Strategies for fostering a strengths-based approach within adult social work:
Systematic review

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Background (1)

- Many social care practitioners and organisations are striving to practice in a 'strengths-based way', and since the Care Act 2014 (England) it has become a key practice framework.

- However, there are challenges in implementing and embedding strengths-based approaches into social work practice, and uncertainty remains about their effectiveness.

- In April 2017 - and then in Sept 2020 we were asked:

  Of the different models of social work practice:
  What social work practice works best?

Initial aim of the review:

Research question 1:

What is the effectiveness of different strengths-based approaches used within adult social work within the UK?

Background (2) – challenges & dilemmas to gathering evidence

- Defining a Strengths-Based Approach(es)

  = Not a narrowly defined, neatly bounded 'intervention'

- Conceptualising effectiveness – academic, practical
- Review team: experienced Systematic Reviewers … but new to social work and adult social care
- Types of study to include?
  - Quantitative comparative evaluations (effectiveness)
  - Also, Qualitative case studies (implementation)

  + Fears of an 'empty review'

Background (3) – key sources used for defining SBAs

- IRISS Report on Strengths-based approaches for working with individuals. *Pattoni, 2012*
- Table of Social Work Theory and Methods, annotated by Lyn Romeo to highlight those seen as closely aligned to a strengths-based approach.
- 'Bubble Diagram' (slide 2) in Roundtable presentation by Lyn Romeo (diagram source: Jill Manthorpe, King's College London & Amanda Howard, Newcastle University - Australia). *Department of Health, 2017*
- Joint DHSC-SCIE Seminar on Strengths-Based approaches to social work. *SCIE & DHSC, 2019*
- The DHSC's Strengths-based approach: Practice Framework and Practice Handbook. *Baron & Stanley, 2019*
- Social Care Institute of Excellence: Roundtable Report. *Department of Health, 2017*

17 named approaches were identified as fostering or closely aligned to strengths-based working

Asset-Based Community Development (ABCD)	Three Conversations Model
Appreciative Inquiry	Narrative Approaches
Ecological Approach	Person-centred Approaches
Family Group Conference	Recovery Model
Local Area Coordination	Restorative Practice
Motivational Interviewing	Strengths-based Assessments
Solution-focused Therapy	Strengths-based Case Management
Systemic Social Work	Signs of Safety and Wellbeing
Making Safeguarding Personal (MSP)	

Aims of the review:

Research question 1:
What is the effectiveness of different strengths-based approaches used within adult social work within the UK?

Research question 2:
What factors enable or inhibit the implementation of different strengths-based approaches in adult social work within the UK?

Inclusion criteria

Population	Studies with any adult (≥18 years of age) or groups of adults being supported or assessed by social workers working in adult social care in the UK.
Intervention	17 named strengths-based approaches
Comparator (Effectiveness Q only)	Any area, service or teams of social workers who have *not adopted* the given subsidiary strengths-based approach - or *before they adopted* the given subsidiary approach. Or, studies which have compared two or more subsidiary approaches for fostering a SBA to social work.
Outcomes/data	(**Effectiveness**) Any measures of outcomes for people being supported. (**Implementation**) Markers or indicators of the degree of adoption or adherence to a strengths-based approach or the particular subsidiary approach by social workers (for implementation question)
Study design	(**Effectiveness**) all comparative evaluation study designs (e.g., randomised and non-randomised controlled trials). **(Implementation)**, qualitative evaluative studies that included a focus on the process of implementation of the strengths-based approaches

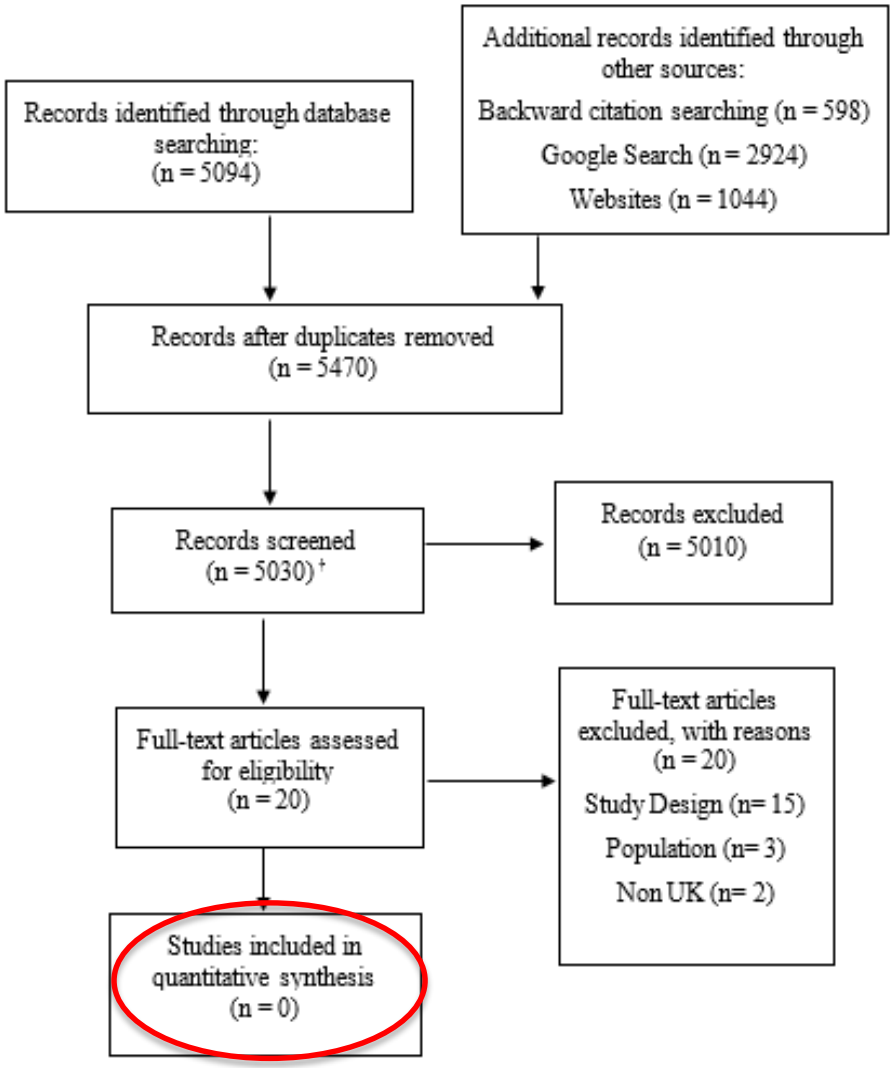
Methods

- Searches: 7 bibliographic databases: MEDLINE ALL, PsycINFO, Social Policy and Practice, HMIC, CINAHL, ASSIA and the Campbell Library.

- + reference lists of included studies and conducted searches of relevant websites and the Google Searches.

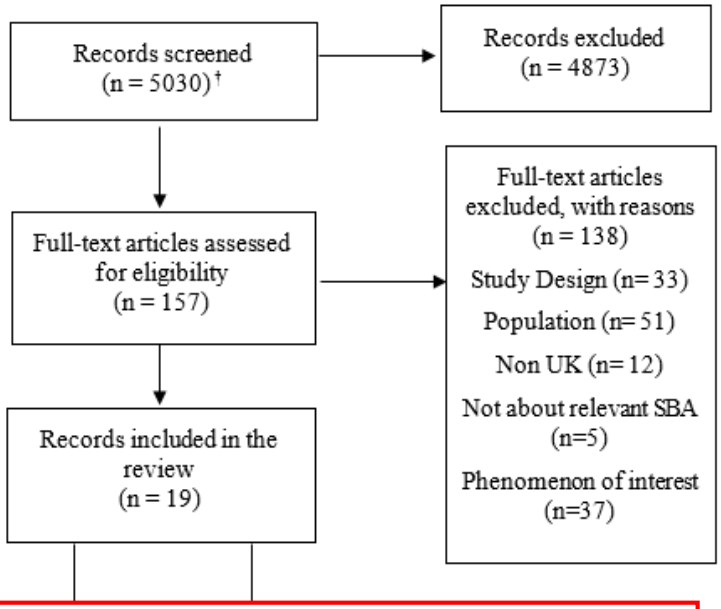
- Qualitative data were extracted, critically appraised and …
  - Analysed using a framework synthesis approach (7 MSP studies)
  - Where only 1 or 2 studies found – findings just summarised

Effectiveness question



Implementation question

Please note: 5,030 studies were screened against our inclusion and exclusion criteria to answer implementation question as well.



- **7 studies** about ***Making Safeguarding Personal***
- **8 studies** about 7 **other strengths-based approaches …**

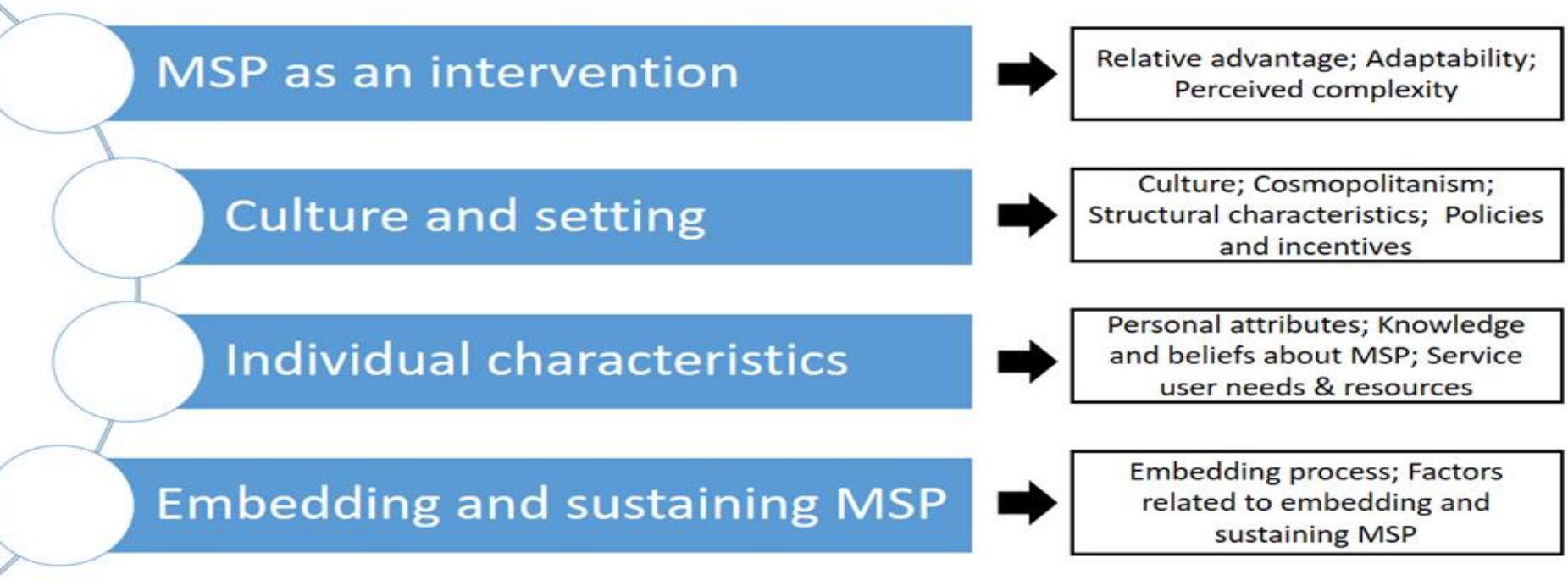
‘Implementation studies’ included:

- 7 studies (10 papers) on Making Safeguarding Personal
- 8 studies (9 papers) on seven other strengths-based approaches.
  - Local Area Coordination (1)
  - Asset-Based Community Development (1)
  - Solution Focused Therapy (2)
  - Motivational Interviewing (1)
  - Family Group Conferencing (1)
  - Relationship-based Approach (1)

All qualitative or mixed methods; 6/15 ‘good quality’.

Findings

Framework synthesis produced a set of enabling and hindering implementation factors, within four themes



Theme 1: Nature of the intervention/change in practice

The successful implementation of MSP in different councils was associated *by study authors* with:

- Being able to adapt it to multiple settings
- Its simplicity (vs complexity)
- Whether it was seen as evidence-based and advantageous compared to traditional approaches of safeguarding.

Theme 2: Culture and Setting

- Successful implementation required shifts in the culture of organisations and professionals, especially towards more person-centred and outcome-oriented approaches, following the 2014 Care Act.
- Both the broader/outer setting, across different local authorities and partner organisations (e.g. government policies and legal frameworks), and the 'internal setting' of the local authority safeguarding teams delivering MSP, had important impacts on the implementation process.

Theme 3: Individual Characteristics

The implementation of MSP was affected by characteristics of professionals, especially:

- Confidence in their professional judgment and ability to execute MSP
- Creativity (especially in using limited available resources)
- Enthusiasm
- Good knowledge about MSP
- Meaningful engagement with people about whom there were concerns
- Resistance to change from using a traditional deficit-based approach to safeguarding

Theme 4: Embedding and Sustaining MSP

Successful implementation processes were associated *by study authors* with:

- Effective planning
- Effective engagement with relevant stakeholders, and
- Effective execution or delivery
- A receptive implementation climate (including training and skills), having committed and accountable leadership
- Effective communication

Excerpt – our review's subthemes mapped to the 2019 Baron/DHSC and RiPfA Briefings

Synthesis sub-theme	**Short description** **(in relation to Making Safeguarding Personal**	**Baron/DHSC 2019**[4] ***Practice Framework on a Strengths-based approach***	**RiPfA 2019** **Briefings on: *Developing strengths-based working* and *Embedding strengths-based working***
Features of the initiative:			
Relative advantage	Stakeholders' and staffs' perception of the relative advantages of MSP compared with 'traditional' social work practice	Advantages for professional satisfaction and judgement; not just advantages for those supported (2) Measure outcomes and quality (9)	
Adaptability	Extent to which MSP can be adapted, tailored and streamlined to meet the local needs of people being supported and organisations	Support personalisation and control (5)	Forms and processes which capture more balanced picture of people
Perceived complexity	How the perceived difficulty (complexity) of practicing MSP affects its implementation	Could be linked to and countered (to some extent) by improved learning and development (7)	Ambiguity and scepticism about the language of strengths-based practice, and so difficulty grasping that strengths-based working is far more than different methods or administrative processes

Conclusions

- There are few empirical evaluations of SBAs in the UK.
- Effectiveness: There are no comparative, quantitative effectiveness studies that would *reliably say* whether any of these approaches are associated with *better outcomes* for the people supported.
- Implementation: From research, we distilled a comprehensive, detailed set of factors which facilitate or inhibit implementation of one strengths-based approach (MSP).

  BUT, caution: *independence of the evaluators?*

- Some useful insights about the conditions, processes and strategies for embedding strengths-based working in practice.

Thoughts on future research

Studies should ideally …

- be based on a more complex systems-informed view of if and how these approaches produce better outcomes (NB. compared with discrete, 'intervention-based' approaches to evaluation)
- be based around the programme theory/mechanisms of *how* the new model of care or practice is expected to improve outcomes for *different types of people*.
- better capture the expected variation in content and delivery (fidelity) of the initiatives (i.e. *implementation & outcomes*)

My also be value in future systematic reviews including evidence from relevant non-UK countries, for selected approaches.

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Thank you for listening –

Final Report – very soon!

Evidence Briefings and other formats to follow

Questions?

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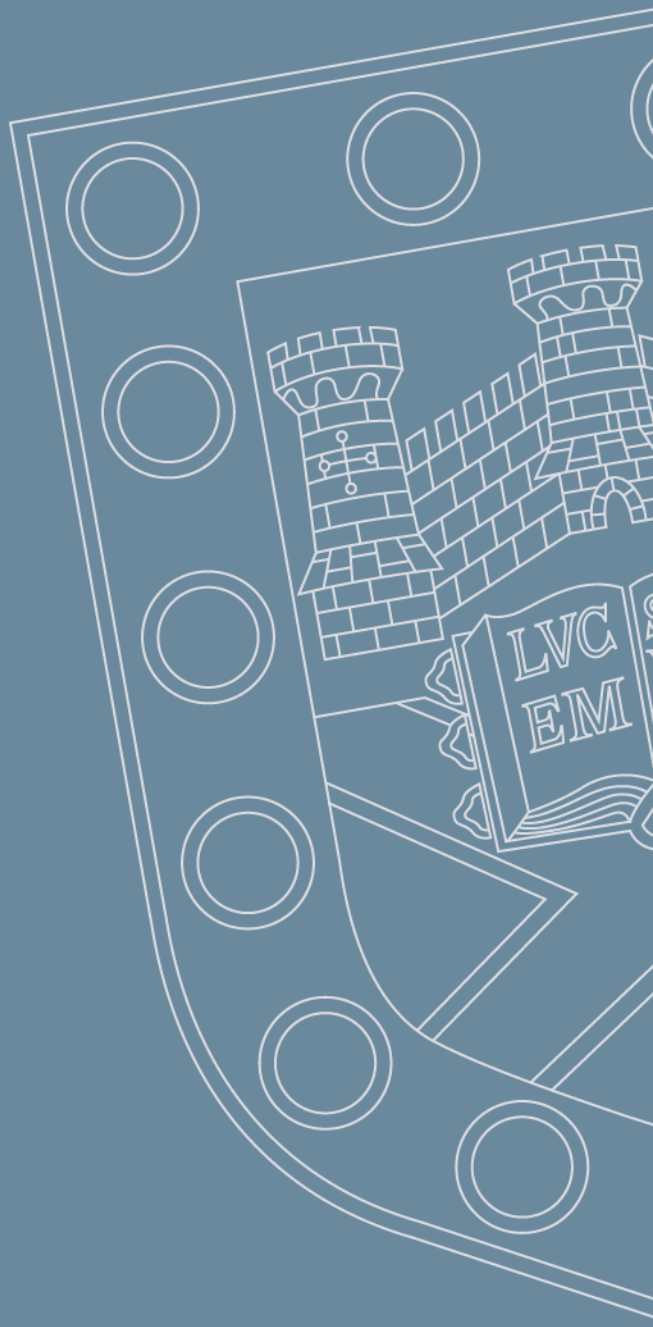

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