



# Strengths Based Approaches

Ask 'What is Strong?'

Not 'What is Wrong?'

# What is a 'strengths based approach'?

Strengths based approaches describe a particular approach where people's strengths, skills, expertise, talents, interests are put at the forefront of discussions and decision making.

This is a very different approach from what a lot of health and care approaches often focus on - which can tend to centre on What is wrong? What is the problem? What can't you do? How can we fix the problem? Or how can we throw money to pay someone or something to make it better?

# What is a 'strengths based approach'?

Strengths based approaches start with the person and asks what is strong already. You know you are adopting a strengths based approach when you ask the following questions:

- what is the person good at?
- what is going well
- how do they build on what is going well
- what talents does this person have?
- what skills is the person interested in developing even more of?
- what does a great life look and feel like?

# What is a 'strengths based approach'?

Strengths based approaches recognise the person's expertise.

Expertise in their life, their condition, how their impairment affects them, what works, what doesn't, what causes stress, what brings joy, what relationships are important etc.

By appreciating, respecting and valuing this expertise, you can use your advocacy to make sure this is brought right to the start of discussions about what support is helpful - and what support won't work.

# The Care Act

The whole point of the Care Act is to set out how adults with needs for care and support and carers can access this support.

And do you know where the Care Act starts? Do you know the very first thing the Care Act says?

I'll give you a clue:

- It doesn't start with meeting needs
- It doesn't start with talk of impairments, Disability, safeguarding or risk
- It doesn't start with what rights a person has
- It doesn't start with what a person is entitled to receive

its starts with...

WELLBEING

# Wellbeing

Yes! The very first thing the Care Act says is that each local authority has a duty to 'promote the individual's well-being'. (section 1.1)

The second thing the Care Act does is to explain that wellbeing relates to 9 areas of a person's life:

- personal dignity,
- physical and mental health and emotional well being,
- protection from abuse and neglect,
- control by the individual over their day to day life,
- participation in work, education, training or recreation,
- social and economic wellbeing,
- relationships,
- housing,
- contribution to society (section 1.2)



# Wellbeing

And the third thing the Care Act tells us, that when working out what contributes to the person's wellbeing, the person must be asked!

*In exercising a function under this Part in the case of an individual, a local authority must have regard to the following matters in particular –*

- (a) the importance of beginning with the assumption that the individual is best-placed to judge the individual's well-being;*
- (b) the individual's views, wishes, feelings and beliefs;*

*(section 1.3)*

**This is the strengths based approach. Start with asking the person what they think and want and most importantly, their views on what works!**

# See the person

As an advocate, you must make sure that you see the person.

Too often, 'professionals' who offer support to a person who draws on social care or health services, cannot see past the person's Disability, condition or impairment. This leads to a vicious circle where people are actively denied control and power.

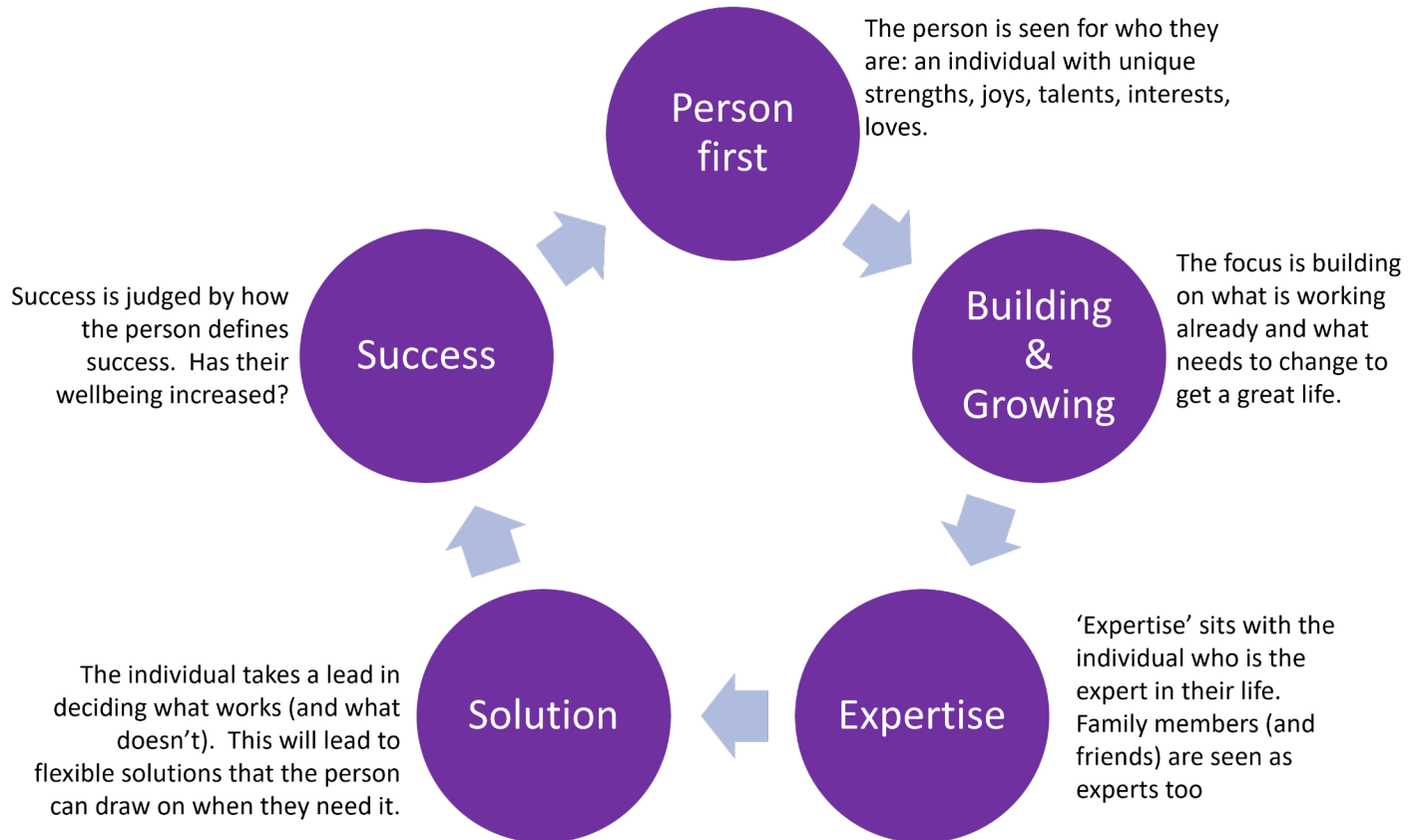
See the image on the next page and ask how many times you have seen this happen to your own and others lives.

# When you see the Disability first



# See the person

If however, conversations and decision making processes start with the person, they would look very different:



# Two stories, one person

Francine is 74 and has dementia. She also has complex physical needs which include incontinence, high blood pressure and needing a softened diet. She is bed bound and spends her days mostly sleeping or watching TV.

Her care and support details what nursing care she needs to keep her safe and comfortable.

# Two stories, one person

Francine is 74 and has always been a huge lover of animals.

She grew up on a farm and has always had a very outdoorsy lifestyle. Her interests include farming, anything to do with horses and cats.

Her care and support plan prioritises the need for people to talk to her about farming and equestrian matters. She likes it when people read articles from 'Country Life' and she enjoys it when you watch Countryfile on the TV with her and talk about it.

Her cat 'Freckles' is very important and lives with her. You will find Freckles at the bottom of Francine's bed and likes a stoke!

# Two stories, one person

it goes without saying, which 'story' is the more friendly, personable description of who Francine is!

Through your advocacy, you can make sure that people are seen as the unique individual they are.

- Make sure that plans, pen pictures and any other records capture the person - not just their 'needs'.
- Make sure that you know what their strengths are.
- Make sure they are fundamentally seen as in control of what support they use and draw upon.

# Using strengths based approaches

As an advocate, you are not responsible for decision making. However you are there to walk alongside your partner. Part of your advocacy can include influencing how processes happen and how decision making takes place.

Your role is to make sure the person has as much control as they want in the decision making process, the decision themselves and the outcomes.



# Using strengths based approaches

You might want to think about the following opportunities to influence:

Get in early!

Don't wait for professionals to suggest or arrange things. Get in early and talk to your partner about what they want and say this early.

Co-produce

Make sure that everything is done WITH the person. If professionals are going away and doing things without the person, speak up and say the person wants to this.

Reframe

Sometimes well meaning professionals make mistakes. If you hear language which are based on the medical model or are disempowering, gently reframe things and ask " we would rather you use 'this' language"

# Using strengths based approaches



## Decision making

Make sure your partner has all the information they need to make choices, in a format that makes sense and with enough time to make choices/decisions.



## Control

Look for opportunities for your partner to have control over what happens. From where meetings take place, to language in plans, make sure your partner controls it.



## Strengths

Make sure that the person's strengths, interests, talents and goals are always explored, taken seriously, given value and feature in plans.

"To ensure that we are aware of what is meaningful for the individual, we have to have meaningful conversations about them, their lives, their hopes, their strengths, their priorities, and on the way identify if they have any needs."

*Strengths based approach, Practice Framework and Handbook DHSC*

Please return to your  
e-learning for the  
next section of  
learning

