a totally different experience. You change your whole perspective on how you address the situation’.

On what the experience has been like from Paul’s perspective, he says: ‘I’ve been with my family for eight years and I’m happy. They’re my whole world, my whole life’.
Case study: Leeds Family Valued project

The Leeds Family Valued project was an ambitious system change and expansion programme and included:

- awareness-raising and ‘deep dive’ training to embed restorative practice (RP) across the workforce for children, families and communities
- the expansion of family group conferences (FGCs) to more families including those affected by domestic violence.

The essence of restorative practices is that human beings are happier, more productive and more likely to make positive changes in their behaviour when those in positions of authority do things with them, rather than to them or for them.

Impact on the RP system

The training programme met its target number of participants. This included 5,913 awareness-raising attendees expected by end of 2016 and 1,392 ‘deep dive’ attendees. The training was generally very highly rated. As one participant commented:

“It has helped me to ask questions in a more open way, or with a more friendly tone, instead of maybe an accusatory manner ... it has been very successful ... I’ve noticed that children have been a lot more open and honest with me.”

Impact of expansion of FGCs

There was a highly successful expansion of the FGC service with an overall 395 families progressing to an FGC in 2015–16. This represented an unprecedented scale of delivery. Additionally, outcomes indicated that social work involvement decreased for families who had an FGC.

There were also positive outcomes with families, with 99 per cent of 54 parents/carers reporting that they felt their FGC had helped to address their problems. Moreover, 100 per cent felt involved in the process and that their values had been respected. As one participant commented:

“You get your views heard and everyone gets their chance to put their point across and everyone gets listened to. It was really, really, positive for us all.”

Mother in case study
Case study: Wigan Council asset-based community development

Wigan Council is being supported by Innovation Unit to implement the ‘Deal for Children and Young People’, a new asset-based service for those in care or at the edge of care who need help and protection. They have been inspired by their Innovation Programme projects Achieving Change Together (ACT) – which seeks to tackle child sexual exploitation – and the Specialist Health and Resilient Environment (SHARE) service, which provides extension of support and services for young people at risk. This approach has also been informed and inspired by North Yorkshire’s ‘No Wrong Door’ innovation which provides integrated care to young people in care or at the edge of care.

The service includes a ‘hub’ approach focused on early intervention and prevention, where the ‘hub’ is a multi-agency team rather than a physical place. This multi-agency, co-located team sits under one management structure and provides support for the young people and practitioners who work with them – responding to both therapeutic and professional needs.

The design of the service embraces an asset-based approach by:

- starting with young people’s experiences in care by designing the service based on the experiences of a small group of eight young people in care
- co-designing at all levels, including: a weekly young people’s steering group; bi-weekly steering groups involving frontline staff, managers and senior leaders; large-scale events including partner agencies; a dedicated programme board; and engagement with foster carers.

The project is still in its developmental stage and shows much promise. To date the work has included: three new hub teams established; 30 innovation and co-design workshops; and 300 people engaged in the project including council staff members, partners, young people and carers.

“The service includes a ‘hub’ approach focused on early intervention and prevention, where the ‘hub’ is a multi-agency team rather than a physical place.”

“The project is still in its developmental stage and shows much promise.”
Case study: Halton Borough Council Named Social Worker pilot

Halton Borough Council was one of six local authority areas that took part in Phase 2 of the Department of Health and Social Care (DHSC) Named Social Worker (NSW) pilot between October 2017 and March 2018. The pilot aimed to build an understanding of how having an NSW can contribute to individuals with learning disabilities achieving better outcomes. Halton saw the NSW as an opportunity to explore and test new ways of working around transition and to reduce the number of young people reaching crisis point through an earlier intervention approach. The aims were to:

- help young people and families to understand what works already (and what doesn’t) in order to develop a new approach to working with young people who are often seen as the most challenging and who often end up in out-of-area residential placements.

- work with young people and those who support them to develop plans that are true to the strengths and needs of individuals and that help them to thrive within their communities.

- support social workers to reflect together on their practice and develop a better understanding of the skills and behaviours that enable relational working.

- build on a strong foundation of integrated health and social care services in order to ensure that future planning is seamless.

**The approach**

The transition team NSWs took a proactive approach to working with young people, working alongside the children’s health nurses and schools to identify the young people who needed support the most and prioritising them for intense intervention. They also worked closely with a local advocacy agency, Bright Sparks, to understand what ‘good transition’ looked like from the young people’s perspective and to produce tools to help engage them.

**The impact**

- Young people and the people around them developed a positive relationship with their NSW outside a period of crisis. They learned about the transition process earlier than they would have in a ‘business as usual’ model. They had the opportunity and time to feed their own views into person-centred plans for the future. This reduced anxiety around transition and improved the quality of their care packages.

- Partners across the system, including children’s social services, advocacy agencies and health teams were engaged with and fed into the process, creating a place-based approach to transition in Halton. This has raised awareness of the need for a strengths-based and early-intervention approach to transitions.

- The new packages of care, based on the young people’s needs and preferences (particularly those who have seen reductions to respite packages and changes to residential settings) led to some significant financial savings (or costs avoided) for the local authority.
Avoiding pitfalls in the SBA

While the commitment to and enthusiasm for SBAs is building, there are also critiques levelled at these approaches. For example, one of the often-cited ‘pitfalls’ of an SBA lies in the fact that it takes a whole-life, whole-family approach to the protection of children and young people. There is therefore a potential risk that such an approach can lead the system to shift the balance of its focus away from the children and young people in need of care and protection, whose safety and wellbeing should always be central.

Avoiding this pitfall requires a clear vision and understanding of SBAs and their frameworks. Outcomes to be achieved must be clearly defined and focused, and all agencies involved should be committed to these. Leadership, staff development and change in practice are therefore all key to ensuring that the system maintains its focus of protection.

Another criticism levelled at SBAs is that they aim to shift responsibility back onto people and communities and are in fact an excuse for cutting services and reducing budgets. Similarly, they can be regarded as a tool for an austerity agenda, because ultimately SBAs are grounded in notions of individual responsibility. This can be a real danger. What is needed is investment in SBAs, which means investing in community services and the voluntary and community sectors. It also means investing in potentially risky but beneficial services which support early intervention, as well as practitioner skill development and time. Similarly, creating a culture of ‘working with families’ is crucial and requires clear leadership and organisational commitment.

The key messages for leaders and practitioners outlined below will help ensure that the pitfalls described are avoided.

Key messages for senior leaders

- Directors and assistant directors of services should demonstrate strong, visible leadership while modelling strengths-based behaviours and adopting strengths-based values to motivate staff.
- They should be willing to lead on culture change – push boundaries, re-imagine risk, safeguarding and liability, invest in new approaches that may take time to demonstrate outcomes and ensure that organisations have the systems and processes in place to facilitate culture change.
- Investment in and commitment to multi-agency working and negotiating data sharing across services and organisations is also imperative.

Key messages for managers

- Heads of services also play a key role in leading and modelling strengths-based behaviours and values. More specifically, they should provide practitioners with the support and supervision they need in order to effectively perform their duties.
- Similarly, they should provide practitioners with the skills and confidence they need to work in strengths-based ways. This can include training, coaching, co-working, performance management and permission to take risks and innovate.

Key messages for frontline practitioners

- Frontline practitioners should embrace strengths-based values and learn new skills such as listening, empathy, storytelling, reflection, facilitation and collaboration in order to build knowledge of communities and trust within them.
- They should also be committed to co-production with children and young people and their families, appreciating that people are experts in their own lives and can take the lead in developing solutions. This includes a significant re-imagining of the practitioner’s role, where they are willing to share power, resources and knowledge.
- They should have in-depth and immersive knowledge of their communities as well as the cultural competence needed to build trusting relationships.

Key messages for partners

- Partner organisations such as voluntary and community sector providers and wider services such as the police, youth offending teams, and drug and alcohol teams should work together with social care practitioners to co-develop solutions and provide practitioners with the support and expertise they need.
- They should also be open to sharing data and evidence to ensure a holistic picture of issues and concerns.


References
7. Signs of Safety website: www.signsofsafety.net/what-is-sofs/.

Further reading
Children’s Innovation Programme website: http://innovationcsc.co.uk/learn-to-innovate/


Glossary
Appreciative inquiry: a change management approach that focuses on identifying what is working well, analysing why it is working well and then doing more of it.

Asset mapping: a process for gathering information about the strengths and resources of a community – can help uncover solutions.

Co-production: people who use services and carers working with professionals in equal partnerships towards shared goals.

Family group conferencing: a process in which families can meet to find solutions to problems that they and their children are facing, within a professionally supportive framework. It involves all family members, friends and other adults who the family feel can contribute to making plans for the children.

Local area coordination: innovative approach to supporting people with disabilities, mental health needs and older people (and their families/carers) to achieve their vision for a good life, to support people to be part of and contribute to their communities and to strengthen the capacity of communities to welcome and include people.

Restorative practice: a way of working with conflict that puts the focus on repairing the harm that has been done. It is an approach to conflict resolution that includes all of the parties involved.

Signs of Safety: strengths-based, safety-organised approach to child protection casework. Starting in Australia, the model asks what works well with difficult cases?

Social pedagogy: concerned with wellbeing, learning and growth. It is underpinned by the idea that each person has inherent potential, is valuable, resourceful and can make a meaningful contribution to their wider community if we find ways of including them.
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.

We have a national reputation for supporting evidence-informed improvement to social care. We are currently helping to set up the What Works Centre for Children’s Social Care and are coaching Department for Education Innovation Programme projects. We have a nationally recognised and widely-used Learning Together model for safeguarding reviews and audits.

We understand the challenges facing children's social care and use evidence, a systems approach and co-production with children, young people and families to help organisations find solutions.

Evidence-informed practice
We draw on evidence to help organisations design, commission and deliver better children’s social care. We conduct best practice scopes, research reviews and evaluations to produce learning to help organisations and systems improve.

Co-production
Co-production is a way of working that involves children, young people and families, and adults in equal partnership; and which engages them at the earliest stages of service design, development and evaluation. We can help develop and design national and local co-production arrangements with people from all backgrounds to support change.

Systems approach
We apply a rigorous systems approach to help organisations and their multi-agency partners review performance, practice systems and direct practice and identify ways forward.

About Shared Lives Plus
Shared Lives Plus is the UK network for family-based and small-scale ways of supporting adults. Our members are Shared Lives carers and workers, and Homeshare programmes. Shared Lives used to be known as Adult Placement.

sharedlivesplus.org.uk

About Leeds City Council and Child Friendly Leeds
A compassionate, economically strong and successful city has children and young people at its heart. From the influential first years of life through a child’s education to the care and love they receive growing up – these are the things that shape us and our communities. Our ambition is for Leeds to be the best city for all our children and young people to grow up in. Child Friendly Leeds is the initiative for everyone who shares this ambition, from enthusiastic individuals to large organisations, every contribution counts and we can all play our part in making a difference.

Leeds City Council’s children’s social care services are rated good and they are part of the Partners in Practice Programme, which aims to bring together the best practitioners and leaders in children’s social care to improve the system.

www.leeds.gov.uk/childfriendlyleeds

Written by Sanah Sheikh and Ewan King
© SCIE All rights reserved, September 2018
Social Care Institute for Excellence, 54 Baker Street, London W1U 7EX
www.scie.org.uk

SCIE Highlights briefings summarise key issues emerging from work by the Social Care Institute for Excellence for clients including local authorities, safeguarding boards, care and health providers and central government.