

About strengths-based practice



Explains what strengths-based practice is, why we use it and where to get more information.

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What is strengths-based practice?

Strengths-based practice is a way of working where we explore, in a collaborative way, someone's strengths, abilities and their circumstances – rather than focusing on what they can't do.

Working together, we develop a shared understanding of what matters and what needs to happen to help the person live the best life possible, focusing on their overall well-being.

To do this, we agree goals, which are called 'personal outcomes'. We use these to make a plan which builds on what the person can do, their family, friends and community networks.

We also talk about what we're all worried about (risks) and work together to make sure the plan helps us manage any ups and downs, keeping everyone safe where possible.

Anyone can use a strengths-based approach, at any time, to support children or adults.

Strengths-based practice is sometimes called:

- outcomes-focused practice
- balancing rights and responsibilities (BRR)
- collaborative communication skills (CCS)
- a person-centred approach
- having a 'what matters' conversation.

In this video, social worker Tina describes what it means to work in an outcome-focused way:

[View transcript](#)

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So what do we mean by personal outcomes? Research shows us that people are experts in their

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own lives, they are best placed to tell us what's important to them and what gives them

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a sense of well-being. But they often need help to do this, particularly when families

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are in crisis, and this is generally when we need intervention from us. Personal outcomes

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means acknowledging people's strengths and working with the person to an agreed plan

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to help them to do the things that matter to them. Others can contribute to this plan,

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including the family, carers, community members and professionals. It's about implementing

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core values, actively listening, allowing people to tell their story in their way,

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without judgement, treating people with respect and being reliable, suspending judgement,

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and asking open questions, taking a person-centred approach which allows people to know that

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we are listening and that we understand. Asking exploratory questions such as What concerns

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you most? What do you notice when things are a bit better? Tell me a bit more about what's

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happening. And what could be happening to make you or others less anxious? Helping people

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to identify their own strengths, skills, motivation to make change, their concerns, and their

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aspirations. The approach limits natural defensiveness and it avoids arguments and confrontation.

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It allows people to think about what needs to happen, where they are now and where they

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want or need to be. The approach advises against dismissive terms such as "I know best", "I'm

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the decision maker", "You must/have to do as I say".

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It allows people to take ownership of their own life circumstances,

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with professionals moving away from the role of fixer and rescuer towards one of facilitator.

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Research tells us that poorly understood problems can result in wrong advice being given,

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and wrong choices being made. The aim is to use interlinked

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skills, understanding the person's situation holistically.

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So why change the way we work?

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As mentioned, recent legislation Wales has people and communities at its heart. The Social

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Services and Well-being and The Future Generations Act emphasises co-production and involvement,

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prevention, early intervention and the role of communities. There is a growing need to

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support and enhance community resilience as austerity continues to hit public services

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and we need to find sustainable ways to support people. Evidence undertaken by Social Care

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Wales has shown that culture needs to change within both communities and public services

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in order for us to be able to work together to overcome a culture of dependency. This

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starts with genuine partnership-working between families, professionals and communities in

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order to make a difference. Building trust and confidence, building resilience in people's

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lives and giving them the confidence that things can change. The focus cannot just be

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limited to health and social care, there has to be a shared vision with the private and

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voluntary organisations as well as education. Evidence from practice tells us how we do

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it can be more important that what we do. I recently read a story written by a young

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care leaver, Jenny Maloy, in Community Care Magazine. Jenny talks about how the kindness

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of Social Workers and carers helped her overcome childhood trauma and build her resilience.

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She writes "Social Workers and carers are in the honoured position to create a space

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for us to learn what we, as precious children, should receive as acts of kindness". There

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were so many acts of kindness that she received, far too many to mention, and that in itself

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is an act of kindness. With the complicated life of working with vulnerable children,

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the simple things can be overlooked. Resilience is built in many ways, and feeling special

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by receiving kindness is one of them. She adds "The conversation often pops into my

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head when I felt the loss of those important professionals. The loss was no different to

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losing a relative. The cross was no easier to bare. The losses stay with you forever,

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and they in part, shape you as an adult. But in my case, through the many acts of kindness

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I received, they didn't break me". So how much does this cost? How much does the approach

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of taking an outcomes focused practice cost? Nothing, yes. Working in a non-judgmental

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way, treating people with respect, being kind, actively listening, being available and reliable,

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showing compassion and being empathetic, putting the person in the centre, asking them what

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matters to them and exploring their personal outcomes. Zero cost, no charge.

What are personal outcomes?

Personal outcomes describe what a person wants to achieve. These are realistic goals that the person receiving care and support, and their care worker or carer can work towards. They're based around supporting the individual's well-being.

Outcomes will vary from person to person and child to child, because they're about what matters to that individual.

Examples of personal outcomes:

- “I want to get to school on time like the other kids and have a clean uniform”
- “to be able to go back home, build my confidence and live on my own like I did before”
- “I want to see my brother, speak to him and spend time with him and not lose touch now we don’t live together”
- “I want to go to swimming classes, but I need to know my husband will be okay and that someone will be there for him when I’m not”.

Personal outcomes should be:

- driven by the person’s aspirations – they’re unique to the person and their life
- realistic – it can’t be the same as it was, so how can I adapt, manage, remain hopeful and feel in control?
- achievable – what strengths have I got to deal with the future? What resources do I have within myself, my family, friends and community?
- meaningful – addressing the person’s real concerns and dilemmas
- evolving and changing – accepting that nothing stays the same.

Remember

Personal outcomes aren’t services or resources.

Some examples of services and resources are:

- a person attending a parenting group
- have a walk-in shower fitted
- receive a home care service.

These are the things the person does or is provided with (the inputs) to help them achieve their outcomes, but they're not an outcome.

Why use strengths-based practice?

The [Social Services and Well-being \(Wales\) Act 2014](#) tells us to focus on people's well-being and put them at the centre of their care and support planning.

Strengths-based practice is a way for us to do that. It helps us to:

- plan realistic, achievable care and support because we understand the resources available and challenges to the person we're supporting
- support families to manage risks (sometimes called 'safety planning' or 'contingency planning') and seeing risks from their point of view
- use materials and services more efficiently, because we only use what's needed to meet the outcome
- build a better connection with the person we're supporting – if we use active and reflective listening, we're able to get to the heart of what's going on for people and have a more open conversation
- understand what the person really needs because we're listening to them
- understand the structural inequalities that affect the people we support, so we can challenge those barriers and support people compassionately
- make sure the person we're supporting has voice, choice and control in decisions and plans for their own care and support,
- support people to do the things that matter most to them, in their own way [so they're able to live life the way they want to](#).

The National outcomes framework

Welsh Government measures how local authorities meet the well-being needs of people they care and support. You can find out more on its [National outcomes framework report](#).

Next steps

You can find tools, resources and links to places to get training on our resources page.

Take a look at our resources