

Strengths-based practice in adult social care during the Covid-19 pandemic: insights from practice reviews in the West Midlands

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Summary

This paper focuses on strengths-based practice implemented in local authority adult social care departments in the West Midlands since the introduction of the Care Act 2014 and examines, how practice changed in nine local authorities during the Covid-19 pandemic, through the experiences of managers and practitioners working during this time. The reviews highlight that the pandemic forced some swift changes to be undertaken and pushed practitioners to identify and develop a closer working relationship with community organisations. However, the review also highlights that there may have been some limitations to fully demonstrating the principles of strengths-based practice, but staff resilience and support of senior leadership contributed towards continuous help being provided to people during the pandemic.

Introduction

The Care Act 2014 places a particular emphasis on the wellbeing principle and a duty on local authorities to promote individual wellbeing with an aim to ensure that people have lives worth living. The Act also provides guidance that these outcomes can be achieved through strengths-based practice. Strengths-based practice is an approach that emphasises people's self-determination and strengths. It is defined as a collaborative process between the person and the practitioner, working together on outcomes by drawing upon the person's strengths and assets, with the quality of the relationship between the person and the practitioner being key (Social Care Institute for Excellence, 2015). Strengths-based practice requires adult social care practitioners to have meaningful conversations with people to identify their strengths, hopes and priorities to help individuals and families achieve their goals while recognising and utilising their networks and community resources.

Local authorities in the West Midlands region are at different stages of development and implementation of strengths-based practice. A wide range of both, individual and community-based strengths-based approaches have been implemented in all 14 local authorities in the region. Some authorities have implemented 'Three Conversations', a graded process of conversations, while others have implemented their own conversational or other individual or community-based approaches to support strengths-based practice.

Strengths-based practice provides challenges for local authorities not just in commissioning more community-based options but also supporting the voluntary sector and local communities to develop community-based assets. This at a time where funding to local authorities has massively reduced over the past decade, and additional funding has generally been provided through the NHS and has been in the main to prevent hospital admission and support discharge.

The sudden arrival of Covid-19 has had a huge impact on everyone's lives, and the past two years has been an extremely difficult period for local authorities and thousands of adult social care workers, something that has been less widely reported than that of the challenges for the NHS.

It is within this context that this report seeks to provide insight on the impact of Covid-19 on strengths-based practice and adult social care practitioners in nine local authorities in the West Midlands. Practice reviews undertaken as part of the peer challenge programme by the West Midlands Association for Directors of Adult Social Services (WM ADASS) in these local authorities have been examined and forms the basis of the themes generated in this paper.

The Practice Review Process

Since 2006, West Midlands Association of Directors of Adult Social Services (ADASS) have led improvement plans across the 14 local authorities in the region. As part of this work, ADASS have been undertaking a Peer Challenge Programme (similar to that provided by Local Government Authority (LGA) where, senior managers, experts by experience and politicians from across the region participate to provide expert advice, share and learn good practice and develop networks by acting as a critical friend. A recent evaluation of the West Midlands Peer Challenge Programme highlighted that the process was very useful, very effective in improving the quality of adult social care and made extremely good use of resources (Miller, Mahesh and Lowther, 2021).

Whilst these Peer Challenges involved staff from different councils and partner agencies, they only provided an overall insight about the host council without necessarily providing specific insights around adult social care practice. To capture practice insights, the Principal Social Worker network developed practice reviews which are undertaken a few weeks prior to the Peer Challenge, and the findings from the review are shared with the host director as well as the Peer Challenge Team as part of their preparation. Over the years, practice reviews have become a key component of the peer challenge process providing key information about practice based on conversations with practitioners and managers and the case files examined.

The practice review team consists of two Principal Social Workers from other local authorities in the region, the Associate Lead from WM ADASS and the Principal Social Worker from the host local authority. The team's role is to hold focus group conversations with practitioners and managers and examine a number of case file records. The information would normally be collected over a two-day period and then triangulated and a report produced. This external peer scrutiny has provided assurance, identified areas for improvement and supported innovation across the region to develop more consistency of practice.

A total of 31 practice reviews led by 31 Principal Social Workers have been undertaken over a six-year period across all 14 local authorities in the region, with over 500 practitioners and managers participating. While the nature and process of the reviews have largely remained the same, the purpose for which they have been undertaken has varied to reflect the needs of local authorities at the time. The first few reviews examined the compliance to the Care Act 2014 with later reviews focusing on implementation of strengths-based practice. Furthermore, more recent reviews undertaken during the pandemic focused on strengths-based practice but also included elements of impact of the pandemic on practice, staff and people.

As this paper is interested in examining the impact of Covid-19 on strengths-based practice, reviews undertaken during the pandemic and those that had a specific focus on reviewing this aspect were included. A total of nine practice reviews were undertaken between October 2020 and September 2021 which form the basis of this paper. Of the nine, seven reviews examined strengths-based practice across a range of user groups and also focused on learning

from the pandemic, while the other two reviews focused specifically on adult social care and mental health. Virtual meetings were held with 180 adult social care staff (41 senior managers, commissioners, principal social workers, 60 frontline managers and 79 practitioners) during the eleven-month period.

Methods

This section briefly describes the methodology used in the report. The aim of the study was twofold (a) capture adult social care staff experiences of working during the pandemic (b) understand the impact of Covid-19 on strengths-based practice in adult social care.

The primary research method adopted was document analysis. Nine practice reviews undertaken during the pandemic were systematically analysed to draw out qualitative themes. The primary purpose for which practice reviews are undertaken is to provide a rich understanding about adult social care practice within a local authority. Moreover, practice reviews include an element of examination of a representative sample of case files that provide a realistic insight into how strengths-based practice is demonstrated in everyday practice. Furthermore, conversations and discussions held with a range of stakeholders captures insights of a diverse group of staff thereby meaningfully providing an overall picture about adult social care practice. It is within this context that document analysis was chosen as the main research method as they captured rich, diverse and a generous amount of data. Document analysis was considered an appropriate research method as the aim of the study was to capture a good understanding of staff perceptions and practice impacts. Furthermore, document analysis helps uncover meaning, discover insights and develop understanding that is relevant to the research aims⁴. Both authors were involved in reviewing all the practice reviews and discussed emerging themes.

For the analysis, a combination of content and thematic analysis was undertaken. Content analysis mainly entailed an initial skimming through the data and highlighting key passages relevant to the research aims. Further, thematic analysis was undertaken to carefully identify emerging patterns and eventually themes.

Findings

Upon reviewing the practice reviews, four main themes emerged around the impact of Covid-19 on strengths-based practice in adult social care and experiences of social care staff during the pandemic. The pandemic forced swift implementation of practice related changes and posed some challenges to working in a strengths-based way. However, it led to some sustained practice changes that are supportive of strengths-based practice and highlighted high levels of resilience from social care staff and the importance of supportive leadership.

Swift implementation of practice related changes

Directors and managers shared that the pandemic had forced them to implement systems and practice changes at a much faster rate than they would have in normal times. These had to be undertaken at a swift pace to continue to support people meaningfully.

Having appropriate IT equipment and systems has proven to be essential for all staff. There was consensus that without IT support and lack of equipment, it would not have been possible for staff to continue to support people and stay connected with their colleagues. One local authority shared that their medium-term project to implement Microsoft Teams was executed overnight. Similar examples were shared in the reviews.

In addition, to putting systems in place, there have been practice changes that support the principles of strengths-based practice. Practitioners and managers cited examples of working differently in a strengths-based way during the pandemic. For instance, there was increased effort in recognising community resources to signpost people especially in the context of the enforced closures of day centres. Practitioners were having strengths-based conversations and helping people find new skills and interests, and focused on identifying and building relationships with more community organisations. Moreover, some authorities were developing central repositories/online searchable systems for information about resources in the community which was seen in a positive light. One manager shared *“staff have been brilliant at thinking outside the box”*.

With all building services closed at the beginning of the pandemic, many local authorities had already begun to deliver more community-based personalised support, but these services were established at a much faster rate compared to normal times. Other alternatives and options were implemented quickly with staff providing 1:1 support, enabling people to go out for walks and developing ‘good things to do at home’ especially for people who previously attended day care centres. One manager commented that *“the closure of day centres had been a blessing in disguise”* with staff working in a more strengths-based way and utilizing direct payments for personal assistants to undertake outreach work. They said they had learned that young people did not care about being in a particular building, but wanted to meet their friends, so they were asking personal assistants to work together with people to enable them to meet up safely.

“Overnight staff were amazing; they took their laptops and sometimes their chairs and left the buildings” (Director)

“Staff have been incredible, and adapted so quickly to working from home” (Director)

“No-one has been hampered by the art of what is possible due to the lack of IT equipment” (Assistant Director)

Limited meaningful engagement

Whilst the pandemic helped in developing better and sustained community resources and helped in identifying new skills and interests of people, changes to ways of working limited meaningful engagement and hence, the extent to which strengths-based working was demonstrated.

For a profession where strengths-based practice is based on having meaningful conversations and developing relationships with people in their own homes, working from home created many challenges for staff as well as people needing and using services. While Practitioners shared that they found it difficult not being able to visit people in their home environment, this raised concerns around being unable to pick up nuances from conversations and more importantly any safeguarding issues that may be present. For occupational therapists, undertaking assessments virtually was particularly challenging as they had to rely on people needing support to provide appropriate information and measurements and they expressed concerns around potential safety issues.

Moreover, one manager shared *“the biggest challenge was not being able to see people in their own environments and it was difficult relying on others”* which may have limited practitioners from truly understanding peoples’ strengths, needs and aspirations. While some, such as young people embraced virtual assessments, not everyone was able to engage meaningfully virtually, and they found it difficult to cope not being able to see their practitioners face to face. These experiences suggest that risk assessments and safeguarding concerns may have been more of a priority for practitioners during this time than working with people to fully understand their strengths, priorities and networks. Practitioners shared that they were looking to resolve issues over the telephone, and this was seen as a culture change which may have taken longer to be fully embedded within practice. There was more emphasis given to gathering information first and undertaking risk assessments before going out. Furthermore, one manager reported that there was a lot of anxiety in the early stages of the pandemic where people from the black, Asian and other ethnic communities were becoming ill, and some practitioners had concerns about their own safety and one stated, *“I don’t want to stay longer than necessary”*. These examples suggest that there were some barriers to engage meaningfully with people.

“There’s less eyes and ears on the ground” and “it’s the people you don’t see that worries me the most” (Practitioner)

“Practitioners embraced the virtual world with meetings with people via iPads” (Manager)

“We need to find the right balance between managing the risks of the pandemic as well as engaging with people” (Manager)

The experience of local authority staff during the pandemic

“At the beginning of the pandemic most social care staff felt a bit isolated, but as time went on as a team, we have all adapted really well to the circumstances working at home and balancing work/life” (Manager)

There were varied opinions from staff about working from home. While some staff felt isolated, emotionally drained and the experience was daunting, others shared that they had more time to do more quality work, spend more time with their families and this had improved their individual wellbeing.

Practitioners shared that the transition to working from home and changes to practice was very challenging and they missed working in teams, having informal conversations and seeing people face to face. One practitioner shared that working alone with people in complex situations was *“far too emotionally heavy to be carrying on your own”*. However, senior management were instrumental in supporting, motivating and appreciating staff for their resilience and effort during the pandemic. Managers and practitioners commented that senior managers *“have become more visible to us”* and *“I now know more about the Chief Executive than I’ve known about all the others put together”*.

Moreover, sharing positive stories and regular communication with frontline staff was essential for staff wellbeing and their mental health. One manager shared that this communication provided a platform for people to come together and express issues, not just around new ways of working, but also about their own wellbeing and their experiences, *“sharing some of the challenges and what it feels like”*.

The pandemic witnessed a change in the role of managers. Changes to the nature of work and practice brought about a significant change to the way managers supported practitioners and this was seen positively. Managers reported that they had kept in contact with practitioners through daily conversations, weekly updates and that supervision was more frequent and more focused. They also reported that they had more contact with frontline staff than prior to the pandemic. One manager said that there was lots of support from senior managers and staff were told *“it’s ok to not be ok”* and that this had helped. Another manager said that *“keeping my teams morale up has been a full-time job, but it’s been worth the investment”*. All practitioners felt well supported with comments such as *“I definitely felt supported throughout this time”*, *“I’ve received a lot more support during lockdown than I ever had”*, and *“I would never have spoken to my manager or senior as much prior to the pandemic”*. Practitioners reported that the little things had also made a difference e.g., virtual breakfast clubs and coffee mornings, virtual craft, photographic and cake making competitions, quizzes, lunchtime aerobic sessions and asking staff to post photos of themselves working from home.

The intensity and the nature of the work during the pandemic has greatly affected staff. One Director considered that over time a *“general weariness had crept in”* and that *“this kind of working is quite exhausting”*. Managers and practitioners all talked about feeling tired and

one manager said that they were *“emotionally and physically drained”*. However, they talked about the emotional resilience of practitioners, going above and beyond, and the strength of the teams. One practitioner stated that it had been *“an emotional rollercoaster”*. Practitioners talked about the difficulties people experienced, supporting people being discharged from hospital early in the pandemic, the urgent requests for support for people needing end of life care, and the people who had died from Covid-19. One practitioner said, *“it was really sad and not a very pleasant experience”*. However, the overriding feeling from managers and practitioners was that they had all adapted and were proud about the work they had done with one stating they had *“achieved a lot in challenging times”* and another *“we still got the job done and supported one another”*. However, many felt that outside of their local authority social care staff had been forgotten about.

“Working from home has been really positive and it’s enabled me to have much more of a work life balance” (Practitioner)

“Rather than working from home, I feel like I’m living at work a lot of the time” (Practitioner)

“There’s more time to do quality work” (Practitioner)

Sustained changes in practice

The pandemic accelerated and sometimes forced change, particularly around working from home, working digitally, working with local communities and further developing strengths-based practice. Local authorities are currently identifying the learning from the pandemic, and there is an opportunity for longer-term change rather than returning to doing the same thing over and over and expecting different results.

Key practice related changes in support of strengths-based practice are around increased identification and collaborative working with community organisations. The closure of ‘regular services’ forced staff to look beyond the norm and identify and support community organisations and develop closer relationships with them.

Another key practice change is that some authorities had already shortened their documentation to support strengths-based working, and some did this in response to the pandemic. One Principal Social Worker commented *“good social work practice doesn’t mean long reports”*. Some authorities are also developing support plans on one page, and others pre-support plans, and one Director said *“so it becomes the person’s conversation rather than one led by a professional”*.

Moreover, some authorities are reviewing their move or intended move to large ‘call centre’ office accommodation. Practitioners have felt trusted working from home and there has been a realisation from experience that they do not need an office base and can work anywhere, and that working from home can be more productive. However, managers and practitioners agreed that there needs to be an element of time in the office for reflection and

peer/debriefing support. Most local authorities are planning a blended approach to working from home and working in offices, and going back to an office full-time appears to be counter intuitive.

“There’s a much greater understanding of what’s out there” (Senior Manager)

“The investment in prevention really paid off” (Principal Social Worker)

“Practitioners learned that there are different ways to do things, and sometimes there are better ways to do things” (Manager)

Discussion

This paper provides an insight on strengths-based practice during the pandemic and the experiences of adult social care staff during this time. An examination of nine practice reviews suggest that it was essential for local authorities to make swift decisions and put various systems and practices in place to support people needing and using services and also staff during the pandemic. It also provided an opportunity for local authorities to review their current strengths-based working and consider the introduction of new practice changes.

A key finding in the reviews was around the quick decision-making local authorities undertook. The reviews suggest that IT plans that had been in place for some time were implemented overnight. Having appropriate IT systems has not only helped in providing ongoing support to people but has also made a significant difference in boosting the morale of practitioners. They have provided an opportunity for staff to stay connected and feel less isolated. These findings are similar to those reported in a recent study that researched social work practice in adults during the pandemic (Manthorpe et al., 2021). A key principle of strengths-based practice is to connect people to their community resources. The pandemic seems to have accelerated the effort of local authorities to connect with voluntary and community organisations. Similar to results reported by Manthorpe and colleagues (2021), the practice reviews also highlighted that there was increased use of voluntary and community organisations. This comes in the context of the closure of building-based services, forcing practitioners to identify, collaborate and develop meaningful relationships with community organisations.

However, a key issue around demonstrating strengths-based practice seemed to have occurred with limited possibilities of meaningfully engaging with people over the telephone or through other virtual platforms. Studies have reported that such assessments are challenging due to various reasons such as poor internet connection or lack of technological equipment (Banks et al., 2020) and reduced quality information and undermining the development of relationships (Manthorpe et al., 2021). Practice reviews share similar concerns around reduced quality information but equally, highlight the over reliance on family members or others to gather information that may undermine fully understanding the

voice of the person. Moreover, practitioners focus on undertaking risk assessments and concerns about potential safeguarding issues, with no face-to-face contact with a majority of people, may have further prevented them from meaningfully engaging with people to identify their strengths, desires and aspirations.

Staff experiences around remote working have been mixed. While the majority of staff stated that it has been positive, others have reported feeling isolated and struggled with drawing boundaries between work and their personal life. A key factor that supported remote working to a large extent was the support, visibility and increased communication from managers and senior management. Moreover, leadership support and engagement are an important accelerator for strengths-based practice implementation and sustaining such engagement may have a positive impact on practice. Nevertheless, the reviews bring to light the high levels of resilience of staff and their ability to adapt to practice changes in short periods of time.

Conclusion

This paper reports that some aspects of strengths-based practice were strengthened during the pandemic, but may have also limited meaningful engagement due to not being able to see people face-to-face. The pandemic has also had a huge emotional and physical impact on managers and practitioners in adult social care. Directors and Chief Executives were much more visible to staff during the pandemic than they have ever been and keeping in contact with staff has been extremely positive. However, some Directors reported that they were more worried now than at the beginning of the pandemic and one commented they were *“seeing workers exhausted and seeming burnt out”*. Moreover, recent data national data paints a similar picture suggesting a considerable increase in turnover rates among social workers for 2021 in comparison to previous years. Skills for Care (2021) highlight that turnover rate has risen to 15% in 2021 from 13.6% in 2020 suggesting that nearly 2,400 social workers have left their jobs in the previous 12-month period. Increasing caseloads and impact on their on their own wellbeing (Pierro and Preston, 2022) may have contributed to this increase in turnover rates.

The practice reviews recognise that coming out of the pandemic staff are exhausted and that there needs to be a period of reflection and focus on the mental and physical health of the workforce. One Assistant Director stated that they were holding a series of events with staff to thank them for their work during the pandemic, have some wellbeing time/activities and talk about the vision for social care, and commented that they wanted *“to ensure no one is left behind”*.

Working in a strengths-based way has been critical and practitioners have continued to develop their practice and been creative in their approach in finding many alternatives to support people through this period. Adult Social Care practice can be further developed by continuing to implement strengths-based approaches, developing a menu of different options

for engagement, rationalising systems and documentation, having the time to hold meaningful conversations and building relationships with people and working much more closely with local communities.

There are other opportunities for sustaining change with a blended approach to working from home and in the office, accelerating digital working and resetting and transforming care provision.

Principal Social Workers will continue to be at the forefront of leading and developing strengths-based practice approaches, providing assurance and identifying areas for improvement, and supporting local authorities in the West Midlands to deliver 'safe and effective' practice in their preparation and readiness for the Care Quality Commission's assurance arrangements being implemented in 2023.

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