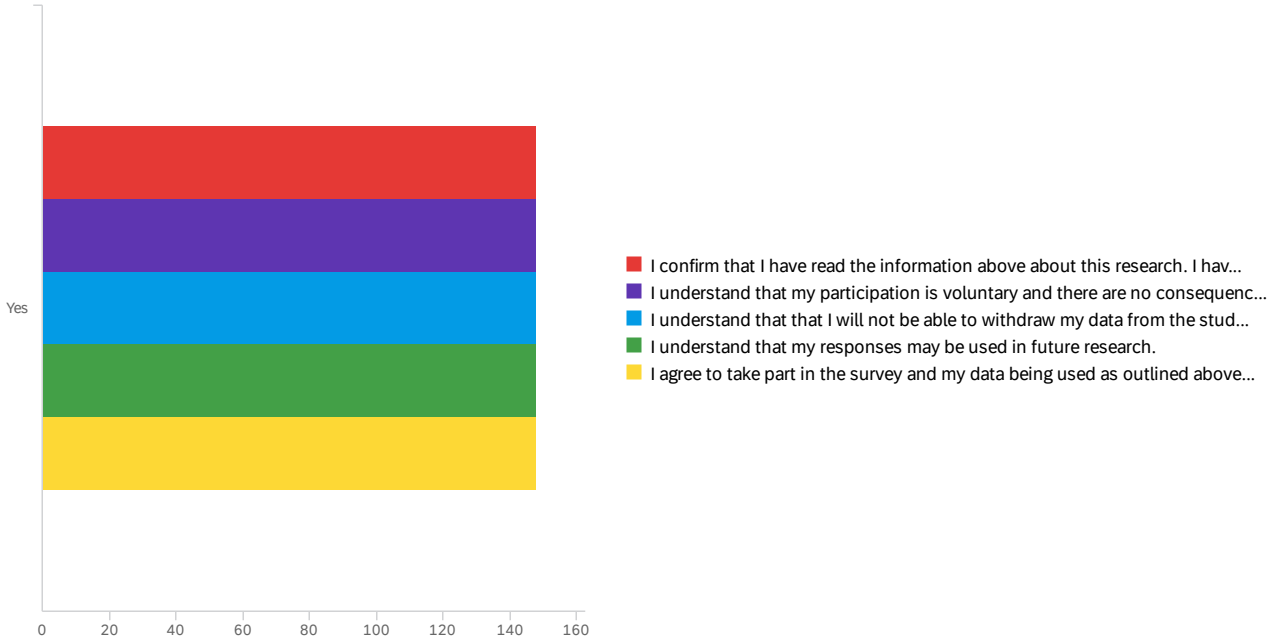
Default Report

Strengths-based practice in Adult Social Care Survey: External Organisations

December 19, 2023 7:45 AM MST

Q2 - Consent Form



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	I confirm that I have read the information above about this research. I have had the opportunity to consider the information and understand what my taking part will involve.	1.00	1.00	1.00	0.00	0.00	148
2	I understand that my participation is voluntary and there are no consequences from non-participation.	1.00	1.00	1.00	0.00	0.00	148
3	I understand that that I will not be able to withdraw my data from the study after I have submitted my response.	1.00	1.00	1.00	0.00	0.00	148
4	I understand that my responses may be used in future research.	1.00	1.00	1.00	0.00	0.00	148
5	I agree to take part in the survey and my data being used as outlined above.	1.00	1.00	1.00	0.00	0.00	148

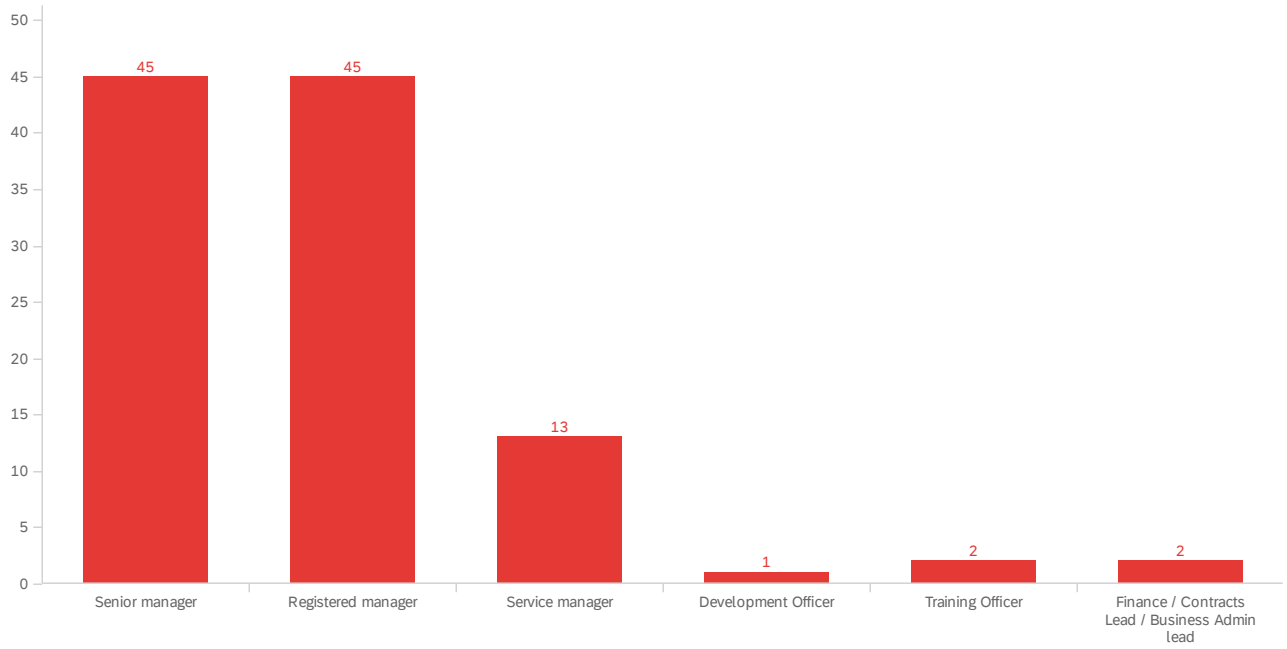
#	Field	Yes		Total
1	I confirm that I have read the information above about this research. I have had the opportunity to consider the information and understand what my taking part will involve.	100.00%	148	148

#	Field	Yes		Total
2	I understand that my participation is voluntary and there are no consequences from non-participation.	100.00%	148	148
3	I understand that that I will not be able to withdraw my data from the study after I have submitted my response.	100.00%	148	148
4	I understand that my responses may be used in future research.	100.00%	148	148
5	I agree to take part in the survey and my data being used as outlined above.	100.00%	148	148

Showing rows 1 - 5 of 5

Q3 - About you and your service

1. Response by roles and responsibilities



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	About you and your service - Selected Choice	1.00	7.00	2.59	2.03	4.12	126

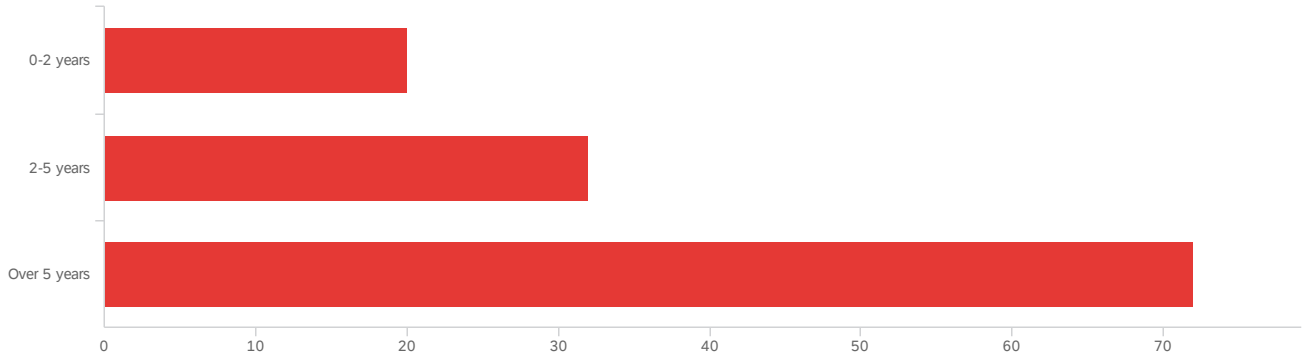
#	Field		Choice Count
1	Senior manager	35.71%	45
2	Registered manager	35.71%	45
3	Service manager	10.32%	13
4	Development Officer	0.79%	1
5	Training Officer	1.59%	2
6	Finance / Contracts Lead / Business Admin lead	1.59%	2
7	Others, please specify	14.29%	18
			126

Showing rows 1 - 8 of 8

Q3_7_TEXT - Others, please specify

Others, please specify
Social worker
Fundraiser
Programme Manager
Company Director
Deputy Manager
Deputy Manager
Deputy Manager
VCSE CEO
Operations Director
DIRECTOR
Director, Clinical Lead Nominated individual
Chief Officer
Nominated Individual
Trustee
Volunteer manager of a project funded by Birmingham City Council
Owner
director
occupational therapist

Q5 - 3. How long have you been working in your service?

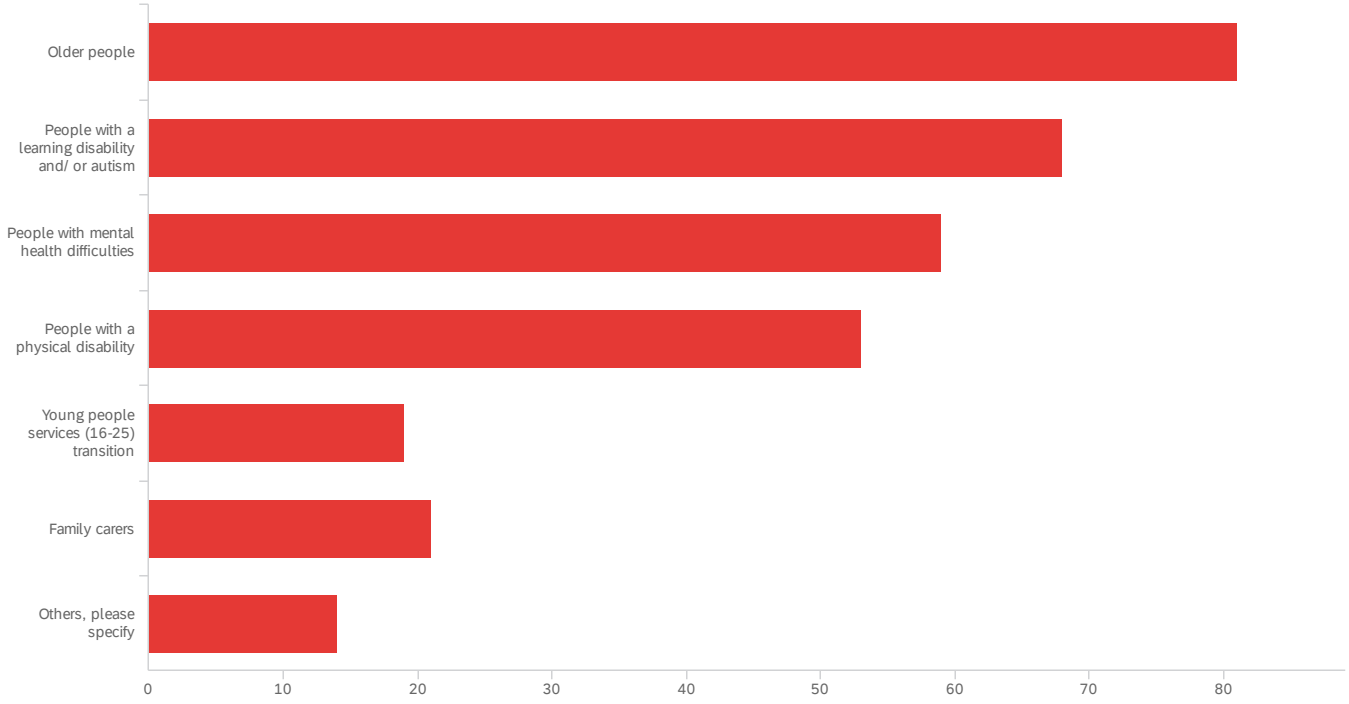


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	3. How long have you been working in your service?	1.00	3.00	2.42	0.75	0.57	124

#	Field		Choice Count
1	0-2 years	16.13%	20
2	2-5 years	25.81%	32
3	Over 5 years	58.06%	72
			124

Showing rows 1 - 4 of 4

Q6 - 4. What populations do you mainly provide support to (tick all that apply)?



#	Field	Choice Count	
1	Older people	25.71%	81
2	People with a learning disability and/ or autism	21.59%	68
3	People with mental health difficulties	18.73%	59
4	People with a physical disability	16.83%	53
5	Young people services (16-25) transition	6.03%	19
6	Family carers	6.67%	21
7	Others, please specify	4.44%	14
			315

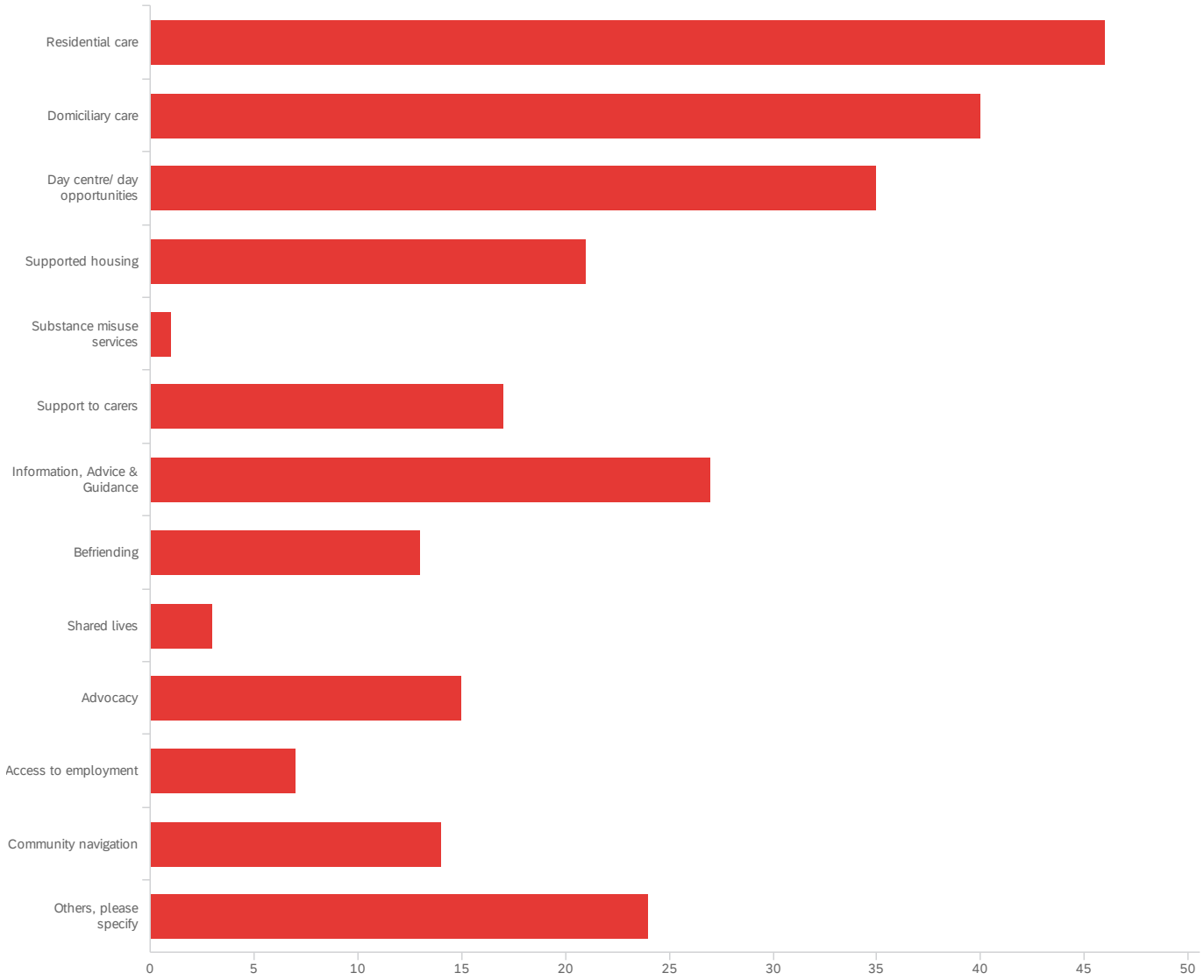
Showing rows 1 - 8 of 8

Q6_7_TEXT - Other, please specify

Others, please specify
Armed Forces Community
Acquired brain injury

Others, please specify
People affected by Huntington's disease
carers
Children and young people services
Adults with sight loss or likely to be impacted by sight loss
CHC packages
dementia
Admin
People with MSI
People in fuel poverty
All of the above
carers, bame
dementia related conditions

Q7 - 5. Which of the below options describes the support(s) provided by your service (tick all that apply)?



#	Field	Choice Count	
1	Residential care	17.49%	46
2	Domiciliary care	15.21%	40
3	Day centre/ day opportunities	13.31%	35
4	Supported housing	7.98%	21
5	Substance misuse services	0.38%	1
6	Support to carers	6.46%	17

#	Field		Choice Count
7	Information, Advice & Guidance	10.27%	27
8	Befriending	4.94%	13
9	Shared lives	1.14%	3
10	Advocacy	5.70%	15
11	Access to employment	2.66%	7
12	Community navigation	5.32%	14
13	Others, please specify	9.13%	24
			263

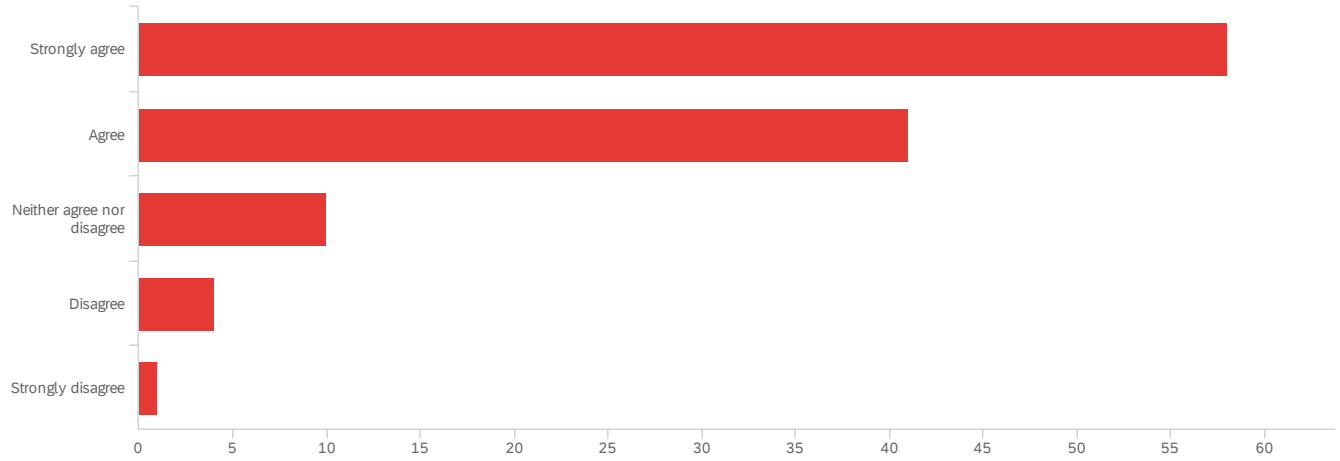
Showing rows 1 - 14 of 14

Q7_13_TEXT - Others, please specify

Others, please specify
Supported Living
Extra Care
crisis services
Nursing care
Falls Prevention
supported living
community support
Benefits advice, dementia support, digital inclusion
low level support in the community and, mental health support,
Passenger Transport
Peer mentoring horticulture, exercise
Nursing Care
Nursing residential care
Extra Care

Others, please specify
Projects
Help to find housing
Replacement Care
Respite care
Neighbourhood Network Scheme
Extra Care
community support
Training,mentoring, one to one support,clearances
Exercise
Nursing Home

Q8 - The Local Authority

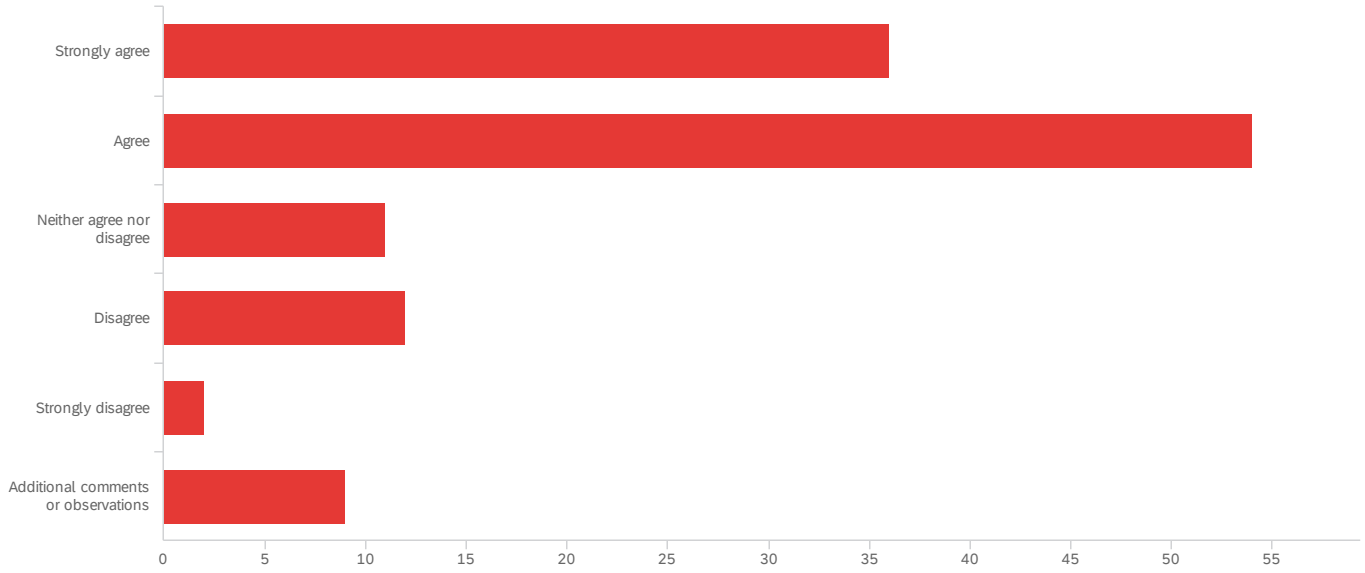


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The Local Authority	1.00	5.00	1.68	0.84	0.71	114

#	Field	Choice Count	
1	Strongly agree	50.88%	58
2	Agree	35.96%	41
3	Neither agree nor disagree	8.77%	10
4	Disagree	3.51%	4
5	Strongly disagree	0.88%	1
			114

Showing rows 1 - 6 of 6

Q9 - 7. My service has good networks and connections with the Local Authority and its staff.



#	Field	Choice Count	
1	Strongly agree	29.03%	36
2	Agree	43.55%	54
3	Neither agree nor disagree	8.87%	11
4	Disagree	9.68%	12
5	Strongly disagree	1.61%	2
6	Additional comments or observations	7.26%	9
			124

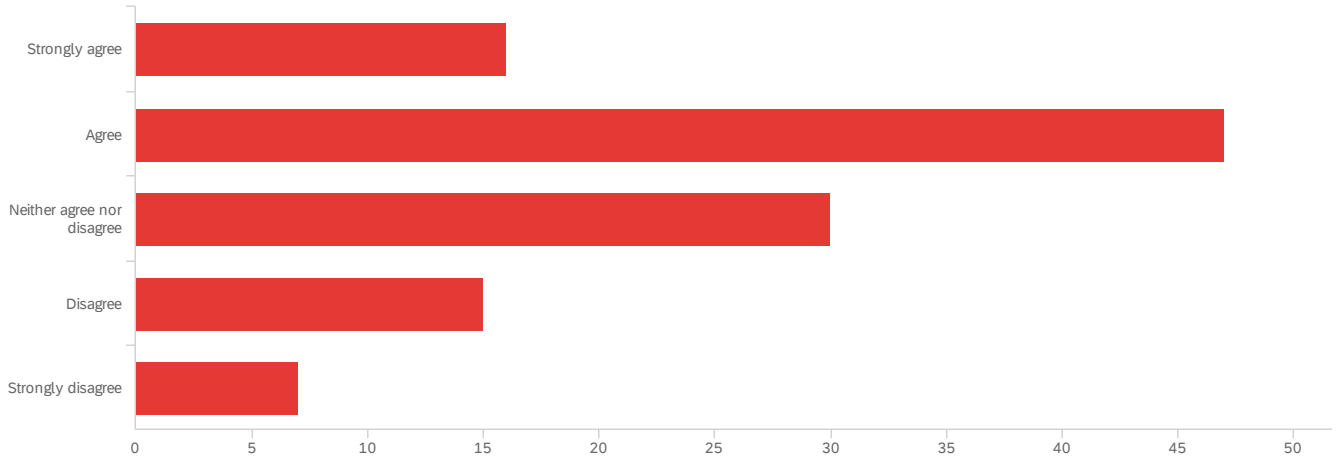
Showing rows 1 - 7 of 7

Q9_6_TEXT - Additional comments or observations

Additional comments or observations
the network has declined over the past 12 months
remote working has made communication much more difficult
Connections are very good in some places, but limited or unavailable in others

Additional comments or observations
we are not included in the information that is readily available for commissioned service. We use direct payments and this was set up to be more person centred, but the local authority does not seem to recognise this .
We would like to have
Agree, but this could be stronger and better tied-up
NNS is working closely with Local Authority Staff
our is private care service; we work with local authority at times.
good relationship with Birmingham, but Sandwell not so much

Q10 - 8. I am aware that the adult social care teams and professionals in the Local Authority are seeking to be more strength based in their practice.



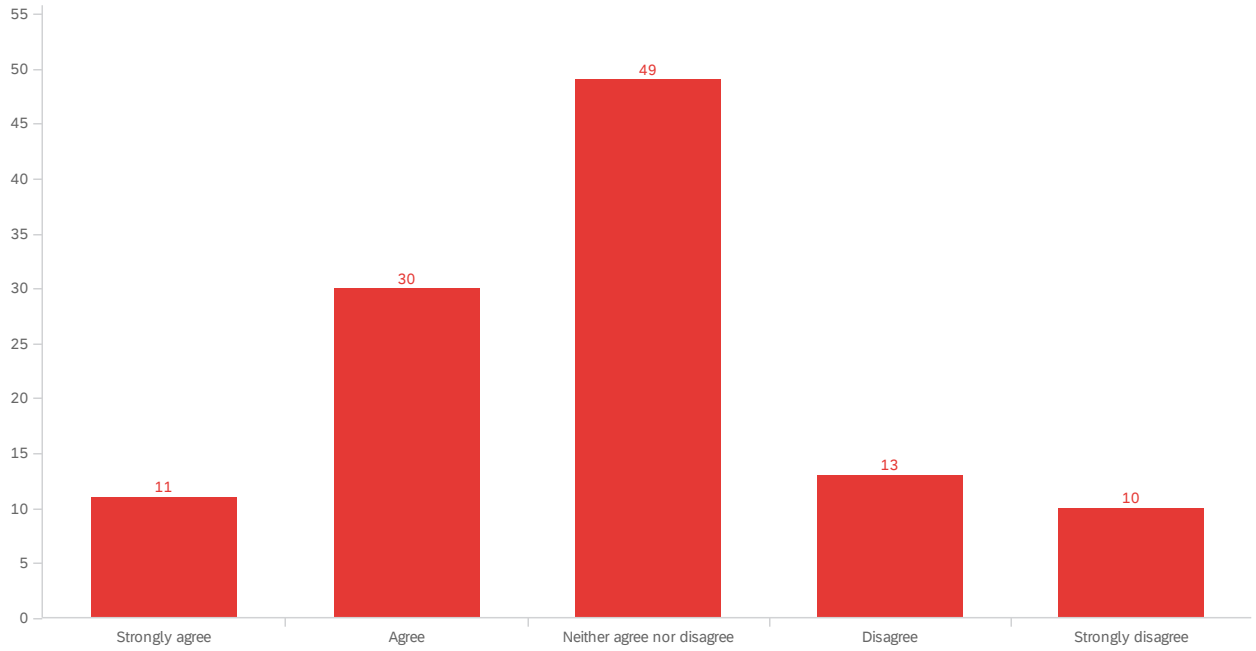
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	8. I am aware that the adult social care teams and professionals in the Local Authority are seeking to be more strength based in their practice.	1.00	5.00	2.57	1.07	1.15	115

#	Field	Choice Count	
1	Strongly agree	13.91%	16
2	Agree	40.87%	47
3	Neither agree nor disagree	26.09%	30
4	Disagree	13.04%	15
5	Strongly disagree	6.09%	7
			115

Showing rows 1 - 6 of 6

Q11 - 9. Commissioners in the Local Authority facilitate strengths-based practice through their approach to purchasing and contracting.

4. Commissioners facilitating SBP

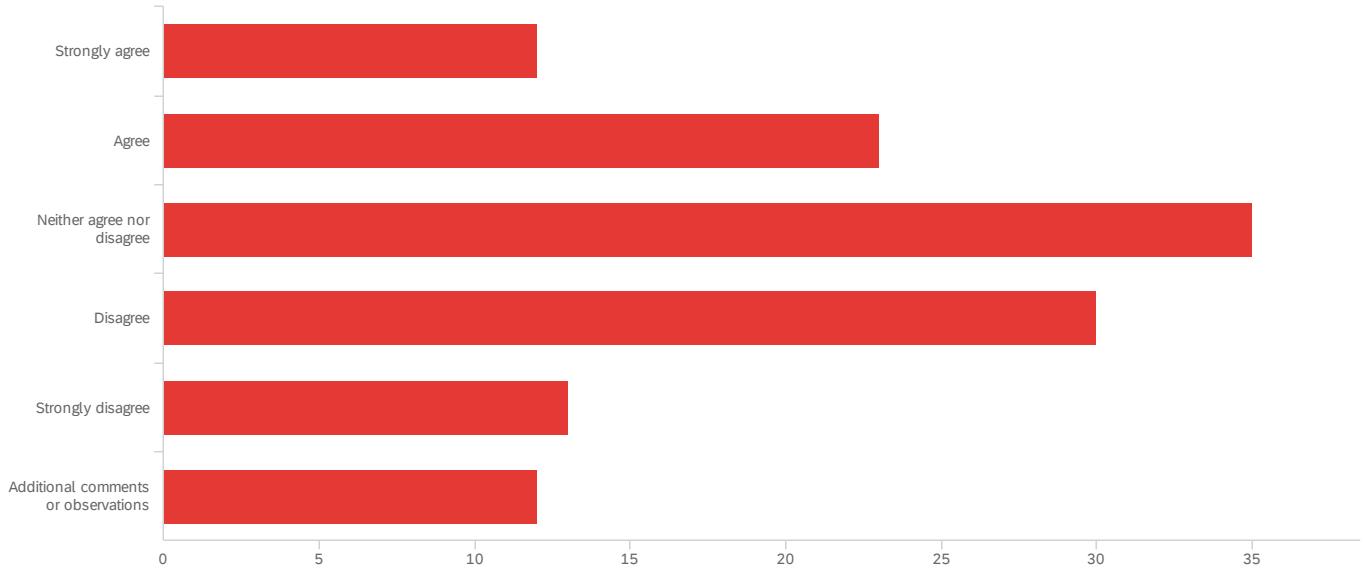


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	9. Commissioners in the Local Authority facilitate strengths-based practice through their approach to purchasing and contracting.	1.00	5.00	2.83	1.05	1.10	113

#	Field		Choice Count
1	Strongly agree	9.73%	11
2	Agree	26.55%	30
3	Neither agree nor disagree	43.36%	49
4	Disagree	11.50%	13
5	Strongly disagree	8.85%	10
			113

Showing rows 1 - 6 of 6

Q12 - 10. My service was informed by Local Authority that they are seeking to be more strength based in their practice.



#	Field	Choice Count	
1	Strongly agree	9.60%	12
2	Agree	18.40%	23
3	Neither agree nor disagree	28.00%	35
4	Disagree	24.00%	30
5	Strongly disagree	10.40%	13
6	Additional comments or observations	9.60%	12
			125

Showing rows 1 - 7 of 7

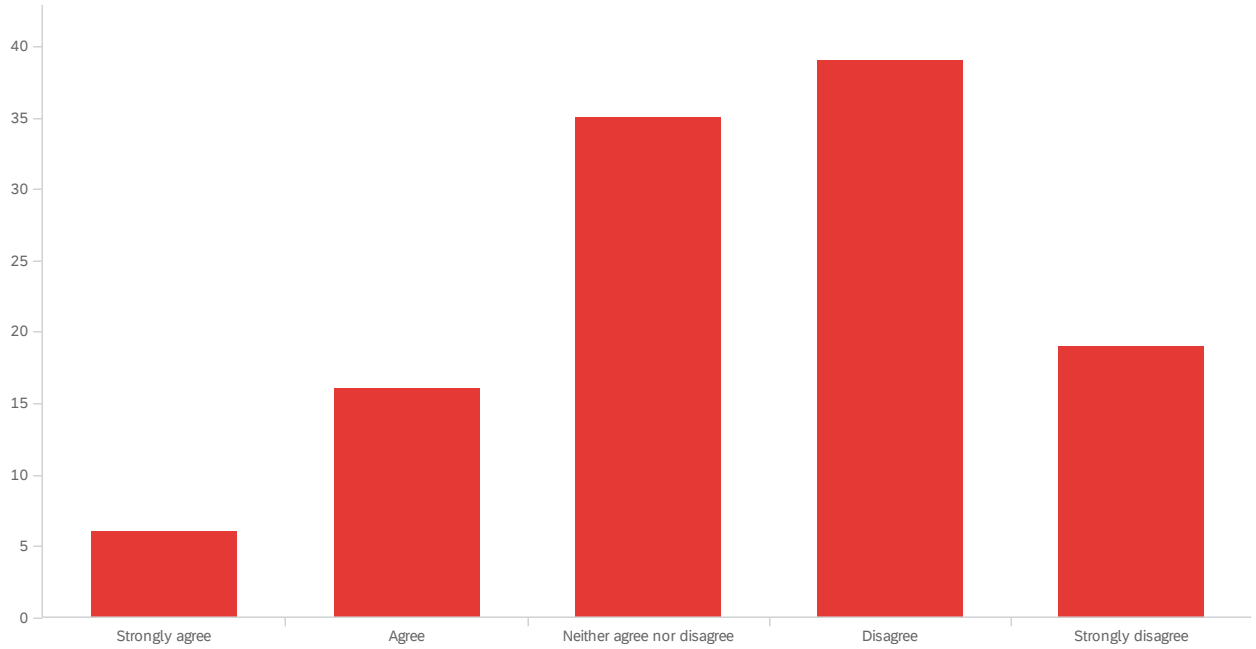
Q12_6_TEXT - Additional comments or observations

Additional comments or observations
In reality the way that services are currently provided are across frameworks. We understand the intention is to move towards a more holistic approach and the LA have asked providers for ideas. We see that this should be based around 'pathways' that people can access - depending on their needs. However, underpinning all of this is the need to be funded the true cost of care and until that happens I believ services will always be based on a deficit model!
This term is used however not fully explained as to how this will be achieved and expectations from the sector

Additional comments or observations

The commissioners of Day opps have no idea what strengths based practice is, they don't know how to assess outcomes often muddling output and outcome. It is very frustrating that they bring in external consultants who don;t understand and don't listen
I feel this has been discussed within multi-organisational meetings rather than just us an individual service.
No clear messaging on a direction of travel
As a result, we have also embedded strength based practise into our service assessments and discussions with customers.
we are not informed about anything
Withdrew services
Never heard anything until this email for the survey
Unsurre as quite new
we have never received any news about that; this is the first time I am hearing about strength based practice.
did not know about this

Q13 - 11. My service was involved in how the local authority has planned to be more strength based in their practice.



#	Field	Choice Count	
1	Strongly agree	5.22%	6
2	Agree	13.91%	16
3	Neither agree nor disagree	30.43%	35
4	Disagree	33.91%	39
5	Strongly disagree	16.52%	19
			115

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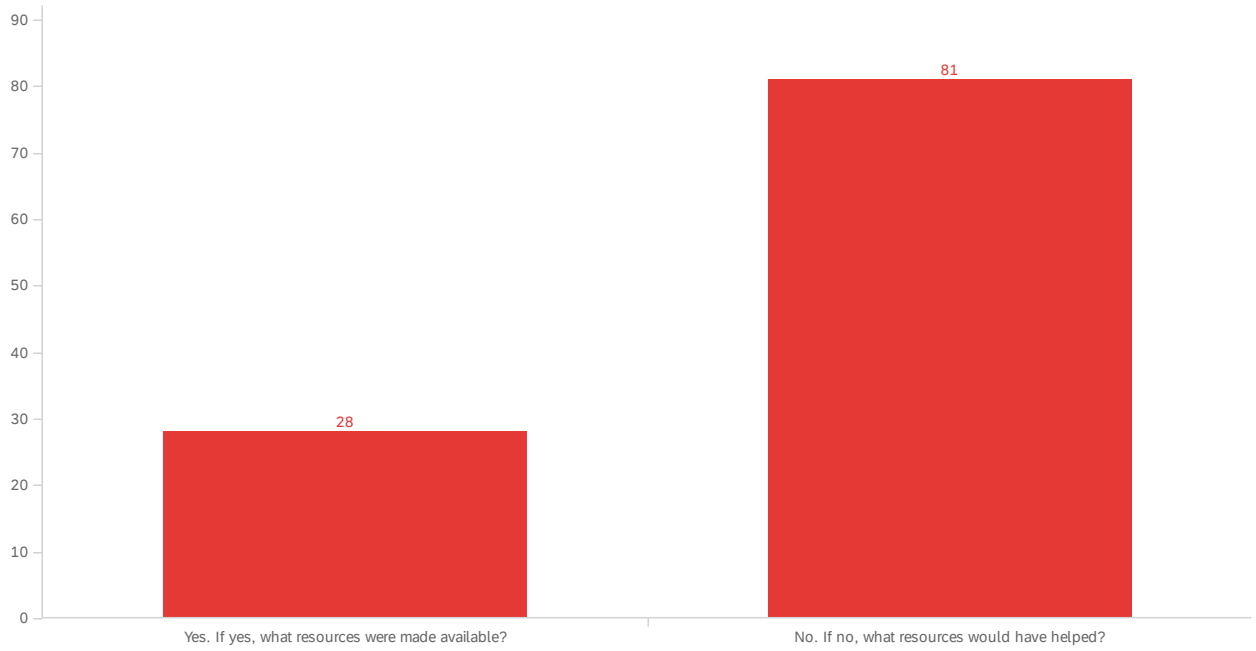
Q14 - 12. The Local Authority has provided adequate resources to our service to be strengths based in our practice.

5. Support from local authority



Yes. If yes, what resources were made available?
Training opportunities, workshops and webinars addressing person centred training.
Training and correspondence
Local Authorities often fund hours which are based on needs assessments and funding allocation, as a provider we strive to ensure that the resource reflects the needs of the individual and their personal strengths to work towards agreed outcomes
Funding the service
Framework information and examples of the LA strength based practise.
PPE Portal
Access to employment funds
covid related
News letters and Calls
133500

Yes. If yes, what resources were made available?

training
I provide the SB training myself
Quality in Care Support, Links with teams to support NHS support for the home, virtual training
Financial and management Support
attended a meeting in relation to improving the networking and services within our area
during covid the local authority are in regular contact offering support
Good guidance and advice from local authority
Team of commissioning nurses, open door approach to contact commissioners at any time, training, engagement meetings
training sessions and regular updates

Q14_2_TEXT - No. If no, what resources would have helped?

No. If no, what resources would have helped?

An outline of the objectives and how this would be of benefit to the people provide care and support too.
Any resources
Anything in simple plane language
Awareness raising sessions, good practice template documents
Better comms to our ops staff would have been helpful
Better comms to our ops staff would have been helpful
Better focus on recruitment and issues with COVID19
Clear direction on what they wish, and the price they believe it can be provided at, with very clear and detailed explanation
Complete lack of communication
FINANCES
Funding
Guidance on what strength based means and the criteria

No. If no, what resources would have helped?

Help with Training

Holistic Assessments - better relationships and timely access to Multi disciplinary services. More preventative considerations driving towards services that are provided to empower independence. Funding allocations that are realistic

I am relatively new in the NNS role so I can't talk about previous resources but I would personally like to receive resources.

I did not know about it - only third hand.

I know that our commissioning teams aspire to have this approach - however the move from an existing framework to a new model will take planning and time - at the same time I understand commissioners need to protect the providers in the market. The political and economic issues that are impacting on the care sector - such as funding and workforce resources will all impact on the desired outcome.

I think a meeting specifically with us to discuss their plans, being specific on strength based activity within our service and coming up with a plan on we embed it further. I feel we have this holistic approach already but it would be good to tie it and understand the local authorities needs within this area more clearly.

Information

Information on all areas

Local authority must take feedback from the service users & contract and pricing must be given to the providers based on the quality of service or strength based approach; they can categorise the service provider as high; medium and low. As far as we know; all Local authority contracts are based on pricing and lot of favourism towards individual or company who they provide the contract and not based on quality of the work we do in the community.

More information and training regarding strength based practice

No resource provided at all. Need for capacity funding to support coproduction

No resources or information have been provided

Not withdrawing services

Our service are significantly underfunded

Realistic cost of service provided

Staffing costs have risen but commissioned activity has not been reviewed. As a charity we are in a vulnerable position despite offering a unique service.

Thier has been no lead taken buy the authrity.

Training, working together with care home managers to get there points, to reiterate care home managers not owners or London based corporates. give the managers a view in how they perceive local Authority strength based practice

Very mixed messages from local authority

Visiting us as a provider would help them understand. Discussing what an OT led strengths based provision looks like and what outcomes are possible would help them - not what they can do for us, but in fact what we, the VCS can do for them!

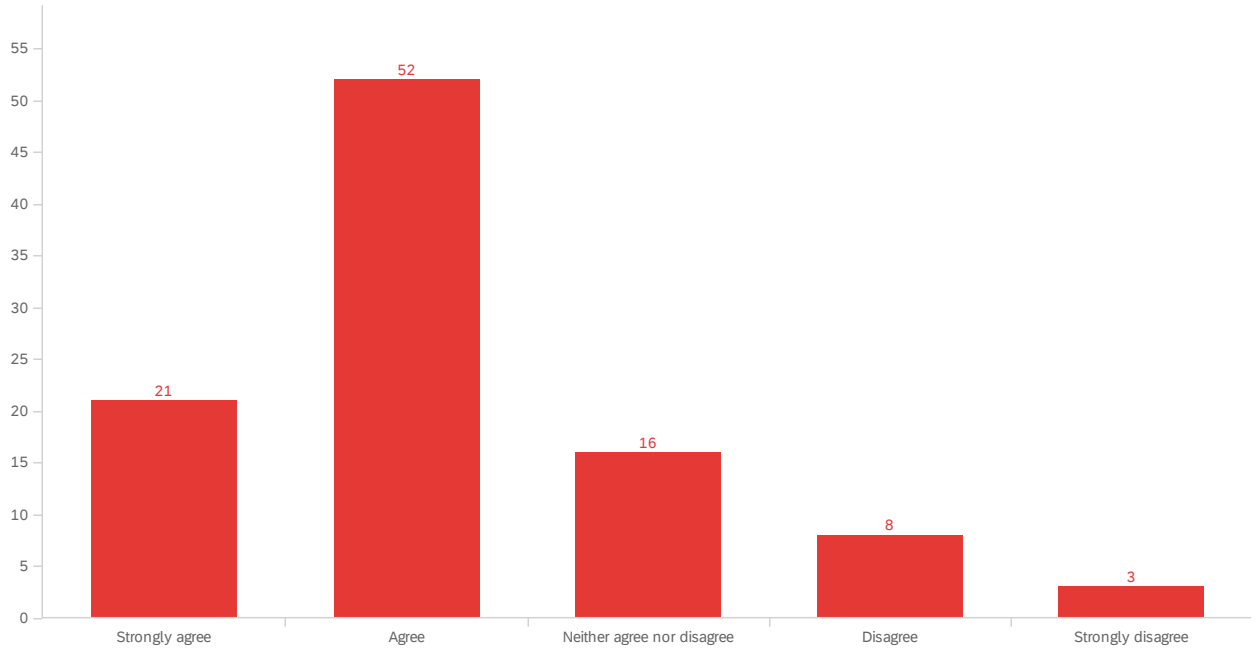
No. If no, what resources would have helped?
We have always been person centred, however, the Local Authority have too few social workers to be able to support us
a lot more imformation
access to up to date training along with a conversation about SBP
adult safeguarding resources and therapeutic resources
all areas
briefings,consultation
enough funding to be able to pay staff a decent wage. If it is a commissioned service they appear to get more funding and regular increases in funding. Due to the minimum wage being increased as a private firm we have to beg for the money. This in turn means that some people's support has to be decreased because the LA will not agree to the increase, so people cannot afford the same service, which is unfair to the service users. Where is person centred or strength approach in that?
good practice examples
human, more staff
money!
more support during covid
new tenats moving in with no support and possible safe guarding issues w
no idea - the term strength based is meaningless to us
not sure what the offer is
overall social care is still underfunded
recruitment
updates
£££s !

#	Field		Choice Count
2	No. If no, what resources would have helped?	74.31%	81
			109

Showing rows 1 - 2 of 2

Q15 - Your Service

2. Understanding SBP and how to demonstrate it in their work



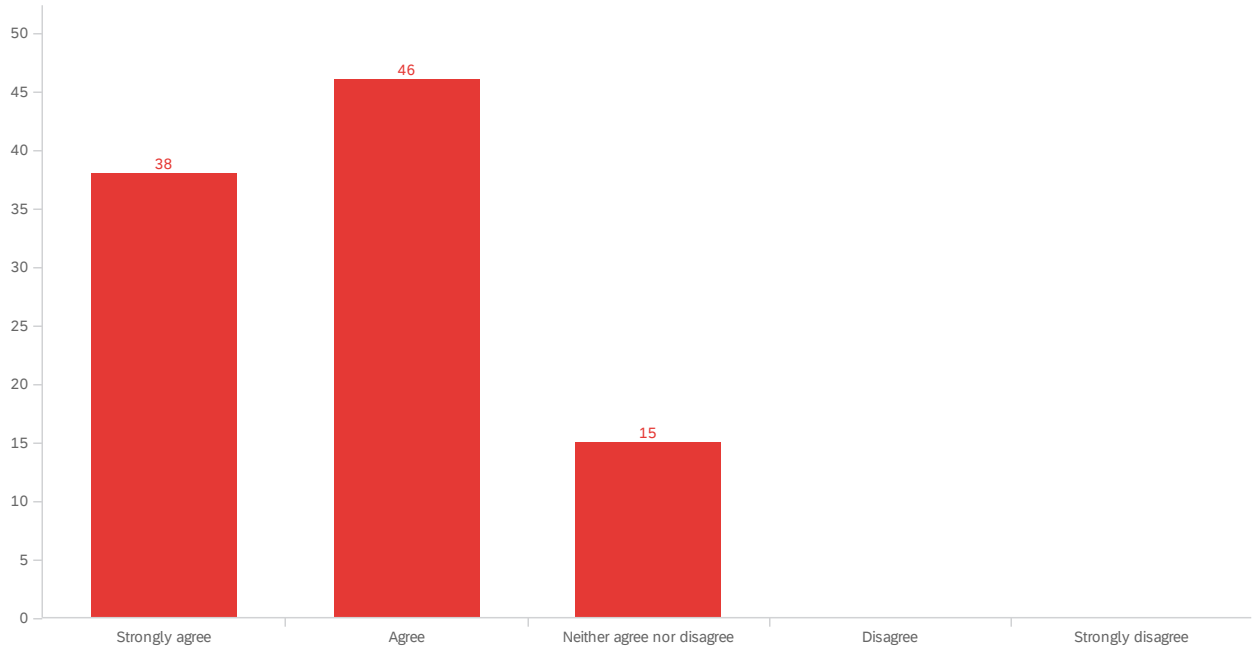
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Your Service	1.00	5.00	2.20	0.96	0.92	100

#	Field	Choice Count	
1	Strongly agree	21.00%	21
2	Agree	52.00%	52
3	Neither agree nor disagree	16.00%	16
4	Disagree	8.00%	8
5	Strongly disagree	3.00%	3
			100

Showing rows 1 - 6 of 6

Q16 - 14. In my opinion, strengths-based practice is an appropriate way to work with the individuals that we support.

3. SBP is the appropriate way to deliver care



#	Field		Choice Count
5	Strongly disagree	0.00%	0
1	Strongly agree	34.86%	38
3	Neither agree nor disagree	13.76%	15
4	Disagree	0.00%	0
2	Agree	42.20%	46
6	Additional comments or observations	9.17%	10
			109

Showing rows 1 - 7 of 7

Q16_6_TEXT - Additional comments or observations

Additional comments or observations
We have clear evidence that the pandemic has reinforced the inequalities people with learning disabilities (and other disabilities) face. It will only be as a result of a change in culture and a true commitment to equality that this position will change.
Because of our personal values we have always focussed on people/ family strengths as well as needs

Additional comments or observations

I agree to this in principle, however strengths can not be seen as independence in area assessed, to support the outcome of reducing spend. Strengths should allow for something to be built apon not reduced.

OT changes lives. It is an undervalued profession

Relevant in many areas of our work, but not all.

I would like to know more

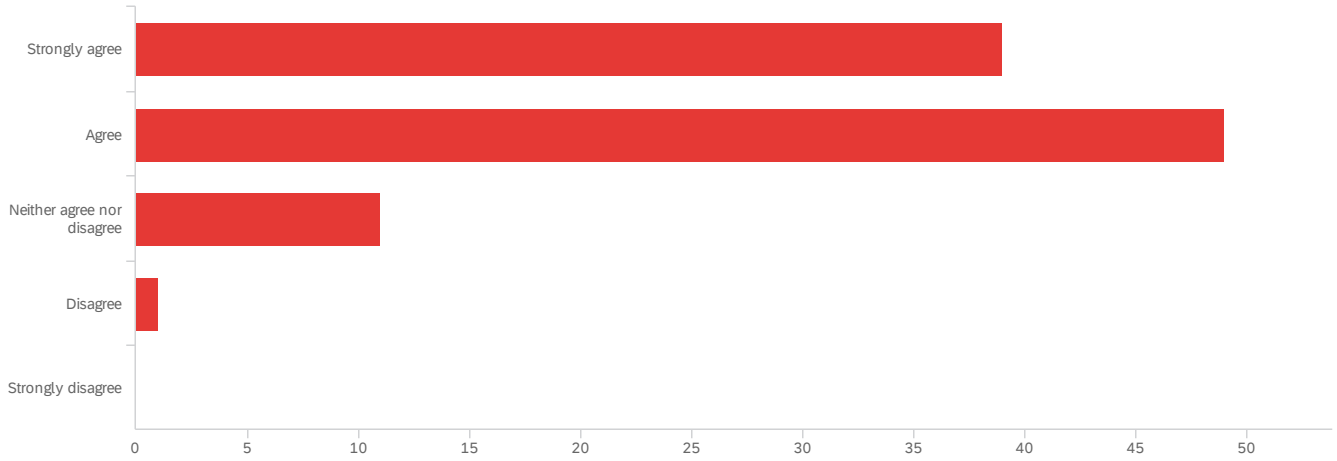
as i dont understand / known waht it means how can i make a judgement|? - we need more money & resources not social services jargon !"

using the positives instead of negatives, using a can do culture within our organisation is essential

it should be about the person

We want to give our service the best possible quality of life. Building confidence is key. Having the rime to do this is the questionable part.

Q18 - 15. In my opinion, services offered by my organisation have been or can be easily adapted to working toward strength-based practice.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	15. In my opinion, services offered by my organisation have been or can be easily adapted to working toward strength-based practice.	1.00	4.00	1.74	0.69	0.47	100

#	Field		Choice Count
1	Strongly agree	39.00%	39
2	Agree	49.00%	49
3	Neither agree nor disagree	11.00%	11
4	Disagree	1.00%	1
5	Strongly disagree	0.00%	0
			100

Showing rows 1 - 6 of 6

Q19 - 16. What are three key challenges to implementing strengths-based practice in your service?

16. What are three key challenges to implementing strengths-based practice...
Recruiting the right people for the right role. Ensuring that the workforce are included, supervised and mentored through the strength based approaches. Communication needs to be effective, Autistic people and people who have common learning disabilities and difficulties need to be involved at every level of their support.
staffing , training , staff retention
Funding, workforce availability, increasing regulatory compliance
lack of knowledge of the direction of the council and how to access additional funding
un-certain future , finance/costs/ staffing
Lack of social work input from LA. Little sharing of assessment and support planning info. Poor communication with Social Work practitioners and teams
1. It is absolutely necessary to better inform opps staff and fund the time to do this. 2. Clients feel they have "rights" to certain levels of service. 3. Clients frequently do not want to be helped to become more independent, but would rather recieve what they believe they need.
Funding / Resources
staffing and £££s
Space and suitability of space (Covid secure), In a ratio of 4 people to 1 staff member is supporting a verity of goals and outcomes through opportunity, reporting and recording additional to the services current reporting and data tools.
we need more staff time to be able to focus more with individuals
None, we are OT led
staffing, time and money
Fluctuating abilities/cognitive ability. Capacity. Stages of rehabilitation
Capacity Time Evaluating Our falls prevention classes are delivered in groups of up to 30. A challenge is capacity and time of the Dance Artist to give an individual 'personal' goals.
Communicating the principles, having the resources to raise awareness
Tension between hours of support needed and funding envelope as funding is often based on tasks rather than outcomes, speed of funder responding to changing needs of the individual and inconsistencies between approach from provider and funder
support staff buy in, achievable outcomes, accurate/up to date information about an individual at assessment.

16. What are three key challenges to implementing strengths-based practice...

Human Resources, staff training and Role models

Covid 19, Training, staffing

Communication, discussions, support

Systems within Local Authority to allocate resources and track progress. Cultural shift within Local Authority and some providers to a new model of working

Not enough resources and very short term funding does not allow for development. However the council are trying to support us

The attributes of strengths-based practice is not included the service specification, so no formal recognition of the HOW we work.

True strength based assessment needs culture/mindset changes we are prepared for this but services are not commissioned by the LA with this in mind. Services appear to be funding driven not needs driven. True holistic person centred assessments that access holistic resources in a timely and safe manner. We should be considered trusted assessors an extra resource to draw on.

Finance, Recruitment and Knowledge

funding - to be able to recruit suitable staff lack of information/support from the LA

Don't know

none

No clear guidance or communication from the LA. Currently people "service users" are being seen as a number on a list Cost cutting exercise is taking place reducing support without full, robust, person centered planning and reviews with all agencies involved in the care package There is no person centered planning from the LA perspective

cost saving exercise

funding Staffing

face to face meetings and training

wider Trust decision, appropriate staff training, developing a new culture

Being provided with easy read information for our service users by the local authority. No learning disability specific social workers any more. Little understanding of our sector, we are always included with elderly care which requires a completely different approach

lack or reduced availability of much needed resources ie continence

COVID 19 Pandemic Recruitment Challenges Staff Resource

I cannot answer this question as Worcester County Council has not engaged with the independent sector regarding this subject

management time & bandwidth, too many other competing initiatives e.g. from \NHS,

16. What are three key challenges to implementing strengths-based practice...

1.Staff understanding and commitment 2. Having the necessary time for staff to implement this when we are paid per hour to a set time frame. 3. Getting buy in from clients to this type of approach when often they would feel they have a right to a differnt approach

TIME, RESOURSES & MONEY

n/a

time, resources and staff levels

we have had to learn and innovate ourselves due to complex care packages that have come with lack of social worker input

Recruitment, resources, access to professional services

1. False sense of strengths by service users has led to issues such as medication errors and fatal falls. 2. Confusion with LA thresholds to provide the required support. 3. Confusion with issues of capacity and sometimes mental capacity based on a shallow assessment of a service user's needs.

Have always been person centred

Lack of staff, tired and shattered employees after 18 months of Covid

When personal feelings enter the equation, some people always see the negatives. Finance in Local Authority is a major player in them being unable to promote strength based services.

Staffing, Costs, geographical area

Working out what the service user needs, sometimes from limited history provided,

Capacity to understand, personal wishes, Outcome lead care and support plans

training staff, accessing training, allocation of training if recruitment is low

Perception of the individuals themselves - moving from a dependency mindset (empowered to do things for selves as opposed to reliance on health and social workers). Safeguarding and resilience building - dealing with crisis and follow up with strengths based support. Working collaboratively in an effective way. Building relationships between social workers and community resources.

staffing, staff sickness

Accessing social workers in emergency situation. Access to urgent care packages Accessing primary care services during this time.

accessing social workers in a timely manner, appropriate care packages, accesing primary care to support clients during pandemic

adequate funding so time can be spent on the development of individuals

I don think we will have any challenges.

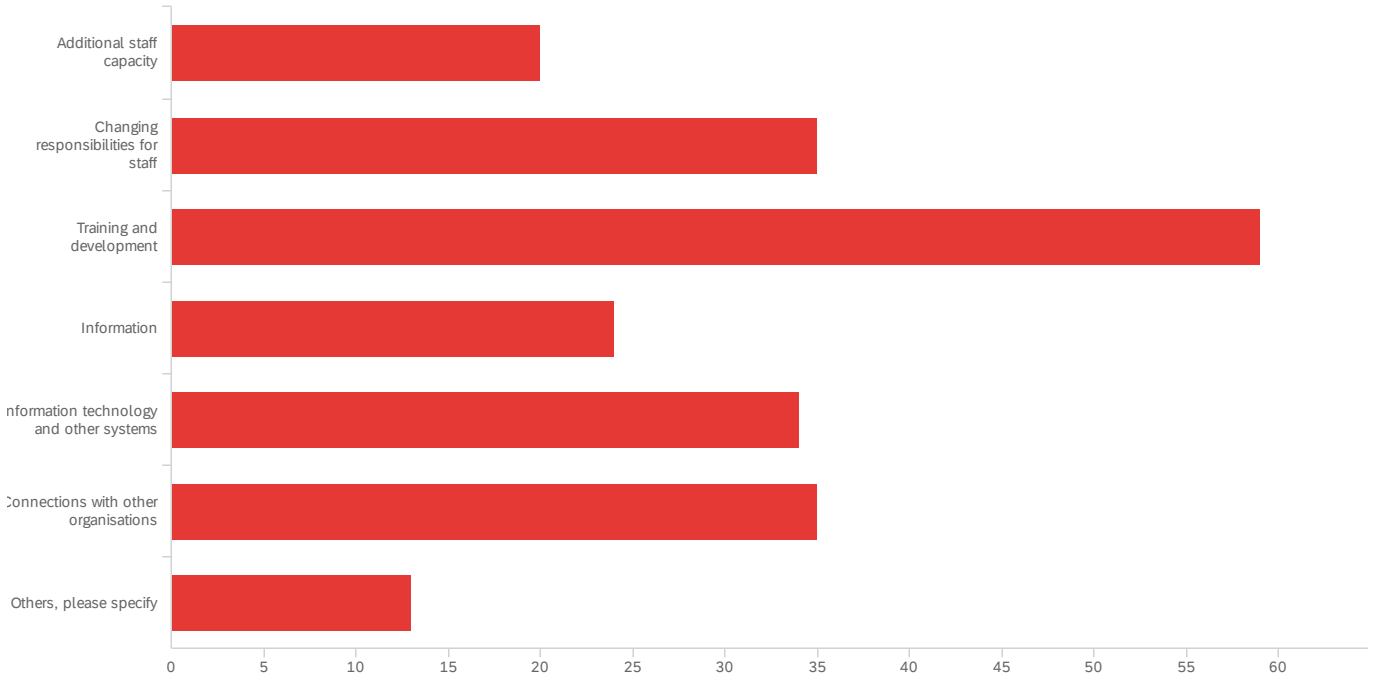
None

The expectation of the local authority during this time of crisis

16. What are three key challenges to implementing strengths-based practice...

We already use this approach
Adaptation to change, Key Terms, Time Management and Resources
demonstrating cost effectiveness, status of assets (permenant or temp)
Capacity. Gathering Information. Local facilities
Residents undestanding it, Staff training needs
Many people come to us already in crisis so there's a balance to strike between providing help and helping clients to help themselves, to look at their assets, strengths and their wider community networks. There is a legacy of people being helped to such an extent that the idea of having strengths and assets and 'self-help' is alien to them. Time, space and resources
Work to being more focused, funding training, up to date assessments
Appropriate staffing coming into services
staffing
financial and staff resourcing
not knowing all the information, my experience is that most of the times, we are expect not to ask why just do
Training and motivating the staff team.
training and development, ensuring we are meeting staffing requirements, information regularly provided to ensure staff are up to date with any changes.
Covid restrictions, staffing resources, current care and support model
Having a better understanding of what is meant by this
Changing routines in mental health isn't easy, Service users maintaining interest, Staffing
1. Previous restrictions/ risk assessments in place due to Covid that reduce face to face meetings with all MDT members. 2. Sharing of information with those with limited IT skills 3. Limited forum for sharing lessons learned
time constraints, caseload, client capacity

Q20 - 17. As a service, we have been able to invest the necessary resources to embed strength-based practice (tick all that apply).



#	Field	Choice Count	
1	Additional staff capacity	9.09%	20
2	Changing responsibilities for staff	15.91%	35
3	Training and development	26.82%	59
4	Information	10.91%	24
5	Information technology and other systems	15.45%	34
6	Connections with other organisations	15.91%	35
7	Others, please specify	5.91%	13
			220

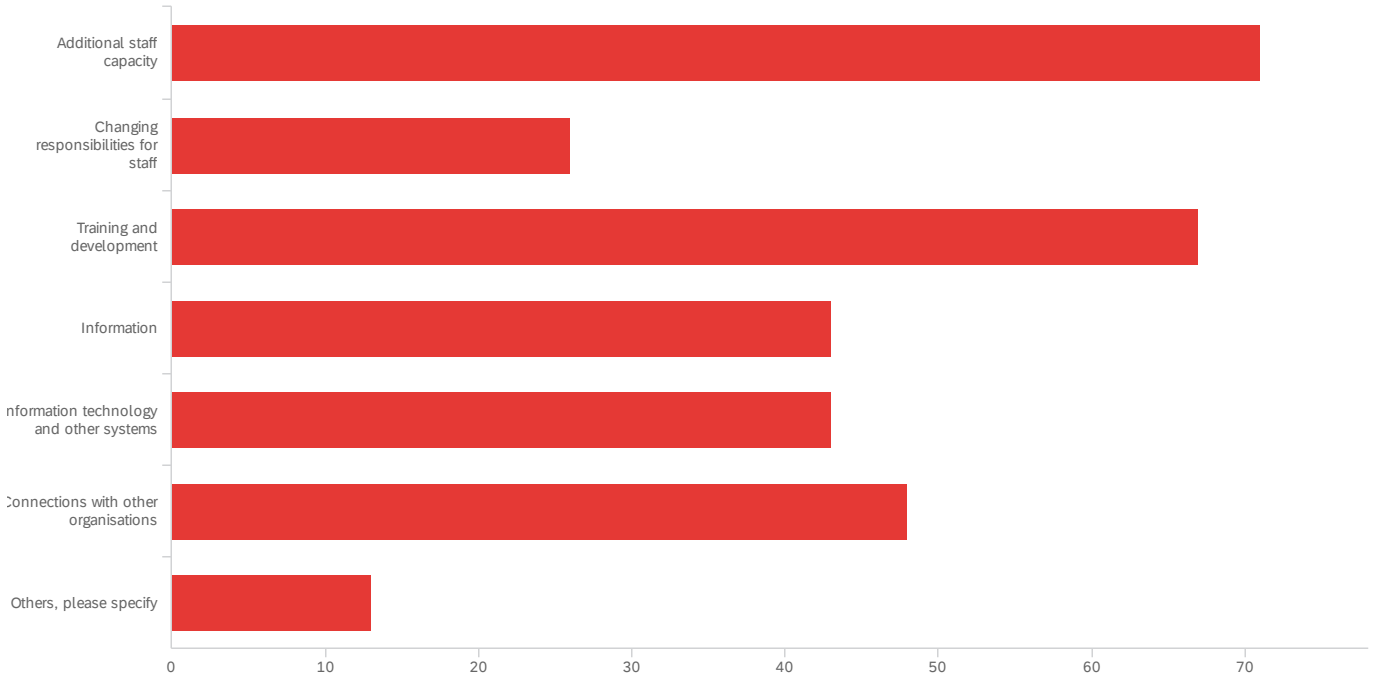
Showing rows 1 - 8 of 8

Q20_7_TEXT - Others, please specify

Others, please specify
Building and developing community capacity, seeking additional grant funding for non-statutory services

Others, please specify
overall org culture
We do the above without the support of the Local Authority
Psychology support
do all of these but not explicitly on strength based practice
we have had to invest this through very limited resources and does not maximise the benefit for the people we support.
Current concerns is the lack of recruitment for support workers. Just not getting people applying
discussions are currently taking place
Unable to answer see 16
It has to come from the management of any organisation supported by a change from finance to Human decency and respect. A build up of relationships is needed between the Local Authority and businesses to truly understand the pressures within the care sector.
Did not know about it
We believe we are already strength based
we provide this training

Q21 - 18. What resources would support you to embed strengths-based practice in your service (Tick all that apply)?



#	Field	Choice Count	
1	Additional staff capacity	22.83%	71
2	Changing responsibilities for staff	8.36%	26
3	Training and development	21.54%	67
4	Information	13.83%	43
5	Information technology and other systems	13.83%	43
6	Connections with other organisations	15.43%	48
7	Others, please specify	4.18%	13
			311

Showing rows 1 - 8 of 8

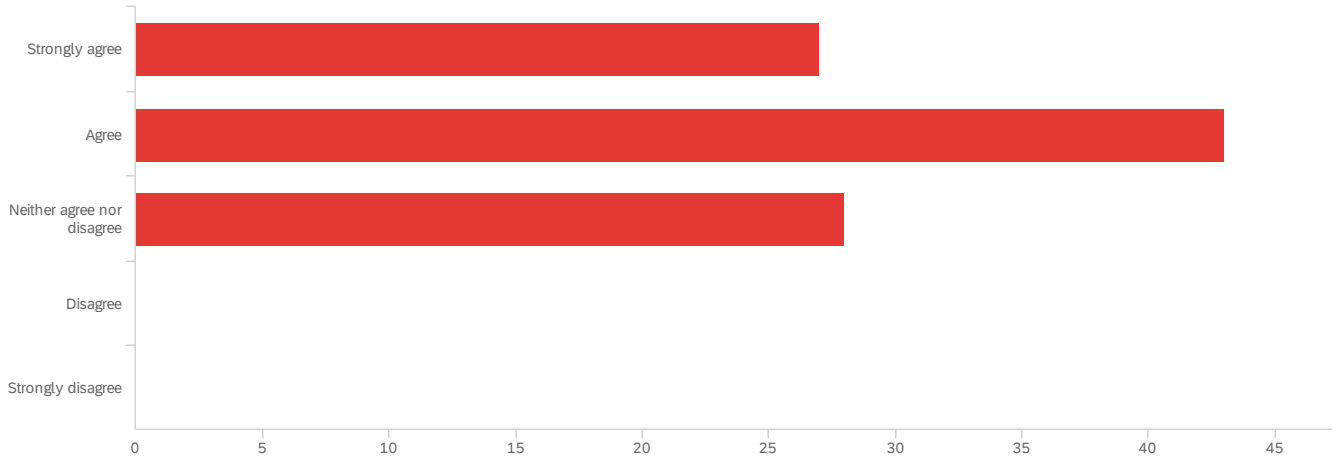
Q21_7_TEXT - Others, please specify

Others, please specify
Clarity of expectations from LA, discussion about realistic targets for providers

Others, please specify

Appropriate funding always helps. The Local Authority do not know how to differentiate between an enjoyable day service and a strengths based service which is enjoyable... Having a bank of qualified professionals to cover leave and sickness would be a dream!
Maintaining current support and input for residents
Snr management role models to actually believe in strengths based practice
Formal recognition and appreciation of the strength based approach and its benefits. Including understanding the unique role that local voluntary sector organisations bring to the approach, but appreciating the on-going energy to raise fund not just for delivery of service but to cover core business costs is relentless.
better infrastructure from the LA. Better communication and treated equally as commissioned services.
Unable to answer see 16
Realistic funding to address the recruitment shortfall.
Honesty Respect Practical support
more insertion with local services
more interaction with local authority social services
N/A
we already use this approach

Q22 - 19. Our staff are positive about working in a strengths-based way.



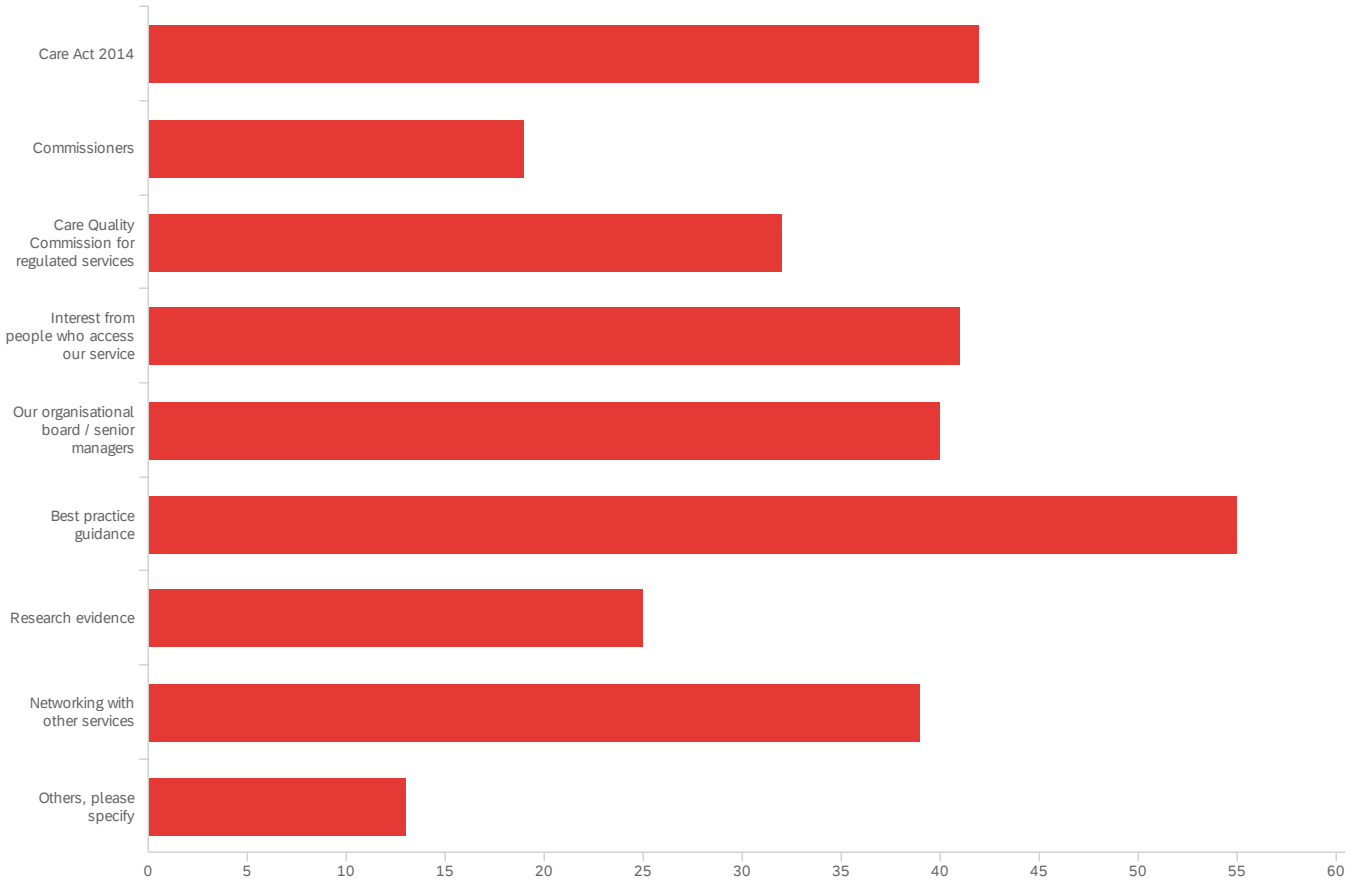
#	Field		Choice Count
1	Strongly agree	27.55%	27
2	Agree	43.88%	43
3	Neither agree nor disagree	28.57%	28
4	Disagree	0.00%	0
5	Strongly disagree	0.00%	0
			98

Showing rows 1 - 6 of 6

Q22_6_TEXT - Additional comments or observations

WIDGET_ERROR.ERROR

Q23 - 20. Which of the following (if any) have encouraged you to be more strengths-based in your practice (tick all that apply)?



#	Field	Choice Count	
1	Care Act 2014	13.73%	42
2	Commissioners	6.21%	19
3	Care Quality Commission for regulated services	10.46%	32
4	Interest from people who access our service	13.40%	41
5	Our organisational board / senior managers	13.07%	40
6	Best practice guidance	17.97%	55
7	Research evidence	8.17%	25
8	Networking with other services	12.75%	39
9	Others, please specify	4.25%	13
			306

Showing rows 1 - 10 of 10

Q23_9_TEXT - Others, please specify

Others, please specify
Our Theory of Change is that 'People will have learned to self-manage their mental and physical health and well-being in a sustainable way'
Headway Accreditation
Colleagues who are passionate about strengths-based practice
Social work senior managers
Have always worked in an ABCD way
Our charity's aims and objectives
Would like to know more
people at the Heart of Care - ASC reform White Paper
Management leadership style.
Do not know
Funding authority
personal belief
Experience of home manager

Q24 - 21. Is there anything else that you would like to share about strengths-based practice?

21. Is there anything else that you would like to share about strengths-bas...

Social care needs to be able to value it's workforce, I would like to see positive recognition of the role of the social care worker through the media including documentaries, not just when there is a massive safeguarding or outrage about how people have been treated in care. There needs to be a significant raise in hourly rate so that we can attract people to the sector as a career and not a 'stop gap' job, then we can truly drive up the strength based approaches with the continuity of highly skilled and trained staff.

none

I recognise that this will also be a culture change for the whole system and we already struggle with issues around the need to move to a more integrated health and social care system. In practice this isn't yet embedded and the way that the system works does not align with the requirements of running a business. A practical example - our financial year commences on 1st April and we won't know until March what our fee uplift will be! Yet we are expected to demonstrate sustainability and ensure we meet the needs of our service users. In addition - we have to go into separate negotiations with CHC to understand what, if any, uplift in fees we will have for those in receipt of health funding. These are fundamental systemic issues of misaligned ways of working and need to be fixed. Local authorities will need the resources to be able to deliver and currently if we need any packages changing we have to have a re-assessment and then wait for at least 4-6 months for a social worker to be available. This is an unacceptable delay as people needs change overnight and as a provider we are expected to respond. The strengths-based approach will require a complete review of the way services are commissioned - is the LA and health funding ready to respond?

the persons or organization's making or applying the rules truly understand the environment we work in and the needs and conditions impacting on users of the services

To work with people with learning disabilities in particular involves spending time with person, understanding their communication and investing in the relationship. As providers we pride ourselves on doing this. Social Workers do not appear to have the time to do this, and focus on giving parents what they want, sometimes to the detriment of the disabled person. Providers can help with this, but this must be recognised as valued professional input, and financially recompensed too!

A better joined up service would really help, there is to much of people working from their own area and not enough communication between organisations, the reason is often it takes time and therefore resource.

It is a very powerful tool to support our participants. We share good practice internally, have clinical supervision and are always looking to improve our service, working to the strengths of the team too. I have tried and failed to get the local authority to come and see us in action and to value what we provide. We all love showing off our service!

I feel we do provide a strength-based approach generally within our ethos of the classes. Personalised approaches do happen but are hard to maintain because the challenges mentioned above.

No thank you

I believe this is the right way to go and very happy to work with Telford council on this approach

Although some colleagues in the LA may understand this approach, social value does not score high within the constraints of commissioning and procurement?

Only that it is essential - this should be outcome based with processes and systems in place to ensure measurements and evidence can demonstrate how need is met. This should be included in such as the JSNA and shared with providers

21. Is there anything else that you would like to share about strengths-bas...

As a private company we find it extremely difficult to implement a minimum living wage for our staff. We promote person centred approaches in all our support and our ethos is to respect every individual who we support and their families. I feel that the LA need to understand that we deal with people and sometimes it is not just about funding. We are trying to enrich the people we supports lives, but with very little acknowledgment.

Covid has brought challenges but also the opportunity to review services to make them more enabling and brought into the 21st century. Giving our service users goal oriented achievements and meaningful choice. As an organisation it can provide collaborative working to ensure the services are available improving health inequalities, social isolation and wellbeing of staff as well as service users.

Accessing other services i.e Gp, hospitals is becoming more challenging so people are not receiving the care from outside services as they should

not at this time

N/A

Unable to answer see 16

no

Not at this time

I was not aware of strenths based practice - I will resource.

It is inspiring to work in this way but there is a lot of development to be done.

no

More information needed understand the principle's. Would work well within our organisation

Was not aware of 'strength based practice' but understand the principles and feel that this is something our organisation strives to achieve.

no

It is a very good approach when people undersatand it well

NO

no

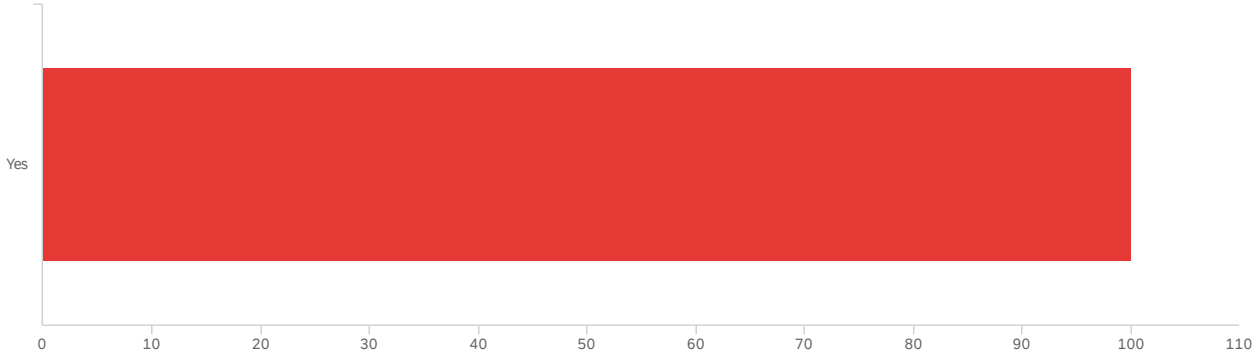
just talk to us as managers to get are ideas and points that improve standards listen to the pit fall to operational issues.

No

I feel the relationship between this establishment with commissioners is improving now with the support of a experienced manager.

OT embeds strength based practice and has always reinforced putting client at the centre of intervention.

Q25 - By submitting the survey, you are consenting to take part in the research

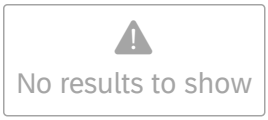


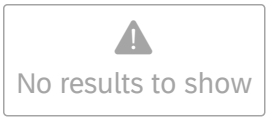
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	By submitting the survey, you are consenting to take part in the research	6.00	6.00	6.00	0.00	0.00	100

#	Field		Choice Count
6	Yes	100.00%	100

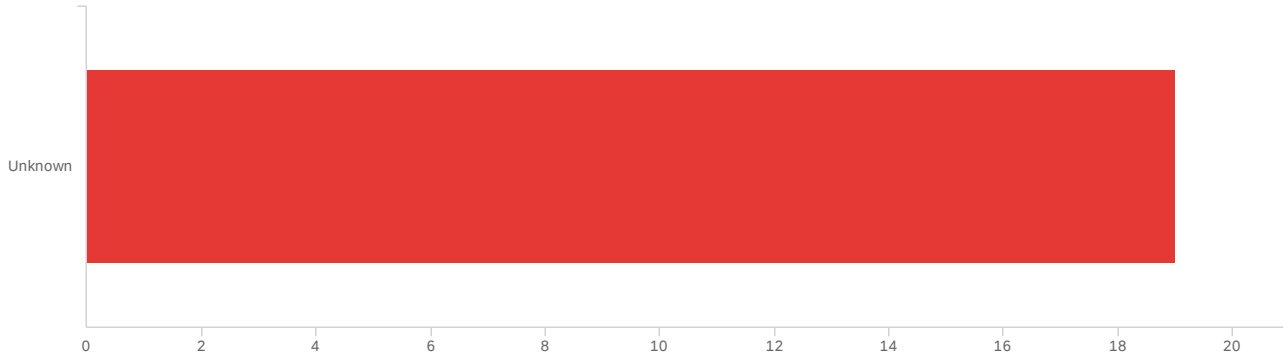
Showing rows 1 - 1 of 1

Q14_1_TEXT - Parent Topics





Q14_1_TEXT - Topics



#	Field		Choice Count
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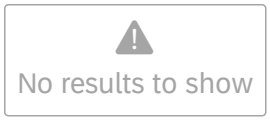
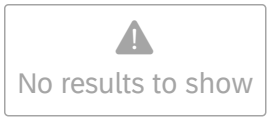
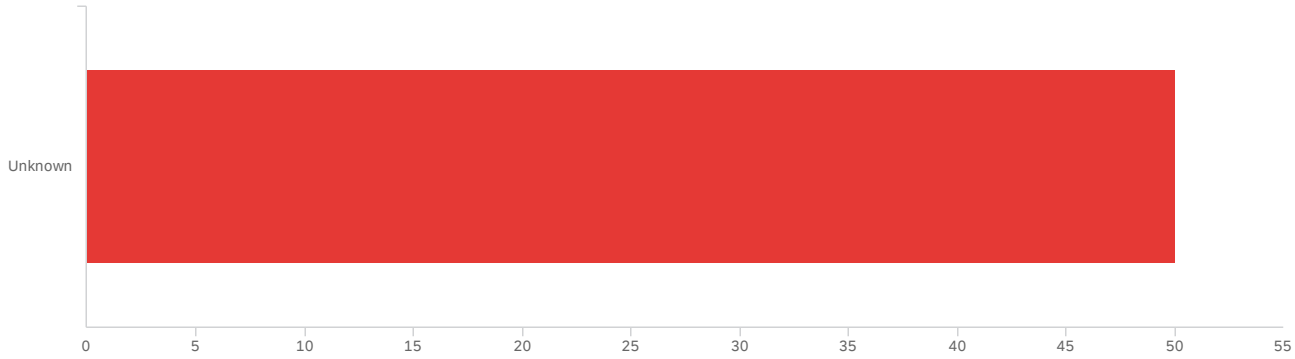
Q14_2_TEXT - Parent Topics





Q14_2_TEXT - Topics



#	Field	Choice Count	
Unknown	Unknown	100.00%	50

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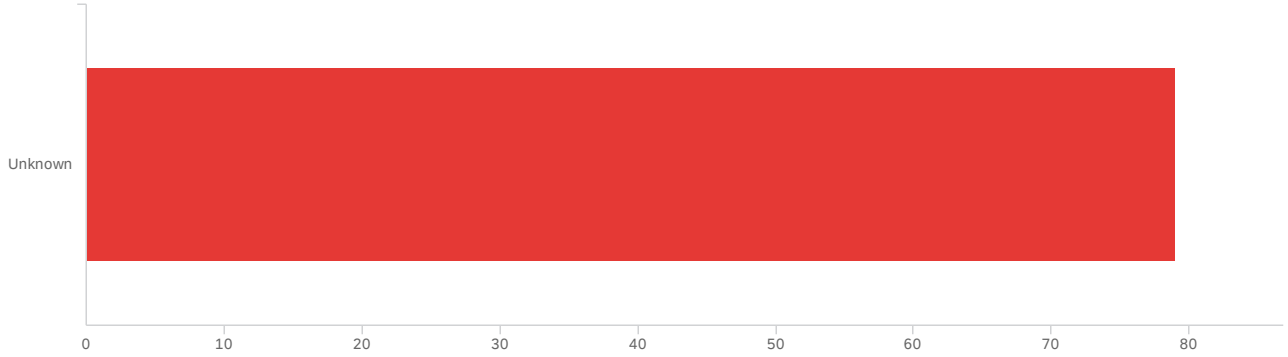
Q19 - Parent Topics

No results to show

No results to show

Q19 - Topics



#	Field		Choice Count
Unknown	Unknown	100.00%	79

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End of Report