

Effectiveness and Implementation of Strengths-based approaches in Adult Social Work

A 'strengths-based approach' to doing social work focusses on peoples' goals rather than their problems, and builds on their existing skills, resources and relationships. While many social work teams welcome strengths-based approaches, their uptake is variable. Little is known about how effective strengths-based way of working is.

This is a summary of a project that synthesised evidence on effectiveness and implementation of strengths-based approaches used in the area of adult social care in the UK. This project was commissioned by National Institute of Health Research (NIHR) on behalf of the Chief Social Worker for Adults in the Department of Health and Social Care.

The review highlighted key issues related to how one strengths-based approach, Making Safeguarding Personal (MSP), was put into practice. The use of MSP depended on:

- How easy social workers thought using this approach was;
- To what extent their workplace environment and resources made it practical for them to use MSP;
- Social workers' personal beliefs and training; how the understanding of MSP was used within practice.
- In general, issues which affected the use of MSP were similar to those found for the other strengths-based approaches.
- We found no studies on how effective strengths-based approaches were compared to traditional approaches to social work.
- Higher quality evaluations of different strengths-based social work models are required.

"...Many social workers and social care professionals we met fundamentally supported a strengths-based approach within adult social work but often found it difficult to demonstrate, evidence and practice such an approach in practice"

- Strengths-based approaches: Practice Framework and Practice Handbook (pg.23)



Exeter HS&DR Evidence Synthesis Centre

We are one of two research groups in the UK commissioned by the National Institute of Health Research HS&DR (Health Services & Delivery Research programme) to conduct syntheses of evidence about the organisation and delivery of healthcare (Project number NIHR130358).

The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Context of this review?

The basic tenets of strengths-based working have been advocated and adopted by social workers for decades. However, the Care Act of 2014 has given formal, legal impetus to the implementation of strengths-based approaches. While many social work professionals and organisations have effectively adopted more person-centric and strengths-based care management and have responded to calls to practice in a 'strengths-based way', they have also highlighted the challenges of doing this within organisational and resource constraints.

The difficulty of incorporating the features of strengths-based approaches into a single

integrated model, or an easily defined strengths-based intervention, contributes to the challenges in implementing these approaches.

To address this challenge, our team recently evaluated the effectiveness and implementation of strengths-based approaches in adult social work.

The need for this evaluation was first recognised in 2017 through conversations with the Chief Social Worker for England.

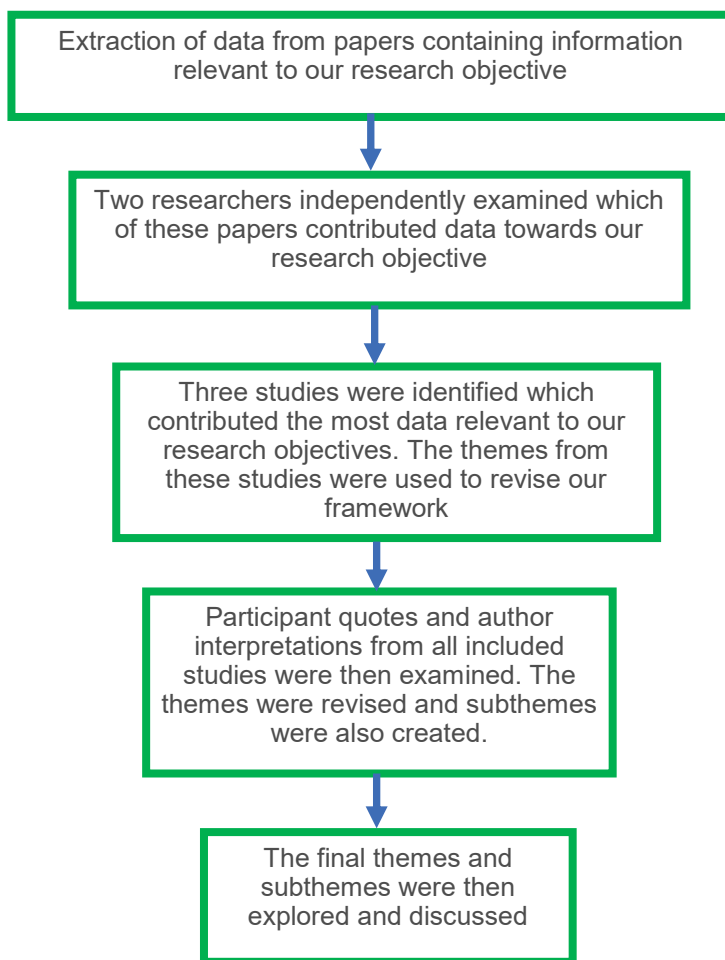
How did we do this review?

Finding the literature: We searched seven bibliographic databases. We also searched the references of included sources, relevant reviews and websites, which enabled the identification of relevant grey literature or evaluations.

Eligibility criteria: To assess effectiveness research we aimed to include all comparative evaluation study designs (e.g., randomised and non-randomised controlled trials). Effectiveness was defined as improvements in the lives and wellbeing of those adults, families or communities being supported by social workers.

To assess factors influencing implementation, we sought qualitative evaluative studies that included a focus on the process of implementation of the strengths-based approaches. This enabled the potential inclusion of the perspectives of service users, carers, family members, social work professionals, policy makers and legal professionals.

Study selection, data extraction and study quality: All stages were completed independently by two reviewers using the approach shown in the flow diagram (see right).



Main stages of data extraction and synthesis

Where was the evidence from?

We did not find any studies of the effectiveness of strengths-based approaches. Fifteen studies examining implementation of 8 different strengths-based models from the UK were included. Of these, 7 focused on the implementation of Making Safeguarding Personal, and evidence from these was formally synthesised.

Review Findings

Making Safeguarding Personal as an intervention

The successful implementation of MSP in different councils was associated with adaptability of this approach, its simplicity (vs complexity), and whether it were seen as advantageous compared to traditional approaches of safeguarding. As a new intervention or approach, there may be some negative views, including those about the additional investment in time and resources to deliver MSP. However, the advantages and benefits of MSP for people in the longer term seen as outweighing these potential disadvantages. Further, perceived complexity of introducing and sustaining MSP, relative to existing resources, existing professional capabilities, and competing priorities can also affect implementation success.

Culture and setting

Both the broader setting, across different local and partner organisations, government policies and legal frameworks, and the 'internal setting' of the local authority, council and adult social work teams delivering MSP, have important impacts on the implementation process. Culture change can be enabled by, and requires, leadership in adopting strengths-based approaches and service-user involvement in support processes (e.g. family group conferences). Good inter-organisational collaboration and connectedness fosters successful implementation. Structural characteristics, including size of the service or organisation, its staff capacity and access to services within the wider adult social care system, and the impact of policies and regulations has been crucial on the implementation of MSP.

Individual characteristics

The implementation of MSP depends on professional characteristics of professionals such as: their confidence in their professional judgment and ability to execute MSP; creativity (especially in using limited available resources); enthusiasm, and openness to change from using a traditional deficit-based approach to safeguarding. Also, successful implementation is possible if providers have a good knowledge about MSP, both its core principles and specific skills. Lastly, ability of providers to involve service users meaningfully in decisions about their care and motivate them to attend meetings is another factor.

Embedding and sustaining Making Safeguarding Personal

Successful MSP implementation is associated with effective planning, effective engagement with relevant stakeholders, and effective execution or delivery. A receptive implementation climate - including, the availability of sufficient resources like having committed and accountable leadership, and effective communication between service users and providers about shared goals - also facilitates the implementation process. The resources required for the ongoing successful implementation of MSP, or similar approaches, include training and supervision of the staff, but also other specialised systems based on the need of the organisation(s), including technological systems, infrastructure, and physical space.

What are the implications of this review?

Understanding strengths-based social work and implementing it is complex. It is important to examine the effectiveness of these approaches and factors that facilitate successful implementation. In order to better understand strengths-based adult social work practice, more high quality primary research should be undertaken that is specifically focused on evaluating its effectiveness and implementation. In particular, our findings suggest:

- The need for comparative studies examining the effectiveness of different strengths-based approaches, with practitioners and across multiple services. The research needs to be based on a holistic view of how the approaches may produce better outcomes compared to traditional approaches in providing social care for adults.
- Future studies need to address various limitations of existing implementation studies, including better reporting of how data were collected and analysed, details of the data collection setting, and whether ethical issues were addressed. In particular, reporting should better capture the content and fidelity of the initiatives; that is, what the detailed components were, and which components were delivered fully and which were adapted or omitted, and why, in order to be more feasible and acceptable in other circumstances.
- Future studies should also ideally be based around the 'programme theory' of how the new model of care or practice is expected to improve outcomes for different types of people; otherwise efforts to tailor initiatives will not be based on reliable knowledge of which aspects of programmes are 'core' (i.e. essential to generating benefits) and which are more peripheral (more optional, but needed in particular contexts).

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References

Baron S, Stanley T, Colomina C, Pereira T. Strength-based Approach—Practice Framework and Practice Handbook. Department of Health & Social Care. 2019:105.

Care Act 2014. United Kingdom: The Stationary Office; 2014.

Social Care Institute of Excellence. Care Act guidance on Strengths-based approaches. United Kingdom: Social Care Institute of Excellence. 2015.