





What next for strengths-based areas? Report from the Social Care Institute for Excellence, Mayday Trust and Think Local Act Personal

November 2022

In 2017, Think Local Act Personal (TLAP) published 'The asset-based area', a **briefing paper** written by Alex Fox, formerly Chief Executive of Shared Lives Plus and now Chief Executive of Mayday Trust, which described 10 features of an 'asset-based area' necessary for developing strong communities and sustainable public services. Strengths and asset-based approaches in social care focus on what individuals and communities have and how they can work together, rather than on what individuals don't have or can't do.

"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, Chief Executive, Mayday Trust

In 2019, as a result of the work of the Social Care Innovation Network – a Department for Health and Social Care funded network to explore ways to grow innovation – the original 10 actions in 'The asset-based area' briefing paper were updated to become 10 broad commitments, which were published in 'The **asset-based area 2.0'**. The paper looked at how approaches to asset-based working had evolved during the pandemic, including the need for successful areas to start with a clear story about change with input and ownership from a broad range of agencies and communities. The paper explored how to put that vision into practice, through co-designing local plans, particularly with the people who rely on services most, and with those who are most likely to be excluded from services and communities. The paper also explored how a culture change is needed, and suggests the creation of a culture in which people can be fully present and human, with systems designed to keep people, rather than organisations, in control..

This paper adopts the language of strengths-based working (see SCIE pages on **strengths-based approaches** for more information) which is a closely-related concept, and builds on that work. This paper is both an update on our thinking about strengths-based areas, and a toolkit – it enables you to ask questions about where the area you work is in relation to strengths-based ways of working. This briefing will be of interest to all of those working in the wider public sector including elected members, Adult Social Care, those involved in developing Integrated Care Systems and Place-based arrangements for planning integrated health and care, Public Health and Housing colleagues, Local Authority, GP practices, Voluntary and Community Sector Enterprise colleagues, User-Led Organisations, and all key national agencies.

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Understanding your starting point

In this section of the paper we discuss in more detail the key features of a strengths-based area, and ask you – working with your colleagues – where you are in relation to these features.

Strengths-based areas need to:

- 1. Co-design a new vision and co-produce a plan
- 2. Invest in simple and human support approaches
- 3. Use their **money and power** intentionally and with a strong focus on reducing inequality
- 4. Co-produce a shared picture of **what good looks like** and user-friendly ways to **track its achievement**.

Where are areas now?

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The table below outlines where many areas are now in relation to the above four areas of change, and where they could aim to get to. **Which statements apply to your area?**

Areas of change	Where many areas are now	Strengths-based areas
1. Vision and planning	We serve our customers and people who use services. We support people with specific problems or conditions. We are the leaders of our area.	We involve all citizens in developing a shared story about the place we want to live in and how to get there, without leaving anyone out. We plan and organise in places people feel they belong to, with community organisations.
2. Simple and human support	Our team of experts and the people who use our services come from different communities or backgrounds. We have tightly managed roles within complex hierarchies.	We make systems and services simple and people-shaped, with early action the norm. We create support roles around building strengths-based relationships.
3. Using our money and power	We set the agenda, deploy our expertise, and manage stakeholders and providers. There are few ways for people who use support to influence us.	We map our assets. Working with people who use services and with communities who are often excluded, we co- commission a wide range of local enterprises. We share power, resources and risks.
 Deciding what good looks like and tracking it 	We measure outputs and task volumes more than outcomes and impact. Different parts of the system work to different goals and it is hard to share data.	We use shared measures of health, wellbeing, resilience and equality. People own their own data. We build learning into everything, celebrating success and changing what doesn't work.

Creating a baseline

Leaders of an area aiming to become strengths-based could ask themselves and their stakeholders to identify a baseline for becoming a strengths-based area, and actions to build on current strengths whilst addressing gaps and challenges. Below are suggested questions. We encourage you to develop actions to accompany each question:

Vision and planning	Simple and human support
 Who sets and tells the story of this area and our goals? Who makes decisions, shares responsibilities? Who is supported to develop as leaders? Who do council and statutory leaders share power and responsibility with? Are voluntary, community and equalities groups seen as stakeholders to be managed, or planning partners? Does the leadership team reflect the communities it serves? How are we developing a more diverse pool of leaders from our communities? 	 What kinds of support roles do we create? Are they time-pressured, low-trust/high-control roles measured on throughput? Or high-trust/high-autonomy roles measured on outcomes and impact? Does the diversity of our workforce represent the community at every level, including people with experience of using the services we offer? Do we use values-led recruitment? Are assessment, planning and review systems simple and humanising? Are we using commissioning power to increase the proportion of community-based support and decrease proportion of crisis and building-based support?
Using our money and power Do we map and value assets of all kinds? Do we co-commission with people who use services, under-served communities and their organisations, and providers? What kind of marketplace of local providers, including not-for-profit and user- led organisations, have we built? Who do we co-commission with and does this feed into our equalities goals? Do we commission for impact and for place-based outcomes? How do we understand and value the area's full range of community and enterprise assets?	Deciding and tracking what good looks like Do we have shared measures of health, wellbeing, resilience and equality? Do people own their own data? Are we a learning organisation? Do our success measures reflect our vision? Are we sharing measures which cover health, wellbeing and equalities across service boundaries? How do we put people who use services and families in charge of their data and outcomes? Do we use a recognised model (such as Human Learning Systems) to become a

Co-producing a vision that can be seen in our actions

Lots of areas have a strategic commitment to strengths-based working and to linked concepts like personalisation, self-directed support, asset-based community development, prevention and early intervention. But it is rarer to find whole area plans that translate those aspirations into widespread changes, which people experience at the frontline of services and in communities. One way to test for a strengths-based approach is to consider what kinds of behaviours are typical at the leadership, support service, and citizen levels. Behavioural changes amongst one of those groups is usually contingent on changes amongst the others, so the table below shows the links across the three groups:

People with power	Workers and volunteers	Citizens
We show empathy and humanity, and feel valued.	We show empathy and humanity, and feel valued.	We show empathy and humanity, and feel valued.
We are open to change and being led. We are present in our community.	We work alongside (not for) citizens, connecting ourselves and others.	We are active – doing and starting stuff in the community, and we are well-connected with others.
We are happy in our roles, creating healthy, learning workplaces.	We are happy in our roles and help people to live good lives.	We pursue good lives and have positive relationships.
We aim to achieve wellbeing and resilience. We measure good and bad impacts of our work.	We are confident we do what matters to people (not the system), showing humility and courage at the right times.	We define the lives we want to live and the roles we want supporters to play. We know we can feedback and take the lead.
We build systems and services that fit with people's individual and family lives.	We can work with individuals, carers or whole- families (or whole- households).	We're in control of our lives, support plans and personal info. We make choices.
We share our resources, responsibility and power.	We support people to make choices and take risks.	We share ownership of our neighbourhood and its resources.

A vision for a strengths-based area, needs to be coproduced with people who draw on care and support and carers. Co-production is also a central feature of strengths-based ways of working.

Co-production sets out a way of working where professionals and those who draw on services or those who are impacted by a decision, work in equal partnership to develop services or make decisions to meet people's needs. Increasingly, the values of co-production are being viewed as a way of developing services or agreeing decisions jointly, that are innovative in meeting people's needs.

Studies point to the following outcomes from **co-production** for those who draw on services, including:

- increased self-confidence, self-esteem and sense of empowerment
- better health and wellbeing
- increased engagement and trust
- higher levels of satisfaction with, and awareness of, services.

Case study: Developing co-production in Kirklees

In 2019, people working within Kirklees Adult Social Care started to explore how to create more opportunities for co-production. Although there were pockets of co-production happening, the ambition was for this to become 'the way we do things'. With support from SCIE, people who draw on social care and support, carers, family members and staff were invited to come together to co-produce a plan for how to make this ambition a reality.

The group decided to test and learn through taking a co-productive approach with two projects:

- 1. Developing an Integrated contact centre service for health and care
- 2. Review of the Direct Payments policy.



Throughout 2021, people who draw on care and support, carers and Kirklees Council staff continued to have conversations about how to build on the learning of the two projects and make the Kirklees Vision for Adult Social Care a reality through co-production. They set out to create a new Co-production Board. This group worked together to shape the whole process of setting up the board, including creating the terms of reference and recruitment materials, as well as designing and taking part in the recruitment process. Board members and co-production partners involved with co-produced projects are paid or their time and contributions.

Where is your area on co-production?

Where is your area on co-production? Use the points below to assess where you think your area is.

Statements for reflection

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Leaders set expectations that people are involved in the design, commissioning, delivery and evaluation of services.

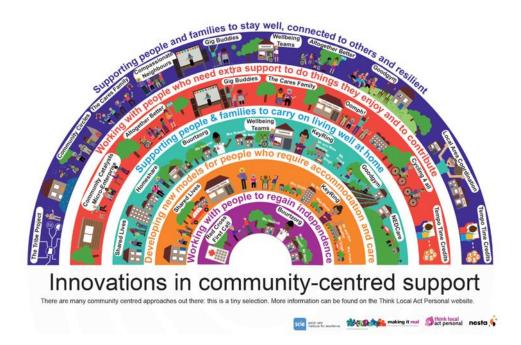
We consistently involve people with lived experience and carers as equal partners in planning their care and support.

There are co-production arrangements such as co-production panels and forums in place to give people a voice in how strategic decisions about care and support are taken.

People with lived experience are involved in providing staff development and training in strengths-based approaches.

Simple and human support

The 'Rainbow' of community-based approaches is a growing catalogue of organisations that are strengths-based, community-focused and co-produced. The Rainbow is designed to show that it is possible to create a strengths-based, community-rooted support system across the full range of services, from crisis (inner ring) to prevention and whole-community (outer ring). It aims to guide commissioning decisions through illustrating similar kinds of services from which commissioners may want to choose one model, and different kinds of services that are likely to complement each other through offering support to a different group in the community.



(From: https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/)

The strengths-based challenge for support organisations and the systems around them can be thought of as: what kind of relationship do we want people to have when someone seeking support encounters someone offering support?

Case study: Family by Family

Family By Family has been developed by The Australian Centre for Social Innovation since 2010. Between June 2021 and August 2022 Shared Lives Plus has adapted the successful pilot programme in Stoke on Trent, in partnership with Stoke City Council and the Department for Education Opportunity Area. The project connects families who have overcome tough times (Sharing Families), with families who are currently experiencing difficulties and would like some support (Seeking Families). With help from a team of family coaches, the 'Sharing Family' supports the 'Seeking Family' to work towards goals of their choice and make positive changes in their lives. Working with more than 130 adults and children, the whole family approach programme is underpinned by strengths-based and ABCD principles, significant impact was created for all families with improved mental health and wellbeing, tangible differences in self-esteem and confidence, accessing employment, as well as self-belief that a possibility for change in their family unit was possible. This was achieved by working with the talents, gifts, and skills of the families, as well as families being alongside each other rather than it being a professional intervention. Families told us that they felt listened to, able to work on what was most important for them, made friends with people they would never normally have connected with, and unlike many statutory services they have received, they did not feel judged for their life experiences and circumstances.

Feedback from families:

- "I think a parent will listen to another parent who has been through it before a professional".
- "I am living proof that people can change ... and I want to help other families".
- "[Family by Family is] a great idea, families will appreciate it far more than having a professional around".
- "I have taken advice from Amy so much better than a professional as I know she has experienced what I am going through. If it wasn't for Amy, I wouldn't have any support at all".
- "This project has made my family shine".

At present we offer many people who have long, complex support journeys a succession of brief, highly-boundaried professional-client transactions, often with professionals the individual has not chosen. A strengths-based approach requires a smaller number of deeper, longer-lasting, and more reciprocal and chosen relationships wherever possible. This is because the professional/client transaction is inherently deficit-generating. It is not possible to 'assess' someone's strengths, particularly where that person has been defined repeatedly by their labels or deficits. Strengths emerge through deeper and more balanced relationships.

Case study: Mayday Trust

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Mayday Trust is an example of an organisation on the 'Rainbow' which has developed a more human approach to offering support. The charity, following a deep listening exercise with the homeless people who lived in its traditional accommodation and support services, decided to end a service-based approach which people said was not working for them, and instead reinvent itself around a person-led, strengths-based response to people going through tough times. This became known as the Person-led, Transitional Strengths-based response, (PTS) Response, combining three elements of strengths-based working that have the potential to be built into a wide range of support offers:

- 1. Strengths-based coaching led by the person, based on their changing goals.
- 2. Connecting and community building, using personal budgets and brokering where needed.
- 3. Support to challenge and change what doesn't work, feeding learning into service co-production.

These ideas are not new, but it is rare to find them combined and offered with enough space, trust and autonomy to create a fully strengths-based experience which focuses first and foremost on building a relationship, and in which the worker has the flexibility and ethos to be led by the person. The support relationship feels different at each stage of the support journey as shown in the tables below, and can be applied to a wide range of support relationships. Mayday Trust supports seven organisations to deliver the model and works with providers and councils to develop strengths-based organisations and areas.

Coach Jhoana says, "I worked with a man who was facing eviction and exclusion from multiple services after years of a downward spiral of services failing him, and him breaking services' rules, and being in conflict with others. Services saw all the dysfunction as being his, but it was as much about the dysfunctional relationships between him and the agencies now and as a child. I was able to build a relationship with him on his terms, with no obligation on either of us to focus on problems. This created space for him to test out what a healthy relationship looked like and to focus on his passion which was Crossfit. Building his confidence and participation meant him reducing his drug and alcohol use for the first time in years. He became self-motivated to seek out and live a life he often dreamed about, with a coach reminding him he could achieve more than he often believed. He took the lessons learned during our relationship into positive relationships with friends, neighbours and a new landlord. This propelled him to pursue work, live independently and seek a life not defined by services."

Area of work	Traditional support work	Strengths-based, person-led work
Initial meeting	Appointment to attend at an office or centre.	Meet somewhere safe and known for person and coach.
	Eligibility and risk assessment.	Get to know each other.
	Support planning based on little knowledge.	Build a trusting relationship.
Offering support	Support based on service's priorities. Timetable and time limits set by service.	Person defines and can change their goals. Broker opportunities and personal budgets. Build community connections.
When services don't work	Focus on engagement and compliance. Manage 'challenging' behaviour. Defend service against 'reputational risk'.	Identify what would work better. Support person to challenge and change what doesn't work.
Ending support	Signposting to other services. Goal is to close case. Few other relationships when support ends.	Person can pause and vary level of support. Person chooses how to end support. Service feels less important as life gets fuller.

Strengths-based work in context

Please reflect on the areas described above. We encourage you develop some actions and changes to become more strengths-based, using the questions below.

Initial meeting	Offering support
Referral process and experience?	Ability of individual/worker to set own
Use of deficit-focused information?	goals?
Focus on relationship-building first?	Flexibility of timetable and time limits?
When services don't work	Community brokerage and development?
How do we see 'engagement' and	Easy personal budget access?
'compliance'?	
People supported to challenge what's not	Ending support
working?	Person's choice about pauses and
How are views and learning fed back to	endings?
change our services when things don't	Do they build their support networks
work?	before ending?
Does our organisational learning approach	Do people tend to cycle back into crisis or
highlight and change support inequalities?	service support?

Strengths-based work in context

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These kinds of strengths-based services are most easily delivered within organisations that are re-orientating themselves to be strengths-based in all of their work. The Royal Society of Arts (RSA) and National Council Voluntary Organisations (NCVO) report, 'Meeting as equals' set out a whole-organisation model for charities and other provider organisations to embed strengths-based thinking across every aspect of their work, structures and culture:

Area of work	Where many organisations are now	Strengths-based, person-led organisations
Supporting people	We serve our beneficiaries, customers or the people who use our services We support people with specific problems or conditions. We are leaders.	We enable each individual to choose and shape their support. We meet people as equals. We are allies.
Recruitment, induction and management	Our team of experts and the people who use our services come from different communities or backgrounds. We have tightly managed roles within hierarchies.	People with lived experience and from local communities volunteer, work and lead. Workers have high levels of autonomy.
Planning	We set the agenda, deploy our expertise and manage stakeholders. There are few ways for people who use support to influence us.	We find and develop leaders and share our platforms, networks and power. We are a learning organisation.
Governance	We have limited accountability to beneficiaries and few 'user representatives'.	We invest in citizens' capacity to lead us at every level, from the ground up.
Fundraising	We raise funds for our beneficiaries with hard-hitting campaigns about their problems.	Fundraising messages co- designed and delivered by people with lived experience.
Influencing and partnerships	We have unsustainable contracts and can't influence commissioning.	We seek co-commission with those who share our aims. We can say 'no'.

Source: Mayday Trust 2022

Using our money and power

In traditional public services, power tends to be concentrated in the hands of a small number of senior leaders, who work through a formal hierarchy to direct changes. For strengths-based areas, a different kind of leadership is required – one that is based on sharing rather than hoarding power, working collaboratively, rather than competing or putting one's own organisation, department or team first.

In SCIE, this is often referred to as 'strengths-based leadership'. Traditional leadership models place onus on the importance of a 'charismatic' leader who can influence change through command and control and seeks to 'solve' problems. Strengths-based leadership emphasises the importance of compassion, recognising and building on people's strengths and gifts, and working in collaboration with others to identify the best way forward.

Key features of strengths-based leadership include:

- Engaging and involving people with lived experience, carers, frontline staff, and managers in early conversations about change and valuing their vision, ideas and opinions when developing any new model of care.
- Investing time, both formally and informally, in building productive relationships with leaders across partner agencies and organisations, and developing joint priorities and plans.
- Working with partners to map initiatives and programmes across the local area to minimise duplication and develop a joined-up approach to achieving better outcomes for communities.
- Developing leadership capabilities of citizens and encouraging them to become formal leaders and representatives for their communities.

Providing staff with a broad framework and key principles, whilst trusting them to use their professional knowledge and practice to find creative solutions, taking ownership of decision-making and designing and delivering innovations co-designed with people at the front line.

Case study: Practice Week - London Borough of Tower Hamlets

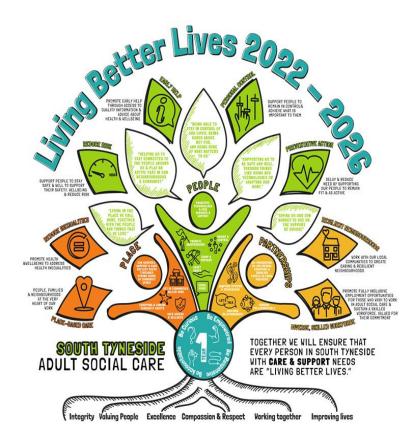
Katie O'Driscoll, Director for Adult Social Care at the London Borough of Tower Hamlets describes the 'practice week' process for reviewing quality in adult social care and to encourage strengths-based leadership across the service.

She told us: "We ran our first practice week in 2019 and repeated the process in 2021. This strengthens our Quality Assurance System through peer audits of practice, feedback from people who use services and the involvement of senior leaders across the council to look at practice and opportunities for development. The approach is rooted in appreciative enquiry."

Co-produce a shared picture of what good looks like and userfriendly ways to track its achievement

Ensuring that all of those leading the shift towards strength-based areas are clear about how impact is being measured, and taking the time to celebrate successes, are both critical to sustaining impact.

This requires leaders in local areas to work with people who draw on care and support, carers, staff and partners to co-produce a vision for what good looks. This is what South Tyneside Council did when it created, with input from local people, a 'tree' that described a vision of what good looks like for them.



Leaders must ensure that performance frameworks seek quantitative and qualitative data that illustrates impact in terms of promoting independence and preventative action; the data must also support investment in those interventions, opportunities and assets that are shown to make a positive difference.

In developing these measures, it can be helpful to ask yourselves:

- What difference are we making to the lives of people we support?
- What is the contribution of the changes we are making to the achievement of these outcomes?
- How will we know we have succeeded?

Once in place, a clear framework and approach to monitoring and evaluating impact can ensure that local authorities and their partners can continue to make progress towards becoming strengths-based places.

Case study: London Borough of Camden Adult Social Care (ASC) Outcomes

Camden has been on a journey to becoming a strengths-based area for a number of years, driving improvement under the banner of 'what matters'. To help the Council and partners understand their impact, Camden worked with local citizens to map out what matters most to people and how this might be measured. As a result a new adult social care outcomes framework was developed, which includes conducting a regular survey of people who draw on care and support. The outcomes are listed below:

1. Since my contact with Adult Social Care I feel more connected to activities and people in my community.

- 2. Since my contact with ASC I feel more confident and independent.
- 3. My social care worker was clear and easy to understand.
- 4. My social care worker took enough time to get to know and understand me.
- 5. I am happy with my friendships and relationships.
- 6. I trust my social care worker.
- 7. I get the right support in a crisis or when things go wrong.
- 8. My social care worker did the things they said they would.
- 9. I was able to make decisions about my support.
- 10. I was given the right support to achieve the outcomes I identified.
- 11. I was given enough information to make decisions about my support.

12. My social care worker let me choose who should be involved in talking about my support.

- 13. I feel safe in my community.
- 14. I feel safe in my home.

Find out more

This paper was originally drafted for SCIE, TLAP and Mayday Trust by Alex Fox OBE, chief executive of Mayday Trust www.maydaytrust.org.uk @alexfoxshared. Mayday hosts the New System Alliance: https://newsystemalliance.org/ where you can learn and share more about strengths-based working.

SCIE is sector leading in its support to adult social care services to embed strengthsbased practice. We believe the role of social care practitioners needs to modernise and become more productive and effective. We do this by identifying unproductive activities which don't bring value, exploring what is working well and how we build on it, and working collaboratively with practitioners to re-design solutions.

Our team combines expertise in practice development, research and analysis, and change management and our work is underpinned by SCIE's in-depth knowledge of evidenced-based social care policy and national good practice.

To find out more about strengths-based working and how SCIE can help transform local government care and support, please visit https://www.scie.org.uk/consultancy/transforming-care/practice-with-impact

TLAP is a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support. The partnership spans central and local government, social care providers, the NHS, and the voluntary and community sector as well as people with lived experience, through the National Co-production Advisory Group (NCAG). TLAP is hosted by partner organisation, Social Care Institute for Excellence (SCIE).



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