Default Report

Strengths-based practice in Adult Social Care Survey for Local Authority Staff

December 19, 2023 6:08 AM MST

New Custom Page

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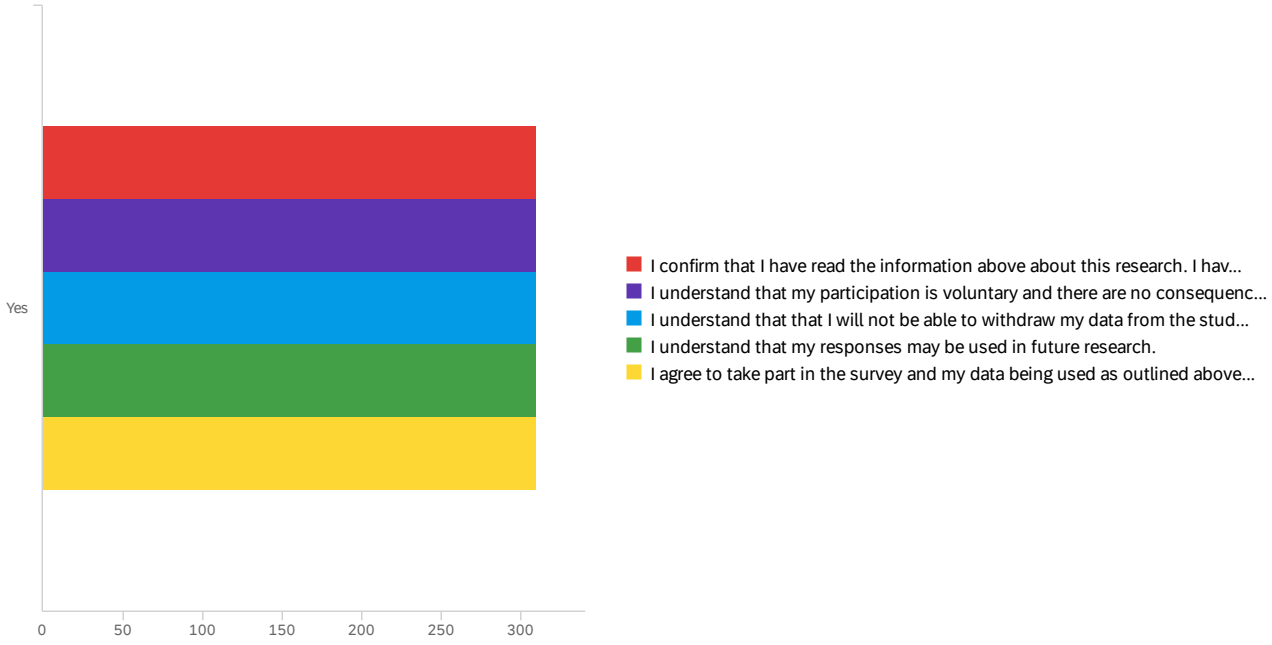
Q2 - Consent Form



#	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	310
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	310
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	310
4	I understand that my responses may be used in future research.	1.00	1.00	1.00	0.00	0.00	310
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	310

#	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%	310	310
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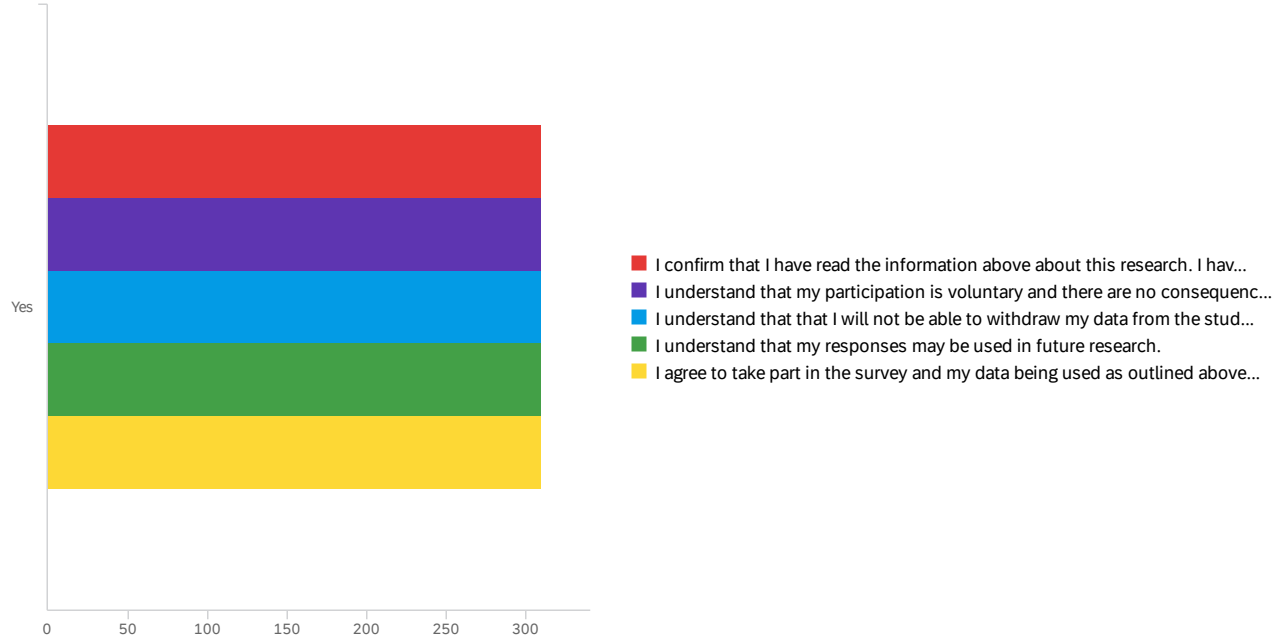
Showing rows 1 - 5 of 5

Q2 - Consent Form



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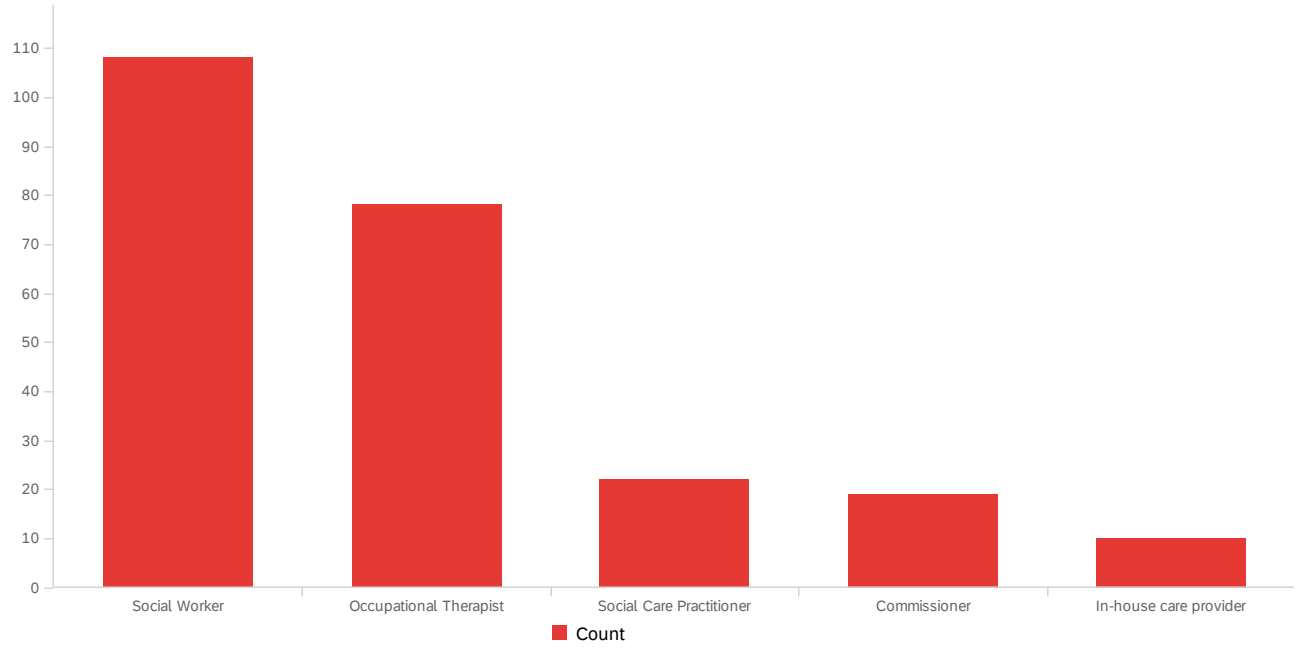
#	Field	Yes		Total
5	I agree to take part in the survey and my data being used as outlined above.	100.00%	310	310

Showing rows 1 - 5 of 5

Q3 - About You



Q3_6_TEXT - Others, please specify

Others, please specify
Support worker
Learning and Development
VI Rehabilitation Worker
Mental Health Nurse
carer
wellbeing assessor
Workforce, Learning and Development Officer
Occupational therapy assistant
Payments
Workforce Development Manager (CIPD qualified)
Assessment and enablement Officer

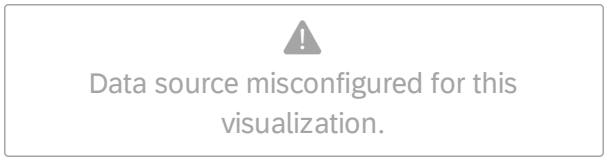
Others, please specify
specialist housing officer
Payment Officer
Systems/projects but also qualified social worker
BSO
Consultant
Social Care Facilitator
Admin assistant
Physiotherapist
Well-being Assessor
OT Assistant
SUPPORT ROLE OT
Back Care Advisor
Social Care Facilitator
wellbeing assessor /assistant social worker
Rehabilitation Worker
wellbeing assessor
Wellbeing Assessor
Team Manager
Social Care Facilitator
Reablement facilitator
Outreach Worker
admin
assistant
Mental Health Welfare Rights Officer

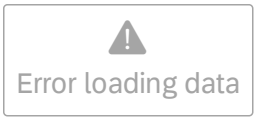
Others, please specify
Assistant Care Co-Ordinator
Welfare Rights
Assistant Care Co-ordinator
Sensory Team
Project & Development Manager
Business support
Outreach worker
Performance/data analysis
SCF
Group Manager
Analyst
Team Manager
Community Case Worker
Contract Officer

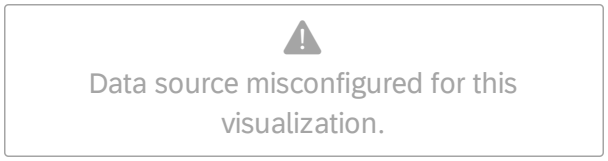
#	Field	Choice Count	
1	Social Worker	37.63%	108
2	Occupational Therapist	27.18%	78
3	Social Care Practitioner	7.67%	22
4	Commissioner	6.62%	19
5	In-house care provider	3.48%	10
6	Others, please specify	17.42%	50
			287

Showing rows 1 - 7 of 7

Q4 - 2. What type of responsibilities do you currently have?



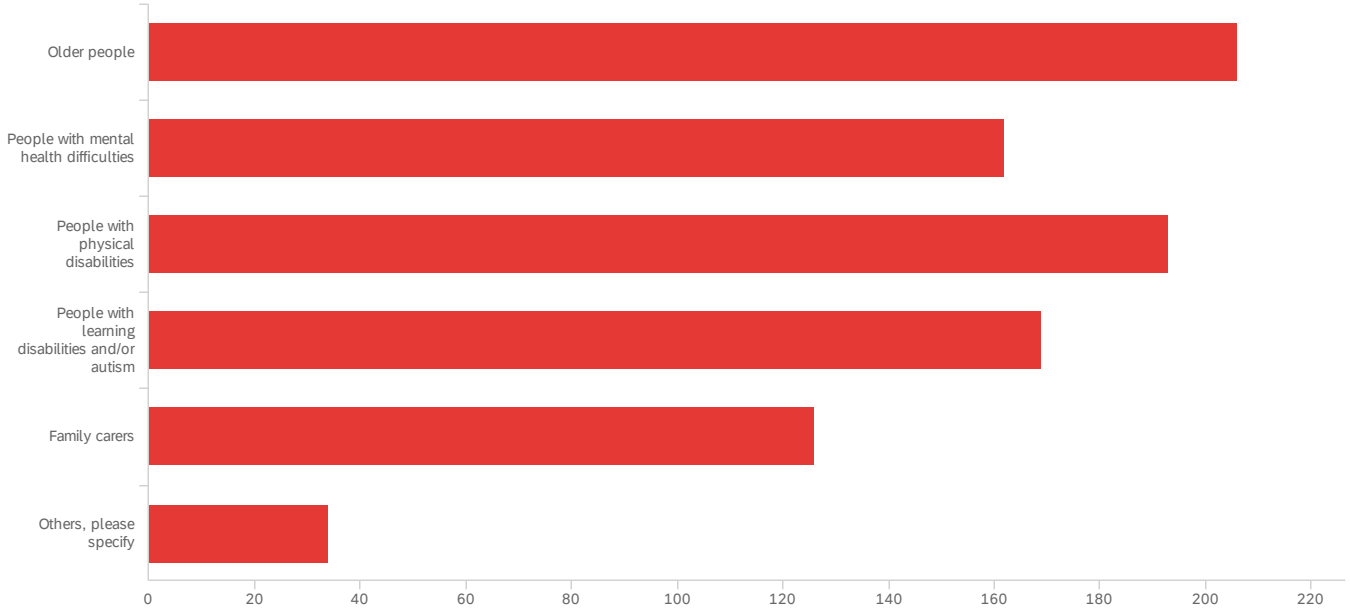




Q4_5_TEXT - Others, please specify

WIDGET_ERROR.ERROR

Q5 - 3. Which populations do you generally support? Tick all that apply.



#	Field	Choice Count	
1	Older people	23.15%	206
2	People with mental health difficulties	18.20%	162
3	People with physical disabilities	21.69%	193
4	People with learning disabilities and/or autism	18.99%	169
5	Family carers	14.16%	126
6	Others, please specify	3.82%	34
			890

Showing rows 1 - 7 of 7

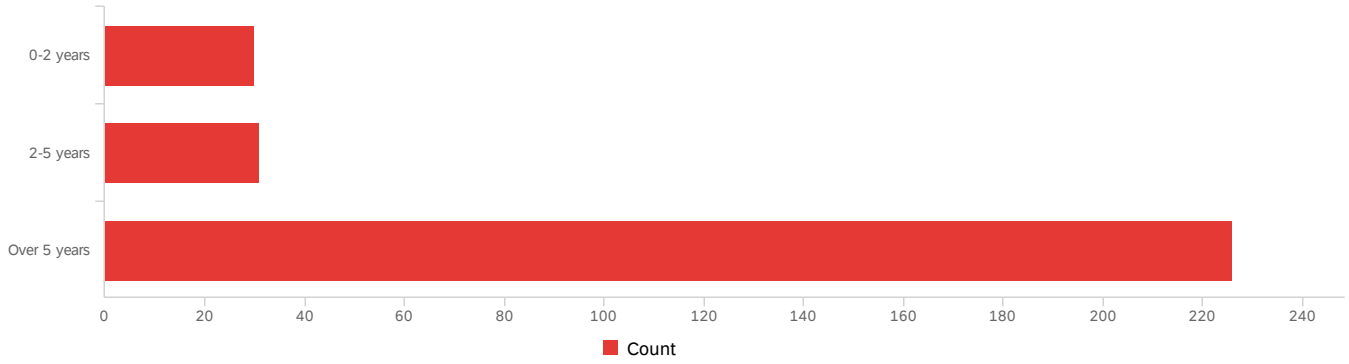
Q5_6_TEXT - Others, please specify

Others, please specify
Dual Diagnosis
ETHNIC MINORITY WHO HAS ISSUES WITH LANGUAGES
children at times with Health and housing needs
Learing disability age 18 and over

Others, please specify
People with a visual impairment
children/Young People
Adults experiencing abuse
NRTPF/Sensory Impairment/HIV/Substance Misuse
The workforce
substance and alcohol misusers
ASC workforce
People who are homeless, people who hoard
system build and project cover all areas
PEOPLE REQUIRING RE-HOUSING/ADAPTATIONS
Children with disabilities
All of the above
All the above
Formal care agencies
Children
Safeguarding Adults
Anyone connected with my clients
children
care workers
Children 14 +
Young Adults
All adults 18 - EOL
all of the above
children

Others, please specify
children, young adults, adults
All age Disabilities
ABI
Individuals eligible for statutory advocacy
all adults and children
children

Q7 - 5. How long have you been working in the field of Adult Social Care?



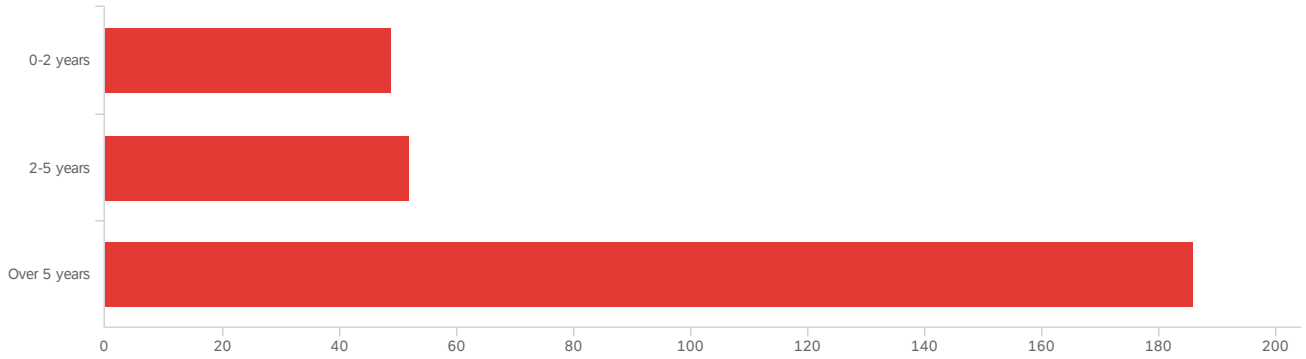
#	Field	Choice Count	
2	2-5 years	10.80%	31
1	0-2 years	10.45%	30
3	Over 5 years	78.75%	226
			287

Showing rows 1 - 4 of 4

#	Field	Choice Count	
1	0-2 years	10.45%	30
2	2-5 years	10.80%	31
3	Over 5 years	78.75%	226
			287

Showing rows 1 - 4 of 4

Q8 - 6. How long have you been working in your local authority area?

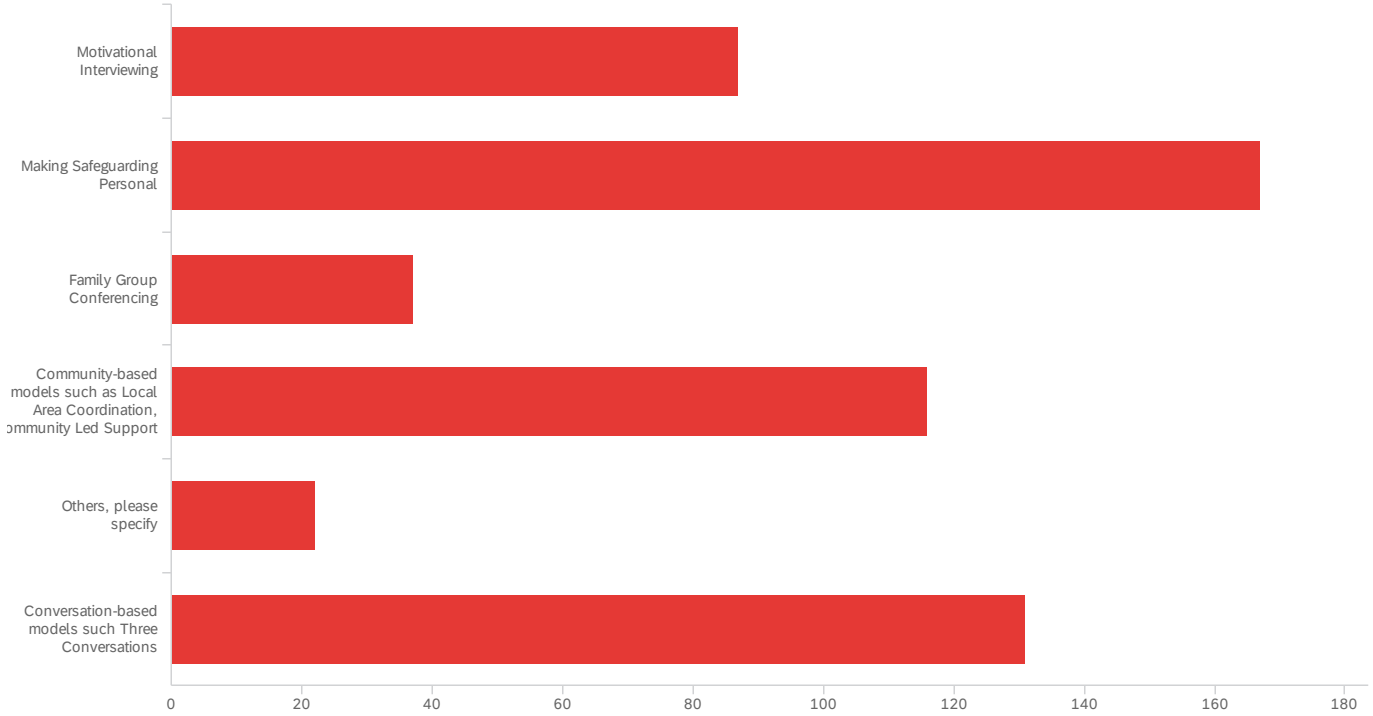


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	6. How long have you been working in your local authority area?	1.00	3.00	2.48	0.77	0.59	287

#	Field	Choice Count	
2	2-5 years	18.12%	52
1	0-2 years	17.07%	49
3	Over 5 years	64.81%	186
			287

Showing rows 1 - 4 of 4

Q9 - Coherence of Vision & Strategy



#	Field	Choice Count	
2	Motivational Interviewing	15.54%	87
3	Making Safeguarding Personal	29.82%	167
4	Family Group Conferencing	6.61%	37
5	Community-based models such as Local Area Coordination, Community Led Support	20.71%	116
8	Others, please specify	3.93%	22
9	Conversation-based models such Three Conversations	23.39%	131
			560

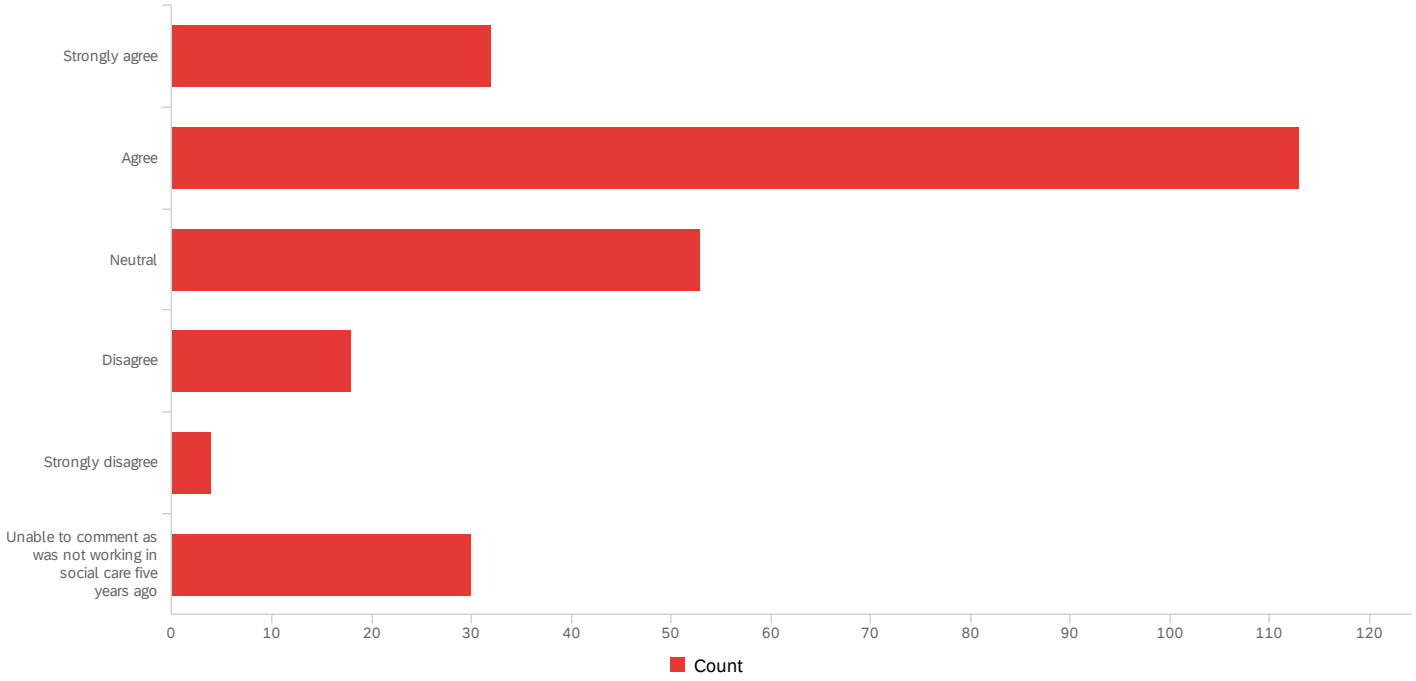
Showing rows 1 - 7 of 7

Q9_8_TEXT - Others, please specify

Others, please specify
Task Analysis , Community mobility assessment tool, Functional assessment
Neighbourhood Networking
Polcies and procedures are grounded in a strenghs based approach

Others, please specify
Person centred practice
A locally devised community based model called Talk Community; solution focused approach; maximising independence
none
Strength Based Assessments
Family safeguarding model
person centred approach
I think the Family Group Conferencing would be a good approach to use particularly for Self-neglect cases to ensure better partnership working with family and other professionals so we can get better outcomes. Also regarding Motivational interviewing, I think working in Adults it would be helpful to use this approach particularly when we are working with Difficult families, however this training is not offered in our local authority.
Strength based question during the assessment process.
I am not aware of any currently being used
LISTEN
Unknown
Very close joint working with Social Workers
Strengths based questioning and assessments
I don't know because these are specifically geared towards social workers.
We havent discussed this I however use motivational interviewing and community led signposting
none of the above
None

Q10 - 8. Please confirm the extent to which you agree or disagree with this statement: Current strength-based practice in my local area differs from social care practice that was undertaken five years ago.



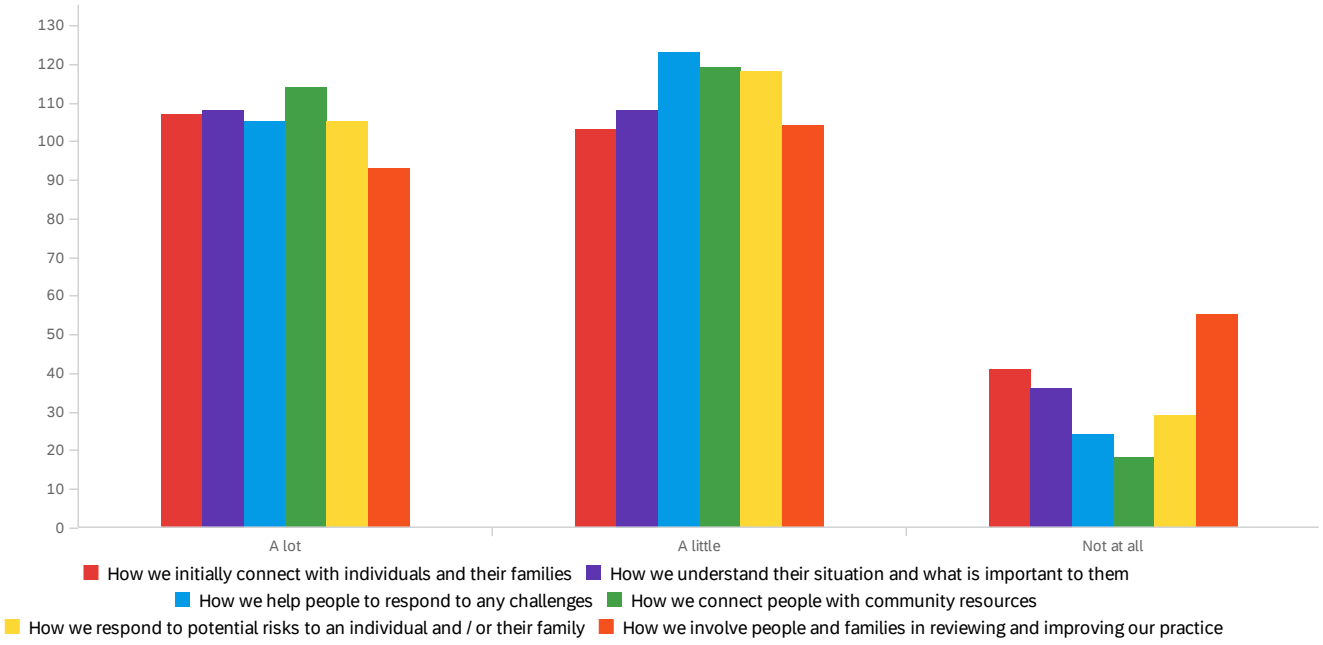
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	8. Please confirm the extent to which you agree or disagree with this statement: Current strength-based practice in my local area differs from social care practice that was undertaken five years ago.	1.00	6.00	2.76	1.46	2.12	250

#	Field	Choice Count	
1	Strongly agree	12.80%	32
2	Agree	45.20%	113
3	Neutral	21.20%	53
4	Disagree	7.20%	18
5	Strongly disagree	1.60%	4
6	Unable to comment as was not working in social care five years ago	12.00%	30

#	Field	Choice Count
		250

Showing rows 1 - 7 of 7

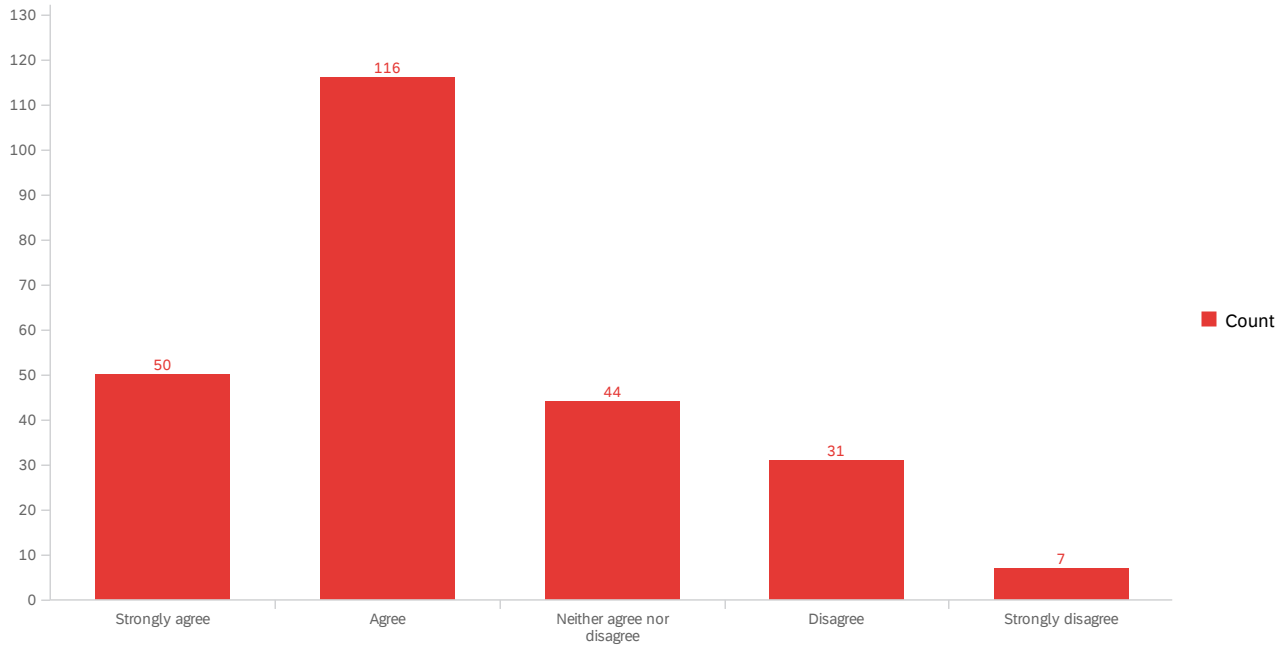
Q11 - 9. Please indicate which (if any) areas of social care practice that you think have changed in the past few years. Tick all that apply



#	Field	A lot		A little		Not at all		Total
1	How we initially connect with individuals and their families	42.63%	107	41.04%	103	16.33%	41	251
2	How we understand their situation and what is important to them	42.86%	108	42.86%	108	14.29%	36	252
3	How we help people to respond to any challenges	41.67%	105	48.81%	123	9.52%	24	252
4	How we connect people with community resources	45.42%	114	47.41%	119	7.17%	18	251
5	How we respond to potential risks to an individual and / or their family	41.67%	105	46.83%	118	11.51%	29	252
6	How we involve people and families in reviewing and improving our practice	36.90%	93	41.27%	104	21.83%	55	252

Showing rows 1 - 6 of 6

Q12 - 10. In my local authority area, there is a clear understanding of what is meant by strengths-based practice.



#	Field	Choice Count	
1	Strongly agree	18.80%	50
2	Agree	43.61%	116
3	Neither agree nor disagree	16.54%	44
4	Disagree	11.65%	31
5	Strongly disagree	2.63%	7
6	Additional comments or observations	6.77%	18
			266

Showing rows 1 - 7 of 7

Q12_6_TEXT - Additional comments or observations

Additional comments or observations
I'm not clear what you mean. My understanding of strengths based practice is to see what is working for the person and what support they have in place, and how I can build on and add to that if needed, including by usig community resources. I'm not clear if this is the definition you are using.
Some Directorates, but not across the board

Additional comments or observations

Whilst we use a strength based assessment and have community broker we have not been robust enough in getting people to the community resources that would help people maximise their potential

lots of training and embedding into practice

Unable to comment as dont directly work in this area

There is regular training put on by the Council for Strengths based assessments, however to embed this approach more there needs to be space for practice discussion of case study to support all practitioners by way of example.

such models and theories are not shared with none qualified workers

It does depend on the worker, but we have been using a strengthed based approach for many years (which is why I have stated there has been little change in the last 5 years.

I did not have any understanding.

We may not use commonly recognised tools, but the persons strengths form the basis of our interventions as OTs.

some staff are set in their ways , the theory of enablement needs to be emphasised

However this is less so if we receive a compliant

All practitioners have received formal training in this area.

I dont think its been described and I dont think the call for action is clear

Strengths-based practice is a new term within my local authority

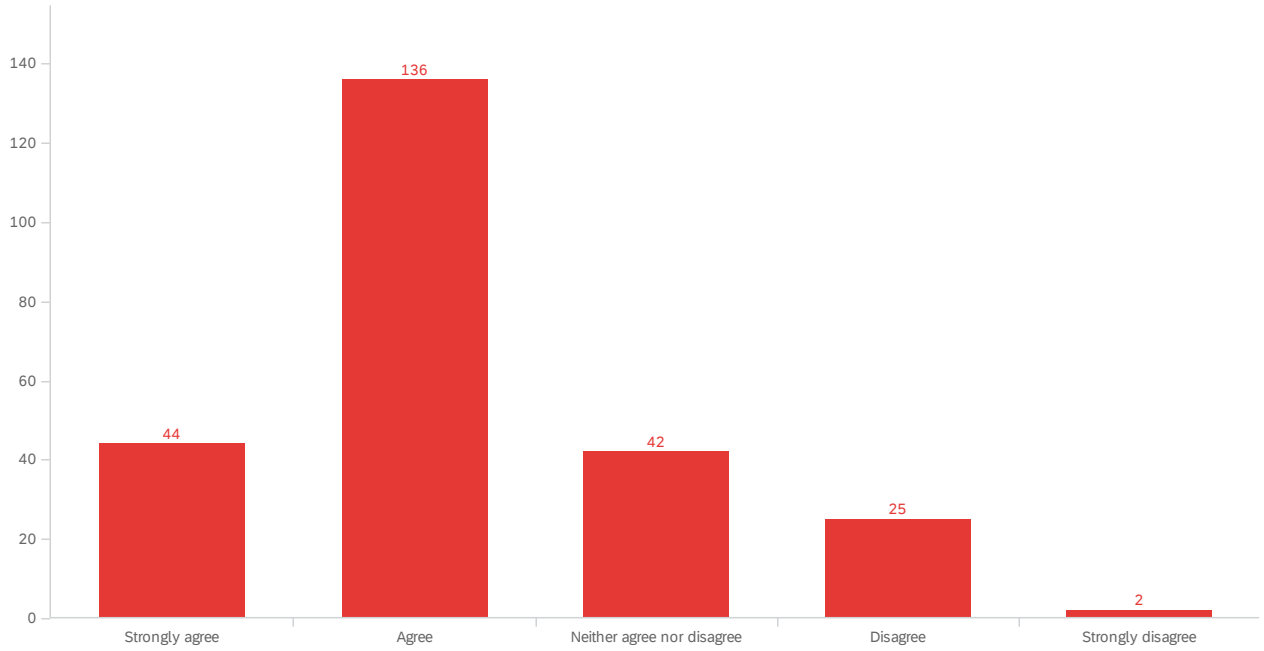
There is a clear understanding in my team but not in the local authority as a whole

some professions like OT understand but it does not appear that other social care staff has as much of an understanding or if they do we do not have the resources available to fully embrace a strengths based approach and provision of brokered care is always often the only option disucssed

not consistently across workers

Q13 - 11. My understanding of strengths-based practice is similar to that communicated by my local authority area.

2.1 Understanding of SBP



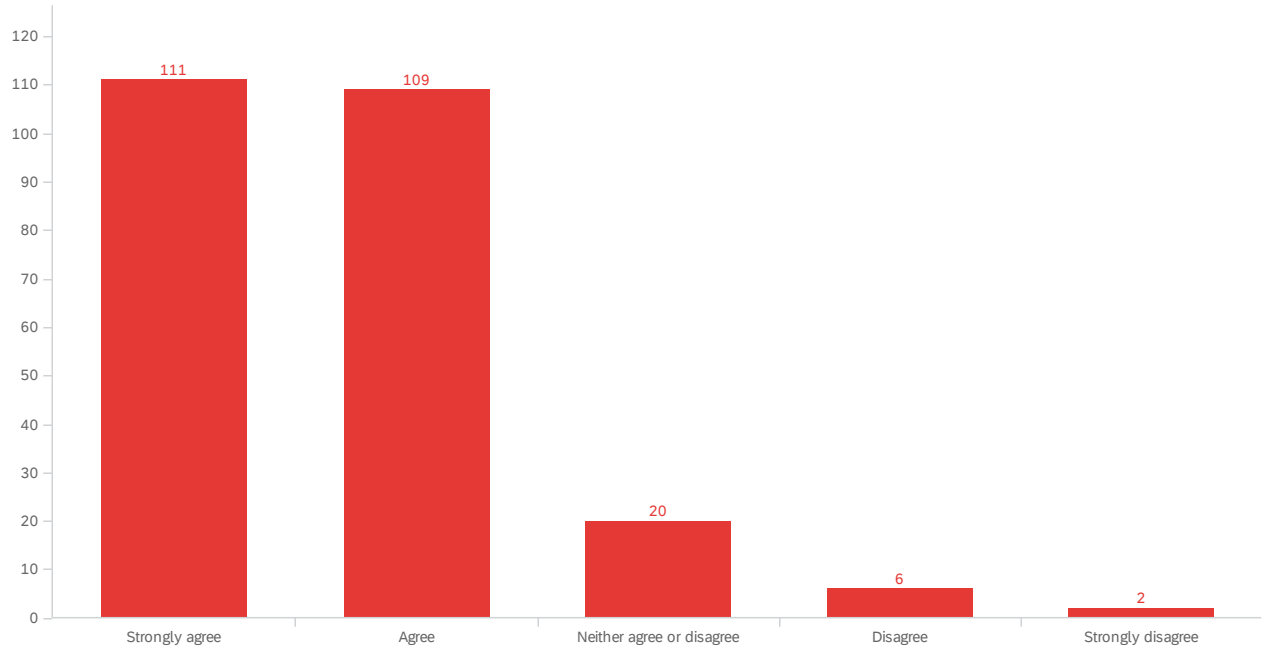
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	11. My understanding of strengths-based practice is similar to that communicated by my local authority area.	1.00	5.00	2.22	0.88	0.77	249

#	Field		Choice Count
1	Strongly agree	17.67%	44
2	Agree	54.62%	136
3	Neither agree nor disagree	16.87%	42
4	Disagree	10.04%	25
5	Strongly disagree	0.80%	2
			249

Showing rows 1 - 6 of 6

Q14 - 12. In my opinion, strengths-based practice is an appropriate way to deliver care and support.

3. Support for SBP



#	Field	Choice Count	
1	disagree	2.27%	6
7	Strongly disagree	0.76%	2
3	Strongly agree	42.05%	111
5	Neither agree or disagree	7.58%	20
4	Agree	41.29%	109
			264

Showing rows 1 - 6 of 6

Q14_6_TEXT - Additional comments or observations

Additional comments or observations
proper assessment at 1st conatct made would cover lots issues rather start with converstaion 1,2,3 to find a sulation
that would depend on finances

Additional comments or observations

I think that in this authority it can be used as an opportunity to minimise needs. I also think that it is more relevant to certain types of care needs but that it fails if there aren't the statutory or third sector services to help support people e.g. persons who have autism have no specific services in Herefordshire so do not have the opportunity to lean on their strengths

I am based in an admin role

Coming away from the way we previously worked, working with Strengths based approach does require different mindset, where we see ourselves as facilitators and collaborators, supporting family and person to arrive at their solutions rather than as previoulsy being service led and providing services.

In conjunction with other approaches as well - not just as a 'buzz word'

I think there is a fundamental ethical conflict between gatekeeping resources and strengths-based practice (as I see it described). Please don't think I believe we should empower people by focusing helping them draw on their strengths. But I am very cynical about the model.

Listening skills is important, ongoing communication-open channels of communication are vital with people and other profesionals which may or may not be involved at the point of contact.

It always has been as I was trained in person centred care

But all partners need to be signed up

This is more appropriate for new assessments but less when reviewing long standing service users are likely to be declining

100% but what does this mean in our area, how far can we push this and how can we still ensure equity in the delivery of services

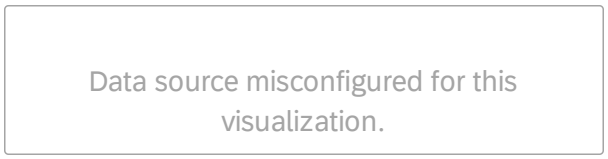
I have not heard of the term strength based practice

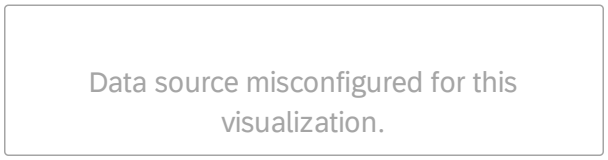
it was interesting 'you' described person centred practice as near synonymous, on a previous page. I also worry about the level of the level of philanthropy behind the motivations for the care act and strengths based. The extent to which the economic environment influenced them. Not that the two are synonymous nor stengths based need/should be interpreted in this way.

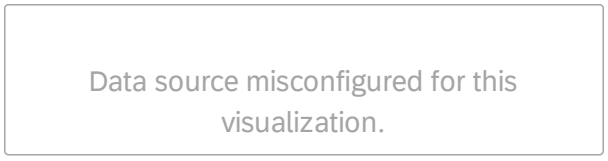
If resource permits, staffing shortages have had a negative impact

only if it has resources available otherwise it just a paper exercise

Q15 - 13. I understand my roles and responsibilities with respect to delivering strengths-based practice.

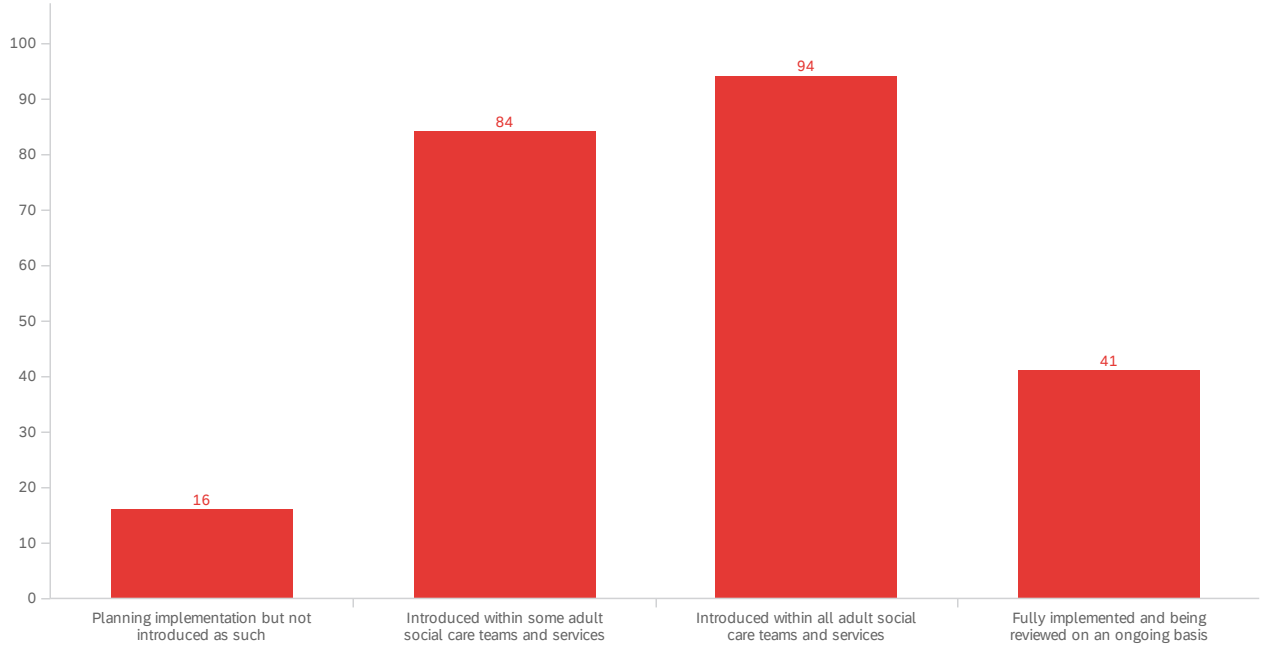






Q16 - 14. Local Authority areas are at different stages of implementing strengths-based practice. How would you describe progress within your local authority area?

4.1 Progress with implementation



#	Field	Choice Count	
1	Planning implementation but not introduced as such	6.06%	16
2	Introduced within some adult social care teams and services	31.82%	84
3	Introduced within all adult social care teams and services	35.61%	94
4	Fully implemented and being reviewed on an ongoing basis	15.53%	41
5	Additional comments or observations	10.98%	29
			264

Showing rows 1 - 6 of 6

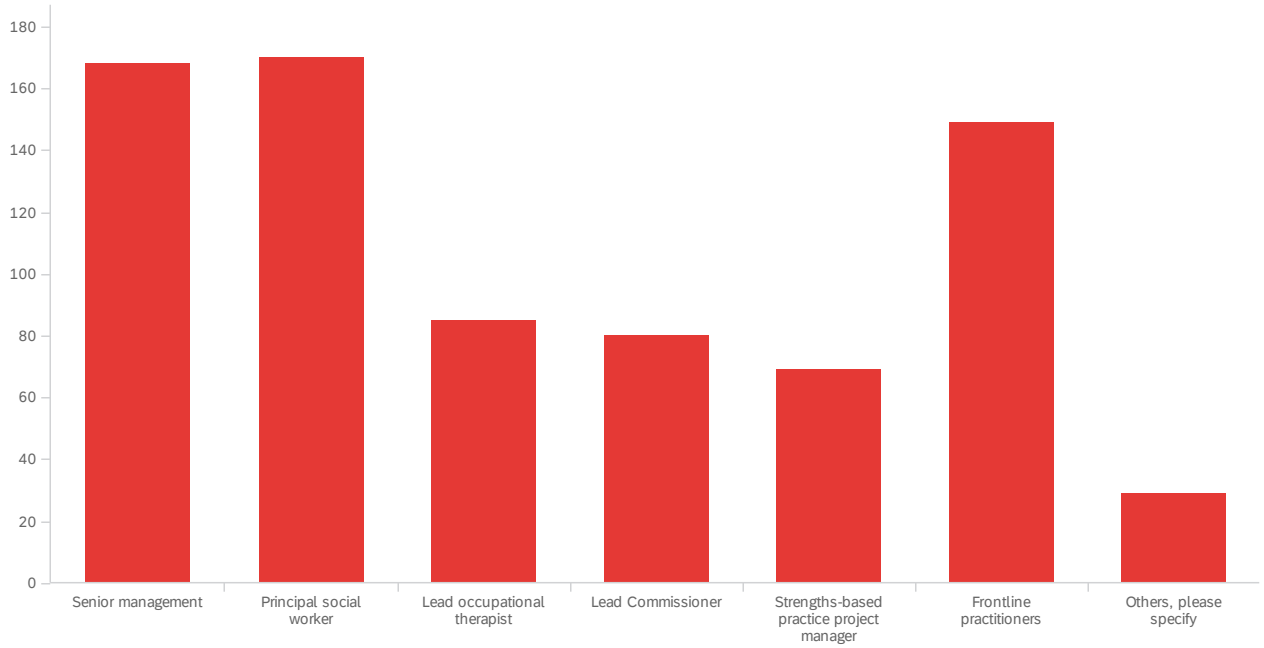
Q16_5_TEXT - Additional comments or observations

Additional comments or observations
Its our role
We have pre covid had a programme to implement which was very successful, however we need to be able to revisit and relaunch this post covid to strengthen and manage demand and pressures post covid

Additional comments or observations
services have never been, one coherent service
Also commissioning has a good grasp of this area of work.
I am not directly involved so an only comment on what I hear
To be honest I am unable to answer this question as I do not know the answer
Although not equitably practised across all Directorates
I think people believe they are being strengths-based but not to the extent that i understand the approach.
They are implemented but I am not aware that they have been reviewed holistically
Further training is required
I am based in an admin role
As I have said previously, our Local Authority has been a strong advocate for the training, but we need to embed more on a teams level.
There has been very haphazard and ineffective implementation.
I am unable to comment
The concept is there but the need to get people placed quickly can over ride this- especially from hospital.
Planning started but not followed through by Head of Service
Unaware of any introduction or implementation
no idea
Again SBP seems less significance if we receive a complaint
Our Practice Guidance promotes and supports strengths based practice but it has not reached optimal realisation in operational teams. We have work to do on systems, organisational structures and cultures.
I am not aware of any
Introduced the concept
Don't know anything about it.
i'm fairly new to the authority and had strengths based training in a different authority.
Not on the agenda or discussed in relation to OT

Additional comments or observations
I am unsure what stage this LA is at
Major issues with recording. Data gaps. No identifiable benefit seen within the data compared to previous social care models
Needs to be inbedded with providers, commissioning, Procurement, Support Plans

Q18 - 15. Who in the local authority is responsible for leading the implementation of strengths-based practice? Tick all that apply.



#	Field	Choice Count	
1	Senior management	22.40%	168
2	Principal social worker	22.67%	170
3	Lead occupational therapist	11.33%	85
4	Lead Commissioner	10.67%	80
5	Strengths-based practice project manager	9.20%	69
6	Frontline practitioners	19.87%	149
7	Others, please specify	3.87%	29
			750

Showing rows 1 - 8 of 8

Q18_7_TEXT - Others, please specify

Others, please specify
everyone
Specific team was set up to lead

Others, please specify

I do not know the answer

dont know

Telecare services

No idea.

The workforce development team in the way it commissions training providers to embed SBA into their material.

workforce development manager, practice standards lead, auditing team, principal practitioner

supported by systems

Also PSW could lead on this too.

Everyone/all staff

Practice Educators

All Social Care staff

We all have responsibility at all levels

unclear

no idea

not sure

There is a strength based lead who holds regular meeting there is a strength based champion for each adult social care team

all

I don't know

honestly dont know - it seems to be a phrase used a lot, in my team we are starting to shape it to align with our vision but this is not centrally aligned

No idea

don't know

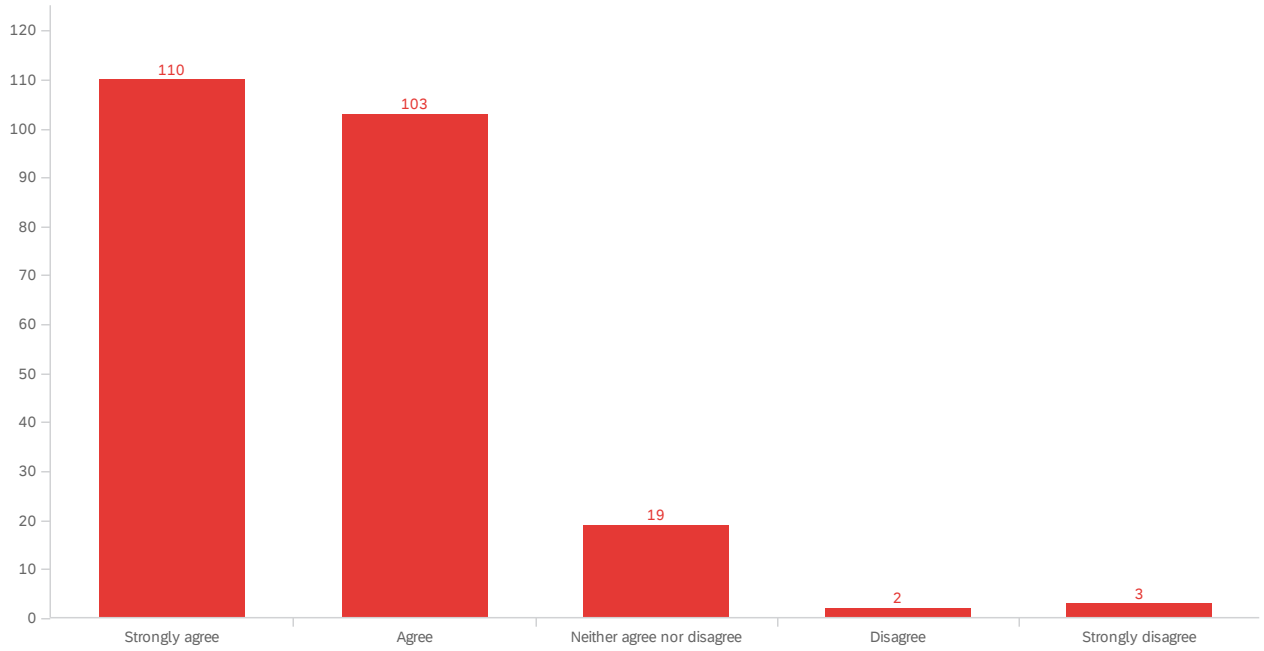
Unsure

i don't know, there was training offered recently, but having had it elsewhere i did not pursue it.

Others, please specify
Not aware of any implementation lead
service users
unsure

Q19 - 16. I am expected by my local authority to work in a strengths-based way.

5.1 Expectation of local authority



#	Field	Choice Count	
1	Strongly agree	43.65%	110
2	Agree	40.87%	103
3	Neither agree nor disagree	7.54%	19
4	Disagree	0.79%	2
5	Strongly disagree	1.19%	3
6	Additional comments or observations	5.95%	15
			252

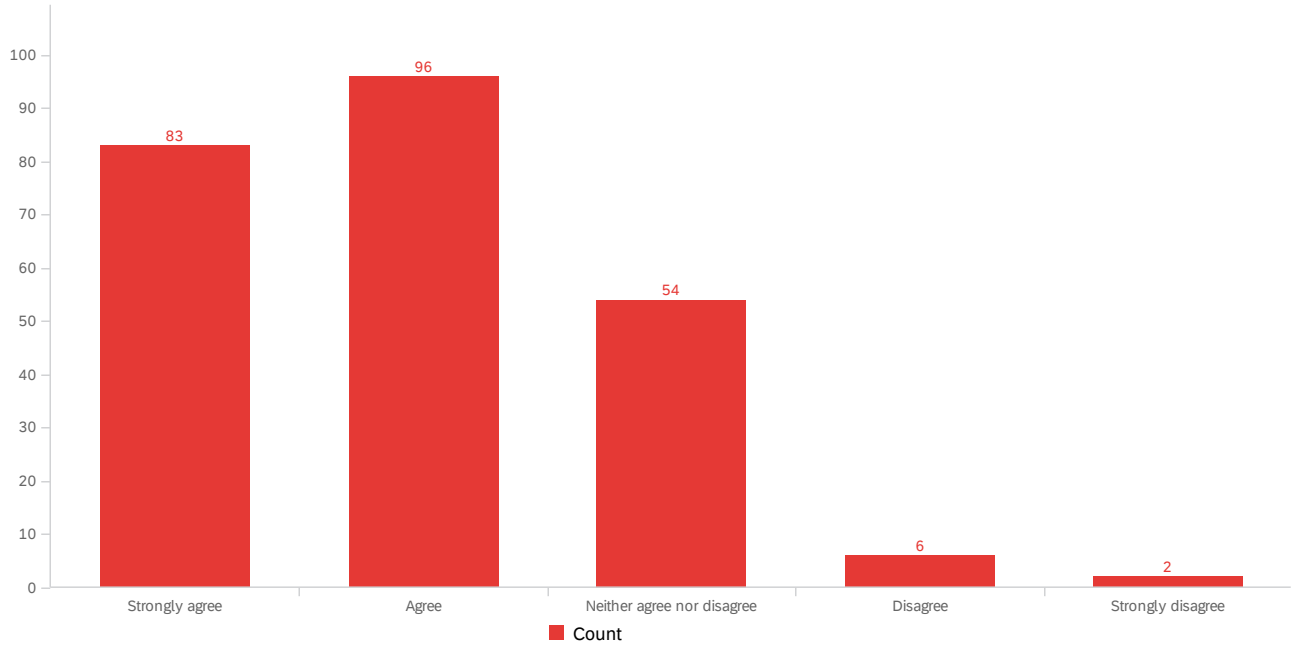
Showing rows 1 - 7 of 7

Q19_6_TEXT - Additional comments or observations

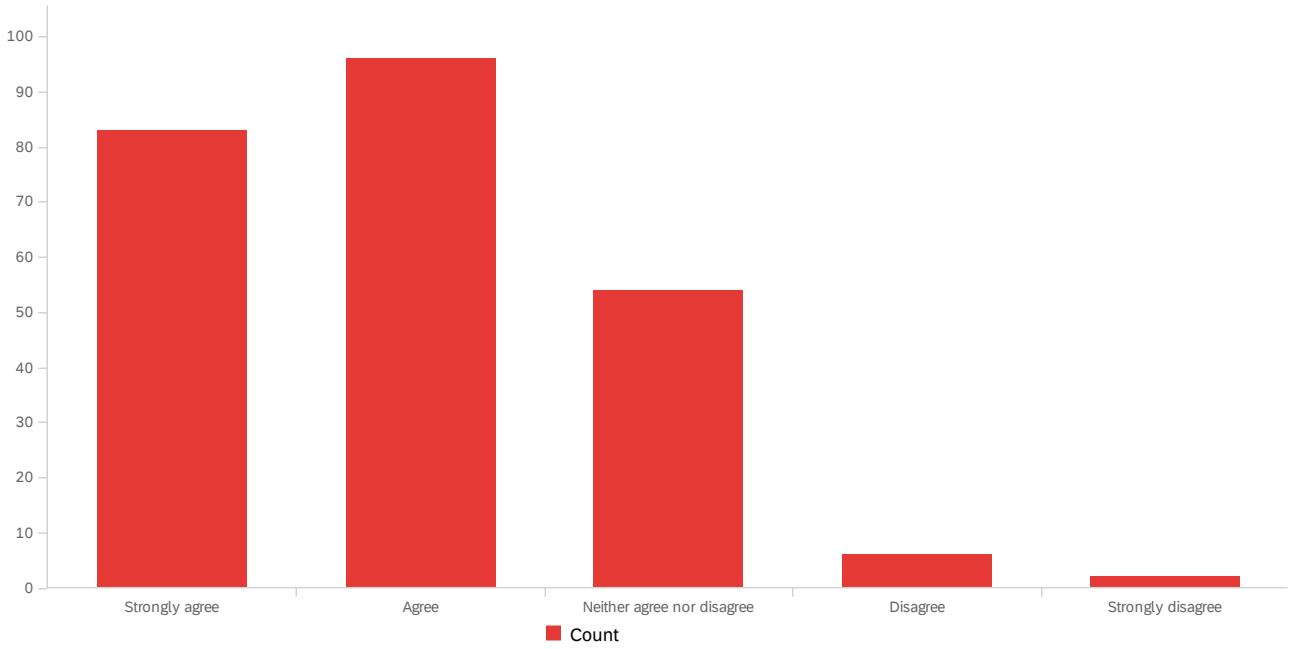
Additional comments or observations
it is not considered at the moment
our modelling is with our workforce as well as our clients
I work in an admin role

Additional comments or observations
Our assessments are reviewed by management to ensure they are Strengths based.
Discussions based on clients that we work with is imperative. Regular supwervisiins, courses that update my practice
I work in DoLS so this is very strength based but I do not believe that the route that is followed to place people in nursing and residential care is particularly strength based in many cases, especially when we have pressure on hospital beds, discharge to assess and a brokerage system that is about availability of places.
This is the expectation however clear messages of expectations not consistently communicated
OTs work in a strengths based way anyway
As per comment above some of our structures and processes do not support the application of it in practice.
No idea
This is a Care Act requirement aligned with OT practice
Not on the agenda for OT
I have always practiced with this approach
we are currently in the worst situation in history trying to work in an environment where there is a national shortage of staff and social care beyond residential care has been overlooked. We have spent our time trying to ensure that people receive care
it depends on the context, in my face to face work with Service Users I would take a strengths based approach, but in requests such as funding requests a deficit approach is needed and you need to focus on risk and inability or won't get funding.

Q20 - 17. Colleagues in my team have a shared commitment to strengths-based practice.

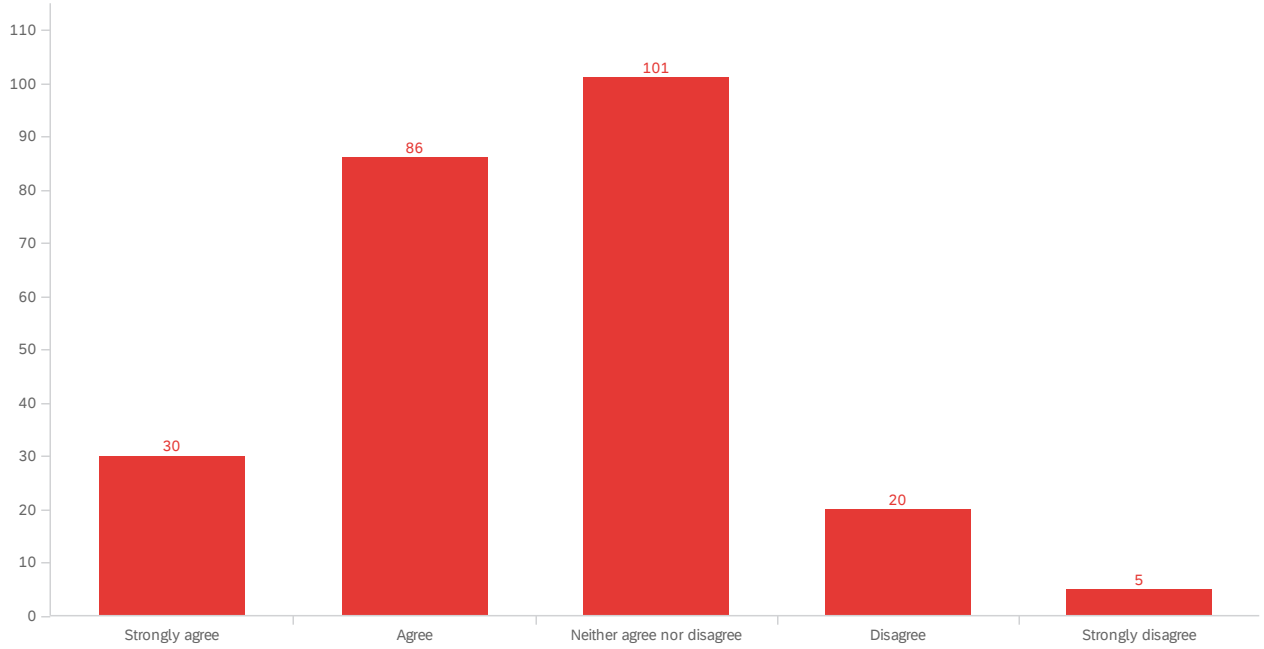


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	17. Colleagues in my team have a shared commitment to strengths-based practice.	1.00	5.00	1.95	0.86	0.74	241


100
90
80
70
60
50
40
30
20
10
0
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Count

Q21 - 18. Other directorates (teams and services) in the local authority share a commitment to strengths-based practice.

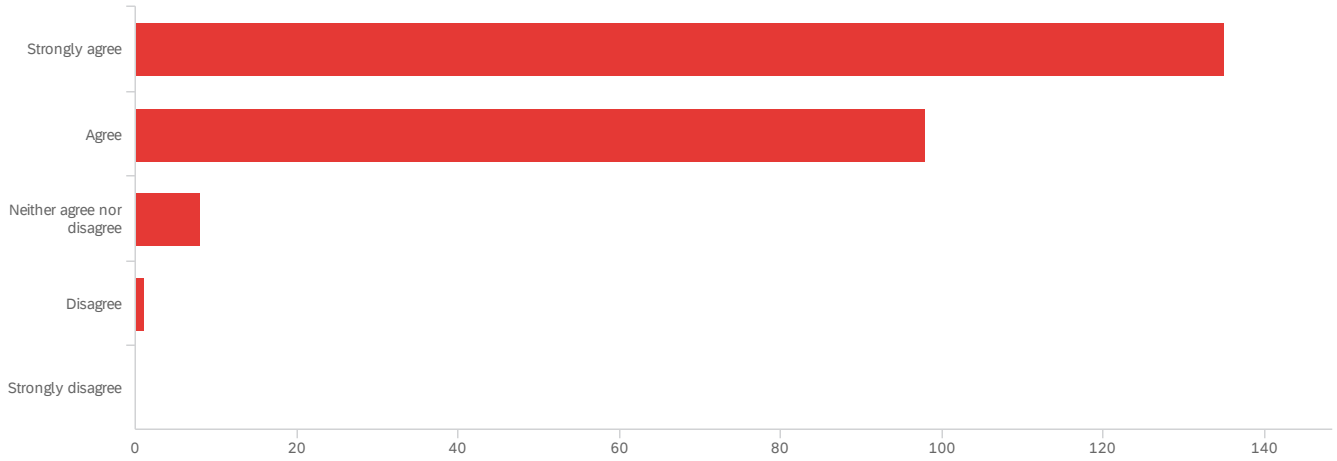
8. Commitment of other directorates



#	Field	Choice Count	
1	Strongly agree	12.40%	30
2	Agree	35.54%	86
3	Neither agree nor disagree	41.74%	101
4	Disagree	8.26%	20
5	Strongly disagree	2.07%	5
			242

Showing rows 1 - 6 of 6

Q22 - 19. I am open to working in new ways if this enables me to be more strengths-based in my practice.

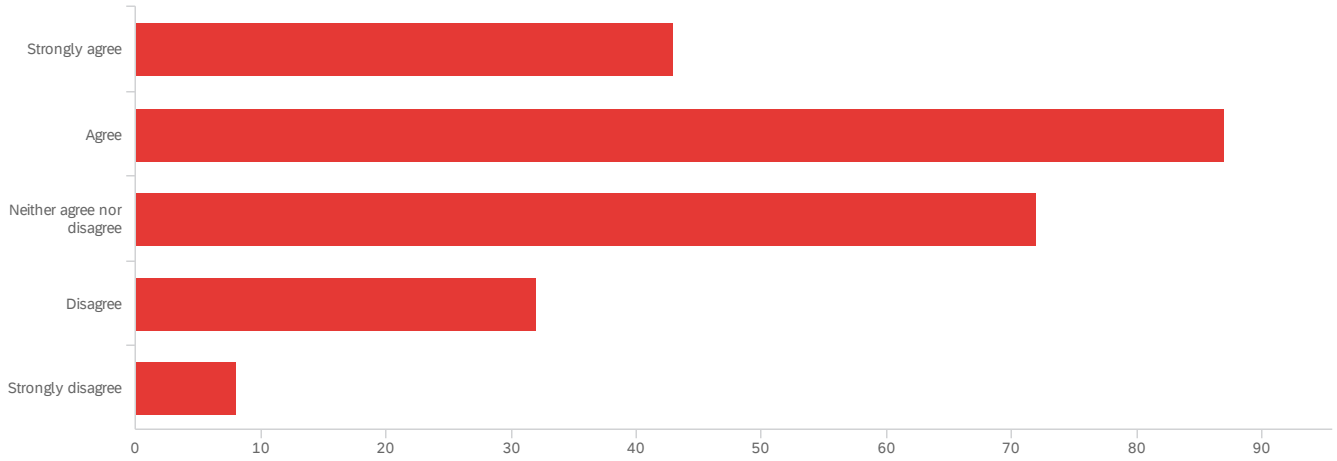


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	19. I am open to working in new ways if this enables me to be more strengths-based in my practice.	1.00	4.00	1.48	0.58	0.34	242

#	Field		Choice Count
1	Strongly agree	55.79%	135
2	Agree	40.50%	98
3	Neither agree nor disagree	3.31%	8
4	Disagree	0.41%	1
5	Strongly disagree	0.00%	0
			242

Showing rows 1 - 6 of 6

Q23 - 20. I have been able to contribute to the development and implementation of strengths-based practice in my local authority area.

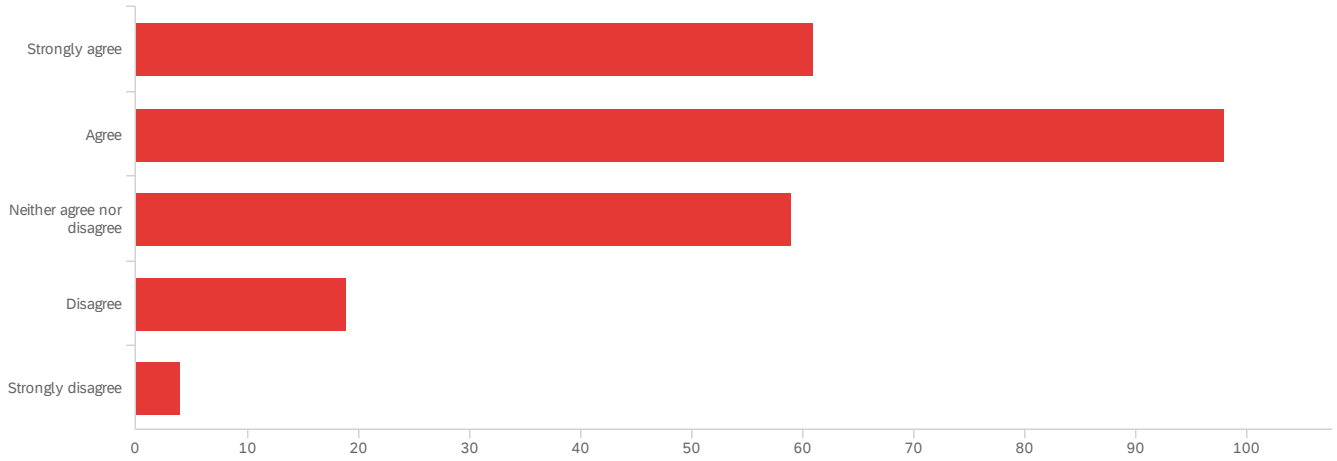


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	20. I have been able to contribute to the development and implementation of strengths-based practice in my local authority area.	1.00	5.00	2.48	1.03	1.07	242

#	Field		Choice Count
1	Strongly agree	17.77%	43
2	Agree	35.95%	87
3	Neither agree nor disagree	29.75%	72
4	Disagree	13.22%	32
5	Strongly disagree	3.31%	8
			242

Showing rows 1 - 6 of 6

Q24 - 21. My local authority area's approach to implementing strengths-based practice makes sense to me and I support it.

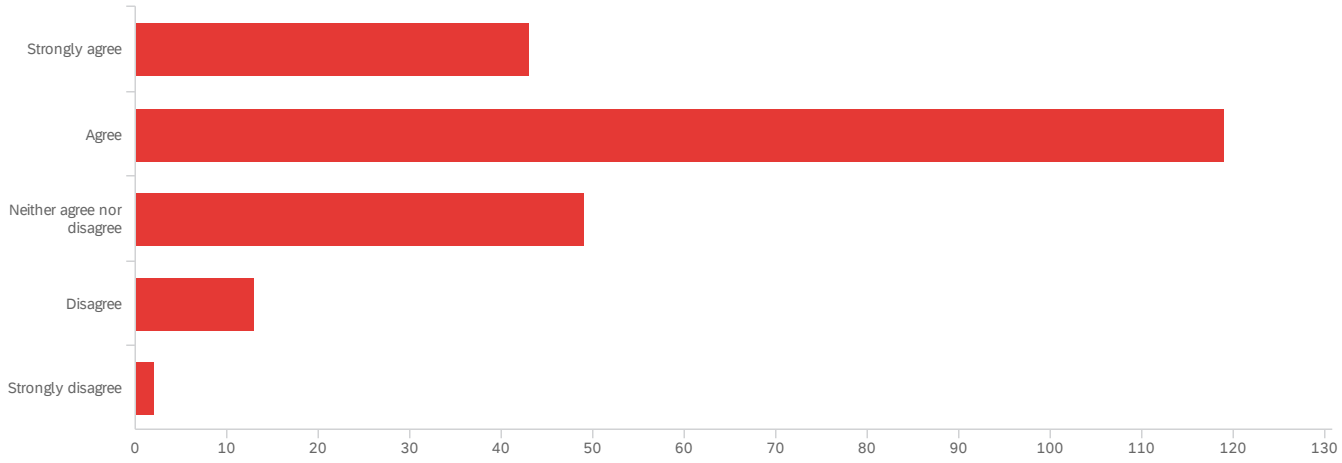


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	21. My local authority area's approach to implementing strengths-based practice makes sense to me and I support it.	1.00	5.00	2.20	0.96	0.92	241

#	Field		Choice Count
1	Strongly agree	25.31%	61
2	Agree	40.66%	98
3	Neither agree nor disagree	24.48%	59
4	Disagree	7.88%	19
5	Strongly disagree	1.66%	4
			241

Showing rows 1 - 6 of 6

Q25 - Collective Action

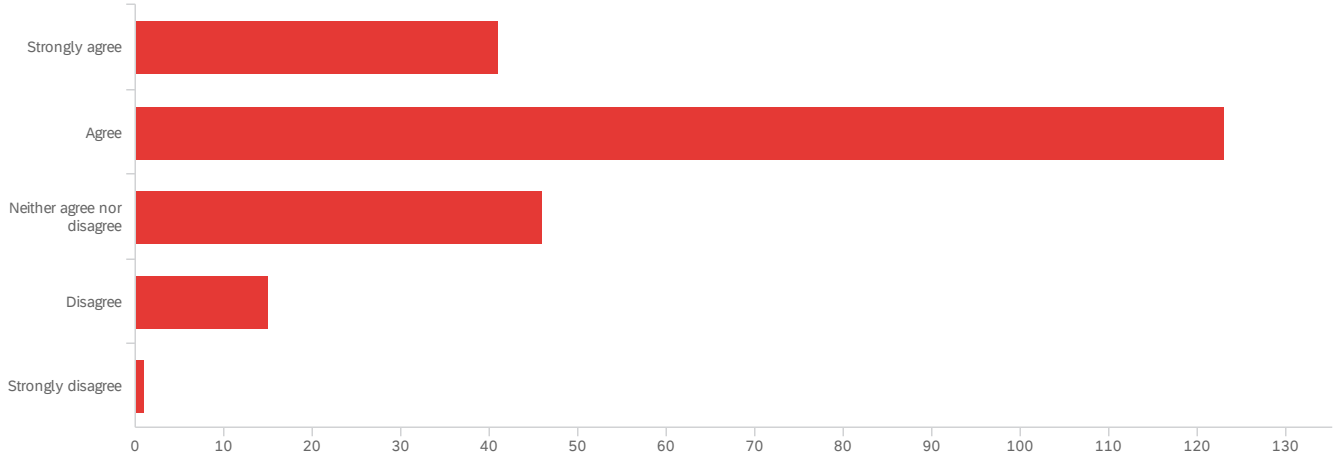


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Collective Action	1.00	5.00	2.17	0.83	0.69	226

#	Field	Choice Count	
1	Strongly agree	19.03%	43
2	Agree	52.65%	119
3	Neither agree nor disagree	21.68%	49
4	Disagree	5.75%	13
5	Strongly disagree	0.88%	2
			226

Showing rows 1 - 6 of 6

Q26 - 23. I have confidence in my colleagues' abilities to work in a strengths-based way.



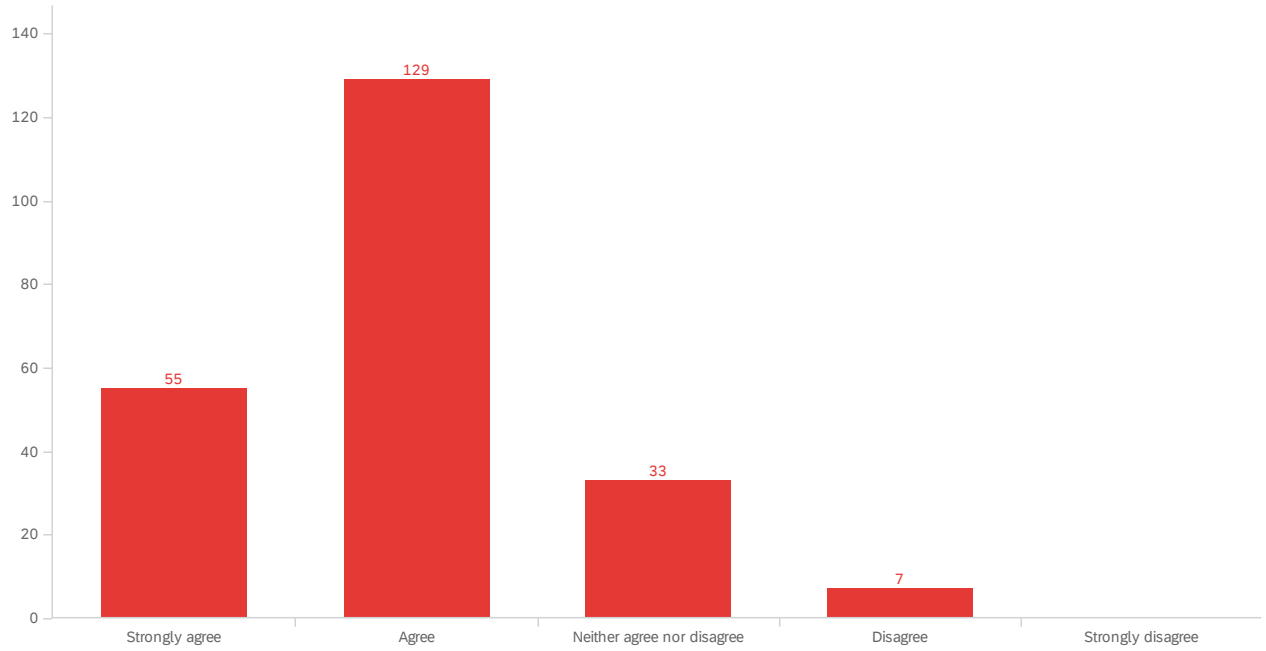
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	23. I have confidence in my colleagues' abilities to work in a strengths-based way.	1.00	5.00	2.17	0.81	0.66	226

#	Field	Choice Count	
1	Strongly agree	18.14%	41
2	Agree	54.42%	123
3	Neither agree nor disagree	20.35%	46
4	Disagree	6.64%	15
5	Strongly disagree	0.44%	1
			226

Showing rows 1 - 6 of 6

Q27 - 24. I feel confident in my skills to demonstrate strengths-based practice.

7.1 Confidence in own skills



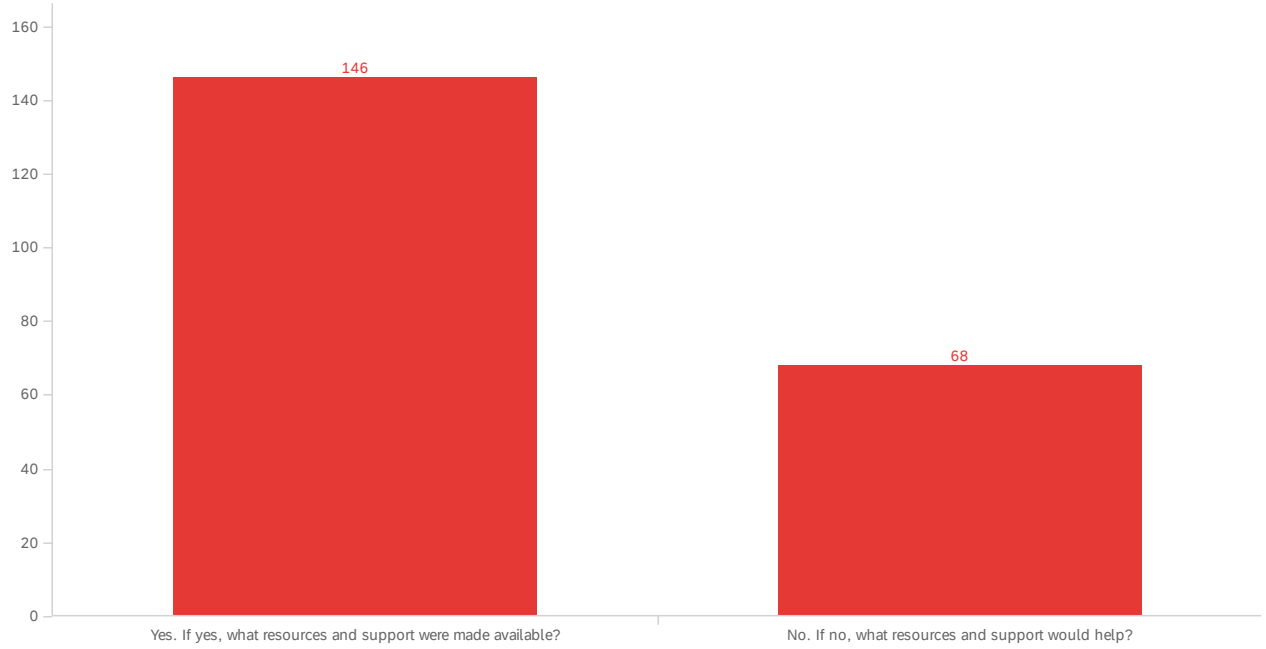
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	24. I feel confident in my skills to demonstrate strengths-based practice.	1.00	4.00	1.96	0.72	0.52	224

#	Field	Choice Count	
1	Strongly agree	24.55%	55
2	Agree	57.59%	129
3	Neither agree nor disagree	14.73%	33
4	Disagree	3.13%	7
5	Strongly disagree	0.00%	0
			224

Showing rows 1 - 6 of 6

Q28 - 25. The organisational practice conditions in my service support me to work in a strengths-based way.

Supportive practice conditions



#	Field	Choice Count	
1	Yes. If yes, what resources and support were made available?	68.22%	146
2	No. If no, what resources and support would help?	31.78%	68
			214

Showing rows 1 - 3 of 3

No. If no, what resources and support would help?

Suitable forms/reports to prompt/promote strengths based practice.

Clearer guidance. Lots of different information is passed to us and we have no time to take it in. We are swamped with work and don't have time to digest the information given and put it into practice.

need more support and training

RCOT and training

staff training,

More guidance on how we can achieve this in the short time we have.

No. If no, what resources and support would help?

more sessions on strength base, more workers that are confident in stregth base. having the opportunity to have more training which we can attend

More information required

-

I think it is more about differing understandings of the meaning of it and how it is put into practice, so education and a clear message would help.

More relevant training will be required to ensure we keep up with the expectation and transparency within the organisation about what we can and cannot offer to enable us to carry out our daily work with clients and family more effectively.

Community connectors, less focus on money

Nationally, there is a shortage of the right support at the right time, this often makes strengths based practice challenging and more likely to become risk adverse. Physical tools and resources have always been lacking in adult social care compared to childrens and would benefit us to implement strengths-based working.

not enough resources available to support this.

Worked examples and case studies of strengths based approach for good practice compared to those that show clearly they are not Strengths based – so there is clear visual representation.

To be informed on what model the organisation adopts.

A decent practice model, more flexible commissioning, having resources like local area coordinators (which got taken away).

Practical application for our service area

There are little resources/funding options. Barriers make strength based practice difficult/impossible.

More advice from lead practitioners on how to implement in the current COVID crisis

clearer definitions, focus on skills, training roll out, workshops, resources in terms of equipment. Embedded structure to have the capacity to take a SB approach

smart phones for all staff

training, resources, links to pull on, people not refer on

Physiotherapy support within the long term OT team

any!

There is no time to develop relationships and this is key to working in this way All the systems are built for numbers rather than quality so more styaff needed so there is time to spend on adults. On going training is needed. Cultural change about it. Group supervision to discuss it. Standing item on team meeting agenda to highlight good practice

greater market shaping.

No. If no, what resources and support would help?

More community brokerage
Having a clear process to support Strength based practice. Additional staffing to support reusing workload demands
event on SBP , communication , training that relates to practice ,
A directory of community resources available. More weight given to the importance of strengths based practice
lack of specialist equip and resources
refresher training
Reduced / more flexible caseloads to enable more exploratory work with customers needing this to have more scope for creative and non standard interventions.
No one resource available which practitioners cold add to so that everyone can access many loacl resources such as charities, lunch clubs etc.
introducing 3 conversations or similar model and Changing the inhouse provision as currently too service led and the constitution asks us to approach this service before all other options
Revisions to systems, processes, cultures.
I don't know what strengths-based is
There is no clear guidance being passed down to us from the TM or above, is resilience on the gender, can we motivational interview as part of the assessment - are staff giving the tools, support on communication to transition from expert director to expert supporter, what are the objectives. I think staff require much more guidance.
more information on strengths-based way
more info
No support
Training
Just returned to my team after 19 months redeployed due to Covid, so need updating on all training for my role
autism resources, accommodation to available to be first base of developing strength based approach
no funding to support with strengths based work. only funding for comissioned care and some equipment provision. access to rehabilitation or reablement would be very beneficial to supporting a strengths based approach
Induction, guidance, explanation of expectation, documentation that reflects SBP
Since lockdown, resources are not always available
additional training, peer group work, exemplars, across department and council language

No. If no, what resources and support would help?
not applicable
lack of community assets and links to community /navigators
Need to have more targeted focus on commissioning, training for the market
Strengths based commissioning
staffing resource is required
information on how to use this day to day
staff being trained would help
No measures in place to evaluate strenghts based outcomes for people
training on best use of strenght based approaches
LAck of resources and information. It is too much for frontlien workers to be developing and sharing information of local resources and signposting. This is a full time role in itself. The online information for citizens is out of date and not maintained.

Q28_2_TEXT - No. If no, what resources and support would help?

No. If no, what resources and support would help?
Suitable forms/reports to prompt/promote strengths based practice.
Clearer guidance. Lots of different information is passed to us and we have no time to take it in. We are swamped with work and don't have time to digest the information given and put it into practice.
need more support and training
RCOT and training
staff training,
More guidance on how we can achieve this in the short time we have.
more sessions on strength base, more workers that are confident in stregth base. having the opportunity to have more training which we can attend
More information required
-
I think it is more about differing understandings of the meaning of it and how it is put into practice, so education and a clear message would help.

No. If no, what resources and support would help?

More relevant training will be required to ensure we keep up with the expectation and transparency within the organisation about what we can and cannot offer to enable us to carry out our daily work with clients and family more effectively.

Community connectors, less focus on money

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not enough resources available to support this.

Worked examples and case studies of strengths based approach for good practice compared to those that show clearly they are not Strengths based – so there is clear visual representation.

To be informed on what model the organisation adopts.

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Physiotherapy support within the long term OT team

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refresher training

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Revisions to systems, processes, cultures.

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more information on strengths-based way

more info

No support

Training

Just returned to my team after 19 months redeployed due to Covid, so need updating on all training for my role

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Induction, guidance, explanation of expectation, documentation that reflects SBP

Since lockdown, resources are not always available

additional training, peer group work, exemplars, across department and council language

not applicable

lack of community assets and links to community /navigators

Need to have more targeted focus on commissioning, training for the market

No. If no, what resources and support would help?

Strengths based commissioning

staffing resource is required

information on how to use this day to day

staff being trained would help

No measures in place to evaluate strenghts based outcomes for people

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More information required

-

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training, resources, links to pull on, people not refer on

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There is no time to develop relationships and this is key to working in this way All the systems are built for numbers rather than quality so more styaff needed so there is time to spend on adults. On going training is needed. Cultural change about it. Group supervision to discuss it. Standing item on team meeting agenda to highlight good practice

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Induction, guidance, explanation of expectation, documentation that reflects SBP

Since lockdown, resources are not always available

additional training, peer group work, exemplars, across department and council language

not applicable

lack of community assets and links to community /navigators

Need to have more targeted focus on commissioning, training for the market

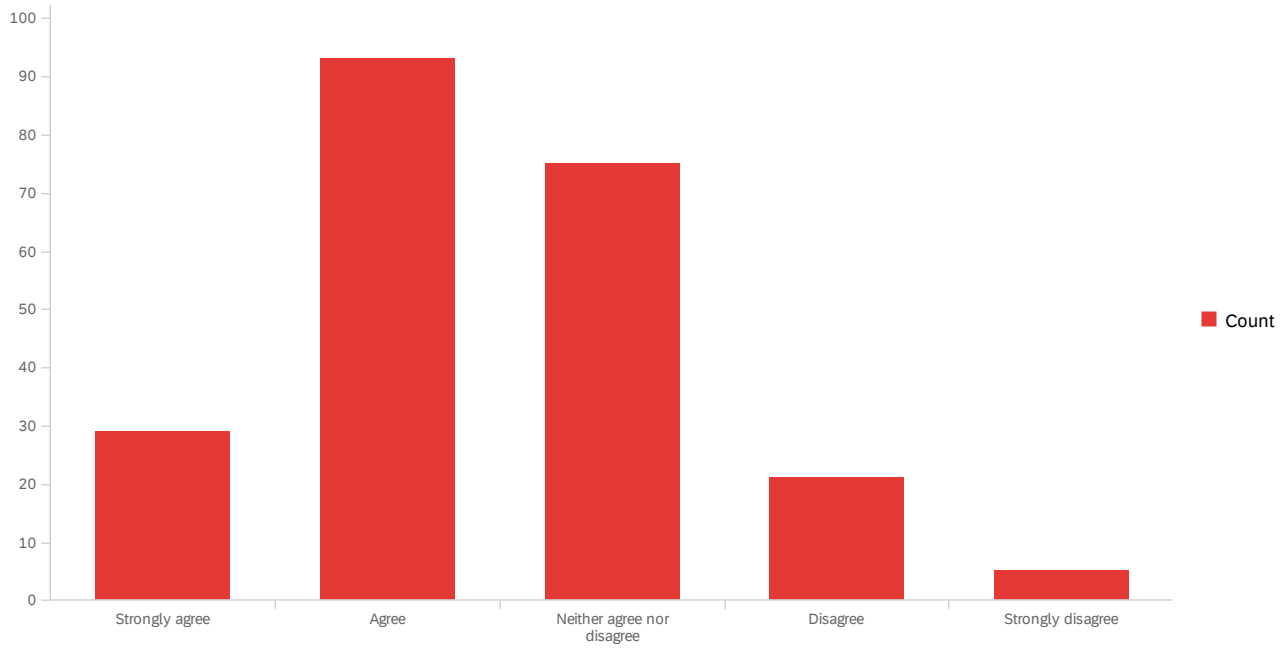
Strengths based commissioning

staffing resource is required

No. If no, what resources and support would help?

information on how to use this day to day
staff being trained would help
No measures in place to evaluate strenghts based outcomes for people
training on best use of strenght based approaches
LAck of resources and information. It is too much for frontlien workers to be developing and sharing information of local resources and signposting. This is a full time role in itself. The online information for citizens is out of date and not maintained.

Q29 - 26. The wider organisational culture (i.e., how we do things around here) enables me to demonstrate strengths-based practice.



#	Field	Choice Count	
1	Strongly agree	12.18%	29
2	Agree	39.08%	93
3	Neither agree nor disagree	31.51%	75
4	Disagree	8.82%	21
5	Strongly disagree	2.10%	5
6	Additional comments or observations	6.30%	15
			238

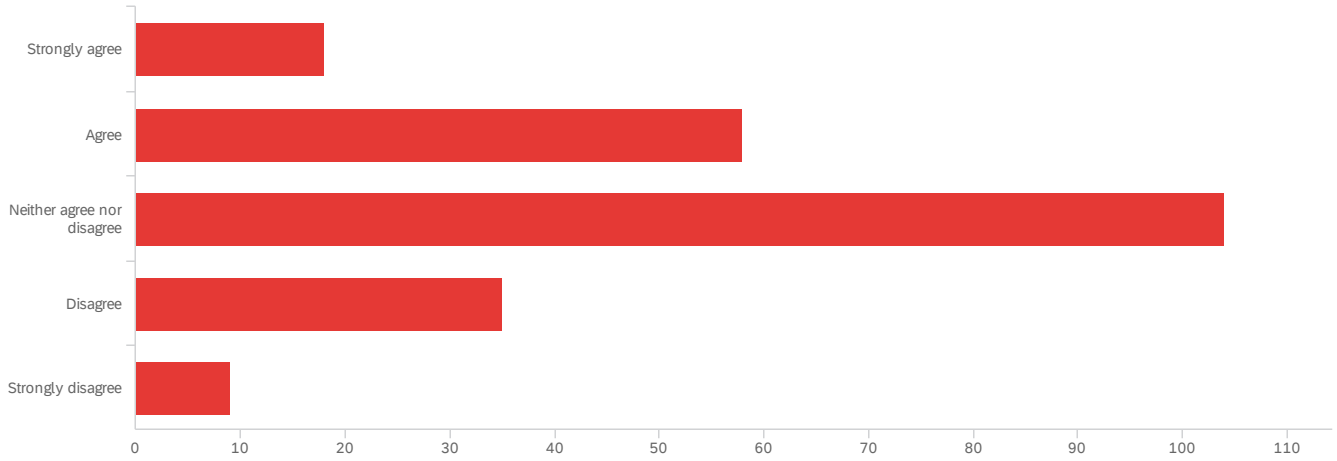
Showing rows 1 - 7 of 7

Q29_6_TEXT - Additional comments or observations

Additional comments or observations
Need more front line workers
I just do it regardless.

Additional comments or observations
There is still a degree of other directorates seeing the role of ASC to 'take care of' individuals regardless of assessed needs
I work in an admin role
Our supervisors are committed to ensure the assessments are Strengths based, but I think the team will save time if there is practice discussions to show examples of what a good Strengths Based assessment looks like and what is not.
It's a very risk averse authority that does not always respect people's choices (e.g. they raise a safeguarding if someone declines a piece of OT equipment such as a stair lift and chooses to do upstairs living because they want to be in their bedroom and near to the bathroom upstairs).
Seems to only be some Social Care staff members that follow strengths based practice - other teams are not taught to work in this way (I have been on other teams and this was never once discussed)
When dealing with complaints or anxieties from other services
The Council as a whole is committed to enabling its clients to use their strengths and own means to recover from illness, injury and any number of other needs.
lack of resources
unfortunately, the strengths agenda can be polluted by the austerity agenda
There is too much emphasis on performance and number crunching, staff are not allowed time to work in a strengths based way. The commissioning of services needs a complete overhaul, there is no scope for reablement unless the person is being discharged from hospital. There is no opportunity to explore the local community and support available. Some senior managers appear to think that 3 Cs is SBP rather than a tool to support it
I think it comes a lot easier to the local authority than to some of our health partners we work closely with
there are inconsistencies, in ways of working and styles/ different managers want different things

Q30 - Learning & Reflexions

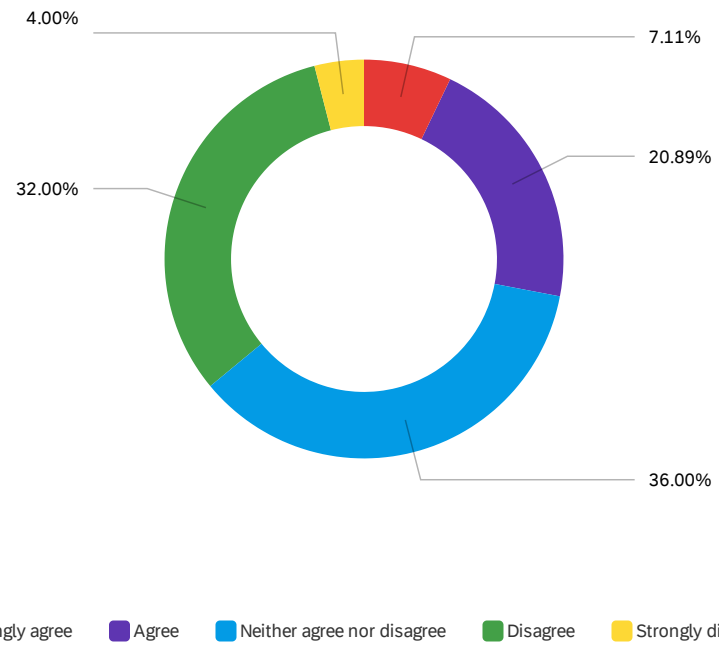


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Learning & Reflexions	1.00	5.00	2.82	0.93	0.86	224

#	Field	Choice Count	
1	Strongly agree	8.04%	18
2	Agree	25.89%	58
3	Neither agree nor disagree	46.43%	104
4	Disagree	15.63%	35
5	Strongly disagree	4.02%	9
			224

Showing rows 1 - 6 of 6

Q31 - 28. The findings of reviews undertaken on strengths-based practice are shared with me.



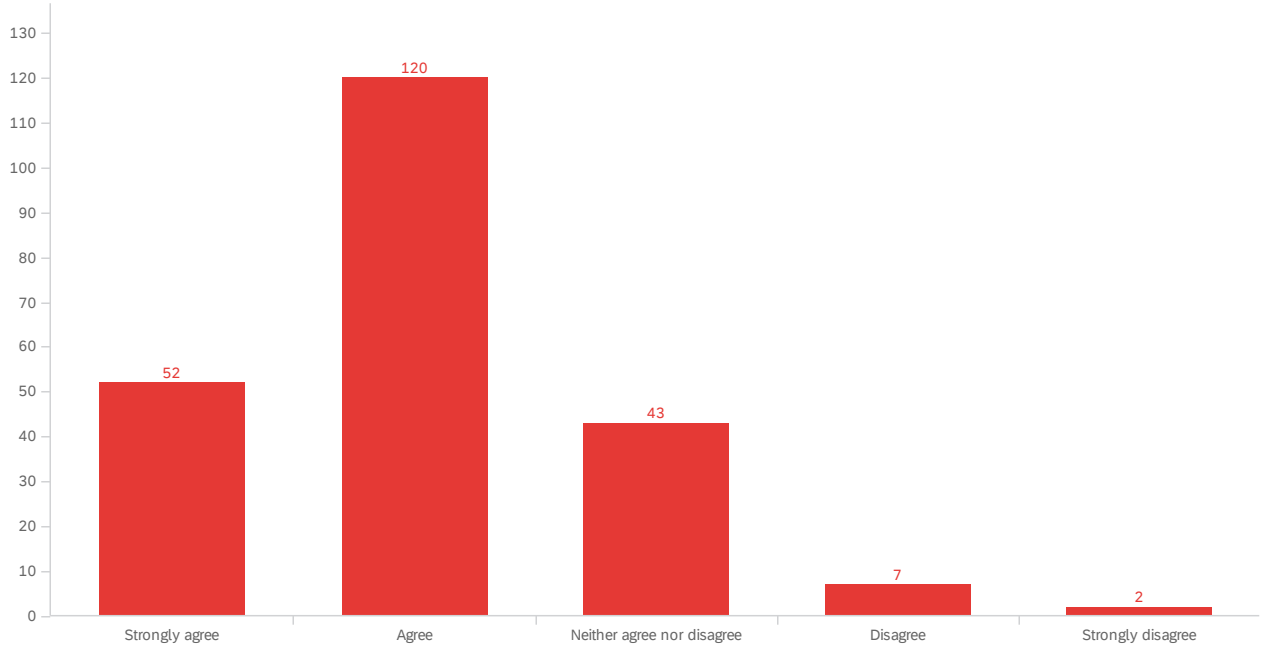
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	28. The findings of reviews undertaken on strengths-based practice are shared with me.	1.00	5.00	3.05	0.99	0.97	225

#	Field		Choice Count
1	Strongly agree	7.11%	16
2	Agree	20.89%	47
3	Neither agree nor disagree	36.00%	81
4	Disagree	32.00%	72
5	Strongly disagree	4.00%	9
			225

Showing rows 1 - 6 of 6

Q32 - 29. There is agreement in the local authority that strengths-based approaches have a positive impact on people, carers and their families.

10.1 Impact of SBP



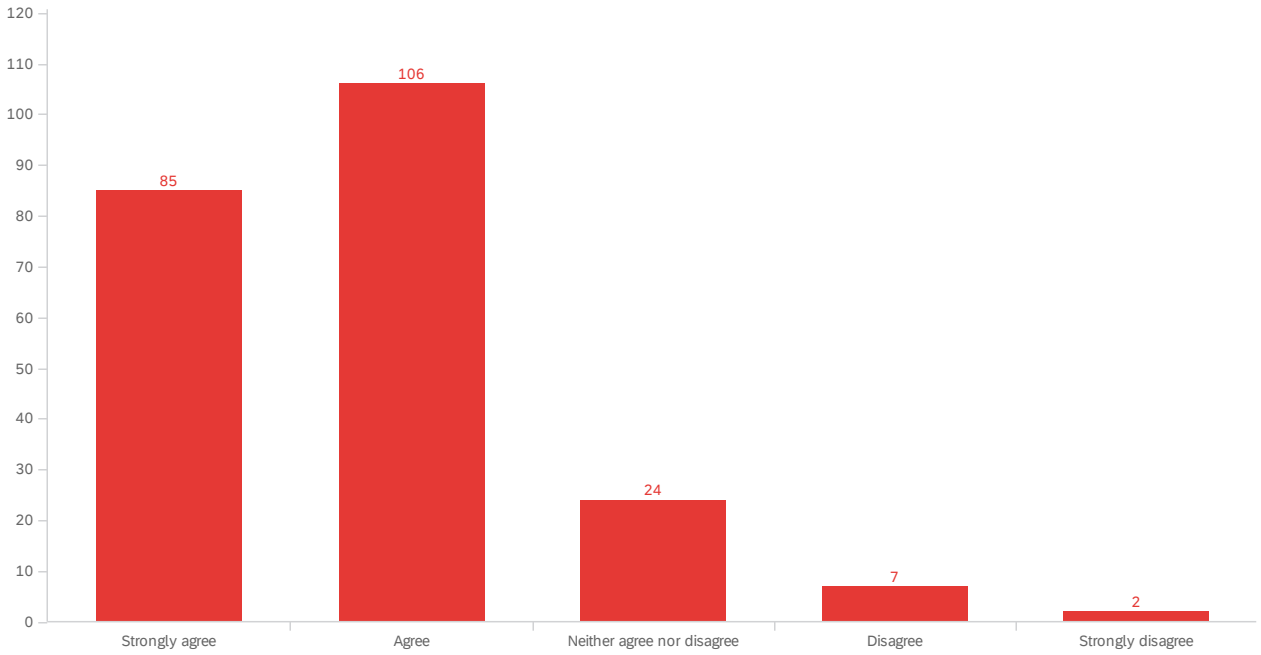
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	29. There is agreement in the local authority that strengths-based approaches have a positive impact on people, carers and their families.	1.00	5.00	2.05	0.79	0.63	224

#	Field		Choice Count
1	Strongly agree	23.21%	52
2	Agree	53.57%	120
3	Neither agree nor disagree	19.20%	43
4	Disagree	3.13%	7
5	Strongly disagree	0.89%	2
			224

Showing rows 1 - 6 of 6

Q33 - 30. I personally feel strengths-based practice has a positive impact on people, carers and their families.

10.2 Impact of SBP



#	Field	Choice Count	
1	Strongly agree	34.41%	85
2	Agree	42.91%	106
3	Neither agree nor disagree	9.72%	24
4	Disagree	2.83%	7
5	Strongly disagree	0.81%	2
7	Additional comments or observations	9.31%	23
			247

Showing rows 1 - 7 of 7

Q33_7_TEXT - Additional comments or observations

Additional comments or observations
Sometimes places a higher degree of stress on carers to continue providing their support at what may be the cost to their own health
If we implemented this fully then I think it would have an impact

Additional comments or observations

Strengths based practice has a positive impact on people with care and support needs. However this often conflicts with the support of carers and their families as this can have a negative impact on them. As they feel the person is often left more at risk and 'looser' less traditional services are used.

I work in an admin role

Individuals and familiies feel more involved and they are the experts on their lives, this fosters more trust as the belief they are the experts give them greater confidence and therefore better collaboration.

people traditionally want services and this is a difficult culture to change

See my previous comments re gatekeeping.

It can sometimes add more pressure to the family

Working in a manner that is sensitive in some situationsa. Buliding trust, being open, honest and transparent.

as long as it not just lip service

From my experience.

This is hard to answer as I agreed with SBP, and for many this is a positive and enabling approach . OT practice aligns with SBP and promoting independence , positive risk taking etc.. however there are many people who are very used to things being done for them and remain in this mind set and when a SBP is used they do not feel they are being provided with the service they expect. I cannot say the way we work in OT has changed much other than the recordings being on different forms.

I believe this approach can produce good results and have a positove impacct on all involved but not for everyone and more time is needed to practice in this way

My role is to enable people to regain their independence following illness or injury by way of assistive equipment, adaptations, rehab, physio, and on-going therapy. Part of this requires that the person is pro-active in taking part in therapy, using the strengths they have built up over a long time to overcome adversity and improve their wellbeing.

I have worked with clients are families using strengths based practice which has allowed clients to focus on the strengths and abilities and allowed them to tap into resources around them which has had a positive impact on their lives

I am not sure of what strengths-based practice is

Although some people may take more risks or be more hesitant to activate services which generates a fear in the work force of people not getting what they need at an appropriate and safe level.

We have not been advised about this

I wonder if 3 Conversations looks deeply enough into supporting people

it certainly can - the ethos is sound (imho)

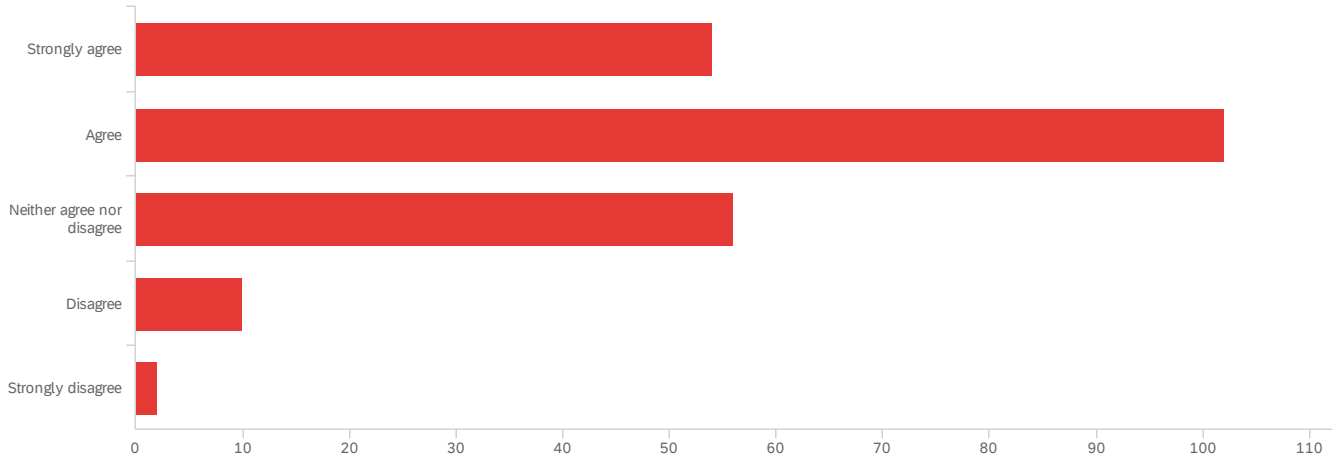
without feedback from individuals who have experienced we can not say- there is poor communication regarding complaint outcomes and no surveys to individuals who have received a service.

Additional comments or observations

I think strengths based working can support positive outcomes, promote independence and less reliance on services. Families can sometimes share that they feel this is that 'no-one is helping them' and that they feel they have to do it themselves. Particularly within Transitions work where many of the young people have had a Childrens Social Worker who may not have taken this approach families can feel 'less supported' by this approach.

As an OT we are trained and work in a strengths based way. It is our usual approach to working with people, however, the resources available in the community are poor and there is a lack of information for us to share.

Q34 - 31. Strengths-based practice has a positive impact on how I work with colleagues and with staff from other organisations.

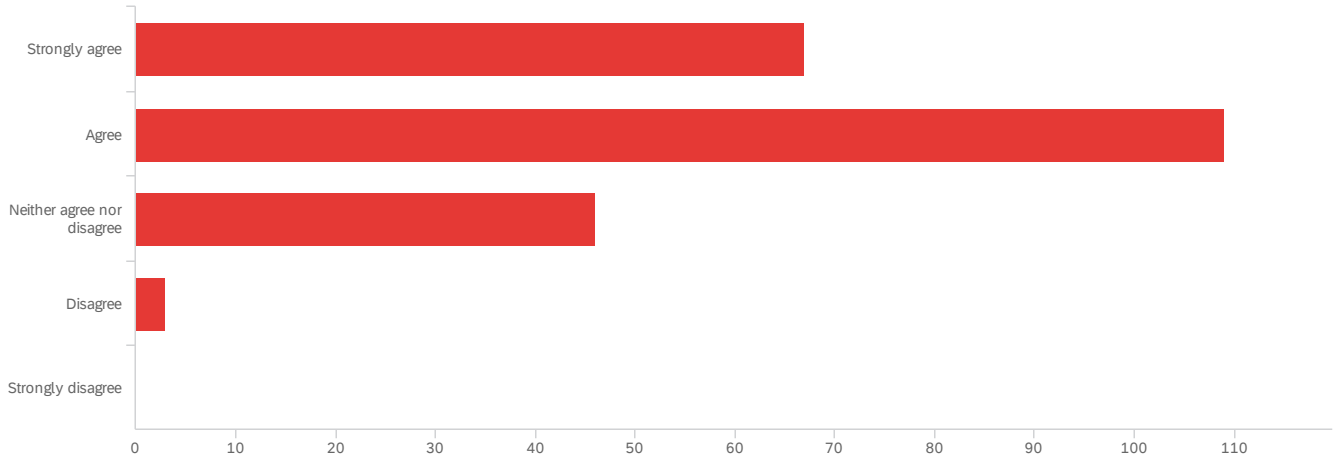


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	31. Strengths-based practice has a positive impact on how I work with colleagues and with staff from other organisations.	1.00	5.00	2.13	0.86	0.73	224

#	Field	Choice Count	
1	Strongly agree	24.11%	54
2	Agree	45.54%	102
3	Neither agree nor disagree	25.00%	56
4	Disagree	4.46%	10
5	Strongly disagree	0.89%	2
			224

Showing rows 1 - 6 of 6

Q35 - 32. Members of my team are willing to adapt and make changes in current practice.



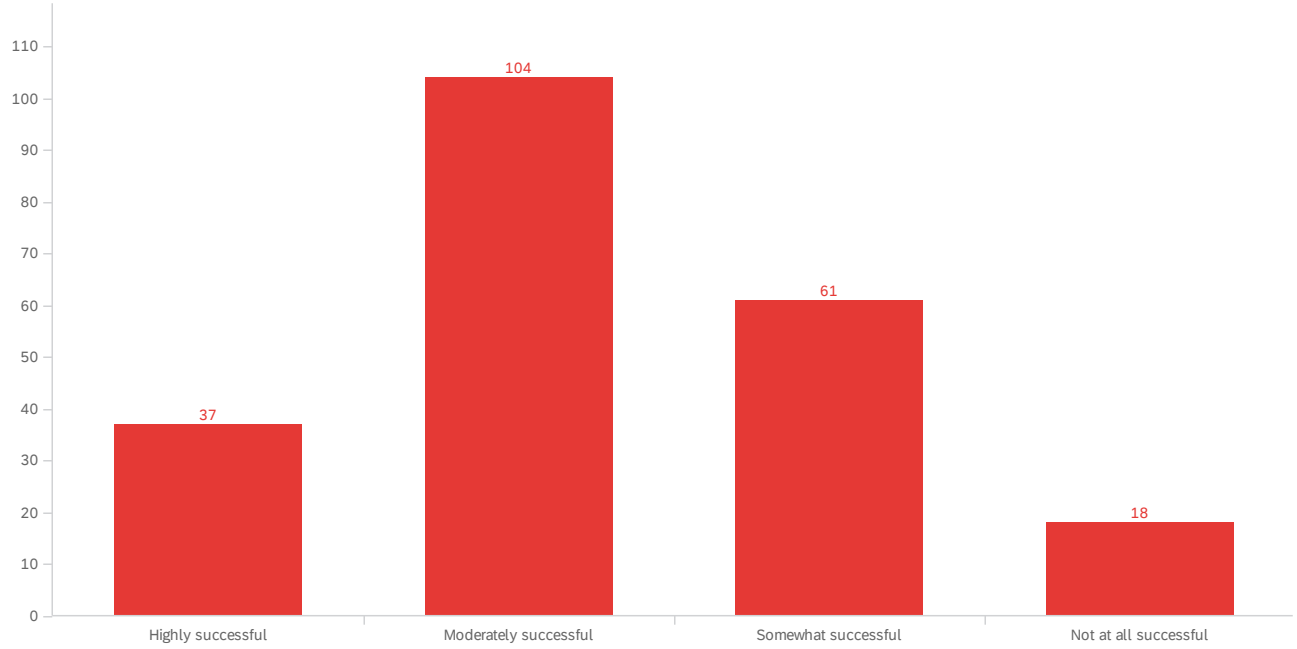
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	32. Members of my team are willing to adapt and make changes in current practice.	1.00	4.00	1.93	0.74	0.55	225

#	Field		Choice Count
1	Strongly agree	29.78%	67
2	Agree	48.44%	109
3	Neither agree nor disagree	20.44%	46
4	Disagree	1.33%	3
5	Strongly disagree	0.00%	0
			225

Showing rows 1 - 6 of 6

Q36 - 33. How successful do you think your local authority has been in implementing strengths-based practice?

11. Implementation success

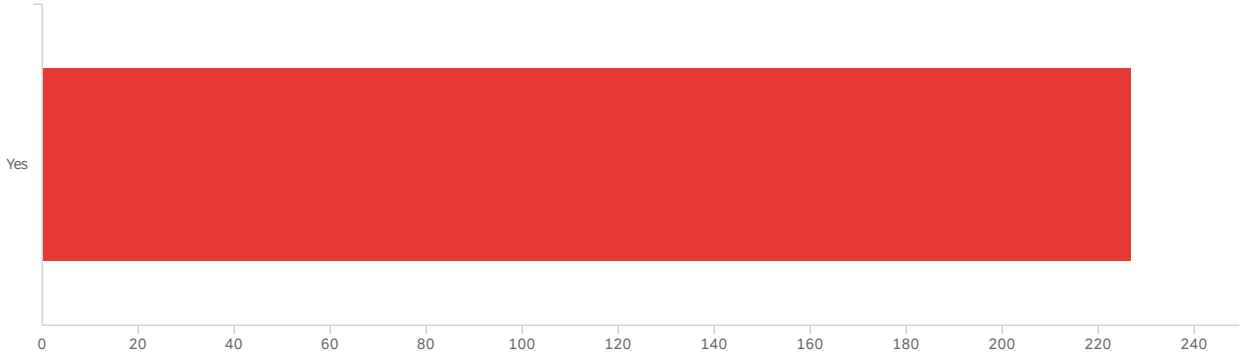


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	33. How successful do you think your local authority has been in implementing strengths-based practice?	1.00	4.00	2.27	0.84	0.70	220

#	Field		Choice Count
1	Highly successful	16.82%	37
2	Moderately successful	47.27%	104
3	Somewhat successful	27.73%	61
4	Not at all successful	8.18%	18
			220

Showing rows 1 - 5 of 5

Q37 - By submitting the survey, you are consenting to take part in the research.

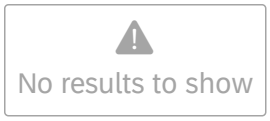


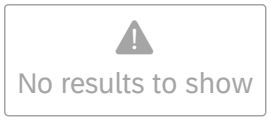
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	By submitting the survey, you are consenting to take part in the research.	1.00	1.00	1.00	0.00	0.00	227

#	Field	Choice Count
1	Yes	100.00% 227

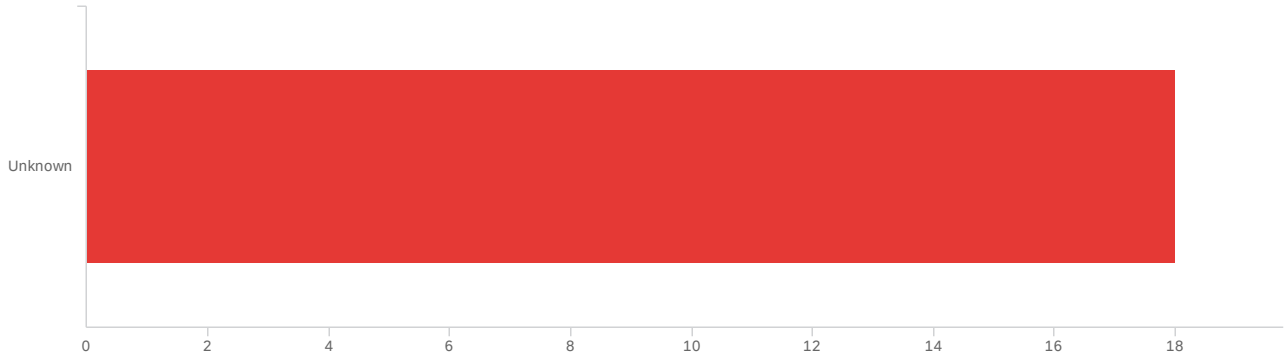
Showing rows 1 - 1 of 1

Q12_6_TEXT - Parent Topics





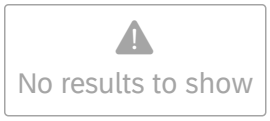
Q12_6_TEXT - Topics

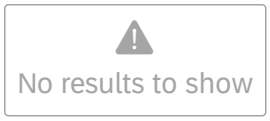


#	Field	Choice Count	
Unknown	Unknown	100.00%	18

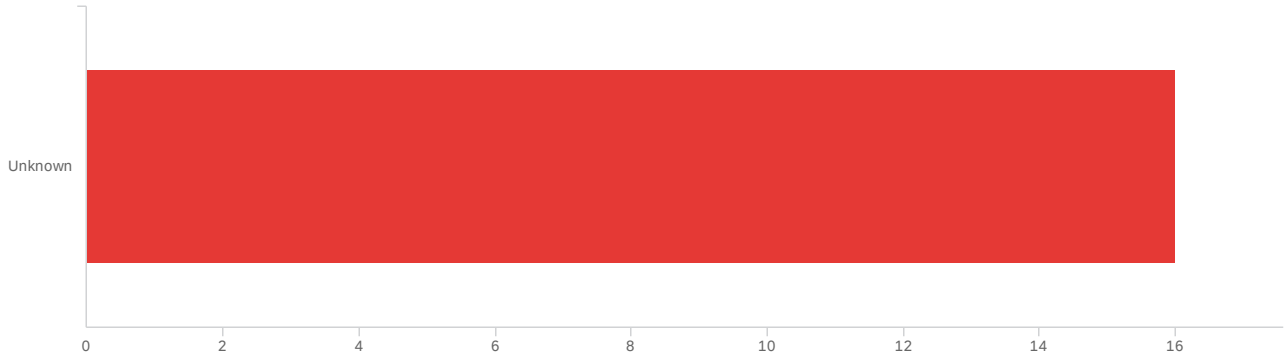
Showing rows 1 - 1 of 1

Q14_6_TEXT - Parent Topics





Q14_6_TEXT - Topics



#	Field	Choice Count	
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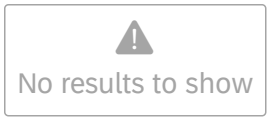
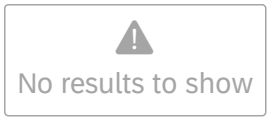
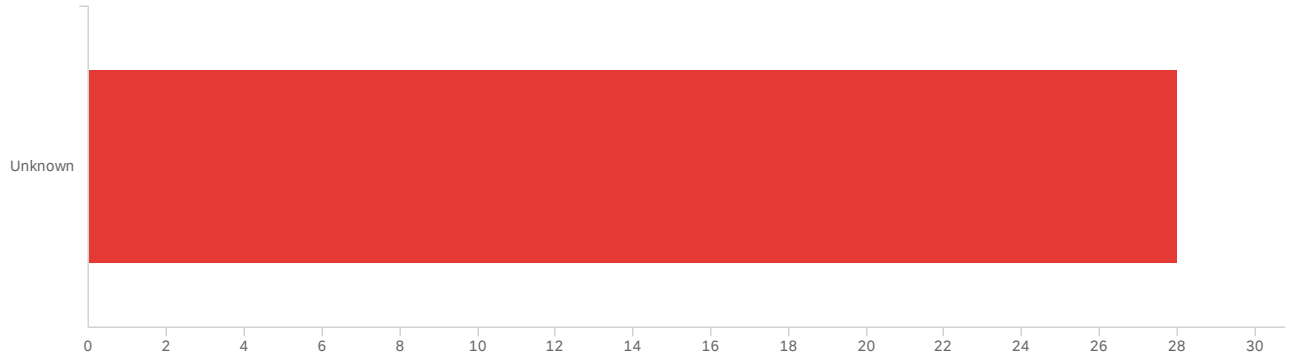
Showing rows 1 - 1 of 1

Q16_5_TEXT - Parent Topics





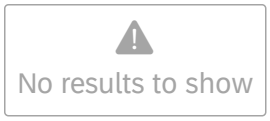
Q16_5_TEXT - Topics

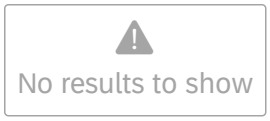


#	Field	Choice Count	
Unknown	Unknown	100.00%	28

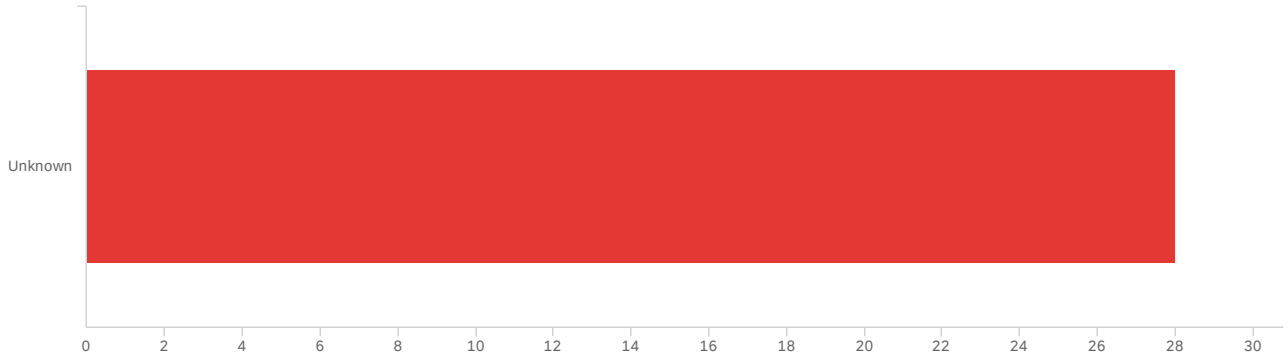
Showing rows 1 - 1 of 1

Q18_7_TEXT - Parent Topics





Q18_7_TEXT - Topics



#	Field	Choice Count	
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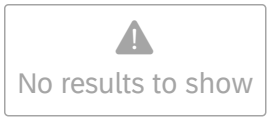
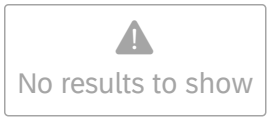
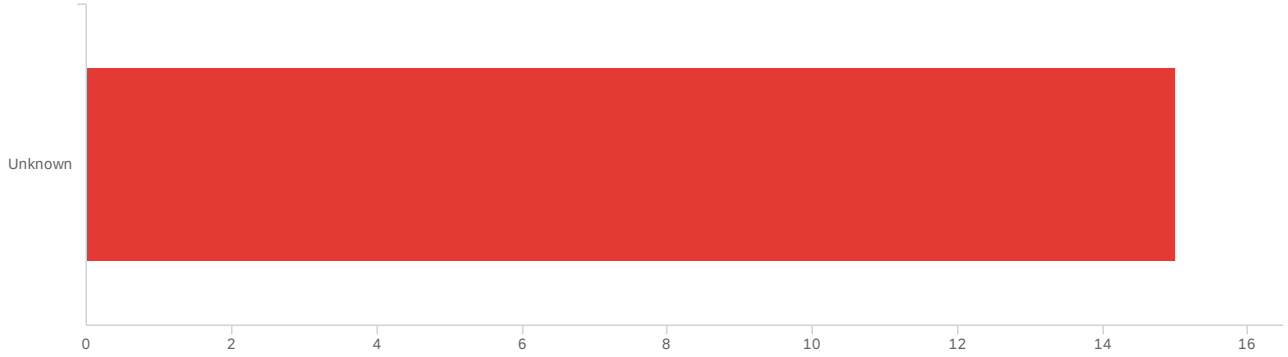
Showing rows 1 - 1 of 1

Q19_6_TEXT - Parent Topics





Q19_6_TEXT - Topics



#	Field		Choice Count
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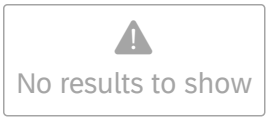
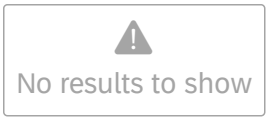
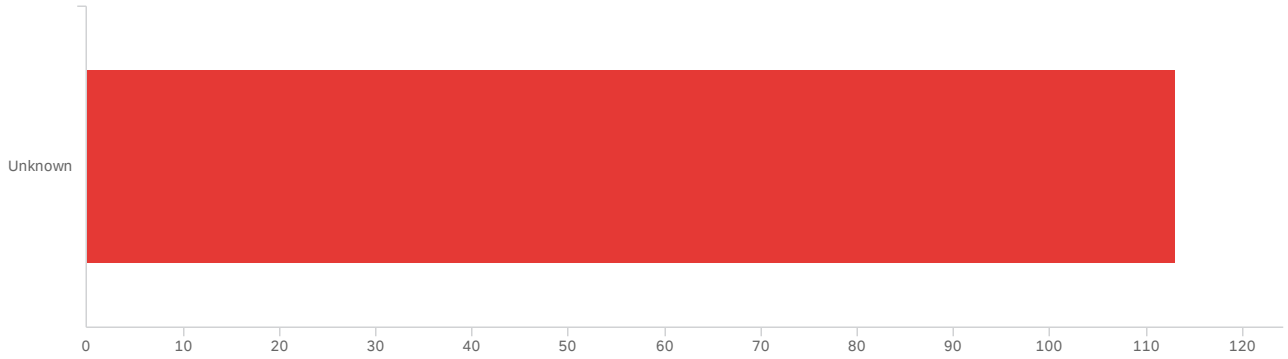
Q28_1_TEXT - Parent Topics





Q28_1_TEXT - Topics



#	Field	Choice Count	
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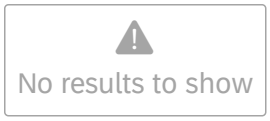
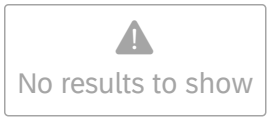
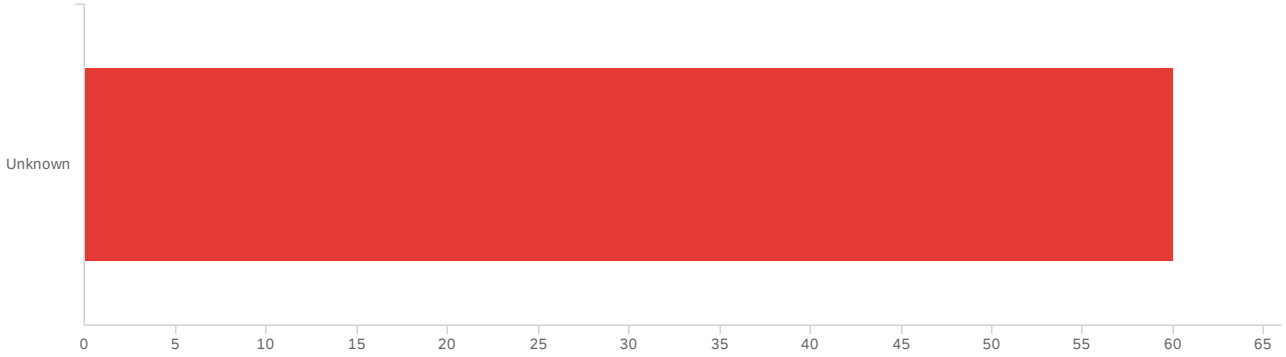
Q28_2_TEXT - Parent Topics





Q28_2_TEXT - Topics



#	Field	Choice Count	
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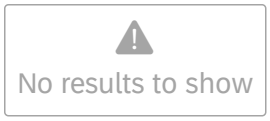
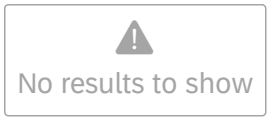
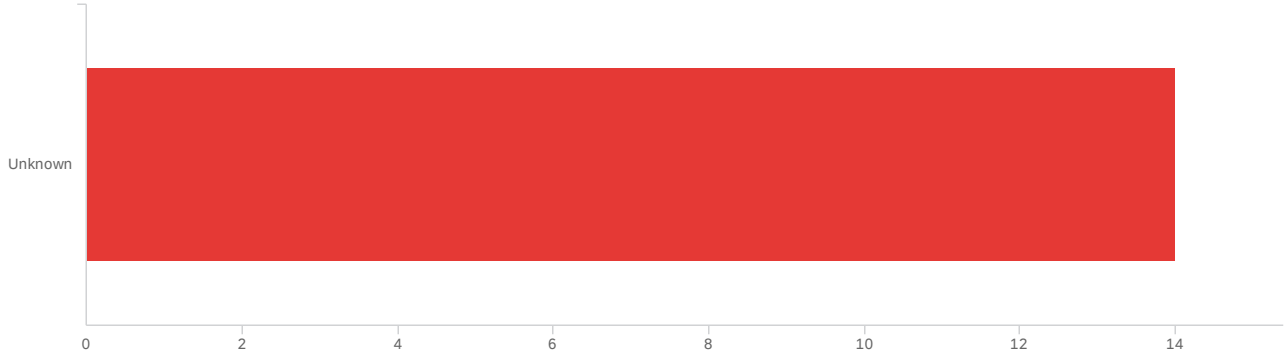
Q29_6_TEXT - Parent Topics





Q29_6_TEXT - Topics



#	Field	Choice Count
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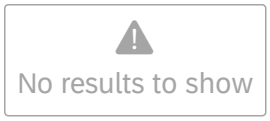
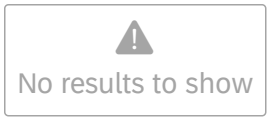
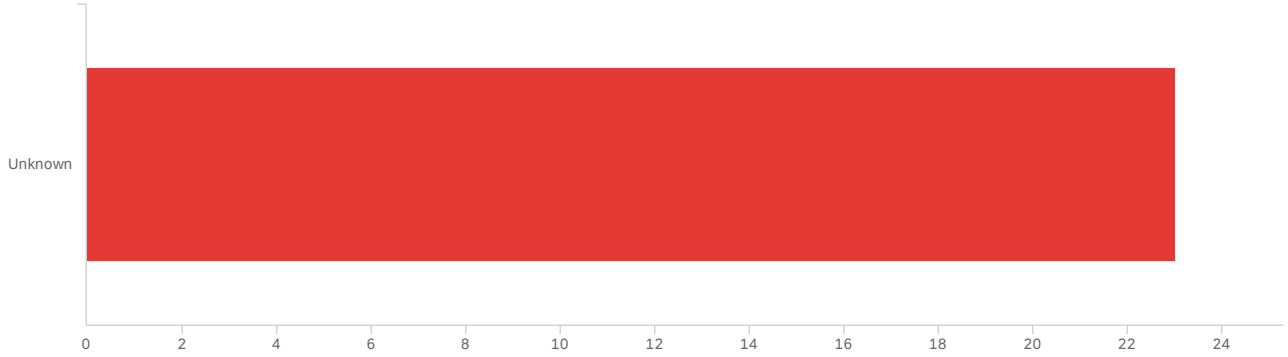
Showing rows 1 - 1 of 1

Q33_7_TEXT - Parent Topics





Q33_7_TEXT - Topics



#	Field	Choice Count
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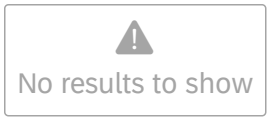
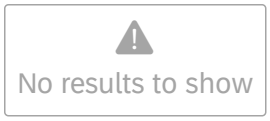
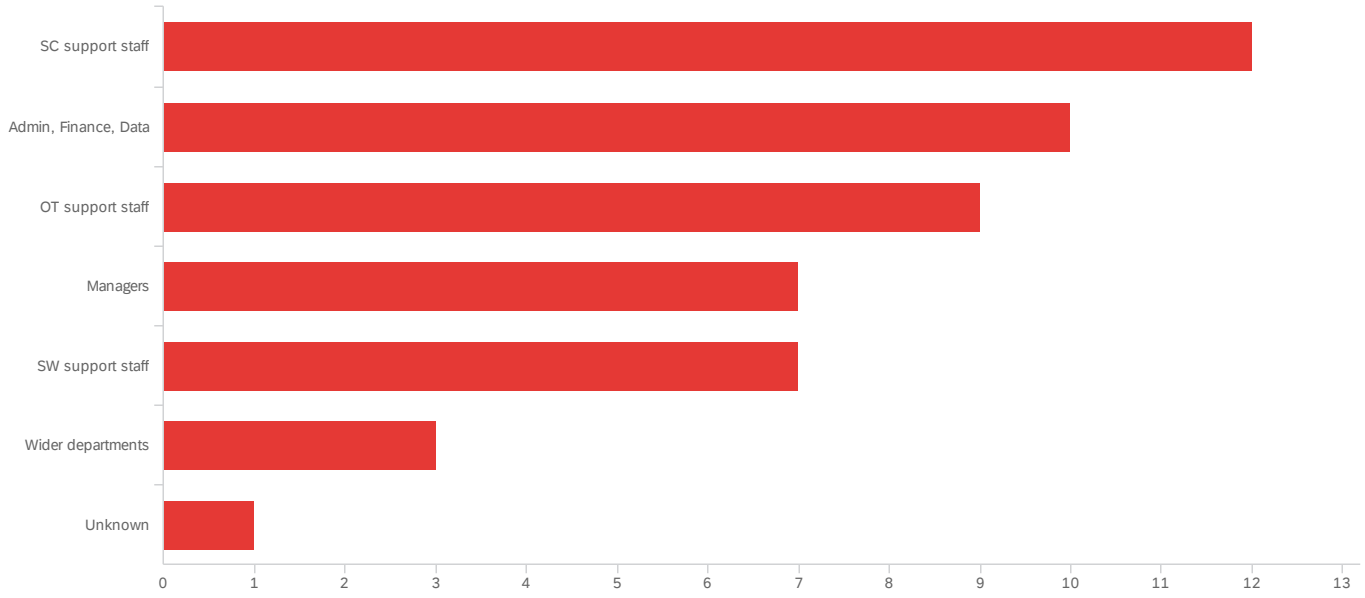
Showing rows 1 - 1 of 1

Q3_6_TEXT - Parent Topics





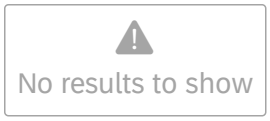
Q3_6_TEXT - Topics

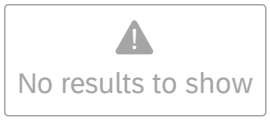


#	Field		Choice Count
SC support staff	SC support staff	24.49%	12
Admin, Finance, Data	Admin, Finance, Data	20.41%	10
OT support staff	OT support staff	18.37%	9
Managers	Managers	14.29%	7
SW support staff	SW support staff	14.29%	7
Wider departments	Wider departments	6.12%	3
Unknown	Unknown	2.04%	1
			49

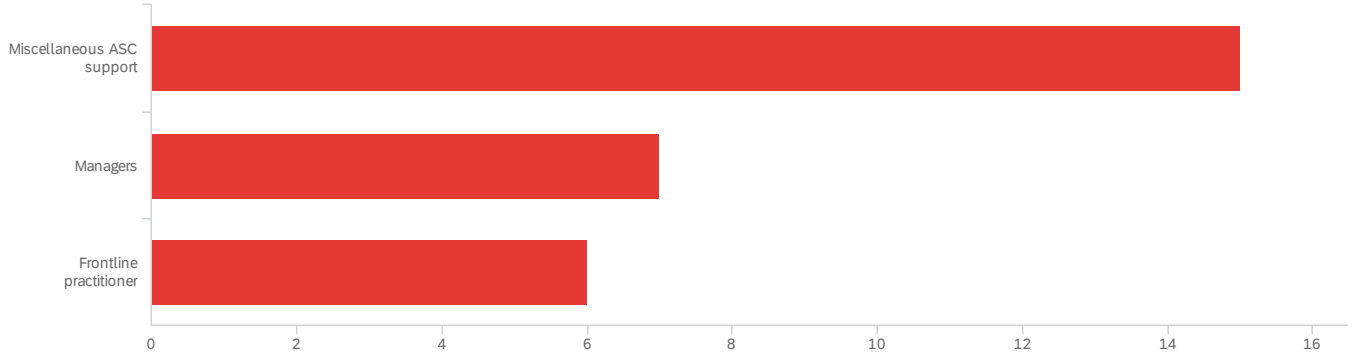
Showing rows 1 - 8 of 8

Q4_5_TEXT - Parent Topics





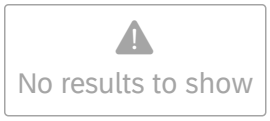
Q4_5_TEXT - Topics

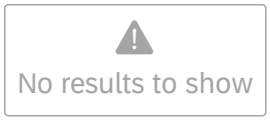


#	Field		Choice Count
Miscellaneous ASC support	Miscellaneous ASC support	53.57%	15
Managers	Managers	25.00%	7
Frontline practitioner	Frontline practitioner	21.43%	6
			28

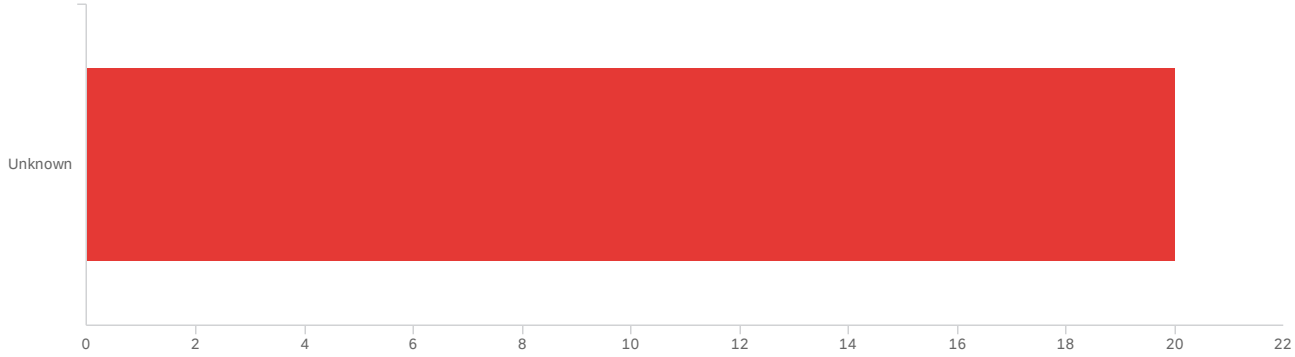
Showing rows 1 - 4 of 4

Q9_8_TEXT - Parent Topics





Q9_8_TEXT - Topics



#	Field	Choice Count	
Unknown	Unknown	100.00%	20

Showing rows 1 - 1 of 1

End of Report