NIHR | Policy Research Unit in Adult Social Care

Taking a strengths-based approach to social work and social care: *A literature review*

James Caiels, Alisoun Milne, Julie Beadle-Brown

February 2021

Discussion Paper 2020-02

LSE The London School of Economics and Political Science

University of Kent

King's College London

DISCLAIMER

This report is based on independent research commissioned and funded by the National Institute for Health Research (NIHR) Policy Research Programme through its core support to the Adult Social Care Research Unit. The views expressed are those of the authors and are not necessarily those of the NIHR or the Department of Health and Social Care.

Table of Contents

Acknowledgements

We would like to thank a number of people for their time and contributions in producing this review, these are: Peter Atkins; Sam Baron; Carmen Colomina; Carla Fourie; Liz Greer; Liz Howard; Jo Moriarty; Tricia Pereira; Jenefer Reese; Kate Sibthorpe; Julie Statton; and Madeleine Stevens.

For additional and administrative support we would like to thank Amanda Burns and Alan Dargan.

Executive summary

Introduction

There is substantial policy support for strengths-based approaches to social work and social care. New models of care developed in this way utilise personal resources, social networks and community resources to empower individuals to achieve their desired outcomes. A number of strengths-based models of care have been developed, but it is not known whether and how they work, or which model works best for whom and in what circumstances.

Aims

The primary aim of this review is to examine the development and the potential of strengths-based models in social work and the social care sector. The literature review will address questions around how these approaches impact on practice, and what this means for individuals in receipt of social care services and their carers or families. Specifically, the following questions were addressed:

1. What is a strengths-based approach?
2. How does the evidence support the use of strengths-based approaches?
3. What are the challenges or criticisms of using a strengths-based approach?
4. What kind of cultural or system changes are associated with successfully implementing a strengths-based approach?
5. How does the Care Act 2014 impact on the use of strengths-based approaches?
6. How can we evaluate the efficacy of using strengths-based approaches?

Literature search

A database search was conducted for the period 2009 to 2019 to identify peer-reviewed publications on the use of a strengths (or asset) based approaches to the delivery of social work and social care services. Documents published before 2009 were also included if they had particular significance or saliency. Of the 1744 items initially identified by the literature search, and after applying the inclusion/exclusion criteria, a total of total of 63 articles are included in this review.

Conclusion

Evidence of improved outcomes for social care service users as a result of employing strengths-based approaches is limited at present. It is a popular model with policy makers and many practitioners are also keen to embrace a model that promotes positive thinking and engages with the skills and abilities of users and carers and their social networks. Nonetheless it remains a contested area. Some authors claim that empirical evidence about its impact on the lives and wellbeing of users, particularly those with multiple long-term conditions and complex needs that straddle the physical, psychological, social and financial areas, is unclear. Others point to the potential benefits of adopting a strengths-based approach while also suggesting that looking for evidence using more 'traditional' methods of measurement (such as outcome gain) is not what is required in this context.

This review identifies three overarching features of the terrain:

- Generally, there are three broad groupings of literature: conceptual material; material on models; and grey literature; plus a small number of evaluative papers.
- Strengths-based approaches are comparatively more prevalent in social work than social care (which may not be surprising given its origins).

- Strengths-based approaches are being embraced by policy makers but questions remain about: its definition (how it is distinct from other approaches, and how it should be conceptualised); its effectiveness and feasibility (including its intersection with local authority eligibility thresholds); and how it should/can be evaluated.

It is difficult to draw definitive conclusions about the role and impact of strengths-based approaches as a consequence of the complexity and multi-dimensionality of the models adopted, the vast range of needs the social care system is expected to address, and problems with attribution. Strengths-based ideas and approaches have much to commend them but at the present time it is hard to capture with any confidence what their role and particular contribution to improved outcomes is. However, a number of emerging approaches may prove useful for developing methods for evaluation.

1 Introduction

Innovation in care models is seen as a key mechanism for addressing demographic and financial challenges facing the care system. The social care system is characterised by significant local experimentation, which has led in recent years to the implementation of 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.

There has been growing interest in 'strengths-based' or 'asset-based' approaches in the provision of social work and social care services. This trend aims to change the way we approach the assessment of individuals, and the delivery of social work and social care services to people that need them by refocussing the various stakeholders who influence care planning, provision and management on the shared goal of improving peoples' lives.

There is substantial policy support for strengths-based approaches to social work and social care (Department for Health and Social Care, 2018b). New models of care developed in this way utilise personal resources, social networks and community resources to empower individuals to achieve their desired outcomes. In particular, there is a key assumption that individuals come for help already possessing important competencies and resources that may be tapped into to address support needs. Social workers are seen as pivotal to the success of the approach. Although the political and societal rhetoric associated with the strengths-based movement is compelling, 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 individuals' wellbeing and costs. A number of strengths-based models of care have been developed, such as Asset-Based Community Development (ABCD); Knowledge, Values, Ethics, Theory and Skills (KVETS); Local Area Coordination and the 'Three Conversations Model', but it is not known whether and how they work, or which model works best for whom and in what circumstances.

One of the standout features of a strengths or asset-based approach is its orientation to positive health and wellbeing. This stems from two fundamental 'positions'. The first is its orientation to, on the one hand, identifying, and on the other freeing up the nurturing factors leading to and enabling wellbeing. Second, the approach distinguishes itself by being an *alternative* to the deficit approach, which it sees as focussing on the causes and treatment of illness and disease and over-focussing on problems, needs and deficiencies (Foot, 2012). This is a move away from a pathogenic response to illness towards a salutogenic one. The theory of salutogenesis highlights the factors that create and support human health and well-being, rather than those that cause disease (Antonovsky, 1979), and is a well-established concept in public health and health promotion (Lindström & Eriksson, 2005). This model of working focuses on the resources and capacities that people have which positively impact on their health, particularly their mental well-being.

The terms 'strengths' and 'assets' appear to be used interchangeably in the literature, and while this is something we will revisit, for the purposes of this paper we refer simply to strengths-based approaches and this can be assumed to encompass both terms.

2 Aims

The primary aim of this review is to examine the development and the potential of strengths-based models in social work and the social care sector. The literature review will address questions around

how these approaches impact on practice, and what this means for individuals in receipt of social care services and their carers or families. Specifically, the following questions will be addressed:

1. What is a strengths-based approach?
2. How does the evidence support the use of strengths-based approaches?
3. What are the challenges or criticisms of using a strengths-based approach?
4. What kind of cultural or system changes are associated with successfully implementing a strengths-based approach?
5. How does the Care Act 2014 impact on the use of strengths-based approaches?
6. How can we evaluate the efficacy of using strengths-based approaches?

3 Literature search

3.1 Methods

A database search was conducted for the period 2009 to 2019 to identify peer-reviewed publications on the use of a strengths (or asset) based approach to the delivery of social work and social care services. Documents published before 2009 were also included if they had particular significance or saliency.

International academic databases (Pubmed, PsycInfo and Social Care Online) were searched as a primary resource along with 'Kent e-resources', the University library's search portal. Targeted website searches and independent, free text internet searches were also conducted. Both academic and grey literatures were accessed. For the purposes of the review, the 'grey' literature comprised: discussion papers; working papers; government framework documents, policy statements and guidance documents. As well as primary searches, secondary searches were conducted using methods such as citation searches (i.e. tracking articles that had cited a key article), snowball searching and reference harvesting.

Documents were largely selected for their relevance to the UK context of social care policy, social work provision and provision for older people. Non-UK literature was selected if it added value to the review and/or described specific different or innovative models of interest.

The following search terms were used as key words in the title/abstract: 'strength-based'; 'social care'; 'social work'; 'asset based'; not 'child' or 'children'. The titles and abstracts of the identified articles were reviewed to exclude any articles published before 2009, not available in English, research that involved children or young people under 18 years of age (the review was concerned with Adult Social Care only), and articles evaluated not to be relevant to the broad research topic of the use of strengths-based approaches in social work and social care.

A researcher reviewed the full text of each of the remaining articles against the inclusion/exclusion criteria as outlined above, and the review aims outlined in section two. Opinion pieces such as letters to the editor or commentaries were excluded from the formal summary and analysis; however, they may be referred to within discussion of the issues related to the use of strengths-based approaches.

3.2 Results

The literature search is summarised in Figure 1.

Of the 1744 articles initially identified by the literature search, a total of 211 articles were deemed to be potentially relevant to the research question and were reviewed in full. Upon review of the full text, a further 162 were rejected based on the inclusion/exclusion criteria. A further 14 articles were included based on secondary searches carried out. A total of 63 articles are, therefore, included in this review.

The literature review articles are summarised in Table 1. This summary includes both proponents and critics of the strengths-based approach, as well as the inclusion of one randomised controlled trial and a number of theoretical or reflection pieces on the use of strengths-based approaches in social work and social care.

Figure 1. Outcomes of the literature search

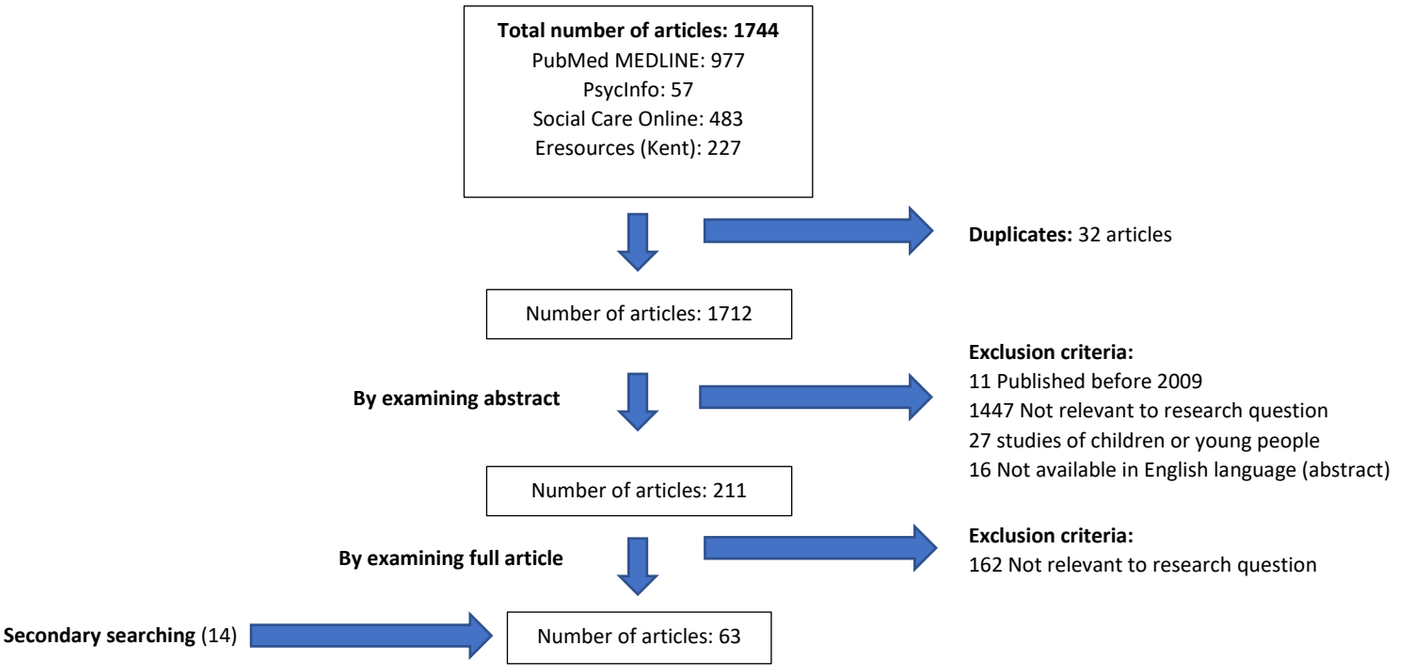


Table 1. Summary of literature review

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Abdullah, S. (2015)	South Africa	N/A	N/A	Paper examining the Islamic concept of fiṭra or 'original purity' in relation to the strengths perspective in social work as a basis to guide religious and culturally appropriate services to Muslim clients. Concludes that fiṭra can be an appropriate strengths-based concept to inform social and welfare interventions, and support hope and resiliency in social work, especially in multicultural practice with Muslim clients.
Alshuler, M., Silver, T., & McArdle, L. (2015)	USA	N/A	N/A	Integrates the theoretical models of the strengths perspective with narrative theory and reflective practice, while incorporating the concepts of parallel process and the Socratic method into the group supervision of social work students. It is suggested that the strengths perspective can be used with student group supervision, making the process more positive, participatory, and collaborative.
Boelman, V., & Russell, C. (2013)	UK	People with complex needs	11	Young Foundation report exploring the potential for asset-based approaches to enable people with complex needs to make an active contribution to the services they use and the communities they live in. An ethnographic approach was taken. The research shows a gap between the aspiration of people and reality, as well as uncertainty from commissioners/providers as to how these approaches can work for people with complex needs. Eight factors which shape the lives of people with complex needs were identified: Social networks; Routine and choice; Relationships; A sense of purpose and worth; Passions and experiences; Money; Place; Individuality; Getting out and about.
Bolton, J. (2019)	UK	Local Authorities	6 LA Case studies	Exploration of how councils are meeting the dual challenges of financial austerity and an aging population using a small number of case studies. Suggests the need to develop a clear narrative for national, regional and local organisations that builds and shares models for prevention, while also acknowledging the uniqueness of local authorities and therefore the challenges of replicating best practice from one place to another. Common practices typically observed fell into either: strength/asset based practice; promoting independence; outcome based commissioning.
Brown, H., Carrier, J., Hayden, C., & Jennings, Y. (2017)	UK	Local Authorities	7 LA Case studies	Evaluation of Community Led Support (CLS) Programme hosted by the National Development Team for inclusion (NDTi). Designed as a new way to deliver community based care and support using approaches (including strengths-based) to encourage collaborative working, continual evolvement, learning and development. Reported impact included: improved experiences and outcomes for people; easier access and greater efficiency; engaged staff and improved morale; potential for savings.
Daly, M., & Westwood, S. (2018a)	UK	N/A	N/A	Using Carol Bacchi's analytical framework to consider UK developments, the authors conclude that while Asset-based approaches for older people and social care has potential application, the key assumptions and objectives ('ablest' undertones; 'empowerment'; hierarchy of assets; treatment of material assets; existence of unharvested resources; community rather than individualist; inequality) do not hold well for social care 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).
Department of Health and Social Care (2015)	UK	N/A	N/A	A learning resource for social workers who work with adults with autism. The guide focusses on identifying and meeting the learning and development needs to equip social workers to understand how autism impacts on people's lives, and how they as social workers can support them effectively and successfully.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Department of Health and Social Care (2017)	UK	N/A	N/A	Roundtable based on a workshop commissioned by the Department of Health and hosted at the Social Care Institute for Excellence in January 2017. Examines what 'strengths-based social work' with adults, individuals, families and communities means for practitioners and people using the services.
Department of Health and Social Care (2018b)	UK	N/A	N/A	Chief social worker for Adults' annual report 2017/18. Fourth annual report themed around strengths-based social work practice. It sets out progress in implementing strengths-based practices, offers some examples of practice and sets out priorities for 2019.
Department of Health and Social Care (2018a)	UK	N/A	N/A	Care and support statutory guidance from the Department of Health and Social Care updated on 26 October 2018.
Donaldson, L. P., & Daughtery, L. (2011)	USA	N/A	N/A	Documents the emergence of a new pedagogical model that integrates experiential community service activities academic learning. The article presents the integration of a progressive service-learning model into a graduate-level social work macro practice course. The model gives explicit attention to respecting the dignity and worth of the individual by sharing power and developing collaborative relationships between students and community residents where both are serving and learning together – a strengths/asset based approach.
Dunstan, D., & Anderson, D. (2018)	Australia	Mental Health	126 Service users	Case study of Personal Helpers and Mentors service (PHaMs) in a rural town in New South Wales, Australia. PHaMs uses a strengths-based recovery model aimed at people affected by severe mental illness. The study concluded that a strengths-based approach to service development and operations – one that recognises individual abilities and prizes interpersonal relationships and teamwork – can maximise the potential of local human and other resources, and serve as a solution to resolving apparent service gaps and perceived deficits in rural and regional areas.
Engelbrecht, L. (2010)	South Africa	N/A	N/A	This article presents a strengths perspective on supervision of social workers. The South African welfare context is presented as a best practice vignette of a strengths perspective on supervision employed at a welfare organisation. It concludes that a strengths perspective has transformational potential and supports managers to employ this approach for assessments and personal development of those they supervise.
Foot, J. and Hopkins, T. (2010)	UK	N/A	N/A	Improvement and development agency (I&DeA) report 'A glass half full' outlining how an asset approach can improve community health and wellbeing. Defines the asset approach, provides techniques for how this approach can be applied in practice (asset mapping, ABCD, appreciative inquiry, storytelling, world café, participatory appraisal, open space technology) and makes the case for its potential to reduce health inequalities.
Foot, J. (2012)	UK	N/A	N/A	Follow-up report to 'A glass half full' – 'What makes us healthy?'. Argues that asset principles help to understand what gives us health and wellbeing. It makes the case for developing ways of working that protect and promote the assets, resources, capacities and circumstances associated with positive health. 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.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Ford, D. (Ford, 2019)	UK	N/A	N/A	RIPFA strategic briefing on developing strengths-based working. Explores the reasons behind why strengths-based working is being widely adopted and provides an overview of specific models and practice examples for all those working in adult social care. Its aim is to support strategic leaders in developing and communicating locally relevant approaches.
Franklin, C. (2015)	UK	N/A	N/A	Editorial discussing the importance of the strengths perspective to the field of social work. The author reviews updates on strengths-based Solution focussed brief therapy (SFBT) and suggests that this approach is advancing, and that social workers can confidently use SFBT when their clinical judgment and client situations suggest that it may be useful.
Gates, T. G., & Kelly, B. L. (2013)	USA	Lesbian, Gay and, Bisexual community	N/A	This article examines the potential application of a strengths perspective and its usefulness in reshaping the discourse on stigmatisation of the lesbian, gay, and bisexual (LGB) community and its members. It argues that social work research with the LGB community and its members must shift from a focus on pathology to strengths and resources.
Gelkopf, M., Lapid, L., Werbeloff, N., Levine, S. Z., Telem, A., Zisman-Ilani, Y., et al. (2016)	Israel	Mental Health	1276 People	Assessment of the effectiveness of a new strengths-based case management (SBCM) service in Israel, using a randomised controlled trial approach. Individuals who receive psychiatric rehabilitation services (PRS) in the community were assigned to receive or not to receive the SBCM service in addition to treatment-as-usual PRS. Results showed that SBCM participants improved in self-efficacy, unmet needs, and general quality of life, and set more goals than the control group. Results suggest that SBCM services are effective in helping individuals with serious mental illness set personal goals and use PRS in a better and more focused manner.
Gollins, T; Fox, A; Walker, B; Romeo, L; Thomas, J; Woodham, G. (2016)	UK	N/A	N/A	A report aimed at social workers discussing the need to change their workforce culture to one that is strengths-based for promoting wellbeing, early intervention and prevention. It sets out the key knowledge and skills the social care workforce needs to apply strengths-based approaches in improving people's lives, and considers the emerging business case for pursuing a strengths-based approach.
Blood, I. & Guthrie, L. (2018)	UK	N/A	N/A	This book introduces attachment-based practice and strengths-based practice to support people who work directly with older people and their families. It considers what it means and looks like to work with older people in the context of their families and other networks and to reflect upon the skills and attitudes needed to actually do strengths-based practice in an attachment-informed way. Attachment theory puts the concept of the relationship at the heart of practice.
Guthrie, L. & Blood, I. (2019)	UK	N/A	N/A	RIPFA frontline briefing on embedding strengths-based practice. Proposes and explains seven key principles of strengths-based approaches in social care, and the evidence base supporting them. Presents a series of practical tools to support strengths-based practice, focussing on communication skills. Considers some of the challenges to strengths-based practice as experienced by practitioners, with recommendations for how practitioners, teams and managers on how they can embed the approach.
Grant, J.G., & Cadell, S. (2009)	Canada	Mental Health		Asserts that social workers need to alter their 'frames' (pathological worldview) in order to practice from the strengths perspective. This pathological world view is the belief that practice begins with what has gone wrong rather than what is going right – a pathogenic rather than salutogenic approach to health.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Gray, M. (2011)	Australia	N/A	N/A	A critique of the strengths perspective in social work, examining its philosophical roots, core characteristics and limitations. Underpinned by Aristotelianism, humanistic individualism and communitarianism, the article also highlights links with neoliberalism. It concludes that while stemming from sound philosophical foundations, 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.
Henwood, M. (2014)	UK	N/A	N/A	Skills for care report examining a programme of work referred to as 'skills around the person' (SATP). SATP stems from an assumption that person-centred approaches are vital in ensuring that care and support meets individual needs and preferences, but also that everyone has their own skills, knowledge, experience and attributes which they bring with them – an asset based approach. It concludes that in meeting the demands of the Care Act 2014, there are opportunities to draw from the SATP programme to meet new duties around the provision of care, and supporting people to live their lives.
Hootz, T., Mykota, D. B., & Fauchoux, L. (2016)	Canada	Service users / providers	14 service users; 7 providers	Exploration of Crisis Management Services (CMS) from the perspective of clients and providers using semi-structured interviews. CMS is a strengths-based program that targets individuals who experience crises every day. Results suggest that the establishment of a close personal strength-based relationship is key to client engagement. Collaborative goal setting with informal and formal community resources viewed as potential assets, characterises the process that enables clients to live at their optimal level of independence.
Hughes, M. E. (2015)	Australia	Informal end of life carers	28	Paper reporting the results of in-depth interviews with informal carers of persons who died at home from a life-limiting illness. The author concludes that the application of a strengths perspective will contribute towards better support for informal carers by deepening the understanding of the lived experience of caregiving, promoting collaborative partnerships between workers and informal carers, and building community capacity at end of life.
In control. (2013)	UK	N/A	N/A	Briefing to analyse changes to the care bill which are intended to introduce strengths or asset-based approaches into social care, considering both the opportunities and the risks they present. The briefing concludes that on balance these changes positive for people who use services and family carers.
Institute for Research and Innovation in Social Services (IRISS) (2012)	UK	Mental health	59 (Service users, practitioners, project leads)	Asset mapping exercise with East Dunbartonshire council (Scotland) to discover the community assets in Kirkintilloch that were available for positive mental health and well-being. Using a combination of interviews, group workshops and one-to-one sessions, a digital map was developed that individuals can access on computers and mobile devices which details all the local assets identified.
Kelly, J., Wellman, N., & Sin, J. (2009)	UK	Mental Health	30 Questionnaires, 3 case studies	This paper describes the work of the Hounslow Early Active Recovery Team (HEART), which placed recovery principles and strengths-based approaches at the heart of the work of an early intervention for psychosis team. Results from an audit showed that 57% of respondents were in employment or education, contrasting with the extremely high unemployment rates reported in several UK studies of people with serious mental health problems.
Kings Fund and Nuffield Trust. (2016)	UK	Social care Stakeholders	65 interviews	Kings Fund report on the future of social care. 'Asset-based approaches' and increasing individuals' 'social capital' were frequently described by stakeholders as necessary solutions to the lack of capacity in social care. In all areas interviewees spoke of the need for better self-management by users and greater involvement from families and the wider community in the provision of care. However, it was recognised that this required a cultural shift in perceptions that would be difficult to achieve.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Knapp, M., Bauer, A., Perkins, M., Snell, R. (2013)	UK	N/A	N/A	Paper that examines whether community assets can play greater roles in preventing the emergence of social care needs and/or in helping to meet them. The researchers investigated whether three initiatives (timebanks, befriending services and community navigators) could generate cost-savings to the public purse and more broadly to society. Using a cost-benefit approach the authors concluded that sizeable savings could potentially be made to the public purse by investing in community capital-building initiatives at relatively low cost.
Krabbenborg, M. A. M., Boersma, S.N, van der veld, W.M., van Hulst, B, Vollerbergh, W.A.M., Wolf, J.R.L.M (2017)	Netherlands	Homeless young adults	251	Paper reporting on a cluster randomized controlled trial testing the effectiveness of Houvast: a strengths-based intervention for homeless young adults. The results suggest that homeless young adults benefit from service provision in general, regardless of whether they had received care according to Houvast or care as usual. When homeless young adults receive care according to Houvast compared to care as usual, dropping out of care is less likely, and a positive completion of the trajectory is more likely. However, conclusions about the effectiveness of the Houvast were inconclusive.
Lamb, F., Brady, E.M., & Lohman, C. (2009)	USA	Older women (aged 64-72)	12	Article reporting on qualitative study involving 12 older women (aged 64-72) participating in the Osher Lifelong Learning institute at the University of Southern Maine. The authors suggest a positive dynamic relationship between the capacities for resiliency and lifelong learning.
Leeds City Council. (2017)	UK	N/A	N/A	Leeds City Council document outlining the local use and benefits of taking a strengths-based approach to social care in Leeds. Indicates use of '3 conversations' model as its mechanism for delivering strengths-based approach. Includes some vignettes from peoples' experience of accessing services using a strengths-based approach.
Lilley, W. (2014)	UK	N/A	N/A	A reflection piece exploring the spread of asset-based thinking across housing, health and adult social care. Examines the key motivations that are driving many commissioners and providers towards the adoption of this thinking, and includes some case studies. Identifies a number of key challenges for taking this this approach including: a need for culture change; the gradual nature of change; sustainability and investment; measurement and evaluation and ensuring the approach is not a veil for cuts.
McGovern, J. (2015)	USA	Mental Health	7 Dyads (People living with dementia + carers)	The article ultimately argues for the adoption of a new paradigm for dementia care based on core concepts of social work, including family systems theory, the strengths perspective, and the practitioner's use of self where self-disclosure and authenticity are concerned. Two important steps facilitate adopting a strengths perspective: remaining in the present and focussing on what remains rather than what is lost.
McKnight, J. & Russell, C. (2018)	USA	N/A	N/A	Working paper by the ABCD Institute at DePaul University setting out the four essential elements of an Asset-Based Community Development (ABCD) Process. The primary goal is to enhance collective visioning and production through a process that combines four essential elements: (1) Resources, (2) Methods, (3) Functions, (4) Evaluation.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Mguni, N., & Bacon, N. (2010)	UK	N/A	N/A	Report published by the Young Foundation detailing the development of the Wellbeing and Resilience Measure (WARM). A framework to measure wellbeing and resilience at a local level. Its aim is to enable local professionals and communities to see which services are having an impact on people's lives at a local level and which are not; identify a community's strengths as well as its weaknesses; and make informed decisions about where to direct limited resources.
Miller, R., & Whitehead, C. (2015)	UK	N/A	N/A	Working paper describing six 'Community Offer' schemes in different local authorities pursuing a preventative approach to social care provision. Community asset and strengths-based services were deployed. The authors conclude that it is possible to use community based approaches to make positive changes to the provision of social care, but more evidence is required to understand the impact of these approaches and that cultural change is required to implement such schemes.
Mottron, L. (2017)	Canada	Autistic preschool children	N/A	The paper is critical of Early Intensive Behavioural Intervention (EIBI) and Naturalist Developmental Behavioural Intervention (NDBI), which aim to increase socialisation and communication, and to decrease repetitive and challenging behaviours in preschool age autistic children. The author posits that autistic repetitive behaviour and restricted interests can be used as cognitive strengths, rather than suppressed as disturbing behaviours.
Naylor, C., & Wellings, D. (2019)	UK	N/A	One Council	Kings Fund report on the impact of the 'Wigan Deal', a new approach to delivering local services, underpinned by taking an asset-based approach and the idea of a new relationship with the public. The authors conclude that public services can get better results by 'working with' rather than 'doing to', drawing on the strengths and assets of individuals and communities to improve outcomes.
Nel, H. (2018)	South Africa	Staff / providers	61	A comparison study between the asset-based community development (ABCD) approach versus the more traditional needs-based approaches to community development. Interviews were conducted with staff from 24 projects (14 using ABCD and 10 not using ABCD). Evidence showed the ABCD approach as suitable for addressing the many challenges facing South African communities, but the traditional problem-based approach also showed positive results in certain instances.
Northern Ireland Department of Health. (2019)	UK	N/A	N/A	Office of Social Services resource for social work practitioners. Highlights the importance of using strengths-based approaches to empower and support service users. Provides and draws on local examples.
Pattoni, L. (2012)	UK	N/A	N/A	Summary paper examining strengths-based practices when working with individuals. The paper concludes: the strengths approach has broad applicability across a number of practice settings and populations; there is evidence that use of a strengths-based approach can improve social networks and enhance well-being; some evidence suggests strengths-based approaches can improve retention in treatment programmes for those who misuse substances; a strengths-based approach can improve social networks and enhance well-being; the evidence for strengths-based approaches is difficult to synthesise because of the different populations and problem areas that are examined in the literature.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Pouliot, E., Saint-Jacques, M., & Turcotte, D. (2009)	Canada	Practitioners	30 Practitioner interviews + 77 Practitioners surveyed pertaining to 118 families	A qualitative analysis of practitioners personal practice descriptions and a quantitative study, based on a questionnaire measuring professional behaviours of the practitioners work with 118 families. The study showed that the emphasis put on the parents' strengths varied according to organisational context. However, in most cases the focus was on problems/weaknesses of families/parents rather than strengths.
Probst, B. (Probst, 2009)	USA	N/A	N/A	Contextual article on the strengths perspective for social work practice in mental health. The author argues that the strengths perspectives has been misunderstood which prevents its use more widely. 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.
Rahman, S., & Swaffer, K. (2018)	UK	N/A	N/A	Editorial which argues that an assets-based approach toward 'dementia-friendly communities' is required to create communities that are inclusive and accessible for all, and would help to break down the barriers that exist for the main stakeholders.
Roy, M., Levasseur, M., Dore,I., St-Hilaire,F., Michallet,B., Couturier,Y., et al. (2018)	Canada	Representative adults	8737	Theorising that assets build foundations for overcoming adverse conditions and improving health, this study examines the distribution of assets and their associations with social position and health. A representative population-based cross-sectional survey of adults was conducted in 2014 in Quebec, Canada. Different distributions of assets were observed with different social positions. The authors conclude that having assets contributes to better health by increasing capacities, therefore interventions that foster assets and complement public health services are needed, especially for disadvantaged people. Health and social services decision-makers and practitioners could use these findings to increase capacities and resources rather than focusing primarily on preventing diseases.
Russell, C. (2011)	UK	N/A	N/A	Reflection paper which seeks to outline the ways in which the desire to age well is inextricably linked to the domains of community and associational life. Based on the asset-based community development (ABCD) as a process for convening conversations in communities. The paper finds that citizens and communities co-producing health outcomes will out-perform individuals reliant on medical services only.
Slasberg, C., & Beresford, P. (2016)	UK	N/A	N/A	Article that contends that the foundation of a depersonalising and stigmatising social care system is down to the question of eligibility. This is the difference between the needs of individuals and the resources of local authorities to meet them, and how currently need is determined by available resource rather the other way round. The authors argue that without addressing this fundamental problem in social care provision, establishing trust between councils and service users will remain difficult.
Slasburg, C., & Beresford, P. (2017)	UK	N/A	N/A	The authors contend that 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 authors identify the eligibility question as the source of a depersonalising system, and that 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.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Social Care Institute for Excellence (2015)	UK	N/A	N/A	A guide summarising the process and the key elements to consider in relation to using a strengths-based approach for assessment and eligibility under the Care Act 2014. Provides a checklist of core duties for local authorities when conducting a strengths-based assessment.
Social Care Institute for Excellence (2017)	UK	N/A	N/A	SCIE briefing that suggests a framework for local areas to enable asset-based approaches to thrive. Based on research for the Greater Manchester Health and Social Care Partnership.
Social Care Institute for Excellence (2019)	UK	N/A	N/A	A 'quick guide' based on recommendations from a range of NICE guidelines and quality standards that focus on identifying and supporting an individual's strengths and assets. Designed to help social workers recognise opportunities for improving outcomes for the people they work with.
Stanley, T. (2016)	UK	N/A	N/A	Conceptual paper designing a practice framework (conceptual map) for social care practitioners within a strengths-based design and in the context of the 2014 Care Act. Based in Tower Hamlets, it places person-centred safeguarding at its core. It shifts practice from care management processes to a more sophisticated approach to assessing and managing risk. Embedded in the framework is the five quadrant KVETS model (Knowledge, Values, Ethics, Theory, Skills). The framework was designed to guide practitioners and service users along a series of steps and questions that encourage respectful conversations. Practitioners are encouraged to mobilise person-led and person centred practice. A 3-month pilot phase conducted in 2014 with KVETS rolled out in April 2015.
Sutton, J. (2018)	UK	N/A	N/A	RIPFA Leaders briefing on Asset-based work with communities. Describes Asset-based work with communities as part of a wider strengths-based approach drawing on personalisation, community development, and co-production. Acknowledges that Asset-based approaches have become popular in social care despite a dearth of evidence for effectiveness. Also acknowledges the legal context and the Care Act (2014), as well as the complex nature of communities. Highlights the ABCD (asset-based community development) as the principal model.
Think Local Act Personal (2019)	UK	N/A	3 Local authority sites	Study looking at three sites in Thurrock, Somerset and Wigan. It explores what these councils are doing to transform social care and the relationship between themselves and the communities they serve. Key messages include the necessity of a permissive framework to allow for innovative, person centred solutions; development of services and support anchored in the community; and the importance of trust in the relationship between councils and their residents in how support can best be provided.
Tse, S. et al (2016)	Hong Kong	Mental Health	N/A	Critical review of research regarding the use of strength-based approaches in mental health service settings. The focus is on effectiveness and advances in practice. A systematic search was conducted. The review found emerging evidence that the utilisation of a strength-based approach in clinical settings improves outcomes including hospitalisation rates, employment/educational attainment, and intrapersonal outcomes such as self-efficacy and sense of hope.
Wildman, J.M., Valtorta, N., Moffat, S., Hanratty, B. (2019)	UK	Service users, volunteers, project partners and staff	21 Interviews	Paper looking at the significance of local context for a sustainable and replicable asset-based community intervention aimed at promoting social interaction in later life. The authors conclude that that successful asset-based community projects require extensive community input, and that learning captured from existing programmes can facilitate the replicability of programmes in other community contexts.
Wood, R. (Wood, 2019a)	UK	Autistic children and adults. School staff and parents.	10 Autistic children, 10 parents, 36 school staff, 10 autistic adults.	Article about intense or "special" interests, and a tendency to focus in-depth to the exclusion of other inputs – as associated with autistic condition, and sometimes framed as "monotropism". Despite some drawbacks and negative associations with unwanted repetition, this disposition is linked to a range of educational and longer-term benefits for autistic children. The author considers the role and functions of the strong interests of ten autistic children. She argues that accepting this cognitive trait can lead to a range of educational, social and affective advantages for children, as well as more empathetic and skilled support from school staff.

Reference	Country	Client/User group	Sample	Key findings / Position / Conclusion
Yarry, S. J., Judge, K.S., & Orsulic-Jeras, S. (2010)	USA	Dementia	Two case studies	Paper examining a newly designed (strengths-based) dyadic intervention to help manage the symptoms of dementia and memory loss for both persons with dementia and their family caregivers. Two case examples illustrate the flexibility and advantages of using a Strength-Based Approach rather than a 'one size fits all' approach.
Chapin, R. K., Sellon, A., & Wendel-Hummell, C. (2015).	USA	Older adults	Pilot intervention case study	Paper focussing on the 'practice-to-research gap' between educators, researchers and practitioners in gerontological social work. The authors illustrate how the application of the strengths perspective (the Reclaiming Joy Peer Support Program RJPSP) can help to mitigate some of the barriers that contribute to the research-practice gap and to create more relevant research. The authors posit that an overarching strengths framework can provide a structure for successful collaborations.

4 Discussion

4.1 What is a strengths-based approach?

Definitions of a strengths-based approach are many; they also vary over time. The approach was popularised by American academic Dennis Saleebey's edited collection of readings in *The Strengths Perspective in Social Work Practice* (Saleebey, 2009). It is an approach that stresses the importance of people's own characteristics, the type of environment they live in, and the multiple contexts that influence their lives. It postulates that interventions must be focussed on clients' competencies and the resources at their disposal, or accessible to them. 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 (Foot, 2012). The underpinning of these approaches is the philosophical commitment to attending to human capacity first rather than human deficiency (Scott & Wilson, 2011). It assumes that every person can build a meaningful and satisfying life defined on an individual's own terms (Rapp & Goscha, 2012).

In general, definitions involve statements of the underlying principles of a strengths-based approach. The following are an example: a) the focus is on individual strengths rather than pathology; (b) the community is viewed as a source of resources; (c) interventions are based on client self-determination; (d) the practitioner–client relationship is seen to be primary and essential; (e) outreach is employed as the preferred mode of intervention; and (f) people are seen as being able to learn, grow, and change (Pouliot et al., 2009).

One of the most frequently quoted definitions of strengths-based practice is provided by the Social Care Institute for Excellence (SCIE) (2015, p2):

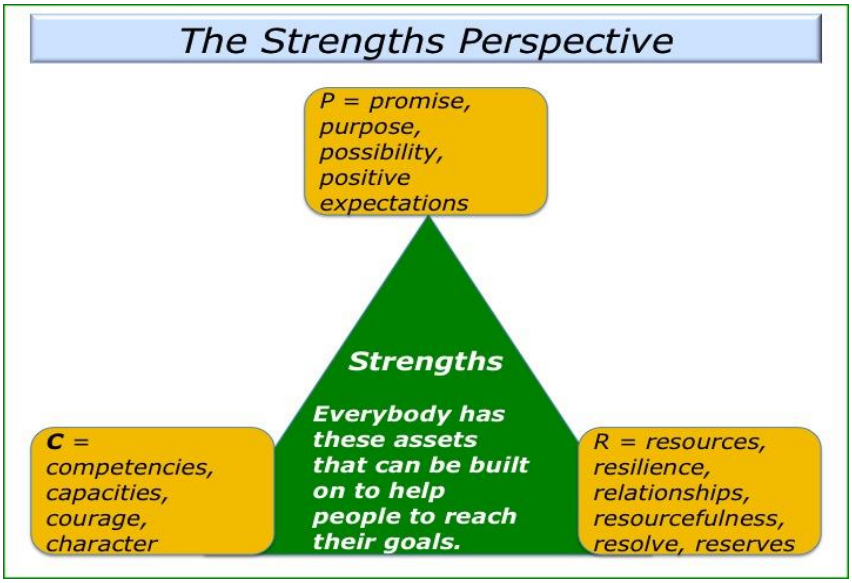
> *"A collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing support and those being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services."*

Authors who have discussed methodologies for strengths-based approach interventions have proposed a certain number of stages. While the number of stages can vary from one author to another, they can be summarised as three key intervention stages: a) the evaluation of the client's situation; b) the development of intervention objectives; c) direct action (Blood & Guthrie, 2018; Pouliot et al., 2009; Saleebey, 2009).

As described in section one, instead of starting with problems, a strengths-based approach starts with what is working, what makes people feel well and what people care about. The

more familiar deficit approach starts with needs and deficiencies and designs services to fix the problem and fill the gaps. This arguably creates dependency and people can feel disempowered. Dennis Saleebey shows us how this 'salutogenic' model works in comparison to a pathogenic one in figure 2 (Saleebey, 2002). The model illustrates the shift to the positive attributes of individual lives, neighbourhoods and communities; and recognises the capacity, skills, knowledge and potential that individuals and communities possess.

Figure 2 Model of the strengths perspective



Other authors have pointed to the distinction between conventional approaches and the strengths-based approach. Table 2 below illustrates how these differences can manifest in a more practical way.

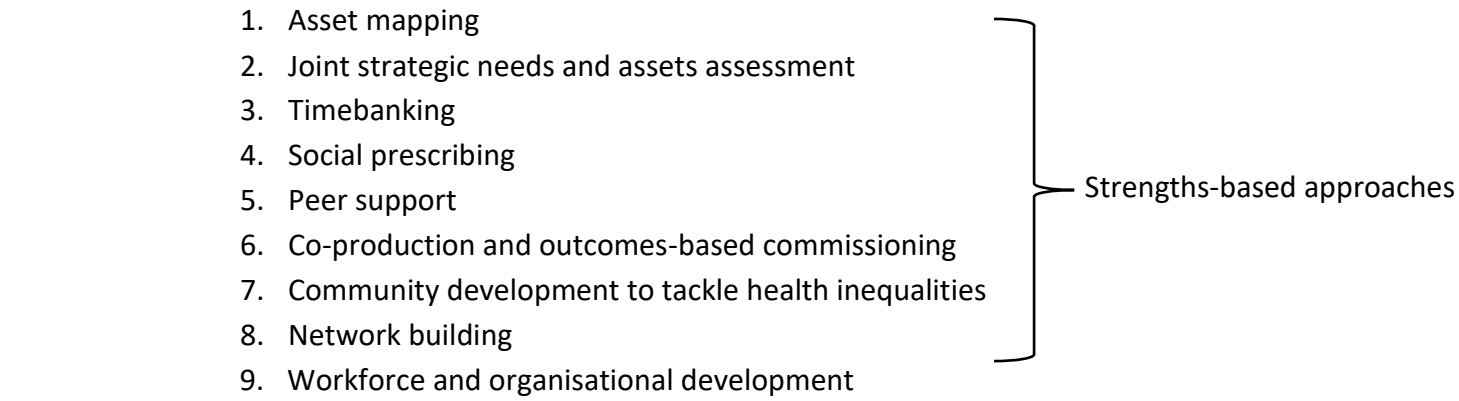
Table 2. Conventional Approaches vs Strengths-based approaches

Conventional approaches	Strengths-based approach
The person is the problem or is identified with his/her pathology.	Everyone has talents, resources, abilities, capacities, and aspirations that are independent of how easily they succeed in expressing these strengths.
Distance, control, manipulation, and unequal power characterise the relationship between social practitioners and clients.	The clients are the experts in their situations: They know what is best for them. Practitioners have theoretical and technical knowledge that can help others to act rather than hinder them.
The client is the focus. Problem evaluation encourages each client to consider his/her individual problems, and interventions focus on problems.	The focus is on people in their environments, and interventions concentrate on both.
Problems and pathologies are at the heart of interventions, which consist in treating these pathologies and resolving the problems.	The focus on individual strengths and abilities helps people to develop.
Knowing the causes of a problem is essential to finding solutions to it.	Human behaviour is complex and therefore difficult to predict. People who have experienced trauma, even serious trauma, do not necessarily have problems.
Practitioners are the main resource and the main people in charge of interventions. Interventions depend primarily on their knowledge and abilities.	Practitioners, families, and communities share the responsibility for an intervention. A mutual process using the available resources provides the basis for intervention planning.
Diagnosing pathologies is the main skill required of practitioners.	Discovering the strengths of clients and of their environments is the main ability required of practitioners.
The terminology used refers to deficiencies and inabilities. Problems are evaluated with instruments that measure risk and inability.	There is an attempt to measure both the risk and strengths of people, families, groups, and communities.
	There is no attempt to find the cause of people's problems, place the problems at the centre of interventions, or to use labels and stigmatising terms. The goal is to know how people confront their difficulties "here and now."

(Itzhaky & Bustin, 2002; Saleebey, 2009; Weick, Rapp, Sullivan, & Kisthardt, 1989)

While we can define a strengths-based approach in terms of how it differs from a deficit approach, defining it with any degree of specificity is challenging because of the myriad of ways that the approach can be employed. These are not necessarily confined to service delivery for example, but can encompass a range of structural, organisational and philosophical changes that constitute a move toward a strengths-based approach. Figure 3 shows a (non-exhaustive) list of practises that would all constitute 'taking a strengths-based approach'.

Figure 3 Practices constituting a strength-based approach



As mentioned, the terms strengths-based and asset-based appear to be used interchangeably, but without any discernible or significant difference between the two. In her report 'What makes us healthy?' (2012), Jane Foot describes assets as 'any resource, skill or knowledge which enhances the ability of individuals, families and neighbourhoods to sustain their health and wellbeing'. She cites Hills et al. (2010) stipulating that:

> *"Assets can include such things as supportive family and friendship networks; intergenerational solidarity; community cohesion; environmental resources for promoting 'physical, social and mental health'; employment security and opportunities for voluntary service; affinity groups; religious toleration; life-long learning; safe and pleasant housing; political democracy and participation opportunities; and, social justice and equity."*

An assets approach then, values the skills and knowledge of individuals, networks, personal resources, community resources and cohesion. This is difficult to discern from a 'strengths' approach. Utilising all of these attributes the aim is to redress the balance between meeting needs and nurturing the *strengths* and resources of people and communities. We can therefore see the use of these terms as transposable, albeit with some suggestion that 'assets-based' potentially refers more to *community*-based development.

In outlining what strengths-based approaches are, the Department of Health and Social Care (2019) define strengths-based approaches in terms of 'what they are not'. This is partly for clarity and to respond to some of the criticisms that have been levelled at the approach, (discussed below). It does not constitute the Department's entire thinking on this. Nonetheless it is pertinent as it helps us to consider the conceptual position from which the approach is being implemented by government. Thus, the Department of Health and Social Care specify that strengths-based approaches/practice is not:

- an outcome on its own;
- about reducing care packages;
- about signposting people onwards and providing less support;
- about not helping people;
- a focus on 'what is the matter with you' and 'what is wrong';

- about shifting responsibilities to carers and family or friends;
- a one size fits all approach (there are no scripts);
- about avoiding talking about the problem or issues.

These statements are in part a response to fears that a strengths-based approach would lead to, or worse was a euphemism for, retrenchment of the state with regards to welfare services and a reduction in accountability for care provision on behalf of the state. In her (2017) report, Lyn Romeo (Chief Social Worker for Adults for England) asserts that a strengths-based approach is not driven by a need to save money (although cost savings may occur), reduce funding, or to shift the emphasis for care and support services onto people and communities.

4.2 Supporting strengths-based approaches

The strengths-based approach to social work practice values the empowerment of individuals seeking services and advocates a relationship of collaboration as opposed to one of authority (Itzhaky & Bustin, 2002; Saleebey, 2009). Blood and Guthrie (2018) propose a number of principles to support older people using a strengths-based approach to help achieve both empowerment and increased resilience through the process. These include: (a) Collaboration and self-determination - bringing together personal and professional knowledge to find solutions; (b) Relationships – being core to a strengths-based approach and central to wellbeing; (c) Personal strengths and contributions – understanding that everyone has something they can do, as well as things they need help with; (d) Being curious about individuals – looking at interests or other characteristics that may be 'different' that can utilised to help them; (e) Hope – the belief in the capacity of people to change and also the role this plays in sustaining emotional resilience; (f) Positive risk taking – promoting positive risk taking or 'risk enablement'; (g) Building resilience – enabling people to build their own capacity to deal with challenges now and in the future.

All of these principles can arguably help people to lead independent lives and maximise their freedom, and the vast majority of people want to have a say in decisions that enable to them to do this (Hoole & Morgan, 2011). Among proponents of strengths-based approaches, relationships are consistently identified as a key dimension of a good quality of life, and as essential to facilitating a person's ability to participate in activities they enjoy and are good at (Blood, 2013; O'Rourke, Duggleby, Fraser, & Jerke, 2015). The Mental Health Foundation (Mental Health Foundation, 2016) also identifies relationships as being the foundation of mental wellbeing at all stages of the life course.

To support people to engage in these principles and activities a number of authors' point to the use of positive risk taking (Guthrie, 2018; Blood and Wardle, 2018; Morgan and Andrews, 2016). This asks people (service users and professionals alike) to consider the risks of different options, including considering the risks of doing nothing, and the risks of going into residential care (not just the risks of going home from hospital). When people who use services are asked about 'risk' they tend to highlight the risk of losing their independence

(Faulkner, 2012) as opposed to the risk of a harmful outcome such as a fall. This 'optimism' in retaining independence is equally important, and according to Crittenden (2014) has a key role to play in mental wellbeing.

Proponents of strength-based approaches would likely agree that the evidence in support is limited, not least because it is hard to define and distinguish it as a distinct 'intervention' whose effectiveness can be distilled coherently and/or compared with other approaches. This was highlighted by Tse et al (2016) in their critical review of the research regarding the use and effectiveness of strengths-based approaches in mental health service settings. Despite this challenge, their review identified emerging evidence that use of a strengths-based approach can improve outcomes for people with serious mental illness, including hospitalisation rates, employment, educational attainment and intrapersonal outcomes, such as self-efficacy and a sense of hope.

4.3 Critical perspectives of strength-based approaches

A number of criticisms have been raised regarding the strengths-based approach. First, there is a debate about the status of the approach, which can be summarised by the following question: is it an intervention model comprising values and a specific method, or is it an ideological position on social practices? In response to this question, Saleebey (2002) stated that the strengths-based approach is based on an ideological position but that it constitutes a practice model. Pouliot et al (2009) argue that it can be difficult to discern which methods are unique to strengths-based practices, and that very little information currently exists about the extent to which services are actually delivered in ways consistent with the strengths-based model. In their study of social work practice in Canada, with families in difficulty, they state that it was impossible to establish whether the services offered to the families conformed to the principles of a strengths-based approach. This was due to the diversity of these services and to the fact that the principles were extremely difficult to operationalise.

Some authors, like Slasberg and Beresford (2017) have stated that there is a risk of the approach not accounting for the clients' reality, which is characterised by few resources and serious problems. Similarly Mel Gray (2011) argues that while stemming from sound philosophical foundations, it is in danger of running too close to contemporary neo-liberal notions of self-help and self-responsibility, and glossing over the structural inequalities that hamper personal and social development and create hardship and distress. Furthermore, she states there is a lack of empirical evidence for the claimed successes of strengths-based approaches, and that support for effectiveness needs to go beyond descriptive case studies of its successes. The author also advises against 'overly optimistic claims about the strength of social capital, community, and community development' and calls for more empirical evidence of the effectiveness of strengths-based interventions.

Daly and Westwood (2018b) suggest that the key assumptions and objectives of strengths-based approaches are not necessarily applicable or suited to social care, and therefore

adopting the approach carries risks. They argue that the default focus of much of the literature is on 'functioning younger older people', not people with care and support needs who are reliant on others for their everyday survival, or indeed those who are in crisis or who have complex needs (Pouliot et al., 2009). The claim that strengths-based approaches are 'empowering' for individuals in one or more of these groups is questioned, hence their limited purchase for social care. Daly and Westwood assert that there are a number of underlying assumptions here. A first assumption is that people *need* empowering and by implication that existing service models are disempowering. A second is that there is an assumption that informal resources are empowering and, by implication, that to be in receipt of formal state support is to be 'disempowered'. They argue that evidence does not support either of these assumptions (de São José, Barros, Samitca, & Teixeira, 2016; Westwood & Daly, 2016), and that the types - and critically the source - of support that is empowering (either for those needing care or those giving it) is not clear.

Another criticism arising from Daly and Westwood's analysis is an assumption of untapped resources (or 'strengths') that exist, which are as yet unused or can be harvested. They argue that this is something that needs to be tested rather assumed; it may well not be the case. Furthermore, there appears to be a hierarchy of resources which privilege some resources over others. These include: communities, social networks, connectedness, resilience and psychosocial health (Hopkins & Rippon, 2015). Daly and Westwood suggest that these are largely relational, deriving from individuals' social capabilities and personal connectedness to networks. While this is - of itself - not problematic, they note an absence of focus on material or monetary resources, and importantly an absence of recognition of the health inequalities that arise from social and structural inequalities. In broad terms this critique posits that the strengths-based approach insufficiently engages with the important role played by inequalities (including those relating to resources and power) that are significant drivers of ill health, need and dependency in UK society (Friedli, 2013). Daly and Westood (2018b) argue that an emphasis on the social and relational attributes could potentially exacerbate inequality, in that affluent people are more likely to have more of all the resources that are coveted, and less likely to be vulnerable to shortages and inadequacies in public services. This links to another criticism levelled by Daly and Westwood, that despite its apparent focus on communities and social connectedness, the approach is rooted in individualism; it places primary emphasis on recognising and enhancing personal attributes such as coping abilities, resilience and positive adaptation rather than on the development of social or community resources (Foot & Hopkins, 2010).

One final criticism articulated by Daly and Westwood's work can be summarised in the following question: is a strengths-based approach really any different from current approaches? The argument is that community care assessments, particularly in social care, have always been based initially on identifying what informal support is already available (existing 'strengths'), then identifying any gaps in that informal support, and in turn identifying when and where the state may need to step in. This, they argue, is not a deficit

approach. Rather, it is a strengths-based approach that recognises, first, that people's strengths and resources need to be taken into account for the purposes of entitlement and access to services and other public resources; secondly, that the nature and level of people's resources vary, and thirdly that there is a 'strengths sufficiency threshold' that determines wellbeing beyond public services. This sufficiency threshold is executed by the longstanding practice of means testing, widely employed by local authorities in the UK.

Overall Daly and Westwood (2018b) posit that a strengths-based approach is overpromised, insufficiently theorised and lacking empirical evidence of impact on social care services users. They raise concern that this approach is falsely emerging as a panacea to solve the challenges facing social care at present (by offering more for less). Slasberg and Beresford (2017) concur and argue that policy makers continue to search for a 'miracle cure' that will transform social care into a system that is both personalised and less costly. The latest of these 'cures' is strengths-based practice. They cite examples which show how cost-saving claims for the strengths-based approach have not been borne out by financial returns data from local authorities.

4.4 Strengths-based practice and the 2014 Care Act

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 for Health and Social Care, 2018a)*

However, the Care Act 2014 does not specifically give local authorities the *duty* to use a strengths-based approach in their practice. Rather, it states that they must, or should, perform their care and support functions in a particular way that is not dissimilar to, and incorporates the core elements of, a strengths-based approach. This puts a strengths-based approach at the centre of someone's assessment, care and support, meaning that strengths and assets are identified so that things that are important to people are taken into account.

Slasberg and Beresford (2014) regard the government's intent of the Care Act as laudable, but are critical about the power in decision making resting ultimately with councils. Their main critique centres on how the support offered to deliver on the principles of the Care Act potentially renders the person (who should be at the centre of the decision making about their wellbeing) subject to the resource limits of councils. Guthrie and Blood (2019) support this view when they state:

> *"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."*

They explain how 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 (2017) 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."*

Tony Stanley (2016) suggests that in order to create practice systems that encourage holistic and person-centred assessments to inform support planning, then we need to move from a service driven model to one that is needs led. He acknowledges that this is not straightforward however, and that service led practice has dominated adult social care teams for a decade. Furthermore the notion of relational lives and family connections so vital to safeguarding work and improving ones wellbeing have not been to the fore in adult social care.

There is some agreement then (Guthrie & Blood, 2019; Slasberg & Beresford, 2017; Stanley, 2016) that if strengths-based practice is to be truly embedded in local authority adult services, there needs to be a willingness to delegate financial decision-making (at least to certain monetary limits) to frontline teams and their managers, and to trust in the skills and judgement of social workers (who do the majority of assessments of need) and in the care plans which have been co-produced with people who use services. This may be more expensive than the current model, but, conceiving of such an arrangement, Slasberg (2013) makes the following comment:

> *"A system that is fit for purpose will call for greater professional creativity at both the strategic and operational levels so that practitioner and councils get much closer to the lived reality of the people they serve and to build an understanding of each person that is both accurate and full (p. 36)."*

4.5 Cultural implications of strengths-based approaches

A number of authors have expressed the view that adopting a strengths-based approach requires a fundamental shift in values and attitudes amongst both providers of social care and service users (Foot & Hopkins, 2010; Ford, 2019; Guthrie & Blood, 2019; Pattoni, 2012; Tse et al., 2016).

Ford (2019) suggests that a true 'strengths-based approach' requires a whole systems change to the way that social care is envisaged and co-produced with individuals, families, groups and communities. She argues that when care (or case) management became the dominant model in social care under the NHS and Community Care Act 1990, it imposed strict systems and bureaucratic procedures that still prevail in practice today. This threatens

the flexibility and creativity that are seen as *essential* for successful implementation of a strengths-based approach.

Proponents of a strengths-based approach often refer to what it is not, or at least how it differs from the more traditional 'deficit approach'. The deficit approach focuses on the problems, needs and deficiencies in a community, and so designs services to fill the gaps and address the problems. As a result, a community can feel disempowered and dependent; people can become passive recipients of expensive services rather than active agents in improving their own and their families' lives (Foot & Hopkins, 2010). Conversely, because a strengths-based approach values the capacity, skills, knowledge, connections and potential in a community, Foot and Hopkins (2010) argue that this requires a shift in attitudes and values and an understanding of the limitations of a 'deficit' way of seeing the world.

What this means is that professional staff, local authority managers and councillors have to be willing to share power; instead of doing things for people, they have to help a community to do things for itself. In this scenario, place-based, partnership working takes on added importance as silos and agency boundaries can get in the way of people-centred outcomes and community building. Here proponents argue that a strengths-based approach does not replace investment in improving services or tackling the structural causes of health inequality. The aim is to achieve a better balance between service delivery and community building (Foot, 2012).

There are potential cultural obstructions to being able to practice in a strengths-based way. Social work and social care practitioners are influenced by the cultures of the organisations they work in. Despite an increased focus on strengths-based practice, if services are commissioned, performance managed and inspected in a way that is risk averse, looks for quick fixes, and values outputs over outcomes, it will limit workers' potential to employ strengths-based approaches (Guthrie & Blood, 2019; Stanley, 2016).

Commenting on mental health services, Samson Tse (2016) states that there is a dearth of evidence-based guidance on the best approaches to training staff in strengths-based approaches, but that this is critically important given that much clinical training continues to focus on deficits and symptoms, fostering a paternalistic attitude towards patients. Furthermore, adopting a strength-based approach may require a 180-degree turn away from embedded attitudes of 'clinician knows best' for both clinicians and patients. Nonetheless Tse's review revealed some evidence regarding the use of strengths-based approaches in a clinical setting, including 'hard' outcomes such as shorter hospital stays and adherence to treatment, as well as 'soft' outcomes such as self-esteem, self-efficacy and sense of hope. How far this evidence can be extended to social work and social care, located in a local authority culture and climate, remains to be seen.

4.6 Strengths-based approaches and autistic spectrum disorder

Much of the discourse about strengths-based work and autistic spectrum disorder (ASD) exists in literature about children and education. Whilst children's services were excluded

from this literature review, it was felt important to include a section on ASD and education here as strengths-based approaches are embedded in this arena. Here we outline some of the thinking and activities related to this field.

There are distinct parallels with the pathogenic/salutogenic model of social work and care outlined in section 4.1. Some of the debate around, in particular, repetitive behaviour (often referred to as monotropism) has seen something of a reversal of assumptions and understandings in the literature. Having intense or 'special' interests and a tendency to focus in depth, to the exclusion of other inputs, is considered a defining characteristic of autism (Murray, 2018), as well as repetitive behaviour and speech (van Santen, J. P. H., Sproat, & Presmanes Hill, 2013). Traditionally these behaviours may have had negative associations with routine dependency and rigidity considered a drawback (Murray, 2018). However, more recently authors like Rebecca Wood (2019b) have shown that when the interest, attention and motivation of autistic children are attended to, a range of benefits can potentially ensue for them. Within this more positive framing, autism can be conceived as a 'cognitive difference or style', rather than a 'mental disorder' (Lawson, 2011). This approach is consistent with a strengths-based model of autism (Ne'eman, 2012), where pejorative framings such as obsessiveness and perserveration are re-evaluated within more positive formulations such as motivation, determination, perseverance and 'grit'.

This is view is echoed by Laurent Mottron (2017) who questions the use of Early Intensive Behavioural Intervention (EIBI) and Naturalist Developmental Behavioural Intervention (NDBI), both of which aim to decrease repetitive and challenging behaviours in autistic children. Instead he asks whether autistic repetitive behaviour and restricted interests can be used as cognitive 'strengths', rather than suppressed as disturbing behaviours. He argues that the purpose of educational and child psychiatry interventions should be to allow the individual to achieve an abstract level of happiness, personal accomplishment and social integration, regardless of how it is achieved and the form it takes; and this favours a strengths-based approach.

While the language of 'strengths' or 'asset-based' approaches may not be prevalent in the field of autism and intellectual disability, there are a number of parallels worth acknowledging. For example, a key part of the SPELL framework (Structure, Positive (approaches and expectations), Empathy, Low arousal, Links) developed by the National Autistic Society (https://www.autism.org.uk/), includes starting with people's skills and interests as a way to help them learn, develop and have a better quality of life. A key element of person-centred active support - a method of enabling people with learning disabilities to engage more in their daily lives - also begins with people's skills, knowing what they can do and then providing support to compensate for the things they find more difficult (Beadle-Brown, Hutchinson, & Whelton, 2012). These approaches, even if not in name, have clear similarities to adopting a strengths or asset-based approach in social work and social care.

4.7 Evaluating strengths-based approaches

Traditional evaluative methodologies, such as randomised control trials (RCTs), work best when we are asking straightforward questions of a clearly delineated intervention for a defined population – questions like 'can it work for group X with problem Y?'. Such trials depend on 'an intervention' - that operates largely independently of context - interacting directly with a number of individual subjects/patients (Foot, 2012).

Given the complexities inherent in the interconnected systems that can form part of a strengths-based approach (services, interventions, communities, environments, relationships and so on), it is perhaps unsurprising that there a number of challenges associated with evaluating this approach. Moreover, for RCTs to make sense, there should be good grounds for assuming a degree of homogeneity of impact of the intervention on individuals, so that the task becomes one of estimating the mean effect size. When an intervention can have wildly different (and unpredictable) impact on individuals, and even more so in whole communities – with some gaining great benefits, while others suffer ill-effects – it makes far less sense to seek an estimate of 'average benefit'.

As noted, assessing the empirical value of a strengths-based approach, whilst important, may not be straightforward. Council leads in one study all acknowledged 'the challenge of developing an evaluation framework that would enable them to understand the short-term outcomes and longer team impacts of the initiatives' (Miller & Whitehead, 2015).

An important consideration when thinking about how to evaluate a strengths-based approach (or approaches) appears to be dependent on how we think about it conceptually. In their (2001) review of empirical studies of the strengths perspective, Staudt, Howard and Drake concluded that the directives of the strengths perspective are not adequately operationalised or measurable, and that it lacks empirical support for either its uniqueness or its efficacy. Moreover, in those studies reporting positive outcomes, they reported it is not possible to determine whether outcomes are due to the strengths-based approach, or the delivery of additional services (the attribution problem). However, Barbara Probst (2009) argues that strengths-based approaches are often misunderstood, resulting in confusing and fruitless debates about whether there is empirical evidence for the utility of the strengths perspective per se. She argues that the strengths perspective is fundamentally an applied concept that can operate only through the medium of a specific intervention, not a distinct 'modality' whose efficacy can be independently evaluated. She also cites Saleebey (2009) who makes clear that the strengths perspective is not an explanatory theory or a specific methodology, but a fundamental orientation toward hope, healing, purpose, and meaning that can be applied to a range of interventions. Probst argues that instead of arguing about whether the strengths perspective is a 'real theory', has been sufficiently operationalised, or can be empirically tested, it may be more fruitful to examine how it can be used in various applications and at various points in practice. Further to this, she argues that a more relevant question is to ask whether there is a nurturing environment that can support a shift from a deficit-based to a strengths-based approach. How one evaluates the

impact or efficacy of 'practice applications' or of a 'nurturing environment', however valid they may be, would at best be challenging, or potentially be a moot question.

Miller and Whitehead (2015) suggest that while evidence is slow to emerge, evaluation is likely to begin with a focus on reduction in 'conversions', or the numbers of enquiries for adults' social care that result in longer-term packages of care, and concomitant cost-savings. One example is that of Shropshire's 'Let's Talk Local' initiative (based upon asset/strengths-based principles) which established the performance indicators below in order to develop an outcomes framework:

- Increased number of people who contact adult social care leaving the services with information and advice.
- Increased individual resilience and reduced reliance upon paid support through the use of peer support and localised Let's Talk Local sessions.
- Reduced spend from the adult social care budgets.
- Customer satisfaction and reduction in complaints.
- Reduced sickness levels and turnover of staff.

As noted above however, these performance indicators may arguably be subject to similar concerns around attribution. For example, one could argue that any impact on these indicators could also be due to the withdrawal of care services.

Practitioners need to evaluate what they do in order to inform future implementation, and commissioners will also want to use the most robust evidence available to them when making decisions on funding allocation. Foot and Hopkins (2010) highlight a number of practical challenges and pose a number of questions related to the challenge posed by the evaluation of strengths-based approaches. These include:

- What does a strengths-based approach achieve?
- Does it achieve health-related goals?
- How does it work: what is the 'theory of change' that explains how the inputs produce the outputs that impact on the defined goals or outcomes?
- In what context does it work?
- What measures can be used to establish baselines and track inputs and outputs?
- How can outcomes be measured in the short and medium term?
- How can the efficiency and effectiveness of different interventions be compared?

A number of other methodological challenges outlined for evaluation include:

- Clarifying goals and objectives – what are these, how narrow or broad should they be?
- Difficulty in proving the impact of factors like strong community networks or social capital on health/care related outcomes.
- Measuring organic and dynamic systems that respond differently to varied events and circumstances makes replicability difficult.

- Data are largely collected at population or individual level rather than an interactive or evolving community level. These type of data are expensive to collect.
- Strengths-based approaches take time and are not a quick fix. Savings or beneficial outcomes may not happen within project timescales or be overlooked entirely because they accrue elsewhere in the 'system' e.g. a housing initiative may reduce costs for health services.

One potential way to answer these questions is to model the process and show the complex relationships between inputs, outputs and outcomes using evidence and other local information. Three examples of these models are: the logic model, outcomes based accountability (OBA) and developmental evaluation.

The logic model[1] is a systematic and visual representation of a programme. It is a framework that aims to show how a project progresses and evolves. It shows the community and organisational resources that are available; these are, the inputs, the planned activities, the immediate outputs and the longer-term outcomes and impact. It provides a 'roadmap' for how they are linked together logically. By setting out the anticipated 'theory of action'– that is, how the inputs will produce the outputs and how those outputs contribute to the outcomes – it enables the measurement and tracking of those inputs and outputs as intermediate states to the agreed outcome.

Outcomes based accountability (OBA) utilises tools such as appreciative enquiry, open space and storytelling which can be used to define the outcomes for people or a defined question. The aim is to gain understanding of what is working and to understand the human stories and experiences that people have had as a result of accessing services.

Developmental evaluation (Gamble, 2008) is an evaluation method designed for social innovation, of which strengths-based approaches can be regarded. It makes use of data generated through network mapping, modelling, indicators and appreciative inquiry events. It also tracks the emerging process and the decisions taken during the evolution of a project. The method will not necessarily give you metrics that can be used in any 'objective' judgement about the success or failure of a project, or produce findings that are generalisable to other localities or circumstances. Rather, it will provide a structure for 'action learning' about emerging practices and uncertainty.

All the above models will enable a way of charting a project, measuring process targets and tracking appropriate milestones. Nonetheless a question remains regarding the extent to which these would be sufficient for commissioners when making funding and investment decisions. One option may be to use performance indicators from the national indicator set used for comprehensive area assessments (CAA), another is to utilise the Wellbeing and Resilience Measure (WARM).

[1] W. K. Kellogg Foundation. Retrieved from https://www.wkkf.org/

The WARM was developed by the Young Foundation and brought together multiple agencies including councils, the Improvement and Development Agency (IDeA), the Local Government Association (LGA) and academic partners (Mguni & Bacon, 2010). Its aim is to provide a way of bringing together existing and new data to help communities make sense of their choices. In particular, it focusses on analysing assets (or strengths) – the things that make communities work – as well as deficits. The framework measures residents' current wellbeing and other measures of local areas circumstances and needs. It then looks at the balance of assets and vulnerabilities that are most likely to determine future success and how resilient the community will be to 'shocks' such as recession and high unemployment. It seeks to identify and understand an area's strengths, such as levels of social capital, confidence amongst residents, the quality of local services or proximity to employment; as well as vulnerabilities such as isolation, high crime, low savings and unemployment.

The developers argue that with budgets for traditional area-based working to tackle poverty and deprivation shrinking, new ways are needed to diagnose local needs and maximise the impact of investment of public money. For this reason, WARM is not a tool for traditional performance measurement, and cannot rank the performance of different areas. Instead, it is designed to help local areas compare themselves not to national or regional averages, but rather to other areas similar to them.

WARM incorporates 5 key stages involved in measurement which are: measure current state (self, support, structure); measure resilience (asset mapping); benchmarking (national and local authority wide data); planning (drawing on first three stages to examine what is working well and what needs investment); action (creating or redesigning local services to meet local needs).

The approaches to evaluation above highlight the complexity and challenges related to evaluating strengths-based approaches and practice. The examples given are by no means exhaustive, but may be viewed as compatible with strengths-based thinking and techniques. One important consideration may be the unit of assessment. For some this would lean more toward improved 'individual outcomes' (as the goal of strengths-based practice) rather than structural or community based ones, although a number of approaches incorporate all of these to varying degrees.

To gain useful, actionable knowledge, and to understand the nature, formation, interrelations and dynamics of social problems and social accomplishments, any methodology will need to be tailored to the complexity of the task in hand. A number of the approaches outlined above are summarised in table 3 below.

Table 3. Summary of main evaluative approaches

Approach	Design / Method	Key characteristics	Key Requirements	Type of data generated	Further information
Logic Model	Systematic and visual representation of a programme/initiative/ intervention.	Creates a framework for evaluation by identifying questions for each component.	Conceptual model based exercise with no primary data collection.	Provides 'roadmap' for how inputs are linked to outputs and outcomes.	Guiding Program Direction with Logic Models - W.K. Kellogg Foundation (wkkf.org).
Outcomes based accountability	Utilises tools such as appreciative enquiry, open space and storytelling which can be used to define the outcomes for people or a defined question.	Aid for scoping the specifications for asset-based commissioning. Can provide a visual tool to understand and track the key inputs and outputs.	Can involve resource intensive primary data collections.	Rich qualitative data. Tool to track inputs/outputs.	Local Government Association (www.local.gov.uk). The Thin Book of Appreciative Inquiry (1998) Sue Annis Hammond. https://appreciative-inquiry.co.uk/
Developmental Evaluation	Designed for social innovation initiatives. Links with the ABCD institute and with appreciative inquiry practitioners.	A structured internal 'action learning' process, designed to cope with uncertainty and emerging practice. Not an approach that will give project managers an objective judgement about the success or failure of a project, or findings that can be generalised to other circumstances.	Appreciative inquiry. Network Mapping. Revised and Emergent Modelling. Simulations and Rapid reconnaissance.	Visual models, diagrams and stories tracking 'process elements' and tracking relationship between processes and outcomes.	A Development Evaluation Primer (2008) Jamie AA Gamble.
Wellbeing and Resilience Measure (WARM)	Framework for measuring wellbeing and resilience at a local level.	Designed to help local areas identify their own capabilities/strengths (social capital, confidence, quality of services, employment) and needs/vulnerabilities (isolation, high crime, low savings, unemployment). Not designed to rank the performance of different areas, but to help local areas benchmark themselves against similar areas.	Brings together existing and new data. Resource intensive with five key stages: Measure (current state); Identify (assets and vulnerabilities); Benchmark; Plan (targets and resources); Act (commission).	Metrics from a range of measures and indicators related to three dimensions of wellbeing (systems and structures; Supports; Self). Includes assets and vulnerabilities.	Mguni, N., & Bacon, N. (2010). Taking the temperature of local communities: The wellbeing and resilience measure (warm). (). London: The Young Foundation.

5 Conclusion

Evidence of improved outcomes for social care service users as a result of employing strengths-based approaches is limited at present. Whilst they are not 'new' in the sense that they have been written about and discussed for some years, their adoption in the adults' social care arena in English local authorities is a relatively recent phenomenon. It is a popular model with policy makers and its tenets chime with the neo-liberal narrative of competency, independence, and self-care. Many practitioners are also keen to embrace a model that promotes positive thinking and engages with the skills and abilities of users and carers and their social networks. Considerable investment has been made in rolling out strengths-based approaches in adult services, especially in social work. Nonetheless it remains a contested area, with some authors claiming the empirical evidence about its impact on the lives and wellbeing of users, particularly those with multiple long-term conditions and complex needs that straddle the physical, psychological, social and financial, is unclear. Others point to the potential benefits of taking a strengths-based approach while also suggesting that looking for evidence using more 'traditional' methods of measurement is not what is required in this context.

To take a strength-based approach is to look at people in their context adopting a holistic viewpoint, arguably one that goes beyond the purview of frameworks such as person-centred care. How far such a perspective is a 'model' is a key question. Given that strengths-based approaches can take many different forms and may conform more to a 'way of thinking' rather than a specified set of actions or interventions, how far can they be distinctively defined and how can you evaluate them?

It is constructive to remind ourselves of the needs profile of those who meet the local authority thresholds to receive (publicly funded) social care. It is also important to note that local authorities have statutory duties they are obliged to meet, whatever the orientation of the agency, team or practitioner may be. Most users come to the attention of local authorities in a time of crisis and/or when they have expunged all other alternatives; they often want immediate help and support and (often) have a legal right to expect it.

This review identifies three overarching features of the terrain:

- Generally, there are three broad groupings of literature: conceptual material; material on models; and grey literature; plus a small number of evaluative papers.
- Strengths-based approaches are comparatively more prevalent in social work than social care (which may not be surprising given its origins).
- Strengths-based approaches are being embraced by policy makers but questions remain about: its definition (how it is distinct from other approaches, and how it should be conceptualised); its effectiveness and feasibility (including its intersection with local authority eligibility thresholds); and how it should/can be evaluated.

It is difficult to draw definitive conclusions about the role and impact of strength based approaches as a consequence of the complexity and multi-dimensionality of the models adopted, the vast range of needs the social care system is expected to address, and problems with attribution: the more elements of a person's life strengths-based approaches are expected to

engage with, the more difficult it is to claim connectivity. Strengths-based ideas and approaches have much to commend them but at the present time it is hard to capture with any confidence what their role and particular contribution to improved outcomes is. That is arguably the next task at hand, and given the broader societal context it is embedded in, it is a challenging one.

References

Abdullah, S. (2015). An islamic perspective for strengths-based social work with muslim clients. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health; Welfare and the Community, 29*(2), 163-172. Retrieved from http://www.tandf.co.uk/journals/carfax/02650533.html

Alshuler, M., Silver, T., & McArdle, L. (2015). Strengths-based group supervision with social work students. *Groupwork, 25*(1), 34-57. Retrieved from http://www.whitingbirch.net/cgi-bin/scribe?showinfo=ip001

Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass Publishers.

Beadle-Brown, J., Hutchinson, A., & Whelton, B. (2012). Person-centred active support: Increasing choice, promoting independence and reducing challenging behaviour. *Journal of Applied Research in Intellectual Disabilities : JARID, 25*(4), 291-307.

Blood, I. (2013). *Better life: Valuing our later years.* York: Joseph Rowntree Foundation.

Blood, I., & Guthrie, L. (2018). *Supporting older people using attachment-informed and strengths-based approaches*. London: Jessica Kingsley.

Boelman, V., & Russell, C. (2013). *Together we can: Exploring asset-based approaches and complex needs service transformation*. London: Young Foundation; Spice. Retrieved from http://youngfoundation.org/wp-content/uploads/2013/11/YOFJ1286_spice_long_report_11-13_WEB.pdf

Bolton, J. (2019). *New developments in adult social care: Further considerations for developing a six steps approach*. Oxford: Oxford Brookes University. Institute of Public Care. Retrieved from https://ipc.brookes.ac.uk/publications/pdf/New_Developments_in_Adult_Social_Care.pdf

Brown, H., Carrier, J., Hayden, C., & Jennings, Y. (2017). *What works in community led support? findings and lessons from local approaches and solutions for transforming adult social care (and health) services..* Bath: National Development Team for Inclusion. Retrieved from https://www.ndti.org.uk/uploads/files/What_Works_in_Community_Led_Support_First_Evaluation_Report_Dec_17.pdf

Chapin, R. K., Sellon, A., & Wendel-Hummell, C. (2015). Integrating education, research, and practice in gerontological social work: Lessons learned from the reclaiming joy peer support program. *Gerontology & Geriatrics Education, 36*(3), 242-260. doi:10.1080/02701960.2015.1009055 [doi]

Daly, M., & Westwood, S. (2018a). Asset-based approaches, older people and social care: An analysis and critique. *Ageing and Society, 38*(6), 1087-1099. doi:10.1017/S0144686X17000071

Daly, M., & Westwood, S. (2018b). Asset-based approaches, older people and social care: An analysis and critique. *Ageing and Society, 38*(6), 1087-1099. doi:10.1017/S0144686X17000071

de São José, J., Barros, R., Samitca, S., & Teixeira, A. (2016). Older persons' experiences and perspectives of receiving social care: A systematic review of the qualitative literature. *Health and Social Care in the Community, 24*(1), 1-11.

Department for Health and Social Care. (2018a). *Care act 2014: Care and support statutory guidance.* London: Department of Health and Social Care. Retrieved from https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Department for Health and Social Care. (2018b). *Chief social worker for adults annual report 2017-18. from strength to strength: Strengths-based practice and achieving better lives*. London: Great Britain. Department of Health and Social Care. Retrieved from https://www.gov.uk/government/publications/chief-social-worker-for-adults-annual-report-2017-to-2018

Department of Health. (2017). *Strengths-based social work practice with adults: Roundtable report*. London: Great Britain. Department of Health. Retrieved from https://www.gov.uk/government/publications/strengths-based-social-work-practice-with-adults

Department of Health and Social Care. (2015). *CPD curriculum guide for social workers who are working with people on the autism spectrum.* London: Department of Health and Social Care.

Department of Health and Social Care. (2019). *Strengths-based approach: Practice framework and practice handbook*. London: Great Britain. Department of Health and Social Care. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf

Donaldson, L. P., & Daughtery, L. (2011). Introducing asset-based models of social justice into service learning: A social work approach. *Journal of Community Practice, 19*(1), 80-99. Retrieved from http://www.informaworld.com/smpp/title~content=t792303986~db=all

Dunstan, D., & Anderson, D. (2018). Applying strengths model principles to build a rural community-based mental health support service and achieve recovery outcomes. *Rural and Remote Health, 18*(1), 3708. doi:10.22605/RRH3708 [doi]

Engelbrecht, L. (2010). A strengths perspective on supervision of social workers: An alternative management paradigm within a social development context. *Social Work and Social Sciences Review, 14*(1), 47-58. Retrieved from http://essential.metapress.com/content/122775

Foot, J., & Hopkins, T. (2010). *Glass half-full: How an asset approach can improve community health and well-being.* London: Improvement and Development Agency.

Foot, J. (2012). *What makes us healthy? an asset approach in practice: Evidence, action, evaluation*. London: Jane Foot. Retrieved from http://www.thinklocalactpersonal.org.uk/_library/Resources/BCC/Evidence/what_makes_us_healthy.pdf

Ford, D. (2019). *Developing strengths-based working: Strategic briefing*. Dartington: Research in Practice for Adults.

Franklin, C. (2015). An update on strengths-based, solution-focused brief therapy. *Health & Social Work, 40*(2), 73-76. doi:10.1093/hsw/hlv022 [doi]

Friedli, L. (2013). 'What we've tried, hasn't worked': The politics of assets based public health. *Critical Public Health, 23*(2), 131-145.

Gamble, J. A. A. (2008). *A developmental evaluation primer.* ().The J.W. McConnell Family Foundation. Retrieved from https://mcconnellfoundation.ca/report/developmental-evaluation-primer/

Gates, T. G., & Kelly, B. L. (2013). LGB cultural phenomena and the social work research enterprise: Toward a strengths-based, culturally anchored methodology. *Journal of Homosexuality, 60*(1), 69-82. doi:10.1080/00918369.2013.735939 [doi]

Gelkopf, M., Lapid, L., Werbeloff, N., Levine, S. Z., Telem, A., Zisman-Ilani, Y., & Roe, D. (2016). A strengths-based case management service for people with serious mental illness in israel: A randomized controlled trial. *Psychiatry Research, 241*, 182-189. doi:10.1016/j.psychres.2016.04.106 [doi]

Gollins, T., Fox, A., Walker, B., Romeo, L., Thomas, J., & Woodham, G. (2016). *Developing a wellbeing and strengths-based approach to social work practice: Changing culture*. London: Think Local Act Personal. Retrieved from https://www.thinklocalactpersonal.org.uk/Latest/Developing-a-Wellbeing-and-Strengths-based-Approach-to-Social-Work-Practice-Changing-Culture/

Grant, J. G., & Cadell, S. (2009). Power, pathological worldviews, and the strengths perspective in social work. *Families in Society, 90*, 425-430.

Gray, M. (2011). Back to basics: A critique of the strengths perspective in social work. *Families in Society: The Journal of Contemporary Social Services, 92*, 5-11. doi:10.1606/1044-3894.4054

Guthrie, L., & Blood, I. (2019). *Embedding strengths-based practice: Frontline briefing*. Dartington: Research in Practice for Adults.

Henwood, M. (2014). *Skills around the person: Implementing asset-based approaches in adult social care and end of life care.* Leeds: Skills for Care.

Hoole, L., & Morgan, S. (2011). It's only right that we get involved': Service-user perspectives on involvement in learning disability services. *British Journal of Learning Disabilities, 39*(1), 5-10.

Hootz, T., Mykota, D. B., & Fauchoux, L. (2016). Strength-based crisis programming: Evaluating the process of care. *Evaluation and Program Planning, 54*, 50-62. doi:10.1016/j.evalprogplan.2015.09.001 [doi]

Hopkins, T., & Rippon, S. (2015). *Head, hands and heart: Asset-based approaches in health care.* London: The Health Foundation.

Hughes, M. E. (2015). A strengths perspective on caregiving at the end-of-life. *Australian Social Work, 68*(2), 156-168. Retrieved from http://www.tandf.co.uk/journals/titles/0312407X.asp

In Control. (2013). *Strength-based approaches in the care bill*. Wythall: In Control. Retrieved from http://www.in-control.org.uk/media/147705/strengths-based%20approaches%20in%20the%20care%20bill.pdf

Institute for Research and Innovation in Social Services (IRISS). (2012). *Using an assets approach for positive mental health and well-being: An IRISS and east dumbartonshire council project*. Glasgow: Institute for Research and Innovation in Social Services. Retrieved from http://www.iriss.org.uk/sites/default/files/using-an-assets-approach-v2-2012-02-03.pdf

Itzhaky, H., & Bustin, E. (2002). Strengths and pathological perspectives in community social work. *Journal of Community Practice, 10*(3), 61-73.

Kelly, J., Wellman, N., & Sin, J. (2009). HEART--the hounslow early active recovery team: Implementing an inclusive strength-based model of care for people with early psychosis. *Journal of Psychiatric and Mental Health Nursing, 16*(6), 569-577. doi:10.1111/j.1365-2850.2009.01405.x [doi]

Knapp, M., Bauer, A., Perkins, M., & Snell, T. (2013). Building community capital in social care: Is there an economic case? *Community Development Journal, 48*(2), 313-331.

Krabbenborg, M. A. M., Boersma, S. N., Van der veld, W. M., van Hulst, B., Vollerbergh, W. A. M., & Wolf, J. R. L. M. (2017). A cluster randomized controlled trial testing the effectiveness of houvast: A strengths-based intervention for homeless young adults. *Research on Social Work Practice, 27*(6), 639-652. Retrieved from http://www.sagepub.com/journalsProdDesc.nav?prodId=Journal200896

Lamb, F. F., Brady, E. M., & Lohman, C. (2009). Lifelong resiliency learning: A strength-based synergy for gerontological social work. *Journal of Gerontological Social Work, 52*(7), 713-728. doi:10.1080/01634370802716216

Lawson, W. (2011). *The passionate mind: How people with autism learn*. London: Jessica Kingsley Publishers.

Leeds City Council. (2017). *Strengths based social care in leeds city council*. Leeds: Leeds City Council. Retrieved from https://www.ndti.org.uk/uploads/files/Strengths-based_social_care_in_Leeds_City_Council_low_res.pdf

Lilley, W. (2014). *Leading by stepping back: A reflection piece exploring the spread of asset based thinking across housing, health and adult social care*. London: National Housing Federation. Retrieved from http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Leading_by_stepping_back_a_reflection_piece_exploring_the_spread_of_Asset_based_thinking_across_housing_health_and_adult_social_care.pdf

Lindström, B., & Eriksson, M. (2005). Salutogenesis. *Journal of Epidemiology & Community Health, 59*(6), 440-442.

McGovern, J. (2015). Living better with dementia: Strengths-based social work practice and dementia care. *Social Work in Health Care, 54*(5), 408-421. doi:10.1080/00981389.2015.1029661 [doi]

McKnight, J. L., & Cormac, R. (2018). *The four essential elements of an asset-based community development process: What is distinctive about an asset-based community development process?* (). Chicago: DePaul University.

Mental Health Foundation. (2016). *Relationships in the 21st century: The forgotten foundation of mental health and wellbeing.* London: Mental Health Foundation.

Mguni, N., & Bacon, N. (2010). *Taking the temperature of local communities: The wellbeing and resilience measure (warm).* London: The Young Foundadtion.

Miller, R., & Whitehead, C. (2015). *Inside out and upside down: Community based approaches to social care prevention in a time of austerity.* (). Birmingham: University of Birmingham.

Mottron, L. (2017). Should we change targets and methods of early intervention in autism, in favor of a strengths-based education? *European Child & Adolescent Psychiatry, 26*(7), 815-825. doi:10.1007/s00787-017-0955-5

Murray, D. (2018). Monotropism: An interest-based account of autism. In F. R. Volkmor (Ed.), *Encyclopedia of autism spectrum disorders*.

Naylor, C., & Wellings, D. (2019). *A citizen-led approach to health and care: Lessons from the wigan deal*. London: King's Fund. Retrieved from https://www.kingsfund.org.uk/sites/default/files/2019-06/A_citizen-led_approach_to_health_and_care_lessons_from_the_Wigan_Deal.pdf

Ne'eman, A. (2012). The future (and the past) of autism advocacy, or why the ASA's magazine, "the advocate", wouldn't publish this piece. In The Autistic Self Advocacy Network (Ed.), *Loud hands: Autistic people, speaking* (pp. 88-97). Washington: The Autistic Press.

Nel, H. (2018). A comparison between the asset-oriented and needs-based community development approaches in terms of systems changes. *Practice: Social Work in Action, 30*(1), 33-52. doi:10.1080/09503153.2017.1360474

Northern Ireland Department of Health. (2019). *You are okay, strengths-based practice insights from adult services*. Belfast: Northern Ireland. Department of Health. Office of Social Services. Retrieved from https://www.scie.org.uk/northern-ireland/reflections/strengths-based-practice-insights-adult-services

O'Rourke, H., Duggleby, W., Fraser, K., & Jerke, L. (2015). Factors that affect quality of life from the perspective of people with dementia: A metasynthesis. *Journal of the American Geriatrics Society, 63*(1), 24-38.

Pattoni, L. (2012). *Strengths-based approaches for working with individuals*. Edinburgh: Institute for Research and Innovation in Social Services. Retrieved from http://www.iriss.org.uk/sites/default/files/iriss-insight-16.pdf

Pouliot, E., Saint-Jacques, M., & Turcotte, D. (2009). Adopting a strengths perspective in social work practice with families in difficulty: From theory to practice.

Probst, B. (2009). Contextual meanings of the strengths perspective for social work practice in mental health. *Families in Society, 90*(2), 162-166. doi:10.1606/1044-3894.3876

Rahman, S., & Swaffer, K. (2018). Assets-based approaches and dementia-friendly communities. *Dementia (London, England), 17*(2), 131-137. doi:10.1177/1471301217751533 [doi]

Romeo, L. (2017). *Annual report by the chief social worker for adults 2016-17: Being the bridge*. London: Great Britain. Department of Health. Retrieved from https://www.gov.uk/government/publications/chief-social-worker-for-adults-annual-report-for-2016-to-2017

Roy, M., Levasseur, M., Dore, I., St-Hilaire, F., Michallet, B., Couturier, Y., . . . Genereux, M. (2018). Looking for capacities rather than vulnerabilities: The moderating effect of health assets on the associations between adverse social position and health. *Preventive Medicine, 110*, 93-99. doi:S0091-7435(18)30042-2 [pii]

Russell, C. (2011). Pulling back from the edge: An asset-based approach to ageing well. *Working with Older People, 15*(3), 96-105. Retrieved from http://www.emeraldinsight.com/loi/wwop

Saleebey, D. (2009). *The strengths perspective in social work practice* (5th ed ed.). Boston, Mass.; London: Allyn and Bacon.

Saleebey, D. (Ed.). (2002). *The strengths perspective in social work practice* (3rd ed.). New York: Longman.

Slasberg, C. (2013). A proposed eligibility and assessment framework to support the delivery of the governments vision for a new care and support system. *Journal of Care Services Management, 7*(1), 26-37.

Slasberg, C., & Beresford, P. (2014). Government guidance for the care act: Undermining ambitions for change? *Disability & Society, 29*(10), 1677-1682.

Slasberg, C., & Beresford, P. (2016). The eligibility question – the real source of depersonalisation? *Disability & Society, 31*(7), 969-973.

Slasberg, C., & Beresford, P. (2017). Strengths-based practice: Social care's latest elixir or the next false dawn? *Disability & Society, 32*(2), 269-273. doi:10.1080/09687599.2017.1281974

Social Care Institute for Excellence. (2015). Care act 2014: A strengths-based approach.

Social Care Institute for Excellence. (2017). *Asset-based places: A model for development*. London: Social Care Institute for Excellence. Retrieved from https://www.scie.org.uk/future-of-care/asset-based-places

Social Care Institute for Excellence. (2019). *Scaling up community-based models of care in northern ireland*. London: Social Care Institute for Excellence. Retrieved from https://www.scie.org.uk/transforming-care/innovation/community-based-models

Stanley, T. (2016). A practice framework to support the care act 2014. *The Journal of Adult Protection, 18*(1), 53-64. doi:10.1108/JAP-07-2015-0020

Staudt, M., Howard, M. O., & Drake, B. (2001). The operationalization, implementation, and effectiveness of the strengths perspective: A review of empirical studies. *Journal Od Social Service Research, 27*(3), 1-21.

Sutton, J. (2018). *Asset-based work with communities: Leaders' briefing (2018).* (). Dartington: Research in Practice for Adults (RIPFA).

The Kings Fund and Nuffield Trust. (2016). *Social care for older people: Home truths.* (). London: The Kings Fund.

Think Local Act Personal. (2019). *Reimagining social care: A study in three places*. London: Think Local Act Personal. Retrieved from https://www.thinklocalactpersonal.org.uk/_assets/BCC/ReimaginingSocialCare.pdf

Tse, S., Tsoi, E. W., Hamilton, B., O'Hagan, M., Shepherd, G., Slade, M., . . . Petrakis, M. (2016). Uses of strength-based interventions for people with serious mental illness: A critical review. *The International Journal of Social Psychiatry, 62*(3), 281-291. doi:10.1177/0020764015623970 [doi]

van Santen, J. P. H., Sproat, R. W., & Presmanes Hill, A. (2013). Quantifying repetitive speech in autism spectrum disorders and language impairment. *Autism Research, 6*(5), 372-383.

Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work, 34*(4), 350-354.

Westwood, S., & Daly, M. (2016). *Social care and older people in home and community contexts: A review of existing research and evidence.* Oxford: Green Templeton College.

Wildman, J. M., Valtorta, N., Moffat, S., & Hanratty, B. (2019). 'What works here doesn't work there': The significance of local context for a sustainable and replicable assetâ€based community intervention aimed at promoting social interaction in later life. *Health and Social Care in the Community, 27*(4), 1102-1110. doi:10.1111/hsc.12735

Wood, R. (2019a). Autism, intense interests and support in school: From wasted efforts to shared understandings. *Educational Review, *, 1-21. doi:10.1080/00131911.2019.1566213

Wood, R. (2019b). Autism, intense interests and support in school: From wasted efforts to shared understandings. *Educational Review, *, 1-21. doi:10.1080/00131911.2019.1566213

NIHR | Policy Research Unit in Adult Social Care

NIHR Policy Research Unit in Adult Social Care

London School of Economics and Political Science
Houghton Street
London, WC2A 2AE

ascru@lse.ac.uk
www.ascru.nihr.ac.uk
#ASCRUProject