Department of Health & Social Care

Strengths-based approach: Practice Framework and Practice Handbook

Published February 2019

Contents

Introduction 3

A practice framework for strengths based social work with adults 5

Strengths-based approach practice framework for social work with adults 7

Model 1 – Applying strengths-based practice framework for professional practice 8

Model 2 – Application of strengths based framework for supervision 13

Model 3 – Application of strengths based practice framework for quality assurance 18

Strengths-based approach practice handbook 23

Definition of strengths-based approach 24

What strengths-based approach is and what a strengths-based approach is not 24

Definitions of a strengths-based approach 30

What does the Care Act say about a strengths-based approach 32

Strengths-based social care 41

What is the aim of a strengths-based approach in social care 41

The assessment process within a strengths-based approach 42

Enablers to a strengths-based approach 50

What is needed to enable a strengths-based approach? 50

What are the key skills for strengths-based conversations? 58

Examples of strengths-based interventions; applying the KcVETS model 60

Supervision 60

Assessment in the community: Arpita's story 65

Review in a residential placement: Ant’s story 69

Rehabilitation in a Mental Health placement: Jonno’s story 75

Re-assessment at home: Jane’s story 79

Safeguarding investigation: Mary’s story 85

Youth offending assessment: Daniel’s story 89

Preparing for adulthood assessment: Richard’s story 97

Appendix – useful links and resources 102

Introduction

In January 2017 the Chief Social Worker for Adults in collaboration with the Social Care Institute for Excellence (SICE) hosted a round table event at SCIE to explore what strengths-based social work with adults, individuals, families and communities really means for practitioners and people using services. The event brought together professionals, researches and experts by experience to share examples of good practice and the challenges of working in a strengths-based way.

One of the next steps identified was to ‘build on the enthusiasm and output from the event and take forward the development of a practice framework and supporting guidance’.

Factors such as organisational context, structure and mandate, access to resources, legislation, theoretical cultures and professional knowledge influence and have the potential to shape professional practice for social workers working with vulnerable adults, families and communities. Personal identity, culture and background also play a role in influencing the way we think and what we do (Connolly 2007).

Practice frameworks are well regarded and understood as methods to drive forward effective professional practice in social work and human services (Connolly, 2007; Stanley 2016; 2017). They provide schematic templates for systematically improving practice analysis initially for assessment and interventions and also helping practice reform (Connolly 2007; Healy 2005; Stanley, 2016). Connolly (2007) made the point that there is a “tendency to use models, paradigms and frameworks for practice interchangeably,” thus getting the language right is important.

Practice frameworks are therefore a schematic template not based on or informed by organisational imperatives but designed through and informed by value-based practice, research and evidence. A practice framework offers a mapping out of what we do and why, offering a rationale for practice, while promoting a range of practice tools for assessments and interventions.

A practice framework ‘integrates empirical research, practice theories, ethical principles and experiential knowledge in a compact and convenient format that helps practitioners to use the knowledge and principles to inform their everyday work’ (Connolly and Healy 2009, p32).

This publication includes development of a practice framework for strengths-based social work with adults. The framework is supported by a practice handbook which outlines what is a strengths-based approach, its legislative context, the necessary skills and the enablers for it to be implemented. The handbook also has a range of examples of strengths-based interventions, with reflection on why they are strengths-based and how the practice

framework can be applied to them, in addition to providing useful resources and links for practitioners.

A practice framework for strengths based social work with adults

Practice frameworks provide a guide to undertaking humane and morally informed assessment and intervention work, and, offer practitioners an intervention approach and logic that is theoretically based and supported by a set of practice triggers. According to Stanley (2016; 2017), an agreed framework needs to reinforce ideas of up to date practice and co-produced knowledge (Kc) and research, promote our social work values (V) and ethics, render visible social work theories (T) and methods, and promote a range of practice skills (S). The practitioner's experiential learning is also recognised (E) and promoted and this is important if we are to avoid prescription and promote professional judgement and professional decision making.

This handbook, introduces a practice framework for strengths based practice for social work with adults. It is based on a five quadrant model promoted as a set of practice triggers or prompts bought to action through knowledge, values, experiential learning, theories and skills – KcVETS. Within each domain we have used the 'art of the good question' approach to highlighting and emphasizing the core KcVETS required to practice a strengths based approach to social work with adults.

To be truly effective, a practice framework must also be reflected in supervision processes, quality assurance systems and importantly modelled throughout the organisation particularly by managers and leaders. Quality assurance should be an active consideration of purpose, including the activities of practice, as well as considering the skill and experience of the worker involved. Good social work helps to guide change and is an intellectual activity and moral endeavour and quality assurance needs to focus accordingly. Utilising this model in supervision and asking the right quality assurance questions from this perspective, will involve qualitative alongside quantitative measures.

Lyn Romeo, England's Chief Social Worker for Adults (England) explains why this is necessary:

Social workers should have a critical understanding of the difference between theory, research, evidence and expertise and the role of professional judgement. They should use practice evidence and research to inform the complex judgements and decisions needed to support, empower and protect their service users. They should apply imagination, creativity and curiosity to working in partnership with individuals and their carers, acknowledging the centrality of people's own expertise about their experience and needs (Chief Social Worker, Department of Health, 2015)

The KcVETS practice framework promotes active exploration. Hypothesising, questioning and reflecting on how I work and what we create through our work together helps shift practice toward a more resourceful, open, helpful approach, conducive to promoting social justice and human rights as core social work activities. This is the systemic practice needed by frontline social workers and the most senior of leaders (Burnham, 2010) – hence success in practice and systems reform requires every level of the organisation to understand and invest in systemic ideas and practice methods, both intellectually and morally (Stanley and Kelly, 2018).

The Practice Framework is three fold; to engage, reform and pivotally enhance social work practice, reform of practice must also include reform of the system.

We have developed a Practice Framework designed to enhance professional practice, facilitate meaningful supervision reflecting the five quadrants and importantly developed a quality assurance/audit framework which again promotes the professional practice framework and the supervisory framework. We have attempted to create a 'double loop' process of learning, development, professional practice which is reinforced, supported and driven by organisational systems and processes and individuals operating within these systems.

Professor Samantha Baron

Dr Tony Stanley

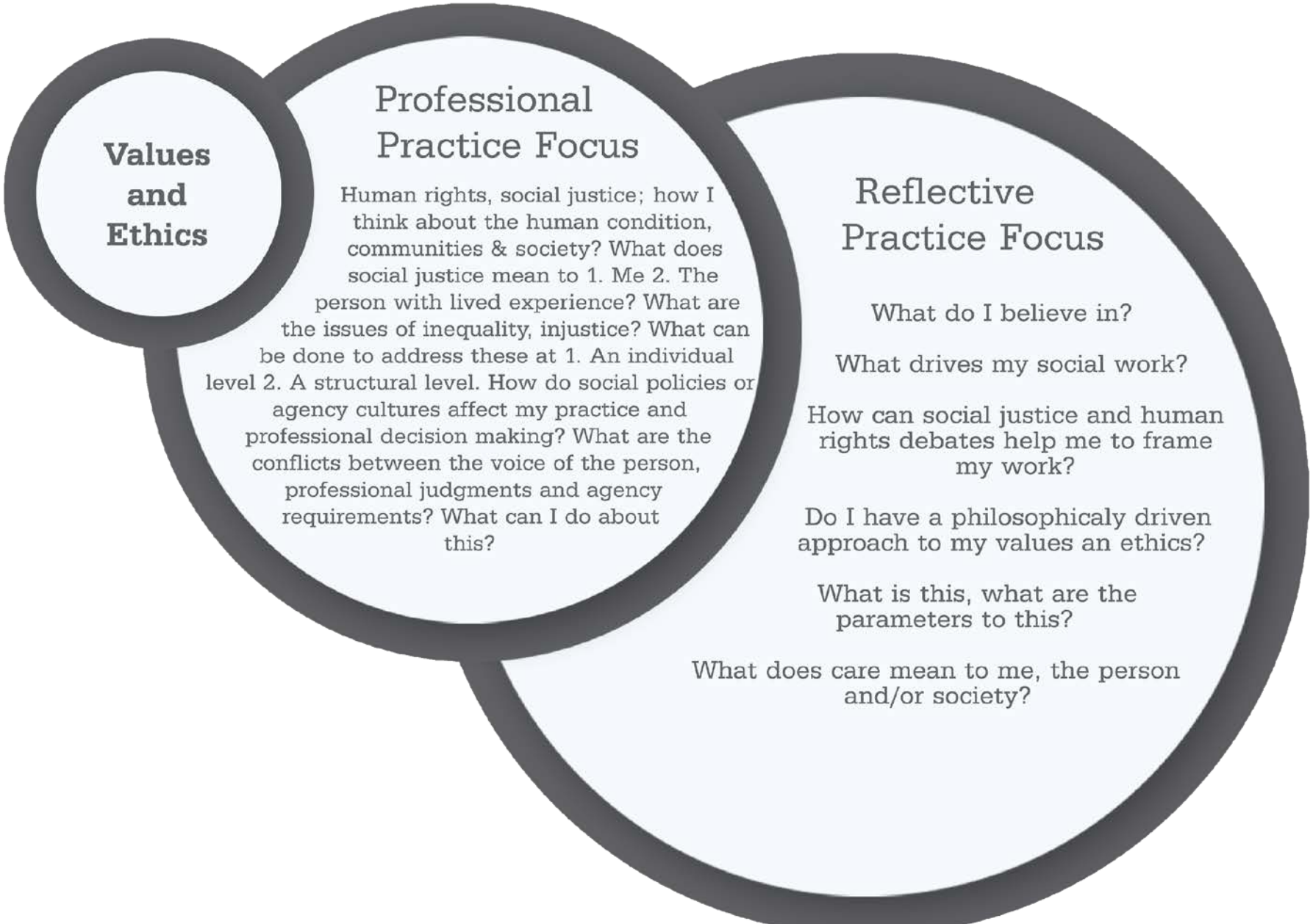
Strengths-based approach practice framework for social work with adults

Graphic 1 - KcVETS model

Model 1 – Applying strengths-based practice framework for professional practice

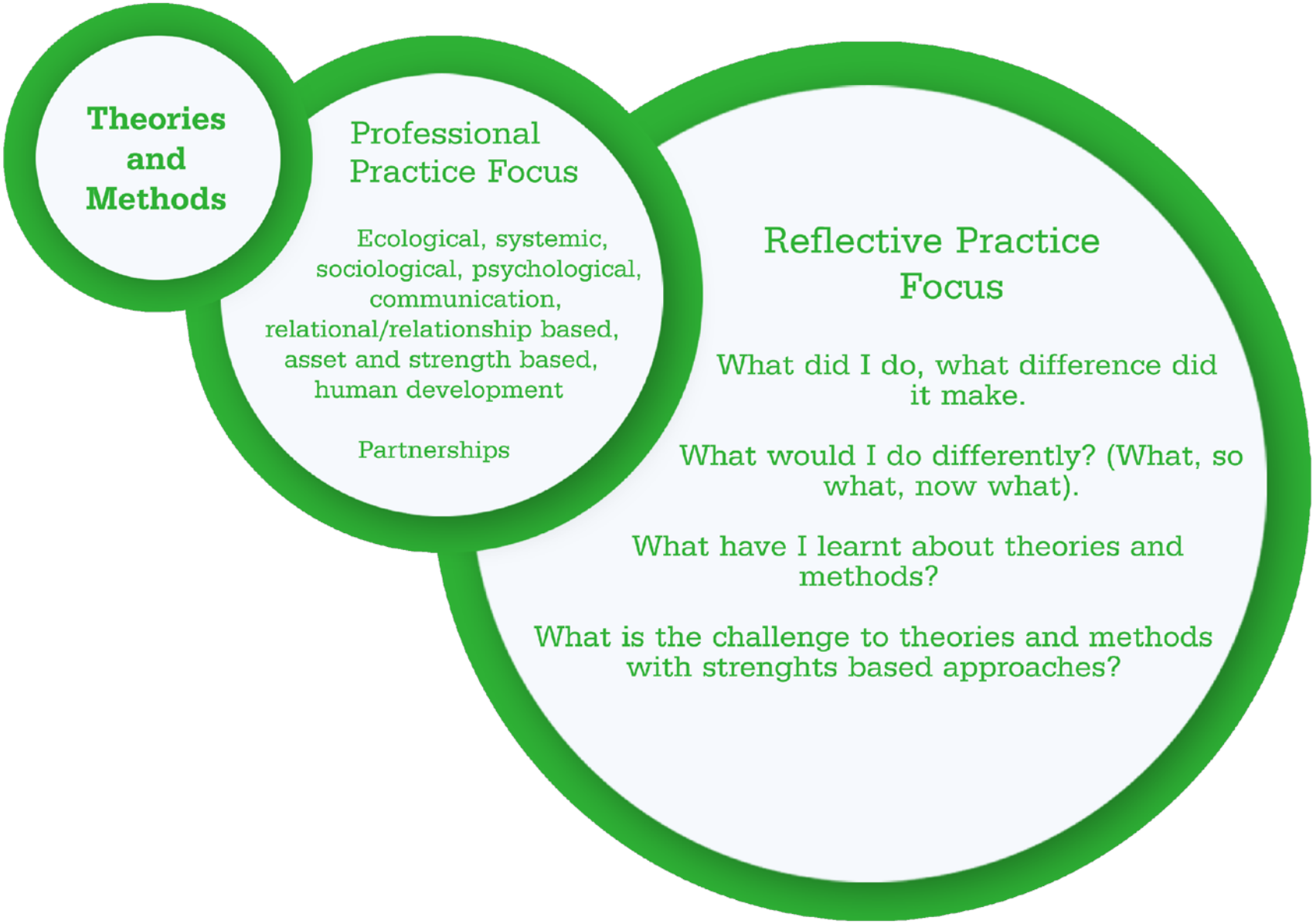
Graphic 2 - Knowledge and Co-creation in model 1

Graphic 3 - Values and Ethics in model 1

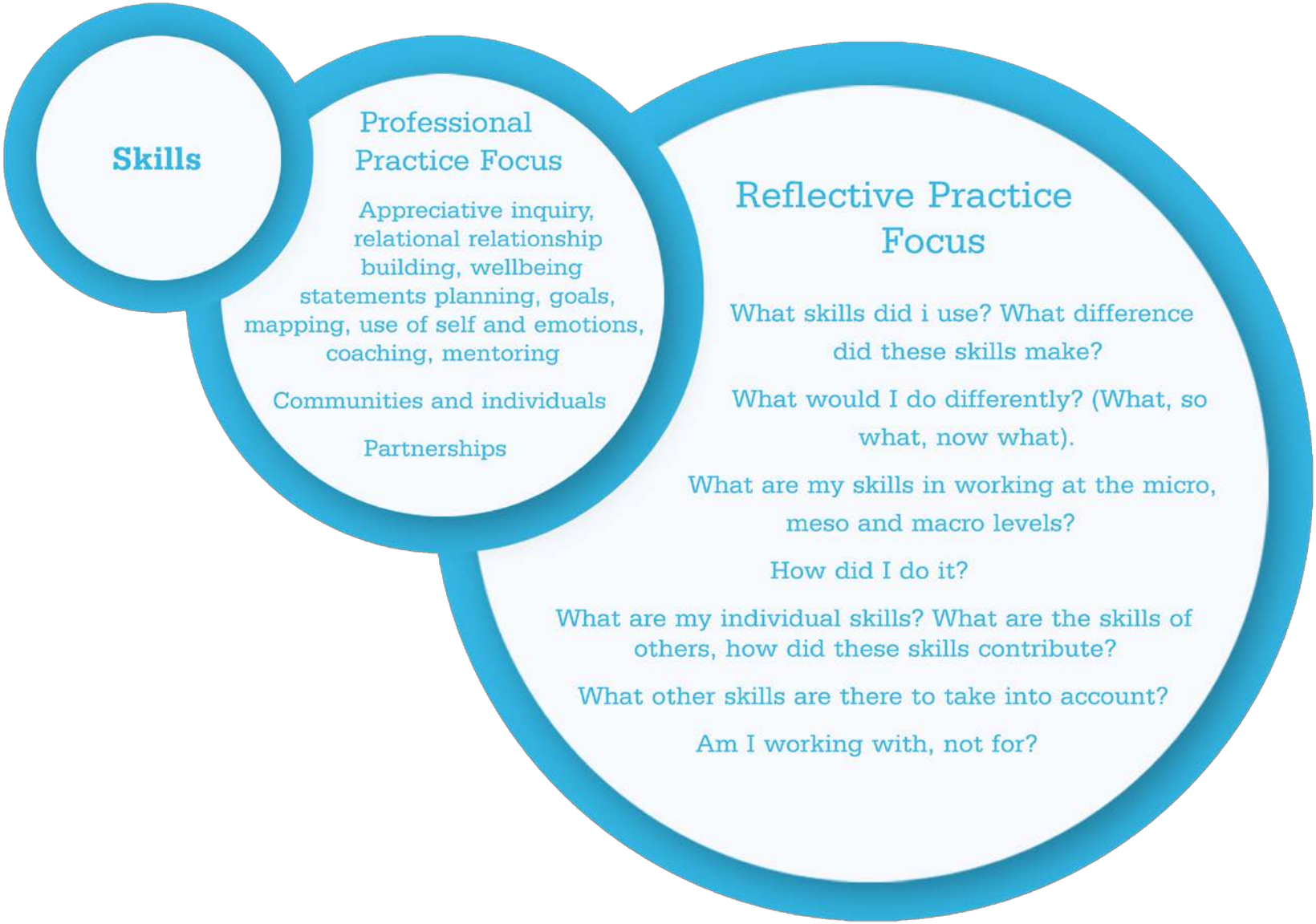


Graphic 4 - Experiential learning in model 1

Graphic 5 - Theories and Methods in model 1

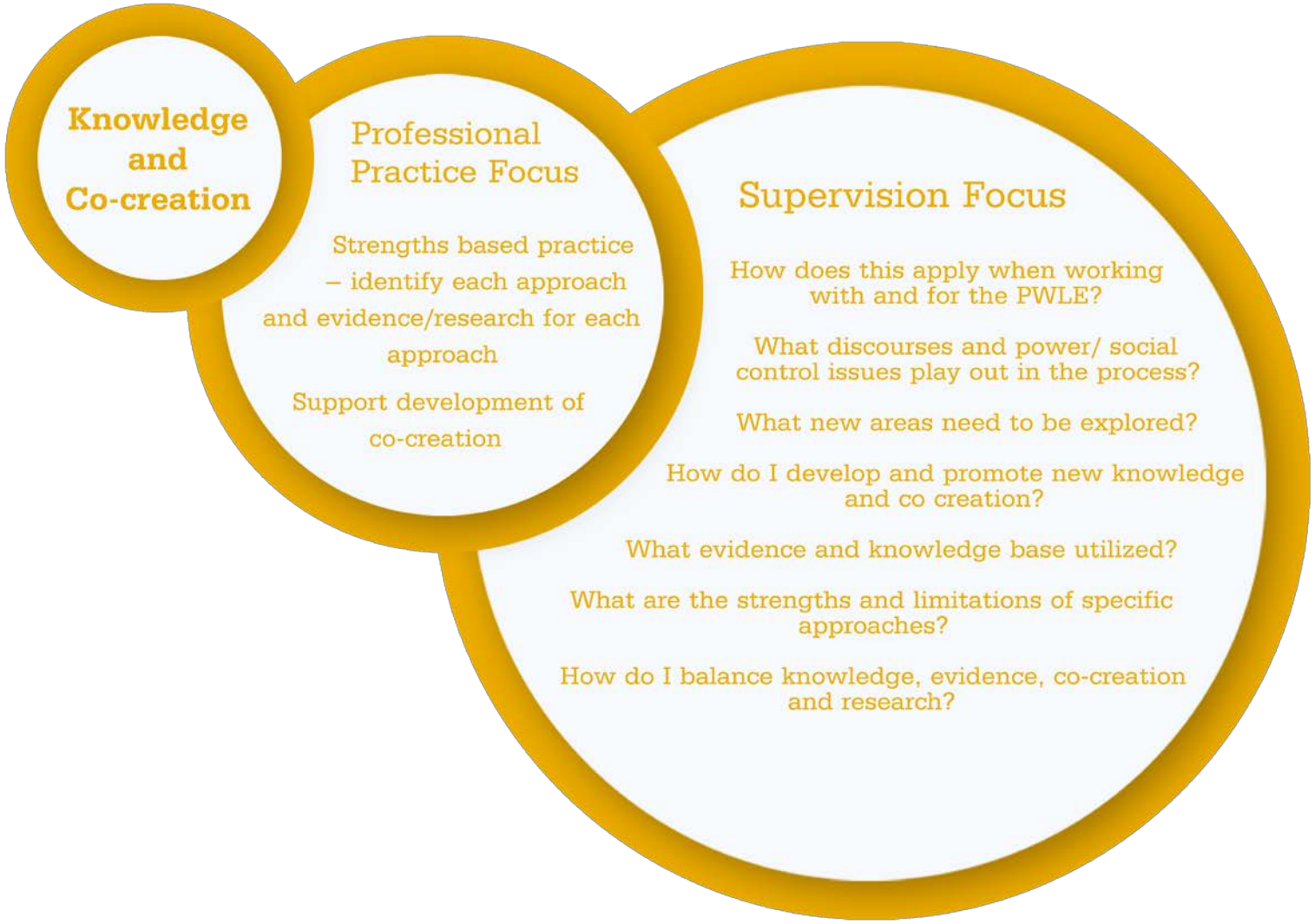


Graphic 6 - Skills in model 1

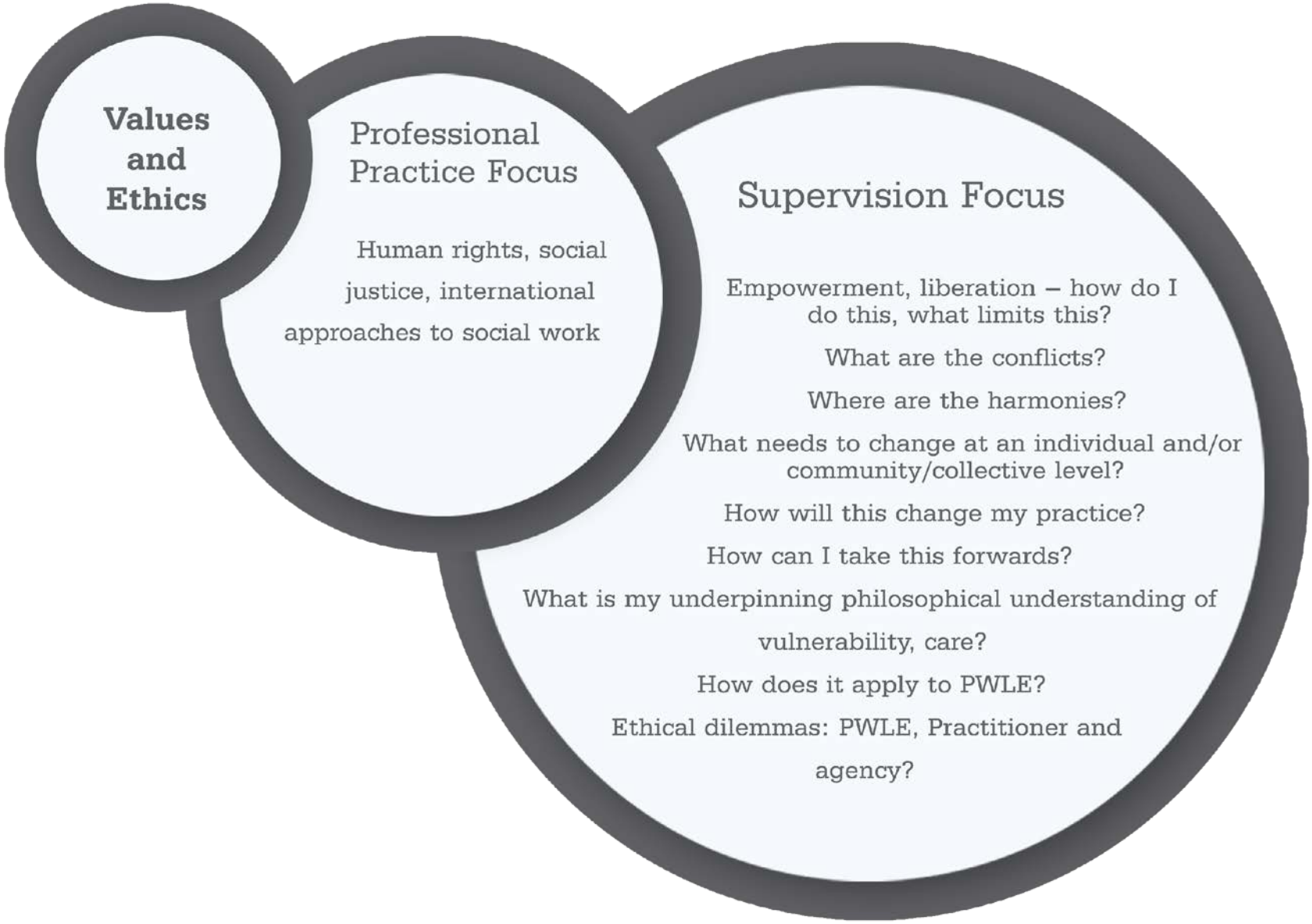


Model 2 – Application of strengths based framework for supervision

Graphic 7 - Knowledge and Co-creation in model 2

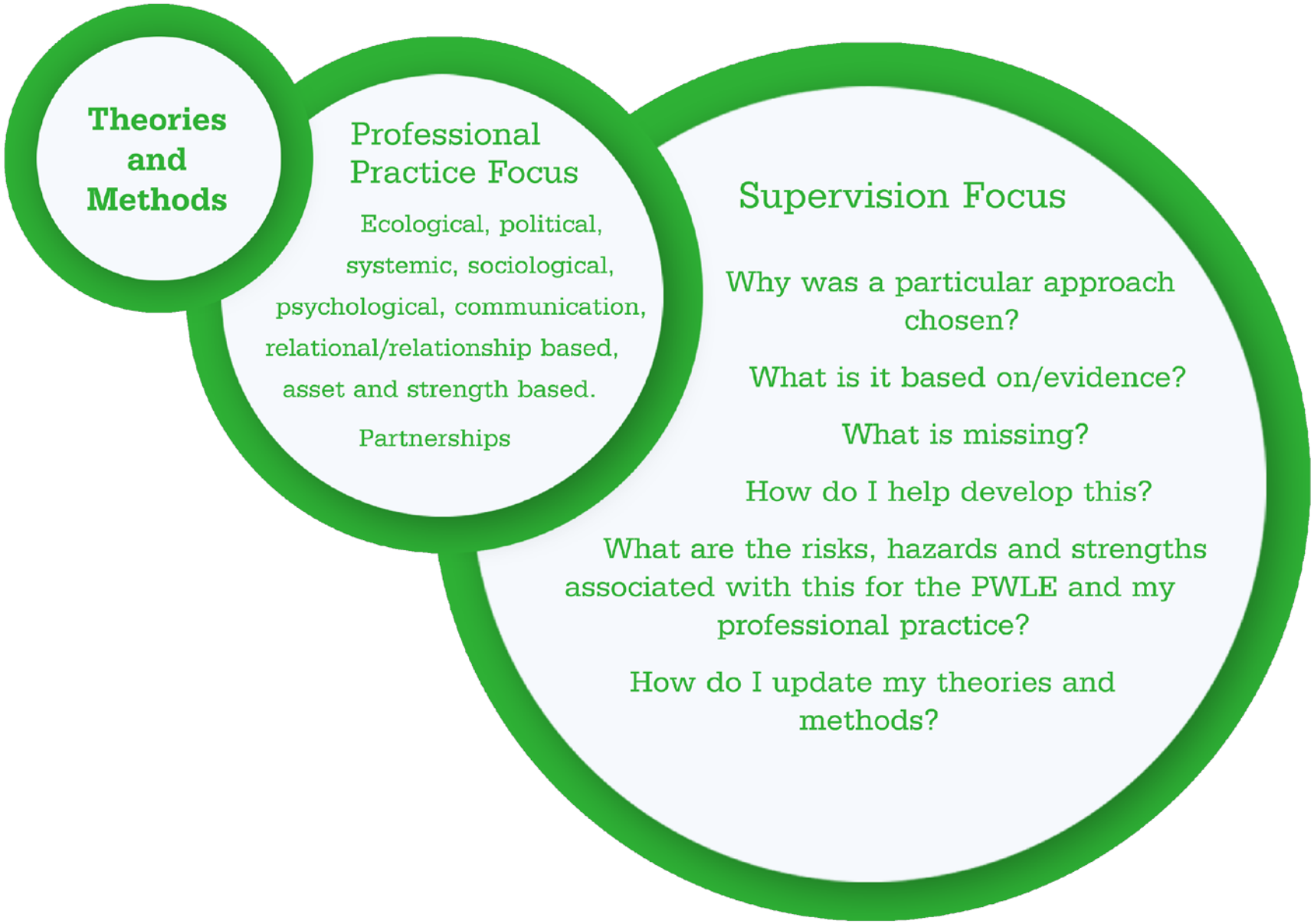


Graphic 8 - Values and ethics in model 2



Graphic 9 - Experiential learning in model 2

Graphic 10 - Theories and methods in model 2

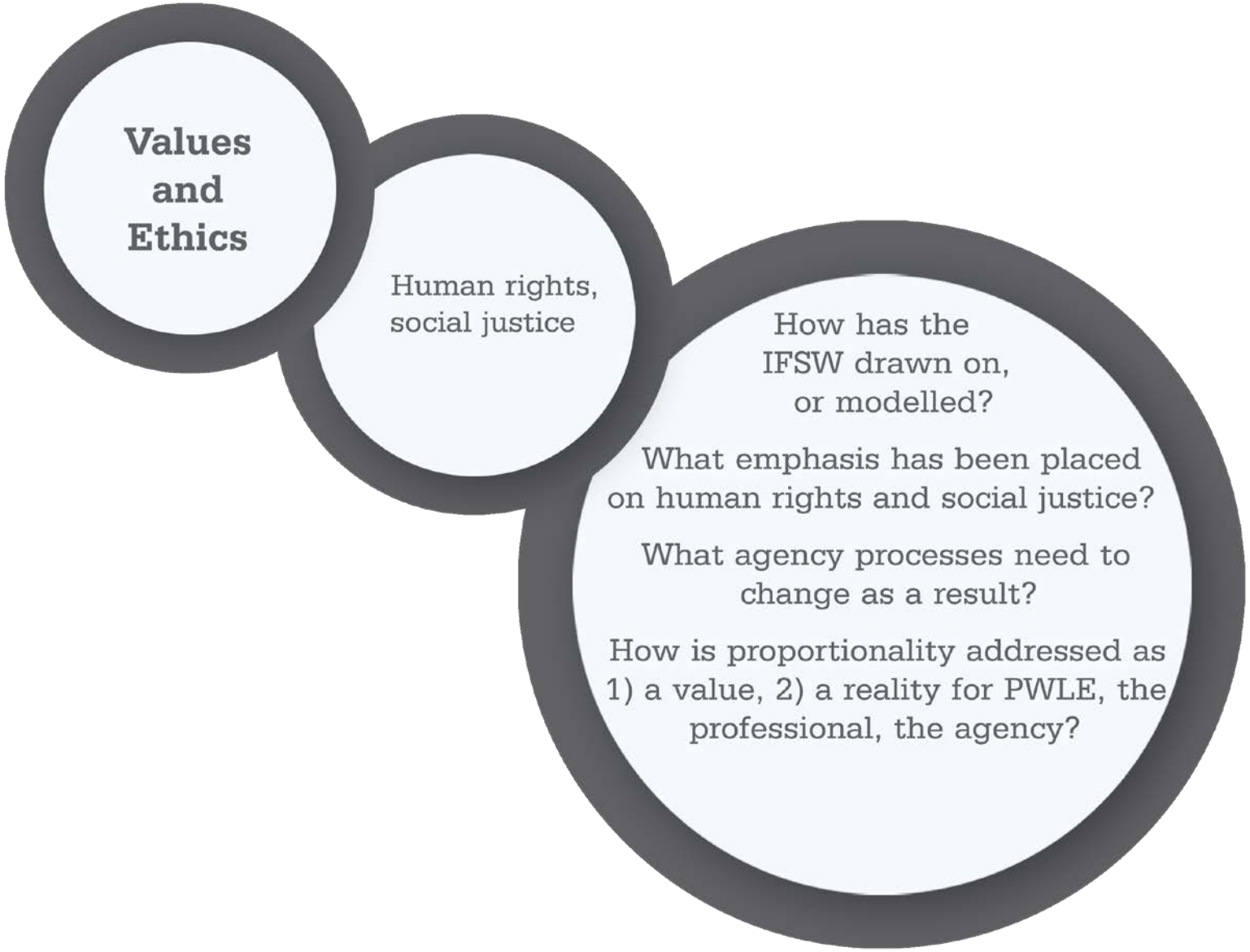


Graphic 11 - Skills in model 2

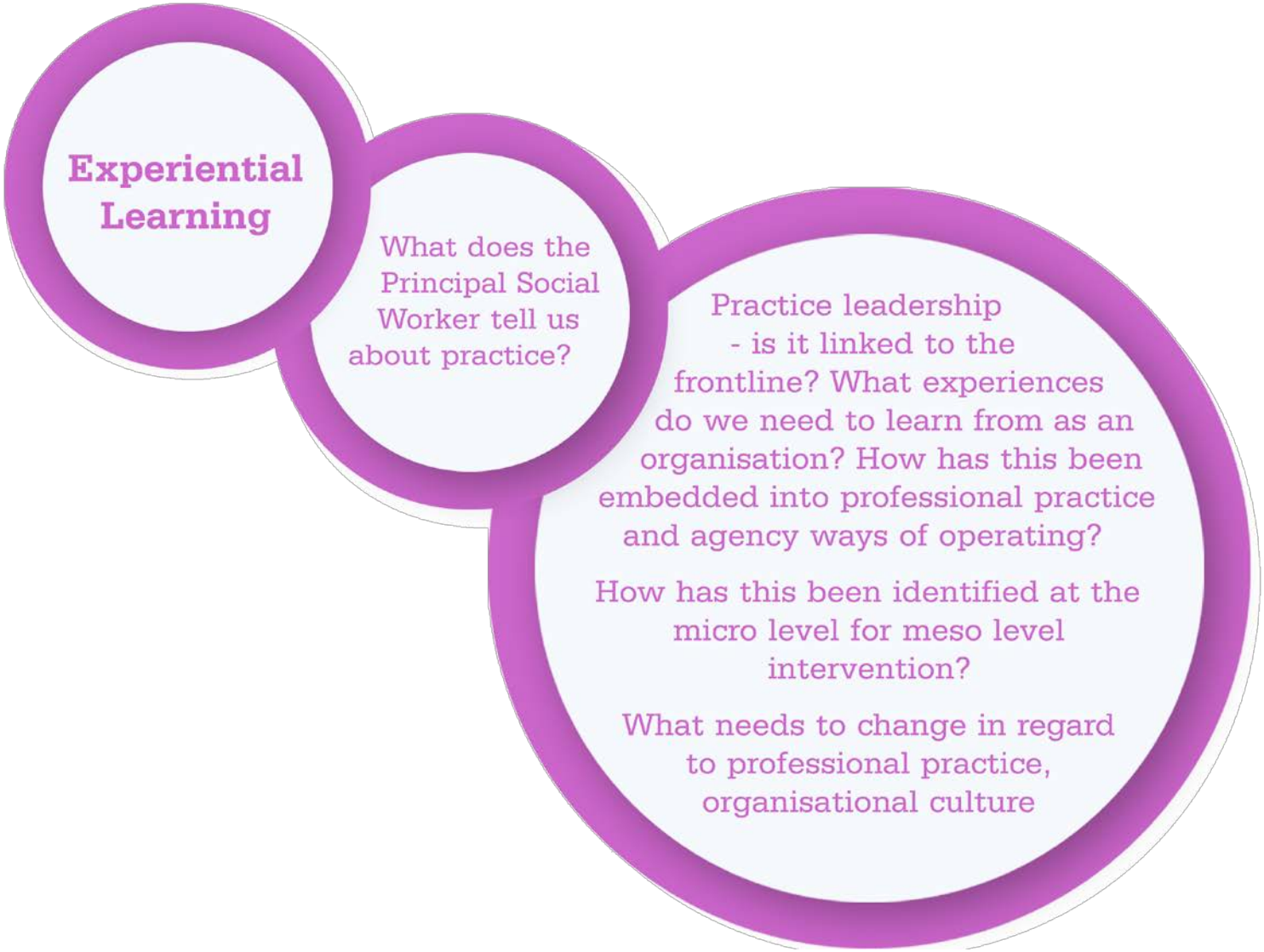
Model 3 – Application of strengths based practice framework for quality assurance

Graphic 12 - Knowledge and co-creation in model 3

Graphic 13 - Values and ethics in model 3

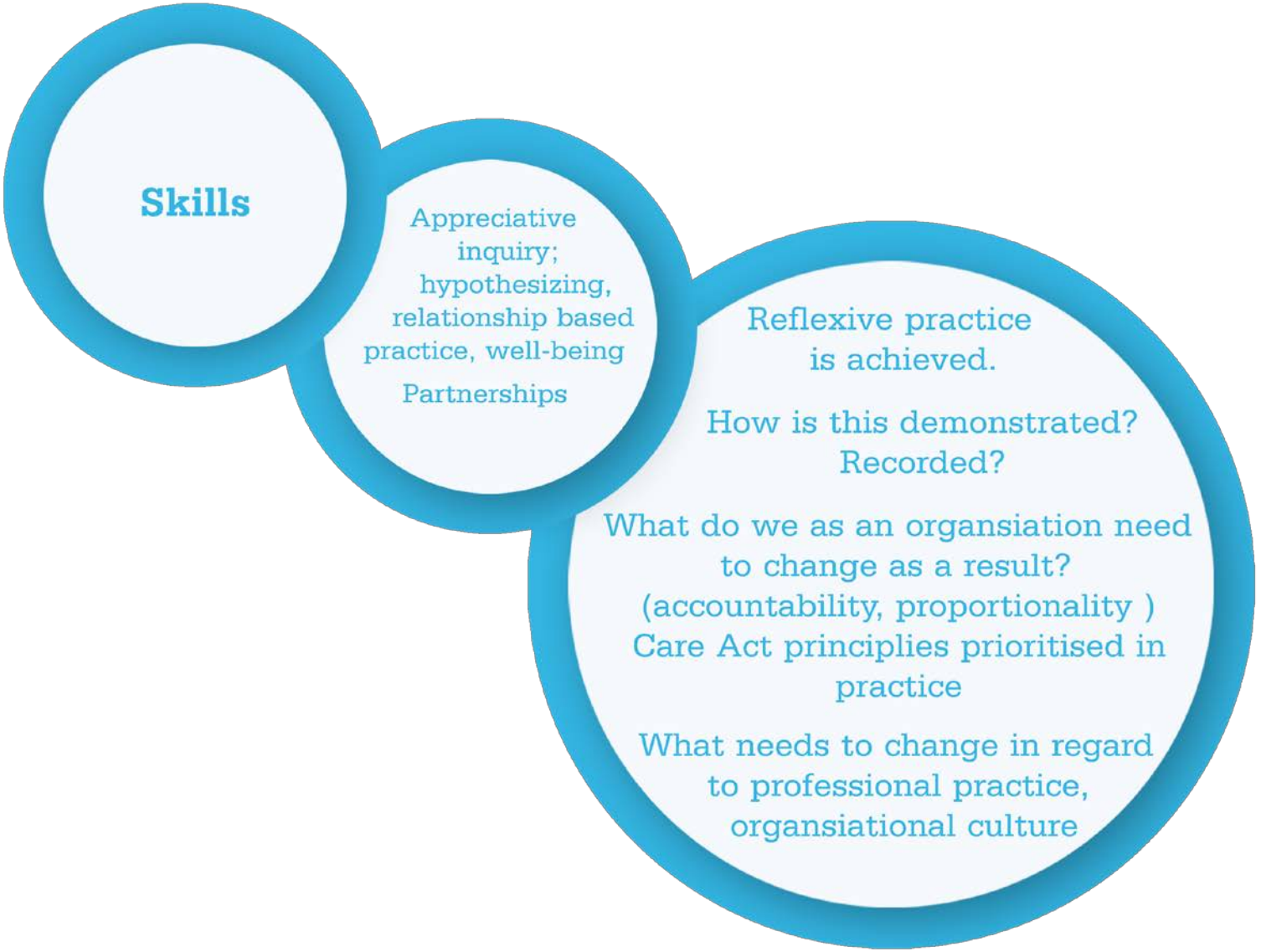


Graphic 14 - Experiential Learning in model 3



Graphic 15 - Theories and methods in model 3

Graphic 16 - Skills in model 3



Strengths-based approach practice handbook

This practice handbook complements the practice framework in supporting social workers and social care professionals in the application of strengths-based practice and the KcVETS model.

In developing this resource, we found that many social workers and social care professionals we met fundamentally supported a strengths-based approach within adult social work and social care but often found it difficult to demonstrate, evidence and practice such an approach in practice. We hope that the handbook will be a helpful prompt and guide that practitioners can refer to as they continue to practice strengths-based social work and social care. We have incorporated clear case examples that demonstrate how the approach can be utilised across a variety of settings and interventions.

We envisage that his practice handbook can be used individually or in groups, in supervision or team meetings, to support the understanding and implementation of a strengths-based approach to social work and social care.

As the main legislative framework for social care and social work with adults, The Care Act 2014 is referenced throughout the handbook to provide context to the legal duties that apply to social work and social care practice and how a strengths-based approach aligns to those duties.

The handbook aims to shift the focus from finding one specific “Key Model” to one of flexible relationship-based working which underpins strengths-based practice. In addition, we are hoping to demonstrate a ‘life span’ where the determination of the model, tool or technique to use is based on the specific circumstances of the intervention and the individual at the focus of the intervention, and therefore different each time.

Written by Carmen Colomina and Tricia Pereira.

Definition of strengths-based approach

‘Excellent social work is about emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live. I whole heartedly believe in taking a strengths and asset based approach to supporting individuals and empower people to live the lives they want.’

Lyn Romeo

What strengths-based approach is and what a strengths-based approach is not

Much has been said about strengths-based approaches, asset-based approaches and strengths-based practice and how it applies to working with individuals, families and communities. Some of the information can be confusing and this guide aims to help identify and provide examples of what is considered positive strengths based approach and what a strengths based approach is not.

Strengths-based practice is holistic and multidisciplinary. Over time, we have seen how care management approaches have predominantly focused on a deficit model, for example with questioning such as what are the problems and Issues the individual is experiencing? What are they unable to do and how can we solve this? We know this has shaped professional social work and social care practice in a certain way and a strengths based approach challenges this deficit model.

A strengths-based approach explores, in a collaborative way the entire individual's abilities and their circumstances rather than making the deficit the focus of the intervention. We should gather a holistic picture of the individual’s life; therefore it is important to engage and work with others (i.e. health professionals, providers, the individual's own network, etc. with appropriate consent).

Strengths-based practice is applicable to any client group, to any intervention and can be applied by any profession.

When using a strengths-based approach, risk is looked at as an enabler, not as a barrier. Risks should be explored with the individual and from their point of view. The role of the professional is not solely to ‘reduce risks’ but to support the individual in managing risks. This can be done by:

- identifying all the potential benefits and potential risks of a particular activity or decision for the individual and others,

- exploring and fully understanding the consequences of both the potential benefits and the potential risks for them and others

- collaboratively, identifying the best way to manage the identified risks, maximising the benefits and if appropriate reducing the potential negative consequences

The aim should not be about risks or benefits for the organisation that the practitioner works in or for the practitioner them-self, but about benefits and risks for the individual and others.

There are many models, tools and techniques to apply a strengths-based approach to social work and social care interventions, but the key thing is to ensure that whichever one we use it is appropriate and proportionate for the intervention and the circumstances of the individual.

One fundamental point of a strengths-based approach is that it is an ‘approach’, not an outcome or a process. It is less about ‘what the end result is’, or ‘what we do’, and more about ‘how we do things' It is about being aware of the skills we use when we approach individuals, their families and the community to address a particular situation. The aim is to enable better outcomes and/or lives for people, and we should be mindful that not everything that provides better outcomes for individuals is a strengths-based approach.

Therefore, it is important to clarify that ‘reduction of packages of support’, is generally a collateral benefit of a strengths-based approach. A reduction in provision of services, should not be the outcome we are seeking, and this is not what the application of a strengths-based approach is.

Working from a strengths-based position, is not about 'giving people less support and services', but working with people to identify together, the best next- step for them utilising all the strengths and resources they currently have or may have access to. Moreover, working in this way is not about ‘not providing help’, but, rather it is about ensuring that as practitioners we are providing the right help, advice, and support at the right time.

There are occasions when carers have felt coerced into providing more help than they can provide, what in some situations have meant a detriment to their own wellbeing. When having strengths-based conversations the social worker or social care professional should

discuss with the individual and their carers what the next best step is for all concerned, and sometimes this is not necessarily promoting independence or being more sociable, but always should be promoting their -individual and carer- wellbeing.

The individual should be clearly at the heart of any intervention. Their views should be central; it is not helpful to carry out interventions where the individual is a passive element in the dynamic. A strengths-based approach is person centred and therefore ensures that the intervention is about the individual and their life and circumstances.

Some quotes from carers:

"Too much is online, people need personal contact, a warm handshake and a hello. Social workers - People in people's homes, that hold your hand when your loved one is dying, that what we want, that's what matters"…. John in response to being informed he can complete an online self-assessment.

"I couldn't see straight, I was so enmeshed in it all, in caring for my wife and watching her die. It was a 7-year bereavement, the social worker helped me see things more clearly, they helped me to plan" – Bob 84

" I want consistency, if possible, I want to see the same social worker again who can also talk with and share information with other professionals. I don't want a new person every time so that I have to repeat myself and go over my history, I want someone that knows me, I want to build that rapport. I don't want just anyone in and out of the home, its so confusing for my husband"…. Barbara

"I didn't choose to be a carer, it wasn't a choice. But you chose to be a social worker and your training helps you to deal with situations like this. Your skills are to listen and to delve deeper and to say, I understand". - Edward

As professionals it is usual for our knowledge to inform our approaches to how we work and engage with others. However, the individual should be supported to acknowledge and share how their 'disability, impairment or illness, situation' impacts them as an individual. We should avoid identifying a problem, and then provide a solution based solely on our knowledge, without taking into account the individual, their ambitions, their circumstances, their network, etc. We should be considering how their life is impacted by the 'disability, impairment or illness', in a way that discourages passivity and dependence.

What can be helpful is to provide the right support, advice and guidance so that people can retain or regain their independence and resilience.

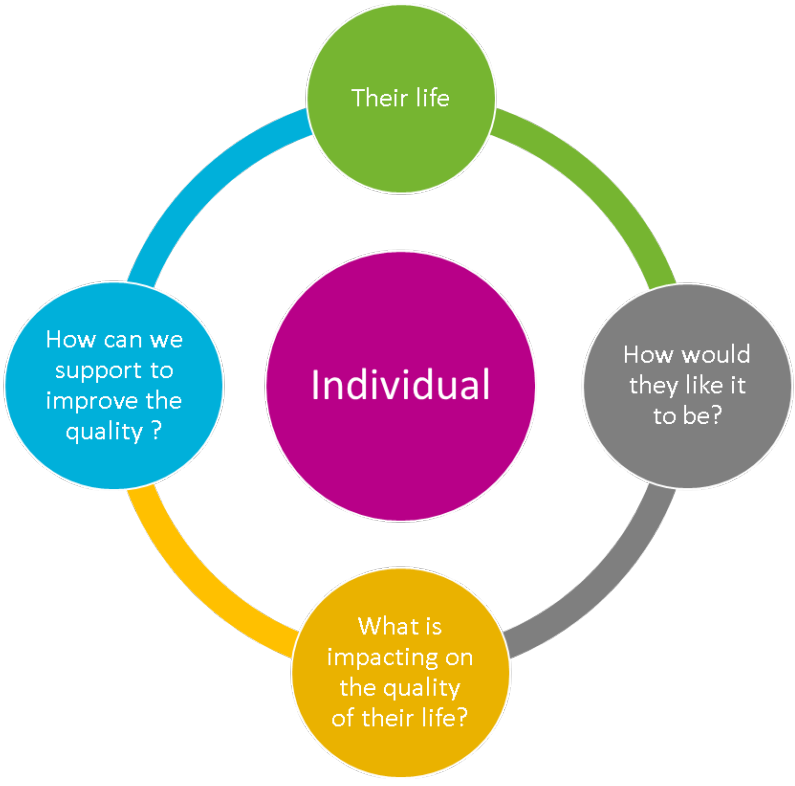
The individual should play an active part in any intervention, and the focus should be the individual's life; what it is about, what they would like it to be, and how, whatever is happening to them is having an impact on their lives.

Proportionality is important in any social care intervention, the Care Act 2014 amongst other legislations emphasises the importance and the duty of ensuring that interventions by professionals working in the public sector are proportionate to the circumstances. There isn't 'one way' of having a strengths-based approach – any intervention can have elements of it depending on the context, constraints, etc.

There are occasions when they can't participate in the conversation as fully as it is desirable. For example the individual may 'lack capacity', may be 'overwhelmed by the circumstances', 'may lack insight into their problems', or 'may have cognitive problems that pose a barrier to their understanding and communication skills'. In all these cases, the social worker or social care practitioner should look at what is getting in the way of the individual to 'fully participate' and take the necessary steps to overcome as many barriers as possible.

Professionals must ensure that all the appropriate and necessary tools (i.e. independent advocates, mental capacity, specific times or locations, communication aids, short visits, other professionals, etc.) are used to maximise the involvement of the individual in the process and their ability to engage in the conversation.

Graphic 17 - Person Centred and strengths-based approach



The Care Act places into local authorities the duty to ‘maximise the individual involvement in the process’ – the process being the intervention. To facilitate this the Care Act details that if the individual has ‘substantial difficulty' in being engaged in the process, the local authority should commission an independent advocate to facilitate this engagement.

The Care Act also explains that if there is an ‘appropriate person’ (see criteria in the Care Act 2014), the local authority does not have to commission an independent advocate. For a friend or family member to be an ‘appropriate person’, amongst other things, they have to have the skills and ability to maximise the individual involvement in the process, not purely to act on their behalf.

Social workers and social care professionals must have expert communication skills, and the ability to identify and apply the most appropriate communication mean, or a combination of means for each individual and intervention, with the necessary flexibility that each intervention requires.

Professionals should have meaningful, collaborative conversations where their skills and knowledge help the individual to identify their strengths, needs, desired outcomes, resources, potentialities and solutions to co-produce a way to maximise the individual’s quality of life.

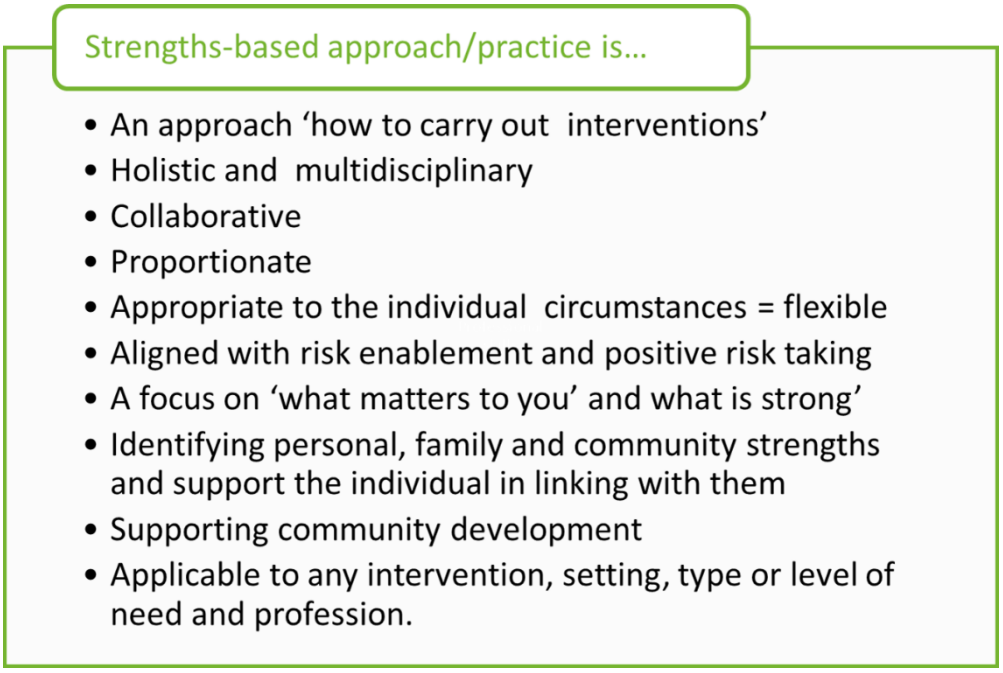
Social workers and social care professionals must build a trusting relationship with the individual where they can show empathy whilst maintaining the necessary professional objectivity. It is not about providing ‘made up solutions’ or ‘fixing’ problems/deficits, but enabling people to live the lives they want to lead. This cannot be done in a prescriptive or rigid way because individuals and their circumstances are different (i.e. have different strengths, networks, resources, desires, etc.) even if affected by the same ‘disability, impairment or illness’.

It isn’t about services either; it is about meaningful lives, it is about the individual and their social and family networks and their communities and how all of them link together maximising outcomes for individuals.

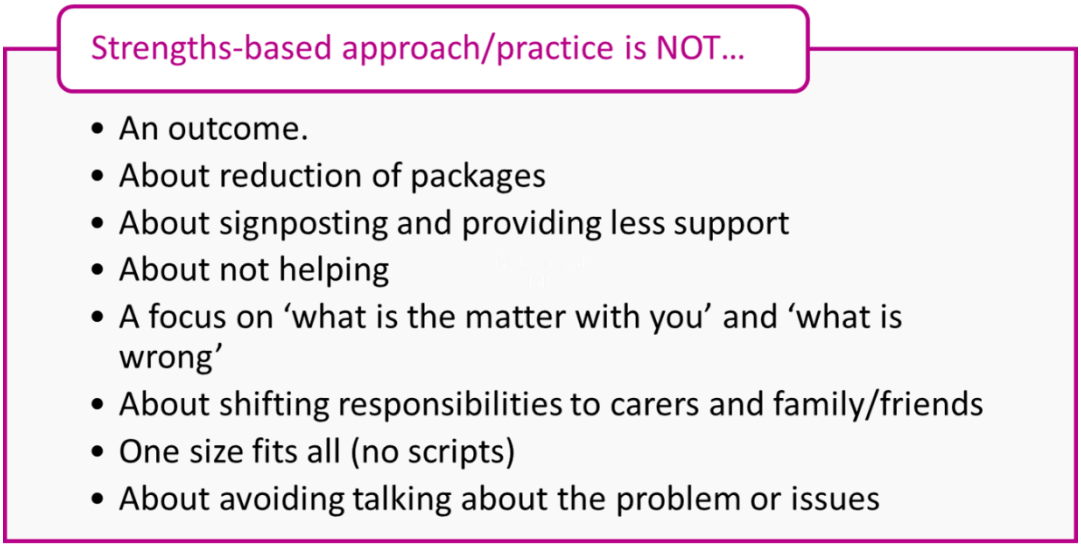
Community social work and community development are fundamental in strengths-based approaches.

We frequently talk about 'empowering' individuals. The Cambridge dictionary defines empowerment as 'to give someone official authority or the freedom to do something'. We think it is a bit arrogant to believe that we have the ability to give people power. We instead should be helping people find the power within themselves, providing them with tools to find their own power.

Graphic 18 - Summary of what strengths-based practice is



Graphic 19 - Summary of what strengths-based practice is not



Definitions of a strengths-based approach

There are many definitions of what strengths-based approach is. We are not attempting to give a comprehensive reference to all, and have selected a handful that captures all the key core elements of strengths-based approach.

> A strengths-based approach to care, support and inclusion says let’s look first at what people can do with their skills and their resources – and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.’
>
> (Alex Fox, CEO Shared Lives)

> 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.
>
> Morgan and Ziglio, 2007)

> Strength-based practice is a social work practice theory that emphasises people's self-determination and strengths. It is a philosophy and a way of viewing clients as resourceful and resilient in the face of adversity.
>
> - It is client-led, with a focus on future outcomes and strengths that people bring to a problem or crisis.
>
> - When applied beyond the field of social work, strength-based practice is also referred to as the "strengths-based approach".
>
> (McCashen Wayne (2005)

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

(Duncan and Hubble, 2000)

Graphic 20 - Key elements of strengths-based approach

What does the Care Act say about a strengths-based approach

The Care Act 2014 does not specifically give local authorities the duty to use a strengths-based approach in their practice as such. It does however establish 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.

The ‘wellbeing principle’ and the core duty of ‘promoting individual wellbeing’ placed in local authorities exercising any care and support functions, emphasises the importance of working in a holistic way with the individual. Hence the description of ‘wellbeing’ detailing the nine areas that must be taken into account to consider individual wellbeing.

The duty to promote individual wellbeing applies to any care and support function carried out by the local authority (i.e. any member of staff working for the local authority). It does not apply only to individuals who have been identified as having eligible needs, but to all individuals living in the local authority area.

Please note that the quotes in this section are verbatim from the Care Act statutory guidance, we also include the reference to the paragraph in the guidance (i.e. 1.2) with the exception of the bolding of some text.

> 1.2 Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as ‘the wellbeing principle’ because it is a guiding principle that puts wellbeing at the heart of care and support.

Local authorities must promote wellbeing actively and equally to adults and carers and individuals without eligible needs

> 1.3 The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person. For this reason it is referred to throughout this guidance. It applies equally to adults with care and support needs and their carers.

The concept of wellbeing in the Care Act is broader than the areas covered by the ‘eligibility outcomes’, hence why all interventions – care and support functions – should

address the nine areas of the individual wellbeing and not the nine or ten areas within the eligibility outcomes.

The aim of promoting individual wellbeing is to ensure that individuals have meaningful lives – the focus should not be only to meet eligible needs.

‘A life worth living until I die’
People with life experience at the ‘strengths-based social work practice with adults’ round table

To ensure that we are aware of what is meaningful for the individual, we have to have meaningful conversations about them, their lives, their hopes, their strengths, their priorities, and on the way identify if they have any needs.

There is a fundamental link between the core duty in the Care Act –promote individual wellbeing- and a strengths-based approach which is demonstrated in the above text.

> 1.5 ‘Wellbeing’ is a broad concept, and it is described as relating to the following areas in particular:

Graphic 21 - Nine areas of wellbeing as per Care Act 2014

See below some extracts from the Care Act Statutory Guidance that reflect the key elements of a strengths-based approach:

> 1.1 The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.
>
> 1.6 The individual aspects of wellbeing or outcomes above are those which are set out in the Care Act, and are most relevant to people with care and support needs and carers. There is no hierarchy, and all should be considered of equal importance when considering 'wellbeing' in the round.
>
> 1.7 Promoting wellbeing involves actively seeking improvements in the aspects of wellbeing set out above when carrying out a care and support function in relation to an individual at any stage of the process from the provision of information and advice to reviewing a care and support plan. Wellbeing covers an intentionally broad range of the aspects of a person's life and will encompass a wide variety of specific considerations depending on the individual.

Local authorities should consider what the person wants to achieve and must have regard to the individual views, wishes, feelings and believes.

> 1.8 A local authority can promote a person's wellbeing in many ways. How this happens will depend on the circumstances, including the person's needs, goals and wishes, and how these impact on their wellbeing. There is no set approach – a local authority should consider each case on its own merits, consider what the person wants to achieve, and how the action which the local authority is taking may affect the wellbeing of the individual.
>
> 1.9 The Act therefore signifies a shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs' (set out in sections 8 and 18 to 20 of the Act). This is the core legal entitlement for adults to care and support, establishing one clear and consistent set of duties and power for all people who need care and support.
>
> 1.10 The concept of meeting needs recognises that everyone's needs are different and personal to them. Local authorities must consider how to

meet each person's specific needs rather than simply considering what service they will fit into. The concept of meeting needs also recognises that modern care and support can be provided in any number of ways, with new models emerging all the time, rather than the previous legislation which focuses primarily on traditional models of residential and domiciliary care.

1.11 Whenever a local authority carries out any care and support functions relating to an individual, it must act to promote wellbeing – and it should consider all of the aspects above in looking at how to meet a person's needs and support them to achieve their desired outcomes. However, in individual cases, it is likely that some aspects of wellbeing will be more relevant to the person than others. For example, for some people the ability to engage in work or education will be a more important outcome than for others, and in these cases 'promoting their wellbeing' effectively may mean taking particular consideration of this aspect. Local authorities should adopt a flexible approach that allows for a focus on which aspects of wellbeing matter most to the individual concerned.

> Local authorities must have regard to the importance of the individual participating as fully as possible.

1.13 The wellbeing principle applies equally to those who do not have eligible needs but come into contact with the system in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support, and have an ongoing relationship with the local authority. It should inform the delivery of universal services which are provided to all people in the local population, as well as being considered when meeting eligible needs. Although the wellbeing principle applies specifically when the local authority performs an activity or task, or makes a decision, in relation to a person, the principle should also be considered by the local authority when it undertakes broader, strategic functions, such as planning, which are not in relation to one individual. As such, wellbeing should be seen as the common theme around which care and support is built at local and national level.

1.14 In addition to the general principle of promoting wellbeing, there are a number of other key principles and standards which local authorities must have regard to when carrying out the same activities or functions:

a) The importance of beginning with the assumption that the individual is best-placed to judge the individual's wellbeing. Building on the principles of the Mental Capacity Act, the local authority should assume that the person themselves knows best their own outcomes, goals and wellbeing. Local authorities should not make assumptions as to what matters most to the person.

b) The individual's views, wishes, feelings and beliefs. Considering the person's views and wishes is critical to a person-centred system. Local authorities should not ignore or downplay the importance of a person's own opinions in relation to their life and their care. Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these should be taken into account. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions themselves.

d) The need to ensure that decisions are made having regard to all the individual's circumstances (and are not based only on their age or appearance, any condition they have, or any aspect of their behaviour which might lead others to make unjustified assumptions about their wellbeing). Local authorities should not make judgments based on preconceptions about the person's circumstances, but should in every case work to understand their individual needs and goals.

What does a good life looks like for you and your family?

e) The importance of the individual participating as fully as possible. In decisions about them and being provided with the information and support necessary to enable the individual to participate. Care and support should be personal, and local authorities should not make decisions from which the person is excluded.

f) The importance of achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual. People should be considered in the context of their families

and support networks, not just as isolated individuals with needs. Local authorities should take into account the impact of an individual's need on those who support them, and take steps to help others access information or support.

1.15 All of the matters listed above must be considered in relation to every individual, when a local authority carries out a function as described in this guidance. Considering these matters should lead to an approach that looks at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities – as well as the other people in their life and how they can support the person in meeting the outcomes they want to achieve. The focus should be on supporting people to live as independently as possible for as long as possible.

1.21 Promoting wellbeing does not mean simply looking at a need that corresponds to a particular service. At the heart of the reformed system will be an assessment and planning process that is a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them. Where someone is unable to fully participate in these conversations and has no one to help them, local authorities will arrange for an independent advocate. Chapters 6 (Assessment and eligibility), 10 (Care and support planning), and 7 (Independent advocacy) discuss this in more detail.

1.24 Promoting wellbeing is not always about local authorities meeting needs directly. It will be just as important for them to put in place a system where people have the information they need to take control of their care and support and choose the options that are right for them. People will have an opportunity to request their local authority support in the form of a direct payment that they can then use to buy their own care and support using this information. Chapters 3 (Information and advice) and 12 (Direct payments) explain this in more detail.

2.49 As part of this process, the local authority should also take into account the person's own capabilities, and the potential for improving their skills, as well as the role of any support from family, friends or others that could help them to achieve what they wish for from day-to-day life.

2.21 Through the assessment process, an individual will have direct contact with a local authority. A good starting point for a discussion that helps develop resilience and promotes independence would be to ask: 'what does a good life look like for you and your family and how can we work together to achieve it?' Giving people choice and control over the support they may need and access to the right information enables people

to stay as well as possible, maintain independence and caring roles for longer.

6.28 Local authorities must ensure that any adult with an appearance of care and support needs, and any carer with an appearance of need for support, receives a proportionate assessment which identifies their level of needs. Where appropriate, an assessment may be carried out over the phone or online. In adopting such approaches, local authorities should consider whether the proposed means of carrying out the assessment poses any challenges or risks for certain groups, particularly when assuring itself that it has fulfilled its duties around safeguarding, independent advocacy, and assessing mental capacity. Where there is concern about a person's capacity to make a decision, for example as a result of a mental impairment such as those with dementia, acquired brain injury, learning disabilities or mental health needs, a face-to-face assessment should be arranged. Local authorities have a duty of care to carry out an assessment in a way that enables them to recognise the needs of those who may not be able to put these into words. Local authorities must ensure that assessors have the skills, knowledge and competence to carry out the assessment in question, and this applies to all assessments regardless of the format they take.

6.35 The assessment must be person-centred throughout. Local authorities must find out the extent to which the person being assessed wishes to be involved in the assessment and should meet those wishes as far as is practicable do so, as the person is best placed to understand the impact of their condition(s) on their outcomes and wellbeing.

6.36 An assessment should be a collaborative process and it is therefore essential that the process is transparent and understandable so that the individual is able to:

a) develop an understanding of the assessment process

b) develop an understanding of the implications of the assessment process on their condition(s) and situation

c) understand their own needs, the outcomes they want to achieve and the impact of their needs on their own wellbeing to allow them to engage effectively with the assessment process

d) start to identify the options that are available to them to meet those outcomes and to support their independence and wellbeing

e) understand the basis on which decisions are reached.

6.37 To support the person's involvement, the local authority should establish the individual's communication needs and seek to adapt the assessment process accordingly. In doing so local authorities must provide information about the assessment process in an accessible format.

The assessment must be person-centred and a collaborative process

6.42 In carrying out a proportionate assessment local authorities must have regard to:

a) The person's wishes and preferences and desired outcomes. For example, an individual who pays for their own care may wish to receive local authority support with accessing a particular service, but may not want the same interaction with the authority as someone who wants greater support….. Etc.

10.32 The guiding principle therefore is that the person be actively involved and is given every opportunity to influence the planning and subsequent content of the plan in conjunction with the local authority, with support if needed. Joint planning does not mean a 50:50 split; the person can take a bigger share of the planning where this is appropriate and the person wishes to do so. A further principle is that planning should be proportionate. The person should not be required to go through lengthy processes which limit their ability to be actively involved, unless there are very strong reasons to add in elements of process and decision-making. Wherever possible the person should be able to be fully involved in the development of their plan, and any revision if circumstances change, with minimum process.

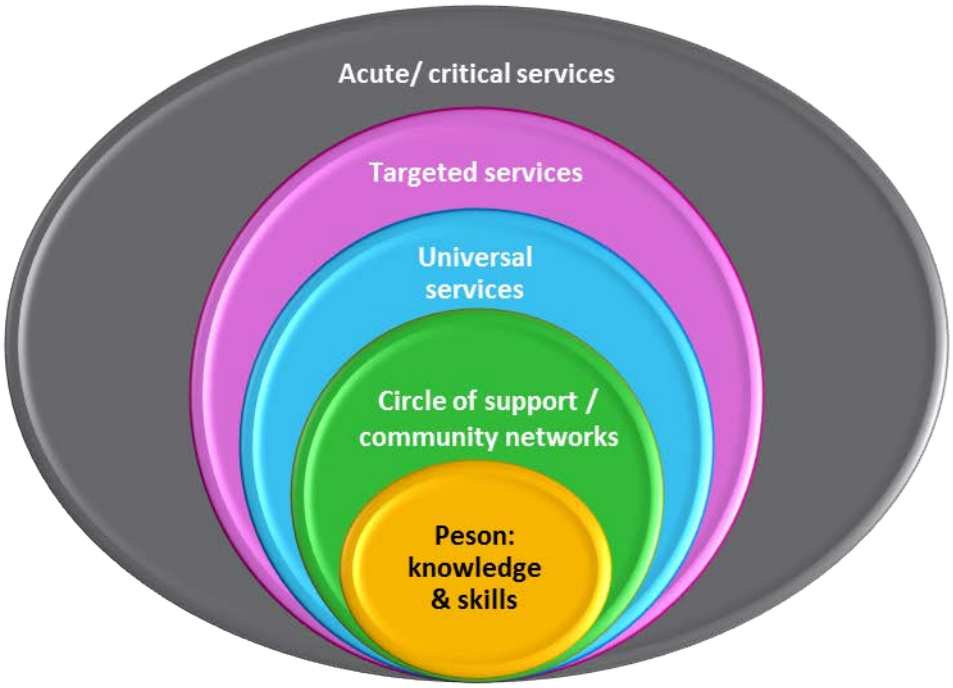
10.43 The plan should be proportionate to the needs to be met, and should reflect the person's wishes, preferences and aspirations. However, local authorities should be aware that a 'proportionate' plan does not equate to a light-touch approach, as in many cases a proportionate plan will require a more detailed and thorough examination of needs, how these will be met and how this connects with the outcomes that the adult wishes to achieve in day-to-day life.

13.2 The review process should be person-centred and outcomes-focused, as well as accessible and proportionate to the needs to be met. The process must involve the person needing care and also the carer where feasible, and consideration must be given whether to involve an independent advocate who local authorities are required to supply in the circumstances specified in the Act.

Care Act statutory guidance

Strengths-based social care

Graphic 22 - Strengths-based social care



(Adapted from Gollins, Walker and Stothard)

What is the aim of a strengths-based approach in social care

The former Care Management process and Fair Access to Care has often been based on a deficit approach to social work and social care, focusing on the problems associated with the person's illness, disability and or medical condition. This can create a dependency on prescriptive social work and social care being the only solution to address the difficulties the person may encounter.

However, a strengths- or asset-based approach acknowledges the person's disability and/or illness etc. but shifts the focus to 'the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals and communities possess. It is based on the fundamental premise that the social work relationship is one of collaboration, and that people are resourceful and capable of solving their own problems if enabled and supported to do so'. (Round Table June 2017).

Strengths-based approaches are not prescriptive; there is no one-size fits-all model. Approaches recognise that the individual is aware of their situation and the care and

support they require. It also aims to ensure that the individual is always at the heart any intervention, is supported to share their views about their own situation and that their family, friends are able to contribute. . In strengths-based practice the individual is empowered to have as much choice and control as possible and encouraged to propose options and solutions to enable them to have the life they want.

A strengths-based approach in social care spans a variety of interventions and supporting process. It is integral to the assessment process, the review, the support and/or care planning process, within safeguarding activities and should be used in all settings. Other activities like provision of information and advice or supervision should also have a strengths-based approach to ensure consistency in all activities.

A strengths-based approach also ensures that people significant to the individual (with their consent) are appropriately included in any intervention such as assessment and care and support planning and in decision-making processes.

The assessment process within a strengths-based approach

The aim of the assessment dialogue is to identify:

- the person's r own strengths, wishes and priorities at various levels
- the “strengths” of the person’s supporting network such as their family or friends and neighbours
- their wider network of support for example local groups, voluntary organisations, corner shops, the local café or library

this may need to take place over more than one "assessment visit or assessment meeting".

The below are quotes from the Care Act statutory guidance (i.e. 6.1)

> 6.1“The assessment should be designed to reflect the wishes of the person being assessed, taking into account their presenting need and their circumstances. An assessment process which benefits an individual in one instance may not necessarily be as effective for another. Local authorities should recognise this and in order to maintain a person-centred approach, local authorities must ensure that assessments are flexible to each individual case

> 6.5 The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing. The outcome of the assessment is to provide a full picture of the individual's needs so that a local authority can provide an appropriate response at the right time to meet the level of the person's needs.

The assessment is a critical intervention.

The process must be person-centred throughout, involving the person and supporting them to have choice and control.

The assessment is a critical intervention; it is the conversation, the discussions and the dialogue that takes place between the person, their significant people, relevant practitioners and professionals. It includes gathering of information by the professional and the analysis of the information gathered.

> 6.2 The assessment process starts from when local authorities begin to collect information about the person, and will be an integral part of the person's journey through the care and support system as their needs change. It should not just be seen as a gateway to care and support, but should be a critical intervention in its own right, which can help people to understand their situation and the needs they have, to reduce or delay the onset of greater needs, and to access support when they require it. It can also help people to understand their strengths and capabilities, and the support available to them in the community and through other networks and services.

The assessment document is the mechanism, tool or template used to record the information gathered during the assessment process in a structured way.

An assessment utilising a strengths-based approach or perspective is one that should underpin good social work systemic practice. The assessment centres on having meaningful conversations with the person who may be in need of care and support.

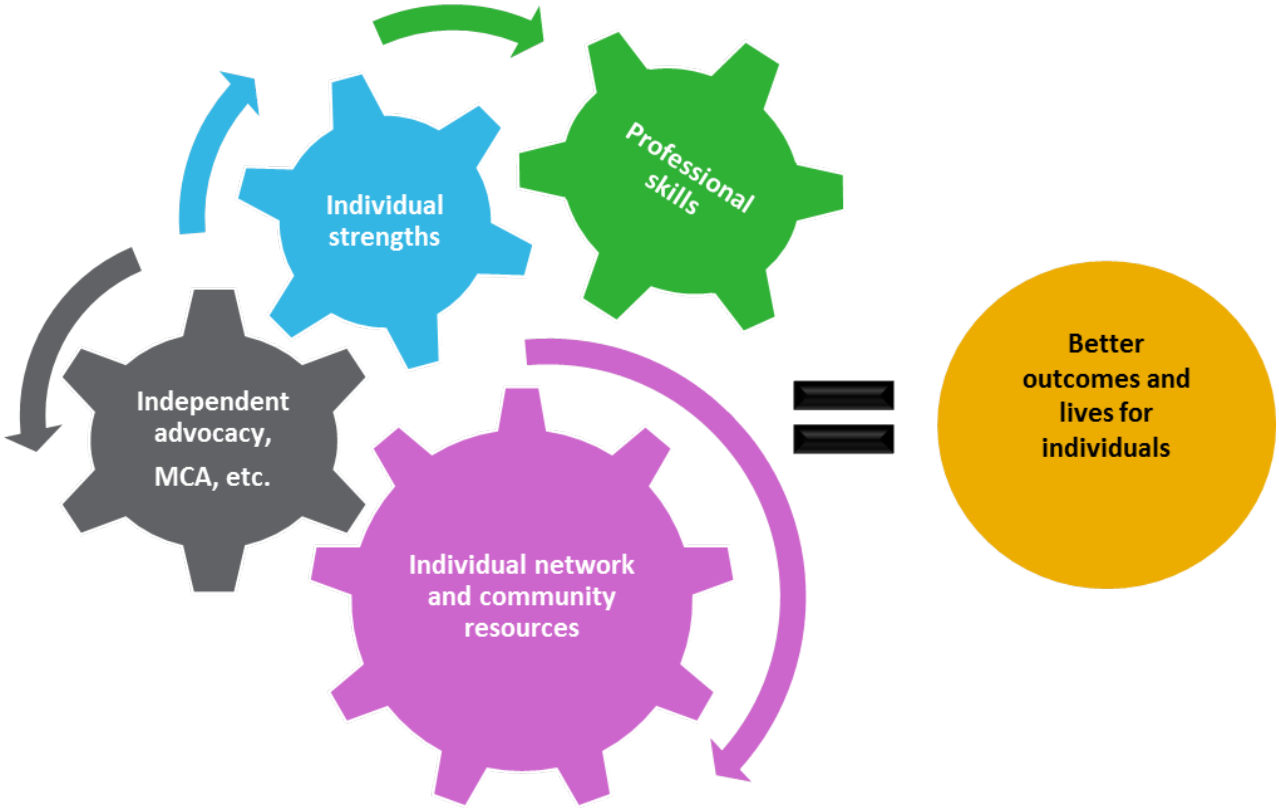
The assessment meeting should be based on the dialogue that takes place and the assessment conversations should draw out and explore the inherent strengths of the person.

The aim of the assessment dialogue is to identify what the persons strengths are at various levels by;

- Identifying their own strengths, wishes and priorities
- The “strength” of the person’s supporting network such as their family or friends and neighbours
- Their wider network of support for example local groups, voluntary organisations, corner shops, the local café or library
- This may need to take place over more than one "assessment visit"

For the person being assessed, it may be a challenge to identify their own strengths or resilience. They may not recognise what we mean when we talk about identifying “strengths” The conversations during assessment, review or support planning intervention should enable the person to identify their own “strengths” and/or supporting network.

Graphic 23 - elements of strengths-based approach

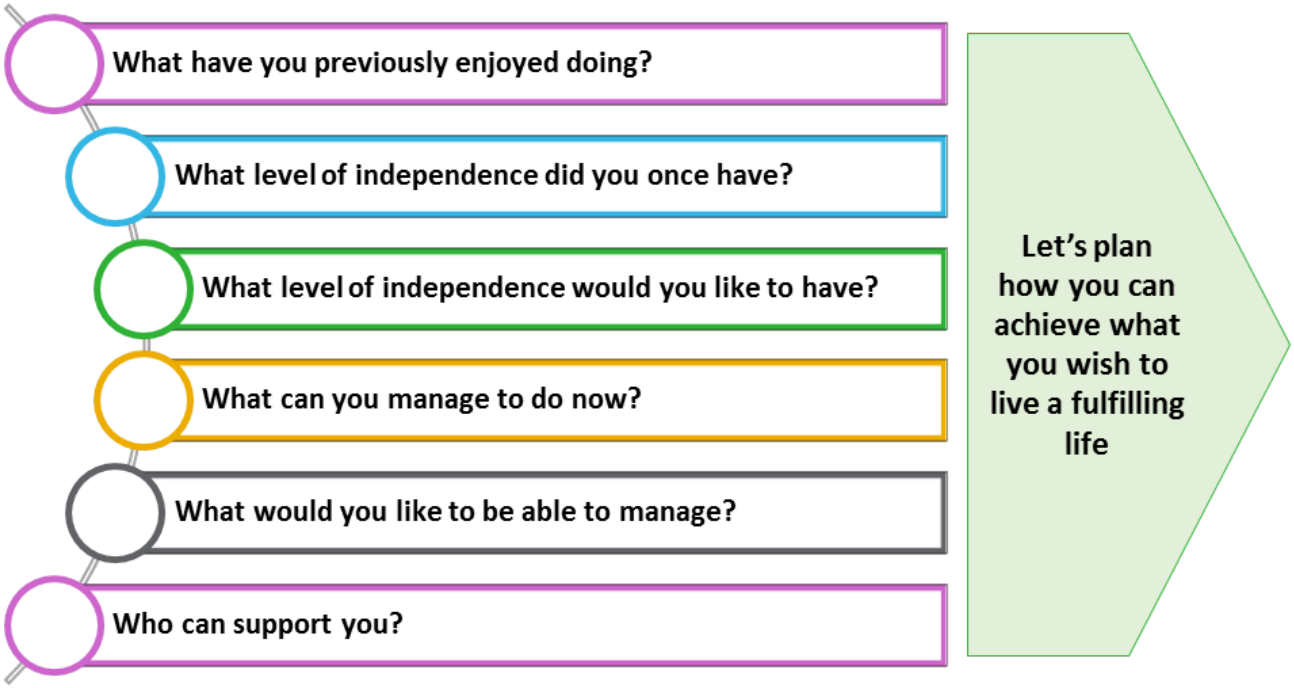


Working in this way, shifts from working in a deficit model, whereby the focus is on the person’s problems and what they are unable to do. A deficit model is stigmatising and with some people, can perpetuate feelings of helplessness and defeat.

Conversely, a strengths-based model is empowering. Whist the persons condition and situation is acknowledged, they are not defined by their illness, their condition or their

disability. A strengths-based model fosters hope and supports the person to reflect on what they want to achieve and what techniques may have been successful for them in the past. It also, allows the practitioner to get to the heart of the person and understand their individuality, strengths, wishes and priorities. What had they previously enjoyed doing? What level of independence did they once have? What aspirations for their life do they have?

Graphic 24 - Examples of strengths -based questions



Exploring these themes during the assessment conversations should help to identify realistic expectations and the person's desired outcomes.

The assessment is not the document or the form.

The assessment is a holistic intervention.

'The process of gathering information' which can consist on various visits, several conversations, reading documents, etc.

During the initial assessment conversation, the person may feel very pessimistic about their situation. Therefore, the assessment conversation is a crucial opportunity for listening, understanding and also reframing the individual's personal perception of their own situation and to work with them to identify any potential or achievable outcomes.

The assessment conversation may show the positive building blocks that already exist in the person's environment that can serve as the foundation for growth and change or regaining partially or fully their desired sense of independence.

A strengths-based approach promotes the person to the level of 'expert' in their own situation. They are encouraged to identify what has worked, what does not work, and what might work in their situation.

The practitioner facilitates this process during the assessment conversation. It is understood that people and their families are more invested in any process where they feel they are an integral part.

A local authority can promote a person's wellbeing in many ways.

> 1.11 Whenever a local authority carries out any care and support functions relating to an individual, it must act to promote wellbeing – and it should consider all of the aspects above in looking at how to meet a person's needs and support them to achieve their desired outcomes. (Care Act statutory guidance)

The importance of communication during a strengths-based process

Building a rapport and trusting relationship with people who may have care and support needs is a fundamental foundation for working in a strengths-based way. Different people will need different communication approaches such as interpreters, sign language, easy read documents, pictorial information, and it is vital to find the most appropriate method of communication for the individual so that they can be fully involved in the strengths-based conversations. If the person has difficulty in engaging in the process then independent advocacy must be arranged.

Some social workers and social care professionals report they have found motivational interviewing techniques extremely useful to supporting people to regain and keep the motivation they require, to be better able to tackle and change or address behaviours which may be holding them back from regaining skills they once had or from realising their outcomes.

Motivational interviewing techniques can also be used to empower people lead healthier lives physically and psychologically. The technique may also prepare and support people to take up further therapeutic input.

The role of the practitioner in motivational interviewing is to hold an open conversation, to listen carefully, and to reflect back thoughts or statements that the person has made. The person then hears the motivations and reasons, but relayed back to them differently.

Motivational interviewing is a form of counselling therapy. It can be used as short-focused intervention or can be part of a longer therapeutic plan.

'I've noticed how often service users and carers can feel powerless when they get involved with professionals. Social workers often think they know best, even when they don't, and impose their way of thinking or their beliefs on users' and carers' lives. I think it's really important that we recognise and respect people's expertise and views about their own situation. And be really up front and honest with them about our views and concerns. We're then much better equipped to develop a shared understanding of an agreement about what the aim of the work is.'

SCIE Communication skills in social work

Prevention and building relationships with health

Health and other professionals social workers work alongside have also adopted strengths-based approaches. When talking to individuals and families about healthy active living or about managing their long-term health conditions, many health professionals have also developed the way they hold their conversations to include motivational interviewing and strengths-based conversational techniques.

These strengths-based conversations may typically include a discussion about managing medication, eating healthier and counselling on nutrition and physical activity. The structured questioning highlights the things the person is already doing well, also what support they may already have. Health-focused conversations carried out in this way have become a normal approach, when providing health guidance, within the limited time allowed for an appointment.

By integrating a strengths-based approach into focused conversations, the health professional can develop their relationship with individuals and families, in a way that allows them to work together to tackle changes in behaviour to achieve the person's desired outcome, whether that be to stop smoking or to have a healthier lifestyle or manage new medication which will avoid repeat trips to the GP or acute health settings. When health and social workers or social care professionals in the community carry out conversations using a consistent approach it can provide good support for people realising their own capabilities, resources and strengths.

Building relationships with your pharmacist – Community asset-based approach.

Esther and the NHS New Medicine Service (NMS).

Esther lives alone. She has high blood pressure and has been prescribed medication for a variety of conditions. Her blood pressure medication was recently changed. Esther contacts her pharmacist about the change in medication. Her pharmacist knows that some people can encounter difficulties when they start a new medicine. As part of the NMS scheme, the pharmacist is providing support over several weeks to use the new medicine safely, so that it will have the best effect for Esther. In this case this is provided using monitoring telephone calls.

Step 1. Esther is a very sociable person; she makes the best use of her Freedom Pass by going out daily on her local bus. Esther wanted to know about side-effects and how the change in medication may affect any other medication she is taking. She does not want the new medication to have a negative impact on her current lifestyle. Esther spoke with the pharmacist about the new medication and the pharmacist answered any questions she had.

Step 2. Esther has a second telephone appointment with the pharmacist two weeks later. They spoke about any issues she may have experienced with the medicine. For example, the pharmacist asked if Esther was able to take her medication regularly or if she was finding a tablet hard to swallow. Esther was not having any of these issues, she explained that whilst she experiences a lot of pain in her legs, she tries to get out to walk as she believes the exercise is doing her good and when she is out, she feels less isolated. Esther explains that even though she is in pain, getting out into the community when she is able to, is very important to her. Using a strengths-based approach and positive risk-taking Esther is given encouragement to continue everything she is doing to increase her wellbeing. Esther feels reassured, she knows if she has any issues, then her pharmacist would be able to support her to get back on track and work with her to find solutions.

Step 3. Esther has a third telephone appointment. The final telephone conversation occurred a fortnight later. When they spoke the pharmacist again checks to see how Esther is getting on with the medication. If everything is going smoothly. Esther explains that she is managing well so far. She talks about any other health concerns she has; the pharmacist is able to provide advice and reassurance. At this point Esther and the pharmacist agree that, unless her situation changes, there will be no need for another monitoring call until her new prescription is delivered in a month's time. Esther is happy with this and agrees that following this scheduled call, the monitoring telephone service will come to an end. In this instance, it is clear that the community pharmacist and Esther have a good relationship. Esther is determined to self-manage for as long as possible and does not wish to keep visiting her GP. Esther has lived in the area for many years and the

pharmacist knows her well. Between them they develop a plan of action, when she is prescribed new medication.

Enablers to a strengths-based approach

The implementation of strengths-based practice in an organisation in general and in a local authority in particular requires the contribution and support of all staff levels and departments. In actual fact, to ensure a successful implementation it is crucial to involve partner organisations and departments, and the community.

A strengths-based approach requires cultural change for individual professionals, teams, organisations and communities. It is not about skills, or knowledge, or values, or attitudes, or processes, or procedures, or roles or responsibilities, but about all of them being aligned with the core elements of strengths-based practice to ensure its feasibility. Also, people will need to think and behave differently to achieve real change.

There isn’t a quick way to implement a strengths-based approach, and it should be seen as a journey. A journey in which all members of staff, from senior management to frontline support should embark with the aim of embedding the necessary behaviours once the practicalities (i.e. enablers) are in place. The organisation has to change at all levels. It is not only about frontline staff and their interventions with the individuals in the community, but it is also important that managers adopt a strengths-based approach when supporting and supervising frontline staff

What is needed to enable a strengths-based approach?

Below we outline some of the key necessary enablers at organisational level for the implementation of a strengths-based approach.

The Care Act sets the perfect framework and foundation to enable all social care and support functions to be strengths-based.

As explained previously, interventions must aim to promote individual wellbeing and maximise the utilisation of existing resources within and close to the individual rather than the ‘provision’ of statutory services as one size fits all.

'Developing a wellbeing and strengths-based approach to social work practice: changing culture' (Think Local Act Personal 2016) has useful examples on enabling a strengths-based approach within adult social care.

To achieve a change in organisational culture and practices, research indicates that the two key elements are: clear endorsement from senior leadership and investment in staff development.

Local systems and organisations need to have policies, procedures, processes, performance indicators and values that support and enable a strengths-based approach and to do this they should support and enable its core elements. Find below the key 10 necessary steps an organisation should take to enable the implementation of strengths-based practice at local level:

1. Strong leadership: Having a clear vison by senior management of how the culture within the organisation will be shaped is essential in order to move towards a strengths and asset-based approach.

An organisational culture is defined by how people inside the organisation interact with each other and with people outside the organisation.

Changing an existing culture can be difficult, as it involves changing how we, as individuals behave. Many councils and adults social care departments have been working from a Care Management- deficit- based- needs led, perspective for a long time. It can be a challenge to get everyone in each department (including current leaders, lead members and commissioners) on board with working differently from how decisions are made, to how much professional judgement is trusted, to how supervision and team meetings are carried out, to how processes and guidance is designed, etc. all in line with the key principles of the new culture that leaders want for the organisation.

- Leaders create the organisational culture by the actions they take and by the messages they relay, by their behaviour. Culture is learned behaviour, it is not a side-effect of operations or rules or key messages only.

- Leadership can and should be effective at every level within the organisation. How we behave as leaders drives the kind of culture we want or that we end up with.

- A shift in working practices to a strengths and asset-based approach has been most successful, when leaders start to model the behaviour, they want the practitioners in the organisation to emulate,

- Strong leadership that supports and enables the change to occur, by behaving in a way aligned with the strengths-based practice themselves, is the best way to cultivate and reinforce a culture that is relationship based and strengths- based.

- Strong leadership will take actions that promote the importance of strengths-based ethos.

- A focus on interventions and conversations with individuals rather than processes and systems, incorporating the right systems and reporting requirements, will enable good practice but will not define practice.

- Leaders should recognise explicitly the importance of person centred and strengths-based approaches and create mechanisms to support its implementation, monitoring and embedment at all levels within the organisation.

2. Shared commitment and accountability: Ensure consistency of messages across the entire organisation and its activities. The vision needs to be understood, recognised and shared by other council departments such as commissioning, children's services and housing.

- Develop guidance and frameworks that provide the necessary information and steer without being prescriptive and preventing the ability for practitioners to apply professional judgement or adapt interventions and processes to individual circumstances.

3. Promote working in a co-productive and collaborative way: Develop and promote a culture of collaborative and joint working where staff and members of the community maximise their strengths in a co-productive way.

- Work using a whole systems approach across a wide range of organisations, departments and professionals to interventions.

- Create a culture where interactions between individuals, within the organisation or between the organisation and the community are carried out in a way that maximises the active participation of all involved individuals.

4. Trust in the workforce; trusting the professional’s knowledge and practice, thus promoting creativity in the workforce.

- Support practitioners to apply professional judgement or adapt interventions and processes to individual circumstances.

- Have decision-making processes that enable positive risk taking and front-line staff to make appropriate decisions based on evidence and professional judgement.

5. Support personalisation: choice and control. Enabling flexibility in processes and procedures so that they can be adapted to meet individual circumstances and can therefore be appropriate and proportionate to them.

- Promote and enable a culture of provision of information and advice within the organisation and the local area to enable practitioners and individuals to have the necessary context and information to make informed decisions and meaningful choices and participate in interventions and/or initiatives as experts in their own lives or their own roles.

6. Ensure staff has the right information, tools, processes and systems to support working in a strengths and asset-based way.

- Develop guidance and frameworks that provide the necessary information and steer without being prescriptive.
- Adapt processes and procedures to enable practitioners to have time to have meaningful conversations with individuals and/or carers. This may include a variety of meetings taking place with individuals and/or carers, range of durations for meetings, research, consultations with other professionals, face-to-face meetings instead of phone conversations, etc.
- Provide tools (i.e. forms) that align with the above principles and ensure that systems and recording support and enables good practice rather than drive practice.
- Develop processes and procedures and decision-making processes that enable positive risk taking.
- Put in place mechanisms to enable practitioners to have access to information of community and universal services and local community assets.

7. Learning and development; Culture change depends on a change of behaviour. Support staff to clearly understand what is expected of them and how to carry out their new way of working. Training can be used to communicate expectations and help to embed new behaviours. Modelling and mentoring will also help staff learn and change.

- Support professional development within a context of professional accountability:
    - promoting opportunities for learning and development of professional skills and knowledge,

- enabling and providing opportunities for reflective practice.

8. Focus on developing the strengths of the workforce rather than focusing on what's wrong.

- Develop organisational expectations whereby interactions and supervision between managers and staff, as well as between colleagues are based on strengths, successes, what can be learned from experiences and what can be done differently in the future, thereby implementing a strengths-based approach with staff as well as people with care and support needs.

- Embedding a strengths-based approach in supervision.

9. Measure outcomes and quality: Ensure the performance indicators reflect the strengths-based and outcomes approaches.

- Monitor and promote quality using performance indicators based on measuring outcomes for individuals and sequence of events rather than 'how many' and 'how long'

10. Continuous improvement: Review and improve all the above to ensure at each step of the process of improvement all parties are fully on board and working together to maximise outcomes for individuals in the community.

In relation to the implementation of the strengths-based approach practice framework, Baron & Stanley several other organisational issues could also hinder progress:

- Staff turnover will limit the impact of cultural and organisational change .

- Supervision too often remains task orientated.

- Organisational and practice leaders can resist or feel powerless to a more open and constructionist way of working. Power sharing is ethical but easily ignored

- The promotion of a new practice framework often relies on a core group of staff, and when these staff leave or change roles momentum easily wanes.

- Patchy leadership skill and drive by managers at all levels can send a message that adopting a new practice framework is optional.

- Learning is too often optional or superficial, with many staff engaging only lightly with the training and practice sessions. Intellectual and moral engagement is needed to embed the KVETS practice framework

- Quality assurance and management information needs to focus on and reinforce a more rounded picture of practice.

- The Principal Social Worker is frequently too far away from the frontlines of practice, and this limits important organizational and cultural analysis (Stanley, 2018).

The three elements of the practice framework allows social work to philosophically return to social work values and principles which will engage our workforces, and help make the links between our professional codes, the KcVETS practice framework and most importantly, the realities of people's lives and the communities in which we all live.

Professionally, a supervisory model which embraces and models strengths based approaches and enshrines the values and principles of social work and the Care Act 2014 is also required to support changes in professional practice which will drive system change. And finally, the practice framework provides a quality assurance mechanism which is designed to ask the right questions at the right time which serves to drive forward improvements and inform system redesign. Improvement needs to be informed as much about what is being done in the delivery and experiencing of practice. Co-production is consequently bought alive in an everyday and practical sense.

Examples of enablers of strengths-based practice:

Please note that any or all of the below in isolation or without all the other enablers described above won't suffice to enable the implementation of strengths-based practice in an organisation.

Graphic 25 - Some strengths-based approach enablers

What would prevent the strengths-based approach for happening?

The lack of enablers at local or organisational level will prevent the implementation of a strengths-based approach and its application by front line staff.

It will however be not possible to eliminate all the barriers in all the interventions, therefore there may be instances where we can face limitations to how much strengths-based our approach can be. This does not mean however that we ‘can’t do a strengths-based approach’ but that we may not be able to do as much in all interventions.

Professionals should identify the barriers and constraints for a strengths-based approach in each particular intervention and try to overcome as many as possible.

The role of ‘finance panels’ vs ‘outcomes panels’

The Social Care Institute for Excellence defines outcomes as:

> 'the impact, or end-results, of services on a person's life; therefore outcomes-focused services are those that aim to achieve the priorities that service users themselves identify as important."

Some local authorities have replaced the traditional Finance Panel with a practice-led 'forum' or 'meeting' chaired by and made up of representatives from senior management including Social Work, Occupational Therapy, Assistive Technology (telecare) Commissioning and Brokerage, within an adults social care directorate. The expectation is that these senior representatives share the benefit of their practice wisdom with the social worker or social care professional. The purpose of an outcome forum or meeting is to encourage shared decision-making and accountability.

The approach has been found to support person-centred frontline practice and improve practitioner confidence. Practitioners continue to 'present' the assessment document at the forum/meeting, but the expectation is for the presenter to 'bring the individual, their situation, and demonstrate their needs within the time allowed'. It also ensures that assessments are written in a way that determines a clear narrative from the view point of the individual client/carer and their family/friends. And that the assessments identify and capture the strengths and networks of the individual client.

The comprehensive membership of the forum is important as each representative member has a role to play in supporting the practitioner to embed a strengths and asset-based approach fairly, and consistently. Telecare can be a beneficial member of the forum, providing advice and guidance on areas where assistive technology can be of benefit to the individual. If provided appropriately, following an assessment, Telecare, equipment and assistive technology, can be a very useful asset. However, provision should be part of a holistic assessment.

Forum representative commissioners and providers are also important and active members of the Forum. At each forum, assessments are presented, and the practitioner is encouraged to not only talk about the quality of commissioned provider services and the robustness of community services, but to also share examples of where there were gaps and constraints in the local market that if they were in place, would otherwise enable the person to be supported in the community.

Having commissioners present in the forum, meant practitioners were able to directly raise the issues and shape what resources or assets should be commissioned or developed within the community. In one local authority, it was noted that there were several clients, recently discharged from hospital and with enhanced packages of support.

The practitioners presenting at the forum all narrated a similar journey, that the aim for the client was to regain their confidence and skills to reclaim a certain level of independence. For example, following a fall and a stay in hospital, at the time of the assessment, two clients were living and sleeping in their living room downstairs. They were provided with a

commode and had a 'micro environment'. Their goal was to be able to develop their confidence and to sleep in their bedrooms upstairs.

The provider services working with these individuals were encouraged to deliver care and support within a model that would enable the clients to develop their potential for regaining their skills, and to eventually be able to make use of the upstairs of their home.

It was realised that they would also benefit from volunteer befriending services; there was a long waiting list for such services. However, having Commissioning and Brokerage as members of the forum improved professional relationships. They were better able to appreciate the views and voices of the individuals accessing services and the lack of community assets. That meant commissioners began to commission for outcomes and to increase market diversity. The forum can also help with implementing the 12 standards under commissioning for better outcomes.

The approach also reinforces sound and robust practice, rather than purely cost of the package or financial arrangements. It should encourage individual workers to reflect on their practice, in particular where there may be concerns around risk, safety and increasing complexity, discuss outcomes and duties under the Care Act and ensure that these are clearly addressed and evidenced within the assessments that are presented.

It is important that the forum/meeting is set up and established as a supportive space for workers to attend and discuss the outcome-related assessments and support plans, and to have these agreed and verified. Local authorities that have implemented this have found that this has supported embedding a strengths-based approach and that savings have been realised as an unintentional by-product.

A forum/meeting held in this sense will also provide a quality assurance function and ensure that there is consistency of case recording and assessments.

What are the key skills for strengths-based conversations?

Social work practice is underpinned by numerous skills and great knowledge, strengths-based practice requires some essential skills such as:

- Ability to advocate on behalf of others. The outcome forum promoted well-developed advocacy skills, which enabled social workers to properly represent people's views and wishes, and to shape the local market by identifying gaps, and advocating for different commissioning models to obtain the services communities need. Excellent advocacy skills lead to positive change, and this supported people to live empowered lives.

Other necessary skills are:

- Effective communication skills - written and verbal.
- Ability to provide advice and information in a variety of accessible ways to a range of audiences
- Ability to ask open questions and manage a semi structure conversation
- Listening
- Empathy
- Ability to apply their knowledge in disabilities, impairment or illnesses to interventions and adapt it to the circumstances of the individual. Creative and lateral thinking
- Ability to network with community organisations
- Collaborative working
- Professional curiosity
- Reflection and making sense of complex issues
- Ability to recognise professional limits and to understand when support/input from others is necessary (i.e. independent advocate, occupational therapist, health professionals, etc.)
- Analytical and problem-solving skills
- Critical thinking
- Ability to be objective and respect diversity without the need to understand the reasons for the decisions or behaviours
- Professionalism

Examples of strengths-based interventions; applying the KcVETS model

Social workers and social care professionals can and should be naturally using strengths-based practice in a wide range of interventions and activities. To illustrate what strengths-based practice is and what it is not, and to enable and support practitioners to identify if their interventions are strengths-based, we have provided examples of strengths-based practice.

Reflective practice is a key element for professional development, at the end of each intervention we have included questions to elicit and aid reflection on the intervention.

For reference, we have also illustrated how the strengths-based approach practice framework can be applied to professional interventions. Please note that we have not applied the entirety of the framework but a sample of it to each intervention.

We hope that social workers and social care professionals will find these questions useful, to aid reflection in and on their practice.

The aim of each example scenario, is to illustrate a professional intervention. Please note that the descriptions are based on real interventions. We have however, amended the content to ensure anonymity and extracted parts of the intervention to highlight and illustrate the strengths-based approach in practice. Though, in some or all the cases, further interventions or activities may have been carried out.

Supervision

Principles

Leadership is key, in order to successfully embed a strength-based approach to practice. The organisation needs to consider its own approach to modelling the principles and philosophies in a wide range of activities.

The expectation to work within a strengths-based framework is not limited to direct work or interventions undertaken by practitioners or front-line staff with adults and families who access services.

The ethos of working in an empowering way, highlighting the strengths of others can be best demonstrated and reinforced during supervision. This ensures that a strengths-based approach is used as a foundation to support the basis for decision making within the organisation at all levels. For example, in team meetings and in peer or group supervision activities, etc.

Supervision can be experienced as being a gatekeeping or performance management tool, and to highlight the deficits or shortfalls of the supervisee's performance for example, monitoring timely case closures.

> 'Whilst social work supervision or clinical supervision is critical for maintaining professional standards, in order to encourage and model a strengths-based approaches, supervision should shift from an administrative / performance-driven focused model, to a model of direct supervision that supports practitioner development and is "helping the social worker develop practice knowledge and skills and providing emotional support to the person in the social work role".'
>
> (Kadushin & Harkness, 2002, p. 2).

Reflective discussions in supervision should focus on the experience not only of the practitioner but also how the individual may have experienced the intervention.

If we acknowledge the worker as the 'best expert' to be able to find a way through the challenges faced by an adult and their family, the worker has greater potential to support the family in identifying their own expertise and potential.

However, to achieve this supervisory relationship which is both supportive, inquisitive and challenging needs to be created.

Modelling motivational interviewing techniques may encourage supervisees to utilise critical thinking skills and address biases through use of open-ended questions, affirmations, reflections, and summaries. All of which supports engagement and can be used by social workers and social care professionals when supporting individuals and their families/carers.

It should be acknowledged that in order for social workers and social care professionals to work 'with' rather than 'do to' or 'do for' individuals, the worker needs preparatory time to think through how to undertake each intervention.

> The supervisory relationship is fundamental for the delivery of effective social work services and "there is a direct link between the quality of supervision and outcomes for service users" (Wonnacott. J 2012 p.14)

Good supervision should support a two-way approach, whereby social workers and social care professionals are encouraged to prepare for their supervision session and the session supports the worker to explore, reflect on and find potential solutions in their work. Rather than the worker being given directives or being provided with a range of solutions or answers

As supervisor consider:

1. How do you support the supervisee to identify what outcomes they want from each supervision session and from supervision in general?
2. How do you both record these outcomes? And how will you know they have been achieved?
3. How do you highlight and incorporate the supervisees own strengths in supervision sessions?
4. How do you provide support and guidance during supervision sessions in a way that is meaningful for the supervisee?
5. How do you ensure that the supervisee is able to realise their own choices, decisions and actions and ensure their views and voice is heard?
6. How do you provide space for the supervisee to develop professionally whilst balancing the challenges both in the workplace and out of it?
7. How do you support the supervisee to think about their approach; why they thought this was the best way or what they could have done differently?
8. How do you encourage the supervisee to provide a rich narrative about case work deeper than surface level facts about the individual, their family, their illness or situation?

Questions in supervision to aid reflection

The following are potential questions that may assist to develop the social workers and social care professionals thinking during supervision:

Exploring the dynamics – Narrative: the person's background and history

- How would you describe ’individual/carer name’? Tell me about ‘individual/carer name’

- Based on what you know already has there been a time when the person was able to manage the issues/concerns? How long ago was this? How did that happen? Who helped? What personal characteristics or resources did ‘individual/carer name’ use to do this?

- How did you ensure that ‘individual/carer name’ spiritual, cultural or identity needs were incorporated?

Aspirations and outcomes, what does the person wish for their future?

- What would ‘individual/carer name’ say or their carer say are their best hopes for their future?

- What do you think are the best hopes for their future?

- What would ‘individual/carer name’ like to do or achieve?

- What specific changes would ‘individual/carer name’ like to see in their situation?

Information gathering, communication and engagement

- Explain to me how you engaged with ‘individual/carer name’

- How did you ensure that ‘individual/carer name’ was as involved as much as possible in the discussions?

- What steps did you take to ensure that ‘individual/carer name’ could provide as much information as possible during the intervention?

- Would you say you have a clear understanding of ‘individual/carer name’ point of view about what their life is about and what do they like it to be? Does your professional opinion differ from it? Why? How?

- What evidence do you have to support your professional opinion?

- Is ‘individual/carer name’ able to understand what needs to change and how to they can do this? If not, what could you do to help develop their understanding?

- Who else have you spoken with regarding ‘individual/carer name’ and their situation?

- What information is still missing? Who might be able to answer these gaps?

Concerns and risk

- Describe their environment; are their environmental issues that are impacting on ‘individual/carer name’?
- Given what you already know what concerns do you have about the situation? What is ‘individual/carer name’ ‘individual/carer name’ most worried about?
- What makes this situation challenging to manage?
- What is the worst thing that might happen if nothing changes?
- How can you describe what concerns you in a way that the ‘individual/carer name’ appreciates what you are worried about?
- What is the family/network most worried will happen, is this a shared concern?
- What might help to create a common understanding?
- What are the signs that you and the network will see if things are starting to go wrong?
- What will the network do if things are going wrong?

Planning

- Does the plan cover all the things ‘individual/carer name’ is worried about? And all the things that concern other people including you?
- How has ‘individual/carer name’ hopes/desires been addressed?
- How does ‘individual/carer name’ think they can solve or improve the issue or situation?
- How will ‘individual/carer name’ know their situation is improving?

Focus on the worker’s practice

- If I was present in the room when you were visiting ‘individual/carer name’ what would I have observed you doing?
- Thinking about this work, what are you most satisfied with? Tell me more.
- Can you explain what you thought went really well?

- Can you explain what things you may do differently next time?
- What was the most useful question that you asked to help you to understand ‘individual/carer name’? And to understand what was going on?
- What would ‘individual/carer name’ say was the most useful or supportive action that you did to help them?
- What did you do to help ‘individual/carer name’ be able to have some control or choice about their life?
- How did you support ‘individual/carer name’ to become aware of their resources and strengths?
- What have you learnt from this piece of work?

Assessment in the community: Arpita's story

Arpita is an 81-year-old lady who has perhaps the largest supply of books I have ever seen. She loves to read. You could call it a passion but that would probably be an understatement. I have read many reports about Arpita but they tend to focus on her wheelchair or her ‘complex’ and ‘challenging behaviour’. I ask myself wouldn’t I be challenging if someone asked me, even politely, to get rid of my prized possessions because they were ‘prohibiting free movement around my house’.

I did not see Arpita’s love of books as a problem with hording but instead as a potential library. Arpita spends most of her days in her home, rarely going out due to the lack of wheelchair accessible areas in her local community.

My work with Arpita challenged me to first look closely at her inner circle. Arpita had lost touch with her family and had no friends or at least none that she spoke of. After several conversations I learnt that the roots of Arpita’s disconnection from her family was that they were scattered across England. Furthermore, she did not want them to see her in her current state as she does not like to be pitied. We explored ways in which she could possibly regain these connections without focusing on the changes that she had experienced over the past few years.

Reaching out in to the community I wanted to explore whether the local library had the means to start a book club. Unfortunately, they informed me that whilst they could potentially house the club and offer some resources, budget cuts meant that they could not coordinate it. I was however aware that there were several requests for book clubs in my office. One of which was willing to facilitate anyone else who wished to join and welcomed the use of the library.

Now that the foundations were laid I started to mention this club to Arpita during our conversations. I first asked whether she would be willing to loan out some of her books to the club. Arpita welcomed the idea. We first focused on the books in the front hallway. Together we were able to identify 50 amazing books that would be perfect for the club. Regrettably, looking through the books we realised that some were damaged and unreadable. We both agreed that it was probably pointless keeping these if they couldn't be of benefit to her or the club.

It took a couple of months before Arpita was willing to join the book club herself. At first she joined out of curiosity. One of the members of the club kindly volunteered to help Arpita to get to the library. On her way out of the door on the first day, Arpita commented that it was so much easier to get around her home without the books blocking the way. Furthermore, she was pleased that her books were bringing joy to the group.

Arpita soon became a core member of the book club. Her insight in to the books was a breath of fresh air to some of the group members who had found that the group was becoming a bit stale. During the club Arpita opened up about how she felt. She explained that social workers often made her feel useless and labelled her as a hoarder. Sure, they never called her a hoarder but she knew that's what they were implying when they talked about the 'clutter'. They focused on her missing legs and not on her mind that was still alive with creativity. Every time they visited, usually annually, they convinced her of all the support she needed. They tried to offer her day centres – which she found boring – and introduced carers to her home. Whilst the help was appreciated, their judgements were not. This was the first time she felt that she had something to offer others. Speaking to the group largely made up of social workers and occupational therapists she learnt that she could be a bit more creative with the way she managed her care. She did not know for instance that there were devices to help her around the home such as robot vacuums. This felt a bit like something out of one of her science fiction novels but thought it would be amazing.

This experience had been so liberating for Arpita. She felt valued and a positive impact of sharing her books with the club is that her property was now clutter free. As word travelled of the success of the group it started to grow, attracting people from all walks of life.

Why is this intervention strengths-based? What in the intervention is strengths-based?

- The professional not only approaches the situation with a focus on Arpita but also records the intervention focusing on her and her life.

- The intervention is clearly about promoting Arpita's wellbeing and maximising her quality of life and not about dealing with a problem.

- The intervention is holistic and explores all Arpita's circumstances and takes into account or as the Care Act requires 'has regard' to her personal outcomes.

- The intervention explores and makes the most of Arpita's strengths and supports her with linking with the community, promoting her wellbeing but also contributing to community development in the understanding that all individuals can contribute to their community.

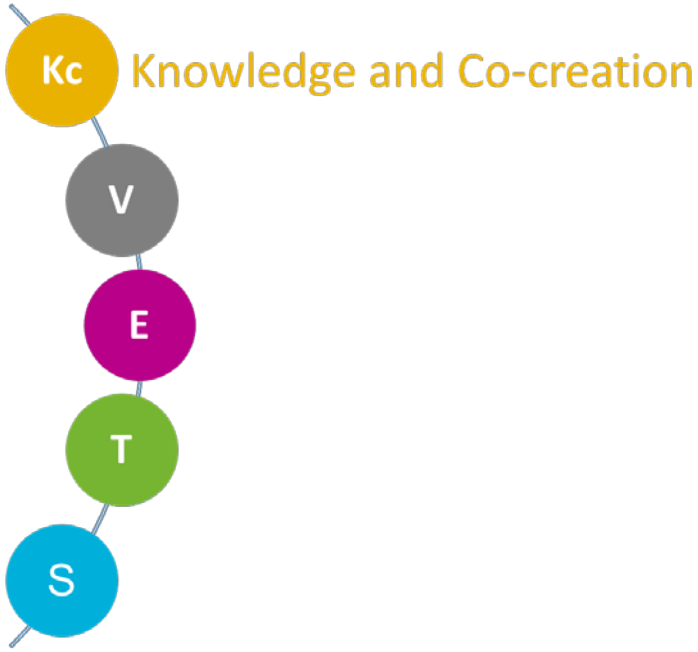
- The professional does not focus the intervention on reducing risks but on promoting Arpita's wellbeing, taking into account the risks she faces at the moment. These risks include her flat having a lot of 'clutter' and that she has not left it in some time. The professional looks not only at Arpita's strengths, but at her potential strengths.

- The intervention is person centred on Arpita and her life but taking into account the community resources, or lack of them, or needs for them, and linking the individual with the community and enabling community development.

Is there anything that is less strengths-based?

- Previous reports seem to indicate that interventions were not strengths-based. The focus of the intervention was either the complexity of the problem or Arpita's behaviour. There was little indication of Arpita's life, Arpita herself or her personal outcomes, and no mention of her strengths or potential strengths

KcVETS strengths-based approach practice framework



What does this tell me about my practice?

I have the ability to look beyond the problem into the person as an individual and in their life.

I am able to see the whole of the circumstances, taking a holistic approach in the intervention from Arpita's life whilst considering the highlighted issues.

What knowledge do I value?

I value the following knowledge:

- who is Arpita?
- what are her feelings?
- what is important to her?
- my statutory duties
- what exists and is needed in the community?

The specific strengths-based tool, technique or model to be used should always be selected in relation to the intervention and the individual and their circumstances. Some models, tools or techniques do not work best for some people but work brilliantly for others, so the social worker and social care professional has to use their knowledge of the individual and their professional judgement to select a model, tool or technique that is going to be most suitable for that specific intervention.

What knowledge is competing in my professional decision making?

In my professional decision making the following knowledge is competing:

- Information recorded about Arpita 'having complex and challenging behaviour'
- The information I found out in my conversations
- Potential risks that Arpita faces.

Assumptions vs evidence: Do I have evidence to substantiate my professional decisions?

Yes, I have evidence because my decision making wasn't informed solely by information provided by others but by information I have seen and/or heard directly from the individual.

What systems are in place to develop co-creating within my everyday practice?

I was able to interact with Arpita in a relaxing and engaging environment for her. I was able to adapt my intervention to Arpita's pace to enable her to work in partnership with me.

My organisation has a mechanism that allowed me to be aware of other requests from individuals wanting to belong to a book club.

Review in a residential placement: Ant’s story

I visited Mr Anthony Jones at Willow Tree residential home. Mr Jones was sitting alone in the residential home’s ‘Sun Room’. He appeared to be staring vacantly at a wall in the home. I wanted to learn a little about him before we started talking. I asked the health care staff to see his log book, paying particular attention to the ‘About me’ section. I learnt that ‘Ant’ as he likes to be called prefers his own space. He has never really been one to socialise. He worked as a clerk for National Rail. He has identical twin sons but no other family members or friends. Ant never wished to end up in a residential home and had it

been his choice he would have preferred to remain at home. Unfortunately, Ant developed a tumour in his brain which affected his ability to use and weigh information. Among his strengths is that he can still make basic decisions such as what he would like on his toast or what he wishes to wear. He could not, as hard as he tried, form a conclusion about the whether he needed any support to manage his daily routine or how he was going to achieve this. To his credit however, he was willing to at least try.

I wondered whether this condition was treatable, had this been considered? Upon further scrutiny I was able to determine that a consultant had opted not to treat the tumour as Ant lacked the capacity to make this decision. There was no evidence to suggest however how this decision had taken in to account his past wants and wishes, the views of his family, the risks or the benefits of such an operation. Could an operation return his insight? Further reading also indicated that such a tumour was likely to cause him immeasurable pain if left untreated. The report went on to indicate that he did not respond well to positions of authority and had previously refused to speak to them on this basis. To me this demonstrated strength in that he continued to hold some sense of self. I decided that I had read enough and that I would now like to meet Ant and form my own opinion, whilst being mindful of what he may like or not like to discuss.

I was aware that Ant may not respond well if I simply introduced myself to him so I asked his key worker if she could kindly introduce me. Ant greeted me with a smile as I explained who I was and why I was there to see him. I explained that it was our responsibility to review his plan of support on an annual basis to make sure that it was still working for him. Ant simply nodded along in apparent recognition of what I had said. He appeared to take time to gather his thoughts to form a sentence: 'I think it’s going well … I am ok', he whispered. I asked Ant to talk me through what he would like his day to look like. I chose however to break down the day into bite-sized chunks, starting with immediately after he woke and ending with immediately before bed. After each answer he provided, I asked him how close we were to achieving that goal. Ant had no apparent difficulty talking me through his ‘ideal day’ but could not recall whether this was actually happening. Ant described that he prefers to wake up early so as not to miss the best part of the day. He would have a cup of coffee. He did not like to wash in the morning as he did not see the point, he jested that he hadn’t had the chance to get dirty yet. Instead he preferred to get dressed and go to the local park, maybe have a drink at the pub. He was not a big fan of lunch and would much prefer to have a large dinner. He would then have a quick shower before putting on his night clothes ready for bed at about 8 or 9pm. Observing the care notes I already knew that this bore no resemblance to his actual day. He was required to wash in the morning, was given a fairly large breakfast and had limited options in relation to going out, as the home simply did not have enough staff to cater to this preference. I noted however that both his sons were retired and lived in the local area, I was also aware, from my own experience, that there was a befriending scheme not too far from the home.

Following several conversations with Ant's sons and the local befriending scheme Ant was once again able to go to the park and pub every other day. He was also given an additional option at lunch-time to have a smaller meal or no meal if he wished to. Ant could opt to wash in the evening and was encouraged to wake up early as per his wish. Furthermore I spoke to the consultant in charge of making the decision not to treat his tumour, who acknowledged that he had not thought about best interest in the context of the Mental Capacity Act. He subsequently agreed to gather together Ant and his family to review his decision, explaining fully the risks associated with leaving it untreated and the treatment itself.

Ant now appears a lot happier, spending a lot more time outside the home and less time staring at walls. He now has clear personal outcomes that include going to the park, washing in the evenings, planning his meals and visiting the pub once in a while. On reflection, having meaningful conversations with Ant, his family and wider support network truly helped expose strengths that were not immediately visible. It also showed me how the blanket policy that the care home were using did not take in to account his personal outcomes. He is able to make basic decisions; has a strong bond with his sons and retains a clear sense of who he is as an individual. This knowledge served to help me in promoting the nine areas of wellbeing as identified by the Care Act 2014, to ensure his eligible needs are met considering his personal outcomes and ultimately improving his happiness.

There are two key types of outcomes in the Care Act:

- Personal or desired outcomes – these are what the individual (adult or carer) would like to achieve 'what does good look like for you and your family?' And should be identified at the assessment '6.5 The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing.'

- Eligibility outcomes – these are used when determining the second condition of 'eligibility determination'

  1.1 The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life

  1.11 Whenever a local authority carries out any care and support functions relating to an individual, it must act to promote wellbeing – and it should consider all of the aspects above in looking at how to meet a person's needs and support them to achieve their desired outcomes.

  1.12Taking this approach will allow for the assessment to identify how care and support, or other services or resources in the local community, could help the person to achieve their outcomes

Why is this intervention strengths-based? What in the intervention is strengths-based?

- Starts from ‘what does a good day look like for Ant? And not from what services is Ant receiving and their cost.
- Ensures all the legal and good practice requirements are met but does not allow the processes to get in the way of promoting Ant’s wellbeing.
- The intervention focuses on Ant, and his life, how it is and how he would like it to be. It goes beyond ticking boxes and filling in forms.
- The professional considers Ant as an individual, independently of his illness, and his social network.
- The professional goes a long way to ensure that Ant is a fully engaged party in the intervention.
- The intervention draws upon the professional knowledge of community resources and the professional’s ability to find out about what else can be available? What else can be done?
- The professional is inquisitive and curious and goes beyond ‘completing a review’ and focuses his skills and knowledge towards ‘improving a life’.
- The professional stablishes professional and meaningful conversations with Ant, his sons and the consultant.

Is there anything that is less strengths-based?

- Ant was initially expected to fit into the residential home's personal care and meal regime/timetable. This is an institutionalised approach and not a personalised strengths-based approach.

How some parts of the intervention would have been if they had not been strengths-based

- The professional could have arrived at the home, after reading the last review or assessment, and support plan and asked Ant and staff from the home if Ant had his needs met. The answer would have been yes from all parties and that would have been the end of the review.

- The professional could have accepted that Ant's brain tumour could not be treated, without talking with Ant and the consultant about what other options were available.

- The professional could have accepted that the residential home has rules, and is short-staffed and therefore as Ant's needs are being met, there is no need to identify what else can be done or what can be done differently to meet Ant's personal outcomes and promote his wellbeing (i.e. personal care in the evenings, bigger meal at night…)

KcVETS strengths-based approach practice framework

What drives my social work?

My social work is driven by being curious and not taking things at face value, but finding out about past life and history of the person to inform the way I work with them.

I am driven by a strong sense of advocacy and upholding the human rights of the individual.

I pride myself in ensuring that I have the right information based in evidence to inform my interventions and decision-making. This means that if I have not heard the information from the individual themselves, I have corroborated that what I have heard or told is a fact.

Do I have a philosophically driven approach to my values and ethics?

What is this? What are the parameters to this?

Yes, I value the individual life and the life of the individual in relation to the community. I value the contribution that any individual can make to their community and that each community can make to an individual.

The individual can enhance and develop the community, the community can support the individual –and provide social context and relationships for the individual.

What does care mean to me, the person and/or society?

As a professional, for me "Care" is the promotion of individual wellbeing. The term "Care" - as the wellbeing principle in the Care Act- also incorporates;

- Personal dignity
- physical, mental and emotional health;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living arrangements;
- the individual's contribution to society

and their quality of life beyond the provision of services to meet eligible needs.

The concept of "Care", to the individual person is likely to mean something else, maybe along the lines of being able to live as a valuable member of the community, to be respected and have dignity; having 'A life worth living until I die'.

Wider society may view organising and arranging "Care" as part of a heavy bureaucratic process in order to commission services to reduce, not to manage, risk to the individual, the organisation and the wider community.

I understand that society's view of "Care" should be based around an approach that nurtures meaningful relationships, in order to support people to live the lives they want by encouraging a positive approach to risk-taking.

Rehabilitation in a Mental Health placement: Jonno’s story

I began working with John Holmes after he had just moved into a 24-hour rehabilitation placement for people living with symptoms of mental ill health. Jonno as he prefers to be called is a gentleman in his late 40s. He had previously spent a great deal of time in hospital following an incident in which he set fire to his home of three years. It was reported that Jonno believed that there was a demon in the property tormenting him. I imagined how harrowing this experience must have been for him and how I would react to a similar experience. This truly helped me to empathise with Jonno and think of ways in which we could work in partnership.

My first true experience of Jonno was during a ward visit. He appeared in my opinion subdued and detached from other residents and staff. Reading his reports I could see that he was unhappy with his experience there. The unit he was on allowed him to have his own room but share other amenities. He had not been attending groups because he felt that staff were not showing enough interest in him. Looking objectively I could see that staff were indeed quite dismissive of patients and did not appear to hold them in the same regard as they did one another. Further reading showed me that Jonno had reportedly fallen out with his siblings and was hesitant about attending sessions put on by the unit. To his credit, he had agreed to attend one group session per week. It was noteworthy however that this was offsite as opposed to all the other sessions held within the unit. I felt that this may have been his way of expressing his readiness to leave. I noted however that staff did not share this opinion, feeling that he would be at risk if left alone in the community.

I found Jonno initially quite difficult to strike up a conversation with. One of the great strengths of rehabilitative work is however that we are afforded time to build relationships with our clients. My interaction with Jonno lasted several weeks. During this time I came to know him very well. I understood why he did not want to open up. He was tired of people talking to him as if he was just another statistic, another victim of mental health. One of the first strengths I noticed about Jonno was that he was very aware of how his mental health affected him and did not really need anyone to remind him. Instead he hoped to focus on other things in his life that he had been struggling with such as insecurities about his

appearance. Whilst he accepted that his hallucinations were not real, the way he felt about himself was however very real. The more we talked, the more willing Jonno became to opening his circle of trust to others. Initially this was limited to just our team psychologist who was able to explore Jonno's thoughts about himself. He later however started to engage more with staff, recognising that they too served a purpose in his desire to leave.

Jonno revealed to me that he hoped to be given another opportunity to live independently. Most of our conversations focused on how we could achieve this outcome. I learnt that he was great with budgeting and knew exactly how to manage his affairs even on a very low income. He kept his room on the ward in immaculate condition. Staff in fact observed that all they needed to do was change the sheets periodically. Jonno insisted on doing everything else. Jonno was also quite the entertainer. I could see how he was able to retain so many friendships in his personal life.

Together we discussed a range of activities outside of the unit. We used things that were already within Jonno's social sphere such as renewing his annual cinema pass and arranging trips to his favourite coffee shop to meet with friends. We also worked on the differences he had with his siblings in the context of a family group conference. This really enabled Jonno's family to see the world through his eyes and empathise with his fears of being alone.

I was really proud of Jonno's efforts to achieve his paramount outcome of once again having his own flat. He worked hard to push past his fears and anxieties. Whilst he still had fears of people and things trying to harm him we worked on coping mechanisms that were suited to his lifestyle. One such option was the installation of a panic button and escape plan. If Jonno was to ever feel threatened in his home he was to press this button and leave the property. This would in turn notify his friends and/or family that he needed assistance. Jonno's family were more than happy to support Jonno with this and agreed to be on call for certain days of the week. We initially trialled this in a self-contained flat with a 24-hour warden. This was immensely successful. John even started volunteering at a local charity store, and offered a valued insight into the DVDs they had on sale. Whilst this was not all plain sailing and Jonno did have moments of uncertainty, he now had a means to express his fears in his own way. He knew that the panic button would help him to get the help he needed rather than having to face his fears alone. Jonno's hopes are to soon be able to have his own flat once more. He would like to take his panic button which he has called the 'red devil' with him.

Why is this intervention strengths-based? What in the description is strengths-based?

- The professional starts with Jonno and his wishes and perceptions. Acknowledging the constraints in communication and understanding, but not allowing this to prevent the development of a meaningful conversation based on a relationship of trust.

- The professional respects Jonno's wishes of not talking to his family until he is ready to do so.

- The professional identifies Jonno's strengths, sometimes the positive side of what has been identified as a weakness or deficit (i.e. attending 'only' one session a week).

- The professional goes beyond the 'routine' of checking that Jonno still has hallucinations and 'is not engaging' and establishes a relationship of trust with Jonno working in partnership towards Jonno achieving his personal outcomes.

- The professional has a positive risk-taking approach. Whilst aware of the risks that Jonno faces living on his own, he works with him on how to maximise the benefits and strengths and support networks to promote his wellbeing.

- The professional does not label Jonno 'as not engaging'. The professional is aware that they have to do all that is possible to engage with Jonno, as this is their job.

How some parts of the intervention would have been if they had not been strengths-based

- The professional could have listed the risks of Jonno living on his own and leave it at that, not looking at potential benefits and how to maximise these and enable his personal outcomes.

- The professional could have just focused on Jonno's hallucinations and Jonno 'not engaging' and not have made an effort to maintain a meaningful conversation with him.

- The professional could have said that 'there is not time to try and find Jonno's relatives and build a relationship with them as they fell out some time ago'.

- The professional could have carried out the intervention with a sole emphasis on the ‘staff ward’ views on Jonno and his situation, rather than making an effort to engage with Jonno and understand him and his circumstances.

KcVETS strengths-based approach practice framework

What have I done before?

As a mental health practitioner my use of strengths-based practice has been incremental. I have built positive relationships in order to engage with people.

Using a strengths-based approach enables me to be professionally accountable for my interventions and using the learning from my reflection on previous experiences has improved the quality of my interventions. In the past I found myself on occasions too focused in the 'issue' that the referrer was highlighting and losing or missing the individual which life we are talking about. When reflecting on my interventions I realised that a stronger focus on the individual was needed.

What has worked? What can I use?

I am able to use evidence-based practice in family group conferencing to reconnect Jonno with his siblings.

I can use family group conferencing.

What experience is a strength and what needs to be worked on?

The fact that I can work focusing on the person not on the risk is a strength, as it is family conferencing and positive risk-taking.

I recognise however that the recording of my approach to risk needs to be worked on. I need to develop a more robust approach to recording how risks are managed. Whereas I had full awareness of the level of risk for Jonno of living on his own, and my positive risk-taking approach meant that I was willing to work with him in managing and not solely reducing the risk, I appreciate that the way I have recorded it is not an accurate reflection off the level of existent risk.

Re-assessment at home: Jane’s story

Mrs Jane Smith is a 91-year-old widowed woman of mixed African and Asian heritage. I first met Jane during an unannounced home visit in late October. Concerns had been raised by a neighbour that she had been seen wandering about outside in just her slippers and underwear during a season of exceptionally cold weather. Jane has three children although her neighbour has informed me that she has never seen any of them. I had made several attempts to contact Jane prior to this visit but her phone constantly went to voicemail. I knew very little about Jane but was keen to hear her perspective on what was going on.

My first observation was that Jane’s home had the appearance of being abandoned. Reflecting in action I realise immediately however that this was my subjective opinion based on my own values about how a house should be kept. There were cobwebs covering the windows and paint was heavily peeling off the window sills. Her two wheelie bins for recycling and household waste were on their sides, with flies buzzing around them both. The only bell was hanging loosely by a thin wire and did not look safe to press. I instead opted to knock on the wooden door frame. Initially I heard nothing so I spoke loudly through the letter box: 'Mrs Smith are you there? My name is John and I am a social worker'. At this point I could make out a faint voice toward the rear of the house. I repeated my statement adding: 'I just want to see if you are ok'. I should stress that I made sure no one was in earshot as I wanted to preserve Jane’s privacy and did not want to attract the wrong kind of attention from others who may seek to harm her.

As Jane approached the door, I could see through the glass that her arm was outstretched toward the wall for stability. This to me demonstrated a key strength in her awareness that her mobility was limited in some way. Jane opened the door and greeted me with a smile: 'Hello young man, how I can help you?' I repeated my original statement once more, asking whether I could come in.

Jane guided me to the front room pointing me in the direction of a sofa. Jane herself sat in an armchair across from me, looking vacantly at photos on the mantelpiece. I explained the purpose of my visit, lifting up my badge as proof of identity. I enquired who the photos were of.

Jane explained that she did not recognise all the faces but pointed to a black and white photo of a very smart looking gentleman stating that's my husband Julian. 'He is out at work at the moment.' I asked what he worked as. She explained that he is an engineer and that she is a midwife. I didn't seek to challenge this information as I felt, at this moment, it may cause more harm than good to point out that her husband had passed away or that she was retired. As Jane appeared to be comfortable in my presence and seemed talkative, I decided that it was appropriate to continue with the assessment conversation. I stated that I was in a caring profession too and wanted to see if there was anything I could do to help.

She reiterated that her husband helps when he is here. I asked what chores she would normally do and what her husband would have normally done. She stated that her husband insists on cleaning the home himself whilst she does all the cooking and manages the household finances. This provided somewhat of a rationale as to why the house may be in the condition it was. I presumed that Jane had been leaving the housework for her husband to do. She had a clear sense of roles and responsibilities. This was an important part of her narrative. The only gap in her narrative was the presence of her husband.

There was a strong indication that she had been cooking and keeping up with her bill payments as the stove looked like it had been used very recently and the house was warm from the central heating. I asked how Jane felt about her home at the moment. Jane stated that it was a bit messy and that there were a few things that needed Julian's attention. I asked whether there were times in the past when she would do the cleaning. Jane stated that she would do it if Julien was busy. I asked whether she had children. Jane stated that she had two daughters and a son. I asked whether they would ever help out around the house. Jane explained that they were very helpful but led busy lives. I wondered whether they may somehow have lost contact or were unaware of Jane's current circumstances. I asked Jane whether she minded putting me in touch with them to see what help they could offer. Jane was agreeable and handed me a diary whilst circling their names and numbers with her finger.

Jane then asked what brought me here and I once again explained, this time highlighting that she had been seen outside with very little clothes on and that neighbours had been concerned. Whilst Jane could not recall this event, she was able to articulate that this would not be sensible behaviour, especially if it were cold. This demonstrated another strength of being able to rationalise the use of warm clothing during cold weather. I could not however be certain that this behaviour would not be repeated or whether she would

move beyond the threshold of her home. She acknowledged that if she had indeed gone out unclothed, she would like her dignity to be preserved in some way. She was not sure how this could be achieved but was willing to consider options such as a reminder on the door.

Whilst I found Jane to be confused around some life events, specifically the death of her husband. I felt that at that time, Jane had capacity to determine where she wanted to live, and my mental capacity assessment corroborated this decision. Jane was very clear, she stated that she would like to keep her property in a better state as she was normally quite house proud. Fundamentally it was important for her to remain at home as this has been her family home for the past 30 years and she would sooner stay there with a few additional people helping out if necessary. Her preference would however, to be supported by her husband and family in the first instance. She would welcome technological solutions but may need someone to explain them to her.

Following the visit, I was able to get in contact with two of Jane's children who both lived out of town. They had no awareness of what had been going on with Jane and welcomed my input. They would like to have a family group conference with the wider family to explore how they could work alongside Jane. They informed me that she was quite a proud woman but that she has always remained firm that above all she wished to remain in her home, even if she became unwell. They reiterated Jane's comments that she would gladly accept care if it meant keeping her home. She would just need to be reminded quite regularly that this is why care was in place.

Following the family meeting the family have arranged a befriending rota. They would ensure that at least every other day somebody pops in to ensure Jane felt she had a sense of family around her. They would between them commit to accommodating the role their father had played in mum's life thereby filling the gaps in her narrative and enabling her to continue living the life she had become accustomed to. It was clear that neighbours who raised the initial concerns were a positive asset for Jane. They also agreed to look out for Jane and to notify her daughters or social services should they have further concerns.

Why is this intervention strengths-based? What in the description is strengths-based?

- The professional approaches the intervention, with a focus on Jane and not Jane's problems, and therefore goes on finding out about Jane, her life, her priorities, etc. rather than purely finding out the level of needs that Jane has, though obviously finding about Jane's needs is an important outcome of the intervention that the professional can't overlook.

- The positive risk-taking approach, where the professional is open to explore possibilities and keeps an open mind about the level of risk throughout the intervention, rather than making assumptions about Jane's risk due to her potential memory problems.

- The professional enquiries makes the most of Jane's answers in trying to link her with her social and family networks. But at the same time, being honest and open with Jane and her family.

- The professional is able to look beyond Jane's immediate family network and engage local support from her neighbours. It is clear that they have been watchful of Jane as they raised the concern.

- The professional looks beyond what is currently happening and tries to make sense of why the situation is occurring. This is a great way of ensuring any next steps align with the individuals wishes and their circumstances.

- The professional establishes a relationship with Jane based on full respect. This begins and continues all the way through the intervention with the assumption that Jane is best placed to judge her wellbeing, and that the focus of the intervention is not about 'sorting out Jane's problem' (or what has been identified as Jane's problem) but to work with Jane on how her quality of life can be improved and/or her wellbeing can be promoted.

How some parts of the intervention would have been if they had not been strengths-based

- The professional could have approached Jane with the assumption that as she has been wandering she is not safe living on her own or in her own house anymore. Once a person is labelled as 'being at risk' this can quite easily become their sole definition and ultimately, they are then seen to be in need of 'protection'. This risk-averse action may result in commissioning large care packages such as 24-hour care, which Jane may consider very restrictive and not supportive.

- The professional could have presented to Jane the information from the 'referral' as the main problem to deal with, not providing room for Jane to present her part of the story or allowing her to respond or give her views on the situation.

- The professional could have taken the referral information and unanswered telephone calls and assumed that Jane was unable to benefit from services to support her to remain at home. Without exploring Jane's personal outcomes or priorities and without spending time meeting Jane, the outcome may have been very different for her

Appreciating the individual's right to take risks: Protection imperative

Professionals insistence on making decisions based on a perceived duty to protect adults from experiencing physical harm or other negative outcomes, has come to be known as ‘protection imperative’

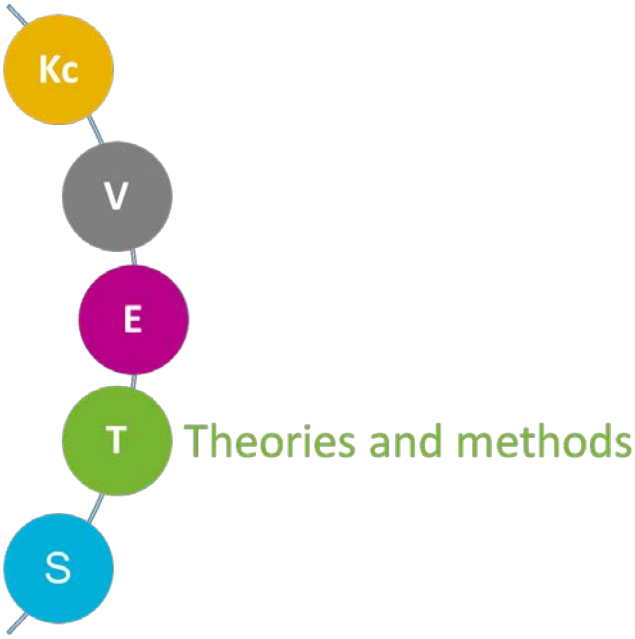
The phrase is associated with the judgment in CC v KK and STCC (2012). KK was an 82-year-old woman who was living in a nursing home and wished to return home. She was diagnosed with dementia and Parkinson’s disease, and needed support to meet her basic care needs. KK argued that it was her right to decide whether to live at home and that she was willing to accept the risks involved. The judge ruled that she did not lack capacity to make decisions about where she lived and the arrangements for her care.

Based on the facts of the case and on KK's statement (below) the judge determined that KK had weighed up the risks and benefits of returning home and that she had capacity to make this decision. KK had stated: 'if I fall over and die on the floor, then I die on the floor.

The judge concluded that this statement demonstrated that KK is 'aware of, and has weighed up, the greater risk of physical harm if she goes home. I venture to think that many and probably most people in her position would take a similar view. It is not an unreasonable view to hold. It does not show a lack of capacity to weigh up information. Rather it is an example of how different individuals may give different weight to different factors'.

Research in Practice for Adults: Risks, Rights, Values and Ethics; frontline briefing 2018

KcVETS strengths-based approach practice framework



What would I do differently?

My experiences in working with and undertaking community-based assessments with older people have informed my approach.

In the past my concern about Jane's wandering would mean I may have taken a traditionally more risk-averse and prescriptive approach. Such as exploring residential care placements. This approach may have prevented me from really seeing Jane and what mattered most to her.

What is the challenge to theories and methods with strengths-based approaches?

The approach is not new, however there is little current evidence of its positive impact and this lack of evidence base presents challenges in supporting the cost of implementing a strengths-based and risk-enabling approach.

The organisation systems (policies, procedures, etc.) which do not enable a strengths-based way of working pose another challenge.

The lack of acknowledgement and understanding of how much this approach requires a cultural change throughout the entire organisation and not only in relation to frontline staff also poses a big challenge.

Safeguarding investigation: Mary’s story

Mary Willows is an 86-year-old lady who was recently admitted to residential care. There was little written in previous health and social care records about Mary's life. The little we do know is that she lived the best part of her life in the same privately-owned property in what I would describe as a quite affluent part of town. From the case notes I have read, I have discerned that moving in to care must have been a very traumatic experience for Mary. She had no children or living relatives to consult with and from what I could see no independent advocate had been involved. Instead plans to move her were carried out on an emergency basis due to the apparent squalor in which she had been living. At least this is what the previous social worker’s notes suggest.

Since her arrival at Forest View care home, Mary has pretty much lived off a diet of just cereal, refusing all other food. This has led nurses and care staff to become very concerned as this is now causing her to lose weight at a fairly rapid pace.

According to her notes the care staff believe that the trauma of the move led her to abstain from a more socially acceptable diet. They have tried offering her alternative options to their standard menu but she continues to shun their efforts. They fear that if she continues to follow this path she will be at risk of severe self-neglect.

My advocacy firm was contacted by Mary’s newly allocated social worker. They hoped that I – as an independent advocate – may be able to help Mary to explore her needs wishes and feelings.

I first saw Mary sitting in bed in her room. Her room was adorned with many photos of what I later learnt were pictures of her late husband and their mutual adventures. She also had a further book of photos sitting atop her dresser. This album was however slightly more worn and weathered than the other items in her room suggesting that it was something she regularly looked at.

I was initially told that Mary had limited communication skills and so in all honesty I was not expecting much of a conversation. This was indeed the case. At least so I thought, until I picked up her photo album. Immediately Mary’s eyes lit up and she gestured for me to bring it to her. The photo album seemed to awaken Mary as she began to playfully describe each and every photo. I learnt for instance that she used to be a chef in the RAF, which incidentally is where she met her late husband Ernie. He had been a pilot for many years. They bought their first house together in their early 1920s. In fact this was the very same house she had been living in until she was moved to residential care. It contained so

many wonderful memories and crucially the memory of her late husband and their shared love of cuisine. I learnt that upon leaving the RAF Mary worked as a chef for a local restaurant, working her way up to head chef in some of London's finest restaurants. She retired following Ernie's death but maintained contact with many of the chefs, often calling in for a meal. When I asked Mary what she thought of the food at Forrest View, Mary stated that she couldn't bring herself to eat it but did not wish to upset the cook.

Following our conversation, I immediately got in touch with the social worker and together with the home we made arrangements for Mary to visit some of the restaurants from her photos. The social worker also helped Mary to take part in cookery sessions arranged by a local charity. Here Mary got the opportunity to make dishes for the other residents to try at lunch times. Mary was in turn content to eat sandwiches prepared by the home for dinner. I noticed that within a few weeks Mary's mental health had improved quite dramatically. It was amazing what could be achieved by simply looking at a photo album and allowing the pictures to come alive through Mary's memory. Whilst Mary's short-term memory was not at its best, her long-term memory was a key strength for her. It let us in to her world. We learnt what she liked, what she disliked and ultimately, we were able to communicate with her once more. Cooking was important to Mary. Until she got back in the kitchen, she had forgotten just how much she loved it.

Mary's love of cooking was not the only door that the photos exposed. We also noticed that in one photo there was a picture of Mary and her husband dancing. Mary started to hum along to the photo. Before too long we were able to recognise the music and decided to see if putting songs of a similar style on a music player would stir anything within her. It was evident that Mary had a keen ear for music and it appeared to lift her mood. The combination of music and cooking did wonders for Mary and her wellbeing. This made me think that we often look to individuals who may have difficulty communicating for their strengths but sometimes strengths can be found in the unlikeliest of places. Pardon the pun but photos contain well developed memories that do not require us to have already gained the person's full trust. Mary had such a rich history which served to unlock the strengths that she now regularly expresses today.

Why is this intervention strengths-based? What in the description is strengths-based?

- The independent advocate uses Mary's photo album to support conversation, to help identify her strengths, activities that she had enjoyed, family relationships and her work life.

- The professional applies the principles of safeguarding set out in S14.13 of the Care and Support Statutory guidance which highlight that protection from abuse or neglect is only one element of the safeguarding responsibilities. Prevention, empowerment,

partnership working, accountability and proportionate responses must also be considered.

Safeguarding is not an add-on to daily practice in health, social services, police, mental health, and other public sector, or care-related services. Our work is safeguarding:

- The professional approaches Mary's life in a person-centred way and focuses on understanding her better. This enables them to meet her needs and prevent serious ill health or death, whilst meeting the eligibility criteria for safeguarding and the Care Act definitions, for promoting individual wellbeing, preventing abuse or neglect and preventing the development of care and support needs.

- The professional clearly applies all the principles of making safeguarding personal, ensuring Mary is at the centre of every decision and prioritising her quality of life and wellbeing over the process of a safeguarding alert and form-filling or risks.

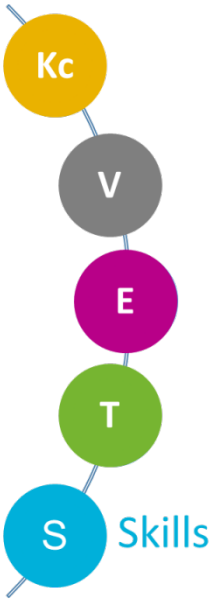
Is there anything that is less strengths-based?

- The approach of the residential home which assumes that as Mary has found the move difficult, she is not eating properly, and fails to look further and talk to Mary about it.

How some parts of the intervention would have been if they had not been strengths-based

- The professional could have been focused in the safeguarding alert, and put in place measures for Mary to eat, or 'force' her to eat without taking the time to engage with her establishing meaningful conversations and a level of trust that allows Mary to open up and consequently allows the professional to find the best next step for Mary's life, and not just a 'solution to Mary's problem'.

KcVETS strengths-based approach practice framework



What skills did I use?

I used a wide range of skills throughout this intervention, such as:

- In order to initiate conversation, I used my observation skills (i.e. spotting the photo album) and recognising the importance of meaningful objects for the person to initiate conversation.
- Interview skills: the ability to create a rapport, make a connection and develop a professional relationship, in such a way that supports asking positive and searching questions.
- Effective communication, including non-verbal communication skills. I took into account my own and Mary's body language, which helped me to judge my line of questioning and ensured that I focused on open dialogue. In the conversation Mary was an expert in her own life and I used my professional skills to maximise her participation.
- Use of self-relationship building

What other skills are there to take into account?

Other skills fundamental to social work and social care practice are for example:

- Interpersonal skills
- Advocacy skills
- Critical reflection
- Resilience
- See heading ' What are the key skills for strengths-based conversations?'

Seven essential skills for a social worker

Am I working with the individual, not doing to the individual?

Yes, I am working with the individual, as the entirety of my intervention is about Mary, her life, her feelings, not my perception or assumptions or expectations of her. There are no decisions made about Mary without her involvement and her agreement. I am led by what her aims are.

Youth offending assessment: Daniel’s story

Daniel Smith is a 17-year-old boy who was referred to my service following a fight with another student in a local shopping centre. He had only just completed a youth offending order the day before. Daniel grew up in what some may refer to as a troubled household and was diagnosed with autism and associated behavioural difficulties at a young age. Daniel’s mum would describe herself as a strong Christian and tried to instil these same beliefs in her children. As result Daniel spent a lot of time in and around the church in his earlier years, which I am led to believe he very much enjoyed.

Daniel was born abroad and moved to the UK when he was three years old. His maternal grandparents supported him at an early age, however they moved to Australia when he was six. His parents split up when he was seven due to domestic violence which Daniel was a witness to. Since then Daniel has lived with his mother and younger siblings (seven and four years old).

Daniel was out of education at age 12 when they moved to a new house, and according to his mother started to get involved with, what she identifies as the local 'troubled kids'.

There have been historical incidents of domestic violence and abuse between Daniel and his mother. One incident resulted in Daniel being arrested and being placed under the

remit of the Youth Offending Team. Daniel has also spent time in residential care after episodes of physical violence.

In Daniel's earlier years he was known to the Children with Disabilities Team and received psychological support. In the latter years he has been known to the Youth Offending Team following several assaults against his mum. As a result he now lives in Blue Skies residential home.

Throughout our interactions I have found Daniel to be quite a charming and courteous young man. During our first meeting I particularly admired his honesty despite how unpalatable it was for me at times. He expressed that he suspects that he will only change once he has been to prison. Furthermore, that he can presently expect to receive up to £1,000 per week selling drugs, which he often splits with 'his boys'. Despite his unlawful activities it highlighted to me his ability to manage money. I imagined that it wouldn't be difficult for him to manage his own business in the future, should he wish to follow that path.

Daniel explained that he does not have a good relationship with his mother or extended family and had little opportunity to engage in the things he enjoyed. I felt that the latter comment opened an opportunity to explore exactly what he would have wanted to do if he could. I posed the following question to Daniel: 'If you had a dream that your life was perfect, can you describe that life to me?' Daniel paused for a minute and then began to explain that he would be a football coach or a player in a premier league team. I asked him what his relationship with his mum would be like in this perfect situation. Daniel said that that she would understand and listen to him. They would get along well. I asked whether he would still be hanging out with his boys. Daniel once again paused, this time for a little longer. 'I am not sure.' 'Perhaps if they came to football.' 'What about church? Would this still be in your ideal life?' 'Yes … they have a football team!' he exclaimed. I asked Daniel what he thought needed to happen to become a football coach. Daniel's initial response was that he did not know.

With a bit of further probing however he said, 'I suppose I would have to finish my level two coaching course'. 'What do you need to do in order to make that happen?.' 'I would have to attend the classes. 'What is stopping you from attending the classes?' Daniel initially recoiled and attempted to change the subject. In fact, we could not truly resume the conversation until later that week.

When we reconvened, Daniel said that he doesn't think they like him in class. I asked if there were any other reasons. Daniel stated that he would want to be living somewhere stable as he cannot focus on class when he does not feel comfortable where he lives. I asked him if he had any preferences. He pondered and said 'my mum ... but that's not going to happen. Maybe my uncle?'. I queried how we could make that happen? 'You could speak to them, I guess?' 'Perhaps instead we could speak to them?' I replied.

I asked him what he would like this meeting to look like and where he would like it to take place. Without hesitation Daniel exclaimed 'School'. I pointed out to Daniel that a strength of his was that he can be very focused, and that he had already created a plan of action using the resources he had around him. Daniel paused for a few moments and stated, 'I suppose so'.

I asked him who he would like to be at the meeting, Daniel stated his mother, his uncle, his teacher, social worker. I explained to Daniel about family group conferencing (FGC) or network meetings and restorative meetings. It seemed that Daniel would benefit from a wider meeting but also an opportunity to address his relationship with his mother, which ideally would be a meeting involving just the two of them. Daniel was hesitant. I explained that I would talk to each person before the meeting.

Following an FGC model would mean that Daniel would have the opportunity to explore the support networks he had and be able to say exactly how he felt and what he would like to happen in the future. It would also mean that he would have to listen to what everyone else was thinking and feeling. During the meeting they would all contribute to making a plan, but Daniel wold be central to the plan. He would have a clear idea of what support he felt he needed, who was going to support him and how this would happen. Daniel was initially unsure, but after talking through the process, the pros and cons and giving assurance that I would facilitate the meetings, Daniel agreed.

To Daniel's surprise during the initial network/FGC meeting his uncle offered to let him stay with him. He also agreed to support his goal to abstain from drinking and substance misuse. I agreed to work with the school by encouraging teachers to recognise Daniel’s abilities and support him by listening to him more in class. I also agreed to take time to meet regularly with his mum, recognising all the good work that she does, whilst building her confidence through positive parenting. During these initial meetings with them both I recalled the benefits of restorative practice I had with another one of my clients.

I thought this approach would be perfect for Daniel and his mother. I initially met with Daniel and his mum individually to explain what exactly a restorative meeting would look like. I explained first that restorative interventions would aim to separate Daniel and his mum from their behaviour or actions. I then talked them through how this could be achieved – focusing on each person’s actions individually. What were their thoughts at the time the physical altercations took place? What are their thoughts now? How have they been affected by these actions? Has anyone else been affected, if so, who and how? What do they think needs to happen next?

We decided to plan our first restorative meeting between Daniel and his mother in three months. Both seemed enthused to take part but apprehensive about attending until they were ready. This was a key milestone however for Daniel to work towards and in many ways motivated him to put a lot of effort in to his course as well as to abide by his uncle's

house rules. This demonstrated that once Daniel applied his mind to something, he could achieve it.

One of his core strengths was that he was very good at following outcome focussed One of his core strengths was that he was very good at following outcome-focused approaches. Daniel thrived on goals and objectives. All he truly wanted was to be taken seriously and valued as an individual. He loved the attention he was getting in class and recognised that he didn't need to disrupt the class in order to get this. Daniel found that 'his boys' did not appreciate his ambition to do well in class. In fact, he learnt that they were still taking money from his card without his consent which he did not take kindly to. Daniel and I worked together to cancel his card and set up a new account, which his boys would not have access to.

Daniel decided of his own volition that he wanted to go back to church and eventually started volunteering, even joining their football club. He found that he made genuine friends who did not take advantage of him.

Over the next few months we worked toward set goals of how we could restore Daniel and his mum's relationship. As result they have drawn a lot closer and hope to once again live together next year. Daniel has also gone on to complete Level 3 of his course and now volunteers as a coach for the church football team.

Daniel's point of view:

'I am very pleased how my life changed in the last few months and I am very grateful for all support which I am receiving from everyone, my family, school, church, community, my mentor and social worker.

Few months ago, I was in a dark place, my mum was saying that she will kick me out, we argued all the time, I had difficulties to control my anger, I felt like an outsider in school and the family, I was in danger to be excluded from school and I was mixing up with wrong people. At the time, I felt that no one understood me, no one took time to listen to me, and everyone was judging me and I felt lost. When people around me started to understand my condition, accepted me, supported me to express my worries and feelings, my world has changed, my confidence improved, and I am now looking forward to finishing my studies, to have a job and to support others.

I now have a positive relationship with my mum and family, I am volunteering in my church, I have started Level 3 in coaching and I am working to improve my Maths and English. I have cut off all my contact with "my boys" and I have new friends in church and school.'

Why is this intervention strengths-based? What in the description is strengths-based?

- The professional premise is that everyone has strengths, unlike most assessments that by default concentrate on needs and deficits. When you focus on what is strong and not what is wrong the conversation changes completely. At 18 everyone felt Daniel was leading to a life of crime and harm, only traditional service offers were made.

- The professional is creative and takes risks. With permission, knocking on neighbours' doors asking if they can help, or attending church groups, youth clubs to explore community options may be time-consuming but in the long run builds resilience and less crisis and reliance on services.

- The professional is realistic and expects setbacks, acknowledges that this way of working takes time, and not to give up on Daniel just because it is a difficult intervention, or takes a lot of time, etc... The professional focuses on the strengths of all the people around Daniel. Others want to help, and this makes them feel good too.

- The organisation supports this way of relationship-based working, building a mutually respectful and trusting relationship between the professional and the individual takes time and cannot be achieved through a 'one off' or a 'couple of' meetings.

- The professional approach is to 'work with', not 'do for or do to', the individual. Each step of the way Daniel had to work hard on changing his life.

- Having a clear outcome, an aim or a goal is important. The professional helps Daniel focus on his end goal – being a football coach. This was the key to the success of working with him.

- The professional supports Daniel, but Daniel had to make his own choice to dissociate with criminal activity. When he decided he wanted to give up his phone, this was a major milestone.

- The professional encourages celebrating what has been achieved together – Daniel is proud of himself and so are those around him.

How some parts of the intervention would have been if they had not been strengths-based

- The professional could have assumed that Daniel was a ‘problematic young boy’ and limited the intervention to completing the assessment form, ensuring eligible needs are met using existing services.
- The professional could have been more risk averse and not have opened the door to explore Daniel’s potential allowing him to take risks and make mistakes, but also allowing him to realise great benefits.
- The professional could have focused the intervention on Daniel’s needs based on the information previously recorded and not have explored Daniel, his life, his priorities and work with him in pursuing his personal outcomes.
- The organisation could have limited the time allowed for the intervention – i.e. restricted to one 'assessment' visit and a 'couple of' follow-up meetings. This would have been detrimental to Daniel and the professional working together to identify his outcomes, to identifying his network, finding an alternative place to live (with family and not a funded placement) to restoring his relationship with his family and to securing long-term changes in his lifestyle.

KcVETS strengths-based approach practice framework

What relationship model am I aiming to utilise?

I used relationship-based practice, which draws on psychodynamic, psychosocial and systems theories – focusing on needs and emotions, and relationships among individuals, groups communities and organisations.

I am able to recognise that a person's past experiences can consciously or unconsciously affect their current attitudes and behaviour.

Relationship-based interventions and restorative practice looks at the uniqueness of each individual's experiences and their behaviours. Also, it encourages you to address the depth of feelings and emotions for everyone involved.

How can social justice and human right debates help me to frame my work?

Working with the legislative framework, the Care Act Guidance 14.83, everyone is entitled to the protection of the law and access to justice. Paragraphs 14.52 and 14.94 encourage professionals to know how best to support the individual through any action they take, to know of services which might offer access to support or redress and to undertake assessment of need for support and redress.

A restorative conference meeting is one approach to addressing wrongdoing in various settings in a variety of ways (O'Connell, Wachtel, & Wachtel, 1999) It can support people to achieve justice.

Furthermore, working with individuals and families to identify their strengths helps to address society's inequalities. Daniel was in a disadvantaged social system. He was supported to recognise his potential and to develop aspirations.

What can be rejected and why?

My practice experience is based on having strong theoretical knowledge of what works. Relationship-based practice is not new. There is a robust evidence base to support this approach. Although restorative approaches is an emerging practice within adult social services. I know from experience, that group conferences and restorative meetings can work well and can have very positive outcomes.

The challenges I had were those set by the organisation – time, targets, and systems. When ensuring work is progressed in a timely way, it seems this prioritises case management, IT process and procedures, over dedicated quality time for direct work with individuals.

What have I learnt about theories and methods?

By understanding theory, I have been able to engage with Daniel. It has helped me to better understand and appreciate his situation. For example, social learning theory suggests that violence is a learned behaviour and can be triggered by stress, alcohol abuse etc. Parents, guardians or significant adults in the household have the greatest impact on the behaviour of children, and on their attitude as they grow and develop, also on how they form relationships. There is evidence that witnessing and/or experiencing violence are related to patterns of abusive behaviour. (Murrell, Christoff, & Henning, 2007 pg. 523–532).

However, Cunningham, A and Baker, L (2007) helpfully state: 'A child who lives with violence is forever changed, but not forever "damaged".' There's a lot we can do to make tomorrow better and as the professional working from this premise with Daniel, I was able to develop a relationship promoting hope and positive change for the future.

What are my individual skills?

I can engage and connect with people in order to develop professional trusting relationships.

Interpersonal skills: I have an awareness of how I may come across and how using my own ‘sense of self’ can influence how I communicate with others.

I used my memory skills to recall key points in the conversations, linking them to factual information, which helped addressing the situation and with decision-making.

I used my active listening skills, noting the factual/ emotional content of what is being said or not said.

I provided encouragement and praise which helped to motivate Daniel to take action of his situation.

In many restorative meetings or conferences, questions like these below, will be asked of the person who has caused hurt or harm and the person who has been harmed.

The person who has caused hurt or harm is asked restorative questions similar to these:

• What happened?

• What were you thinking of at the time?

• What have you thought about since?

• Who has been affected by what you have done?

• What do you think you need to do to make things right?

The person who has been hurt or harmed is asked similar restorative questions:

• What did you think when you realised what happened?

• What impact has this incident had on you and others?

• What has been the hardest thing for you?

• What do you think needs to happen to make things right?

Finally, they are asked what they would like to be the outcome of the conference meeting. The response is discussed with the harmer and when an agreement is reached, a simple contract is written and signed (O'Connell, Wachtel, & Wachtel, 1999).

Preparing for adulthood assessment: Richard's story

Richard and I have met many times. Richard is a 23-yearold man with Down's syndrome. I first met Richard at his family home, which he shares with his mother Judith and his younger brother Oliver. He had been referred to our Preparing for Adulthood Team for an initial assessment.

Prior to our first meeting I thought about the best environment in which we could meet. I was aware that if he came to my office he may find the buzz of the office slightly intimidating. I know I did when I first started working here. Instead I decided to meet him at home. I was aware from our notes that he was very close to his mother and hypothesised that meeting in a more homely environment may be less threatening for him, though may pose a greater difficulty for me if the mum was very protective. I wanted to minimise the barriers between us as much as possible. I remember the first thing we spoke about was our mutual love of Arsenal football club. It actually served as quite the ice breaker. It is easy to become too focused on filling in a form and forgetting who the form/life belongs to. Without the barriers of paperwork Richard spoke quite candidly about many of his aspirations, including his desire to one day become a chef. Within the first couple of meetings we had bonded quite well. I got the impression that Richard was testing me somewhat but I admired this character trait as it demonstrated that he would not suffer fools gladly. A crucial aid in safeguarding ourselves from harm.

I have found Richard to be a very warm, friendly and respectful young man. I have noticed for instance that he always seems very conscientious of the feelings of those around him. I initially observed this when on the way to a café Richard stopped to reassure an elderly gentleman who appeared to have misplaced his wallet. Richard spent several minutes helping him re-trace his steps to find it.

Richard told me of his mixed experience at college and the lack of support when it came to working out what to do next. On the back of this particular conversation we made contact with the college's Special Educational Needs (SEN) Team. Once involved we were able to work together with them to explore a suitable employment pathway. Initially Richard appeared quite shy and reserved during these meetings. We managed however to gradually break the ice and draw through his confidence much as we had done in our earlier one-to-one conversations. I observed that Richard's circle of influence was gradually expanding and his confidence was growing with it. As his self-assurance grew Richard started to express additional outcomes he hoped to achieve such as going out by himself and getting into a relationship with a girl. Whilst he did not envision this happening in the near future, he hoped that it would be something he would experience in the next few years.

Judith was present during all of our conversations. It was evident by his body language that Richard drew a lot of strength from her and relied on her to help him articulate more complicated decisions. We have worked however on Richard taking the front seat during our discussions. Initially Judith found this more difficult than Richard. The more we met however, the more she too began to see just how much Richard was growing. In fact a big part of my role became reassuring her that she could apply all the wonderful things she had done to support Richard into a new avenue.

One of Richard's first achievements was to sign up for a catering internship at a local children's hospital. This had a profound effect on Richard as he became so much more vocal and his body language completely changed. He previously tended to bow his head with slumped shoulders avoiding eye contact. He now holds his head high and can maintain eye contact for far longer without looking away. I think it is so important to notice these subtle nuances, they can be very telling.

As a result of his assessment Richard asked for a small portion of his budget to purchase a personal assistant that could support him to gain awareness of navigating around London. This would also serve as an opportunity to engage in social activities. Funds had previously been used to purchase support to access employment options. We felt collectively however that we could achieve this goal ourselves using the assets we already had such as me, his mum, the college and the SEN team.

Before too long Richard had secured employment at a catering company in central London. This was a proud day for Richard as it was a very big company offering catering to offices across the country. Through his new job Richard has gained many of the things

he was hoping for: a social outlet, an opportunity to build on his communication skills, independence and the best of all he gets paid for the privilege. Prior to this Richard had spent the bulk of his free time sitting at home playing on his PlayStation. He had not given thought to what he could achieve or where his achievements could take him. More recent conversations have been about a particular lady he has met at work. They have become quite close and Richard is hopeful that this may lead somewhere. The pathway for Richard may not have materialised if he did not have opportunities to express his aspirations during the assessment process. Furthermore if all we did as practitioners was to simply write these things down and file them away today's version of Richard may never have been realised. This experience highlighted to me the importance of not only documenting things, but also reflecting and acting upon the glimpses of someone's life that we are fortunate enough to experience. It's hard to believe that this all started from a simple chat about football.

Why is this intervention strengths-based? What in the description is strengths-based?

- The professional focuses the intervention on Richard, his life and his priorities.
- As the professional reflects at the end, the intervention goes beyond filling out a form, being inquisitive about Richard and his personal outcomes, not only ticking boxes on his needs.
- The intervention clearly promotes Richard's wellbeing, in a holistic way, as the Care Act requires local authorities to do. Not limiting the intervention to the presenting need, but establishing a meaningful and trustworthy relationship with Richard and enquiring and listening to what is important for him, from a holistic point of view.
- The professional prioritises Richard's circumstances to establish the relationship, holding the meeting at his house, when from the professional's point of view it would have been probably easier to do it in the office without Judith.

How some parts of the intervention would have been if they had not been strengths-based

- The professional could have approached the transition assessment as a form-filling activity and limited his conversation with Richard to the headings of the form.
- The professional could have prioritised their benefits over Richard's in terms of when, how and where the transition assessment conversation(s) take place.

- The professional could have focused on Richard's identified needs or rather 'eligible needs' and 'off -the-shelf' services to meet them, rather than look at Richard's wellbeing in a holistic way and his personal outcomes in the context of his eligible needs.

- The professional could have allowed the process, or policies of the organisation to get in the way of promoting Richard's individual wellbeing not carrying out more than one visit, not reaching out to Richard's social and family network, not investigating community resources that Richard could link with, etc.

KcVETS strengths-based approach practice framework

What influences the sort of knowledge I draw on?

I am a qualified social worker who prides herself in taking good care in my professional development. Therefore I am continuously learning and reflecting on the learning to further develop myself.

The knowledge I draw on for the intervention with Richard is fundamentally person-centred care, strengths-based approach and the Care Act in their broader sense.

What do I believe in?

I believe that as a social worker my role is to work with/for others to achieve the best possible outcomes in life, to have a life worth living until they die. And my duty is to use my professional skills and knowledge to facilitate this.

The aim of my interventions is that they don't need me, and that they gain awareness of their circumstances and their potential and how to promote their own wellbeing.

How does it link to the philosophy of care, my values and ethics as a person and as a professional?

My beliefs align perfectly with the duties in my code of conduct, with the legislative requirements in the Care Act 2014, and with the philosophy of care from the person-centred and personalisation point of view.

What did I do, what difference did it make?

I cared about Richard in a professional manner. I was clear that I was doing a job and he is living a life, and that my job is to support that life so it is as meaningful as possible.

That made a great difference. If I had looked at Richard as a problem to solve, or a disabled person with a problem, and at my job as a duty to complete a form and provide a service, Richard's life will be very different and not better at all.

How did I do it?

I did it by using a strengths-based approach and focusing on Richard, his life, his strengths and what matters to him.

And not focusing on me, my form and the services my organisation provides.

Appendix – useful links and resources

- Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- Care and support statutory guidance https://www.gov.uk/guidance/care-and-support-statutory-guidance
- Cunningham, A and Baker, L (2007) Little eyes, Little ears. How Violence Against a Mother Shapes Children as They Grow. The Centre for Children and Families in the Justice System, Canada. https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/sfv-avf/sources/fem/fem-2007-lele-pypo/pdf/fem-2007-lele-pypo-eng.pdf

  https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/women/little-eyes-little-ears-violence-against-a-mother-shapes-children-they-grow.html
- Common Core Principles to support self-care Skills for Care http://www.skillsforcare.org.uk/Topics/Self-Care/Self-care.aspx
- Changes Lives New Journeys – 50 First Strength Based Questions http://www.changedlivesnewjourneys.com/50-first-strength-based-questions/
- Person-centred thinking tools and Support Plan Graphics – Helen Sanderson http://www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/
- Nottinghamshire County Council: :
  - Strengths-based approach: https://www.youtube.com/watch?v=4JtWMzxY_vo
  - Outcomes and support planning: https://www.youtube.com/watch?v=yZ2zdJwQ694&nohtml5=False
- Berg, C.J. (2009) ‘A comprehensive framework for conducting client assessments: highlighting strengths, environmental factors and hope’, Journal of Practical Consulting, vol 3, no 2, pp 9–13.
- Social Care Worker (2013) ‘Care bill paves way for strengths-based approach to care’.

- Community Catalysts, In Control, Inclusion North, Inclusive Neighbourhoods, Partners in Policymaking, Shared Lives Plus (2014) Strengths-based approach in the Care Bill.
- Institute for Research and Innovation in Social Services (2012) Insight: Strength-based approaches for working with individuals.
- Skills for Care (2014) Skills around the person: implementing asset-based approaches in adult social care and end of life care.
- Improvement & Development Agency and the Local Government Association (2010) A glass half-full: how an asset approach can improve community health and wellbeing.
- Insights – Strengths-based approaches for working with individuals from IRISS – Institute for Research and Innovation in Social Services http://www.iriss.org.uk/resources/strengths-based-approaches-working-individuals
- Murrell, A. Christoff, K. & Henning, K. (2007). Characteristics of Domestic Violence Offenders: Associations with Childhood Exposure to Violence. Journal of Family Violence, 523–532.
- Ruch. G, Turney. D, and Ward. (2018) Relationship-Based Social Work, Getting to the Heart of Practice. Second Edition Philadelphia, Jessica Kingsley Publishers
- Developing a Wellbeing and Strengths-based approach to Social Work Practice: Changing Culture: http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=11017
- SCIE:
    - Strengths-based approaches for assessment and eligibility under the Care Act 2014 – SCIE –Social Care Institute for Excellence http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/
    - Asset-based places: a model for development (blogs) https://www.scie.org.uk/future-of-care/asset-based-places/blogs
    - Strengths-based approaches. Refreshed hub
    - Strengths-based videos
- What are asset-based approaches to care and support? https://www.theguardian.com/social-care-network/2017/oct/06/asset-based-approaches-care-support-explainer

- No person is an island: building on our strengths and networks https://www.independentage.org/policy-and-research/doing-care-differently/no-person-is-an-island-networks-ewan-king-scie

- Improving lives by using the skills and assets that exist in care homes https://www.qcs.co.uk/improving-lives-using-skills-assets-exist-care-homes/

- The benefits of place-based care and support https://www.themj.co.uk/The-benefits-of-place-based-care-and-support/207444

- Using communities' strengths to foster social networks https://www.nationalvoices.org.uk/blogs/using-communities-strengths-foster-social-networks

- Think Local, Act Personal

    - Building community capacity https://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity/

    - Developing a wellbeing and strengths-based approach to social work practice: changing culture https://www.thinklocalactpersonal.org.uk/Latest/Developing-a-Wellbeing-and-Strengths-based-Approach-to-Social-Work-Practice-Changing-Culture/

- RSA – Alex Fox - Strengths-based approaches https://www.thersa.org/globalassets/pdfs/reports/new-social-care-strength-based-approaches.pdf

  A Vision for Supervision booklet by Innovative Resources - issuu https://issuu.com/innovativeresources/docs/vision_for_supervision_booklet_for_

- Kadushin, A. and Harkness, D. (2002) Supervision in Social Work (4th edition) New York: Columbia University Press

- NHS New Medication Service https://www.nhs.uk/using-the-nhs/nhs-services/pharmacies/what-to-expect-from-your-pharmacy-team/

- The NMS service is only available to people using certain medicines. In some cases where there's a problem and a solution can't be found between you and the pharmacist, you'll be referred back to your doctor.

- How motivational interviewing works https://www.rcn.org.uk/clinical-topics/supporting-behaviour-change/motivational-interviewing

- Supporting self-management https://media.nesta.org.uk/documents/rtv-supporting-self-management.pdf

- Burnham, J. (2010). Creating reflexive relationships between practices of systemic supervision and theories of learning and education. In: C. Burck & G. Daniel (Eds.), Mirrors and Reflections: Processes of Systemic Supervision (pp. 49–78). London: Karnac

- Connolly, M. (2007). Practice frameworks: Conceptual maps to guide interventions in child welfare. The British Journal of Social Work, 37(5), 825-837.

- Connolly, M., & Healy, K. (2009) Social work practice theories and frameworks. In Social work: Contexts and practice. 2nd edn, edited by Connolly, M. and Harms, L.

- Healy, K. (2005) Social Work Theories in Context - Creating frameworks for practice. Houndmills, UK: Palgrave Macmillan.

- Stanley, T. (2016) A practice framework to support the Care Act 2014 The Journal of Adult Protection 18:1 , 53-64

- Stanley, T. (2017) Working more reflexively with risk: Holding ‘signs of safety and wellbeing’ in mind, in Adult Safeguarding (Ed) Adi Cooper, Jessica Kingslea Publishers: London

- Stanley, T., and Kelly, S. (2018) Practice leadership ‘on purpose’ - extending the reach of practice frameworks Practice Social Work in Action, DOI: 10.1080/09503153.2018.1440286

Authors

- Strengths-based approach practice framework: Professor Samantha Baron and Dr Tony Stanley

- Strengths-based approach practice handbook: Carmen Colomina and Tricia Pereira

With many thanks to David Larcher, principal social workers and social workers who shared their practice wisdom. Also appreciation for the contribution of Stephen Caulfield, Carole Feldma, Jenefer Rees and Heidi Rosseter.