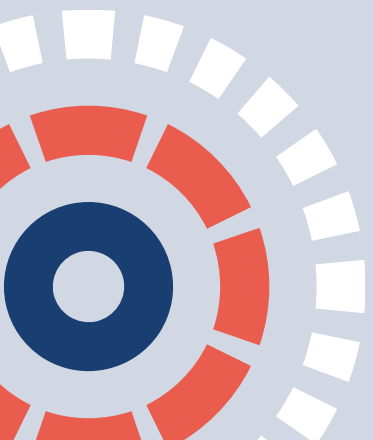


Strengths based approaches in social care and social work



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Background to the project

Strengths-based approaches

- Innovation in care models is seen as a key mechanism for addressing demographic and financial challenges facing the care system.
- Various ‘models’ for personalising support, increasing opportunities for prevention, developing community capacity and building on individuals’ strengths to support independence, and innovation in social work.
- Overall, little is known about the development and implementation of these models locally, their interaction with other “traditional” care services, or their expected consequences for wellbeing.
- There is substantial policy support for ‘strengths-based’ approaches to social care and social work.
- Key assumption that individuals come for help already possessing important competencies and resources that may be tapped into to address support needs.



Project aims

- To explore what kinds of new strengths-based models of social care are developing, and to understand the roles and contributions of social work in these models.
- To explore how and why they have been implemented locally.
- To assess *how* these models seek to improve practice.
- To consider a framework for an evaluation of strengths-based models of social care.



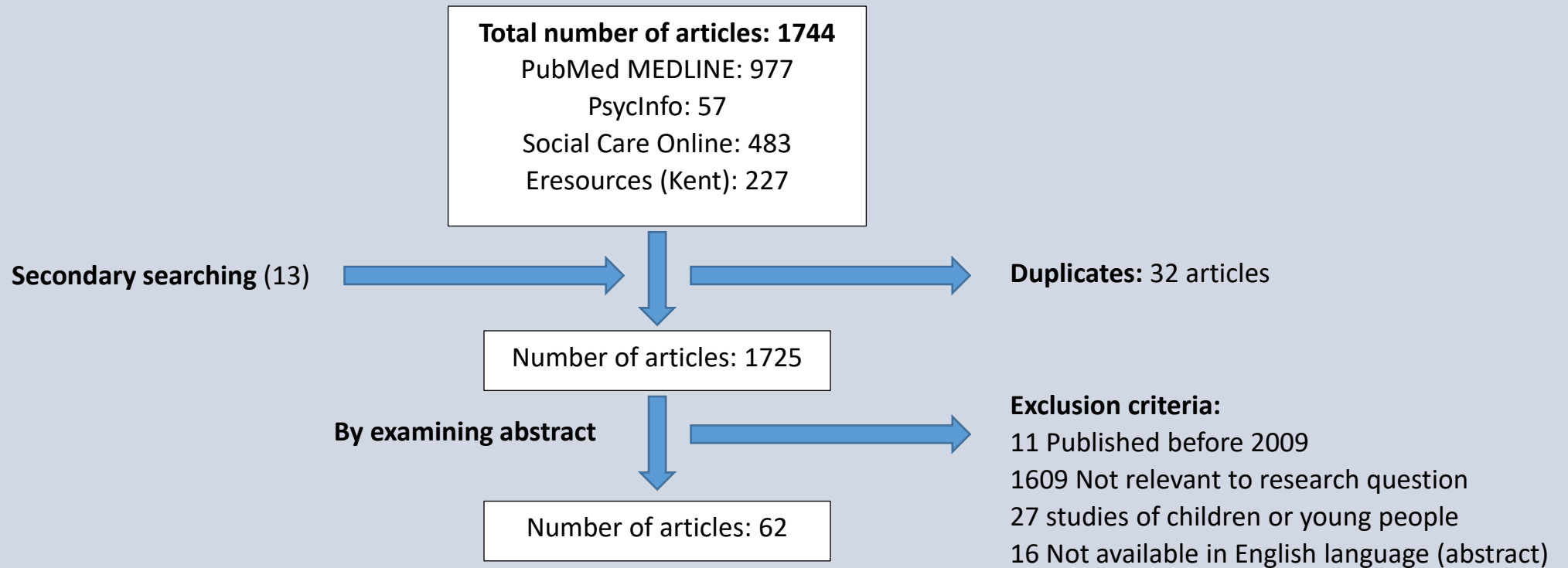
Methods

- Review of strengths based approaches in social care and social work.
- Online survey across local authorities in England.
 - Senior managers / managers (with responsibility for strategy) and/or adult services / managers responsible for practice development;
 - Survey questions for Principal Social Workers for Adults (PSWs);
 - Commissioners / commissioning managers.
- Case study sites
 - Interviews (people involved in development/setting up/implementing strengths-based approaches).
 - Secondary data analysis.



Findings from the literature – search strategy

Results



- Includes grey literature (discussion papers; working papers; government framework documents, policy statements and guidance)



Findings from the literature – what is a strengths based approach?

- A move away from a deficit approach to social work and social care.
 - Traditionally focusses on the problems associated with a persons illness, disability or medical condition.
 - Starts with needs and deficiencies.
 - Services designed around ‘fixing the problem’ and filling the gaps.
 - Can create dependency on prescriptive social work and social care as only solution.
- Strengths-based approach
 - Shifts focus to ‘the positive attributes of individual lives and neighbourhoods / communities
 - Recognises the capacity, skills, knowledge and potential that individuals and communities possess.
 - Postulates that interventions must be focused on clients’ competencies and the resources at their disposal.
 - Clients are considered as the experts in their situation, and practitioners as partners whose theoretical and technical knowledge must be used to help them, particularly by empowering clients rather than labelling them.
- Salutogenic rather than pathogenic – Antonovsky, 1979. (What is strong rather than what is wrong – Romeo, 2018)



Findings from the literature – what is a strengths based approach?

- Six broad principles:

1. the focus is on individual strengths rather than pathology;
2. the community is viewed as a source of resources;
3. interventions are based on client self-determination;
4. the practitioner–client relationship is seen to be primary and essential;
5. aggressive outreach is employed as the preferred mode of intervention;
6. people are seen as being able to learn, grow, and change.

(Pouliot, 2009)



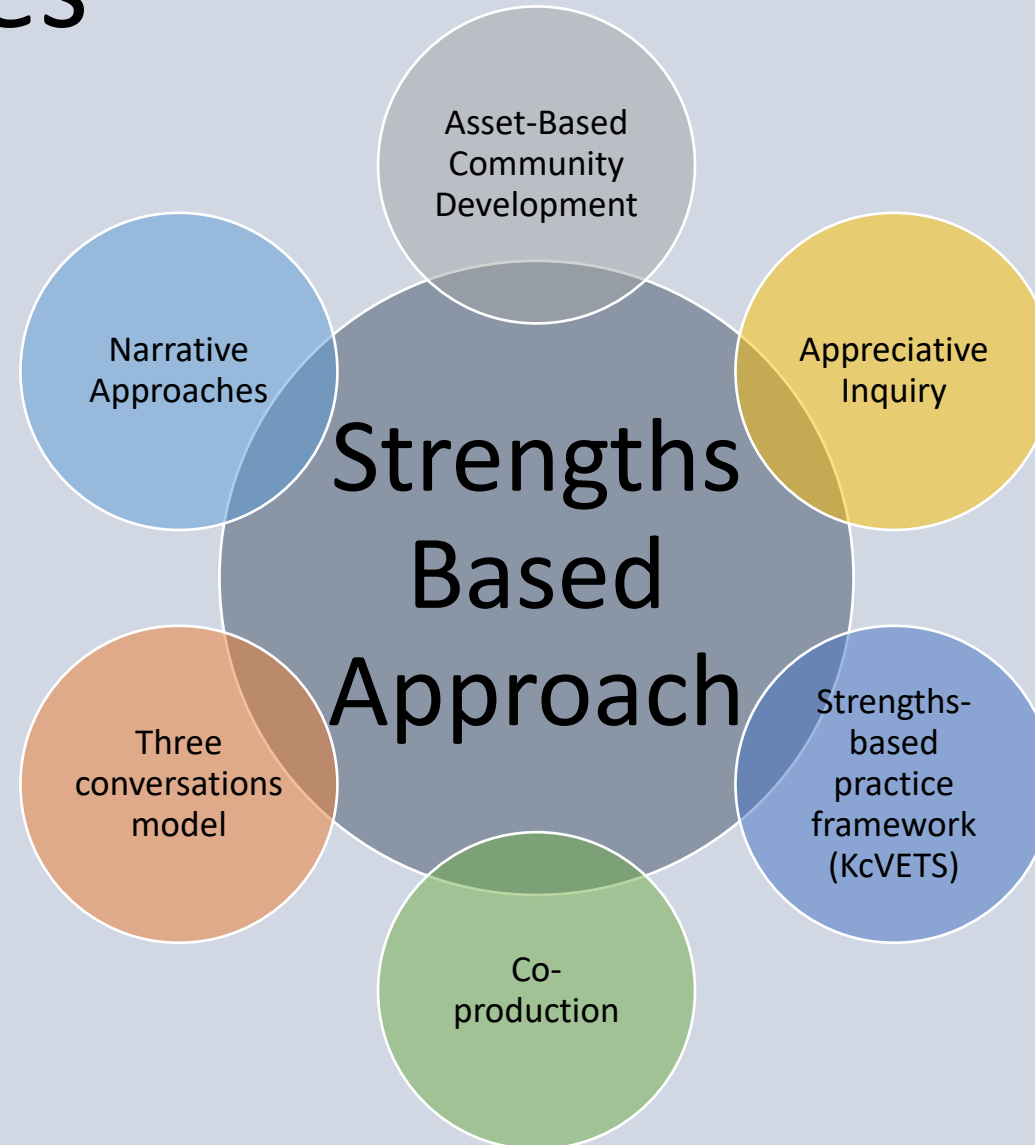
Findings from the literature – what is a strengths based approach?

- What strength-based approach/practice is not:
 - An outcome
 - About reduction in packages
 - About signposting and providing less support
 - About not helping
 - A focus on ‘what is the matter with you’ and ‘what is wrong’
 - About shifting responsibilities to carers and family/friends
 - One size fits all (no scripts)
 - About avoiding talking about the problem or issues

(DHSC, 2019)



Different models of strengths-based approaches



Findings from the literature

- Foot and Hopkins (2012)

Outlines research evidence for the positive impact of community and individual assets (resilience, self determination, reciprocity, social networks and social support) on health and wellbeing and argues these are comparable to housing, income and environment. Asserts that evaluating asset-based activities requires a new approach.

- Probst (2009)

The strengths perspectives has been misunderstood. Since a strengths perspective can be attached to any methodology, and any methodology can be an expression of a strengths approach, the author argues it makes no sense to examine the efficacy of the approach itself as if it were an independent variable. Instead of arguing about whether the approach can be empirically tested, It may be more useful to examine how it applied in practice.



Findings from the literature – critical perspectives

- Daly and Westwood (2018):

The key assumptions and objectives do not hold well for social care (ableism, empowerment, unharvested resources, inequality) and therefore adopting the approach carries risks. The authors also posit that an asset-based approach is ‘overpromised’, is insufficiently theorised and lacking empirical evidence. Concern that asset-based approach is falsely emerging as panacea to solve the challenges facing social care at present (by offering more for less).

- Gray, M. (2011)

While stemming from sound philosophical foundations, (humanistic individualism and communitarianism), a strengths-based approach is in danger of running too close to contemporary neo-liberal notions of self-help and self-responsibility, ignoring structural inequalities.

- Brun and Rapp (2001)

Does not take into account the clients’ reality, which is characterized by few resources and serious problems.



Findings from the literature – critical perspectives

- Slasberg and Beresford (2017):

Social care continues to search for a ‘miracle cure’ that will transform it into a system both personalised and less costly. The latest of which is strengths-based practice. Examples show how cost-saving claims for the strength-based approach have not been borne out by financial returns data.

The eligibility question is the source of a depersonalising system, and anxiety about cost has led to the creation of a system that results in ‘need’ being defined by the available resource. The authors argue that good practice cannot change the system. The system must change first.



Findings from the literature – the eligibility question

The Care Act 2014 guidance refers explicitly to strengths-based approaches, by requiring local authorities to:

- *Consider the person’s own strengths and capabilities, and what support might be available from their wider support network or within the community to help.*

(Department of Health and Social Care, 2018)

- Despite the rhetoric of strengths-based practice within the *Care Act 2014*, eligibility for adult social care support is still largely determined by level of need (and by financial circumstances). This is also true of disability benefits and Continuing Health Care funding, where there is an even greater focus on people’s deficits.
- Practitioners can face a difficult balancing act where they are trying to build strengths-based relationships with families, yet need to justify their assessments internally with a clear narrative around deficits and urgency. Slasberg and Beresford sum up this dilemma:

“It is relatively straightforward to work in strengths-based ways with people who do not yet require public resources. The practitioner can focus on the person, their views of their needs and the strengths and assets around them without having to also deliver the eligibility process. The situation changes if the person does require public resources on a continuing basis – the eligibility-based process becomes dominant.” (Slasberg and Beresford, 2017)

“Can we really expect social workers to refashion themselves into strengths-based, solution-focused, capacity building, asset creating, motivation enhancing, [and] empowerment specialists in the context of the eligibility criteria?” (McMillen et al., 2004)



Findings from the literature – some questions for evaluation

- Are the objectives to ‘increase resilience’ and ‘build social networks’? Or are they directly health-related, for example, ‘reducing depression in women under 50’?
- How can we prove that factors such as stronger community networks and social capital have positive impacts on health inequalities and healthy behaviours? While social capital and health are correlated, it is hard to say whether one causes the other.
- Measuring assets in a community, or an asset-based intervention in a community, involves assessing an organic and dynamic system that is responding to different events, circumstances and possibilities.
- Most data is collected at population or individual level, not at the level of an interactive and evolving community – whether that is of place, identity or interest. The collection of such data is expensive.
- It takes time and is not a ‘quick fix’. Savings are often made by other agencies, for example, investments by a social housing provider might reduce the costs for health services. The measurable outcomes may not happen within a project remit or timescales.



Findings from the literature – some practical challenges

Commissioners want performance measures for monitoring and investment decisions. They need to know:

- What measures to use to establish baselines and track inputs and outputs.
- How to measure outcomes in the short and medium term.
- How to compare the efficiency and effectiveness of different interventions.
- A strengths-based approach to social care assumes certain system complexities that make more traditional evaluative methods – such as randomised control trials – less helpful and even inappropriate.



Literature review – summary findings

- Evidence of improved outcomes for individuals is limited at present.
- Questions remain about: definition, conceptualisation, effectiveness and feasibility.
- Evaluation approaches and methodologies must be tailored to the complexity of the task in hand.

