



Using strengths-based approaches with people experiencing Multiple and Complex Needs

A qualitative study aiming to evaluate the use of strengths-based approaches in the provision of services for people experiencing Multiple and Complex Needs (MCN) in South East Sussex

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1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

The current study is the result of collaboration between the University of Brighton and the Fulfilling Lives South East Partnership, and constitutes an effort to evaluate the use of strengths-based practice approaches when working with people experiencing Multiple & Complex Needs (MCN). Fulfilling Lives is commissioned until July 2022 to provide support to people experiencing MCN, and seeks to include people with lived experience in all levels of the project (Manifesto for Change, 2019). Multiple & Complex Needs is an umbrella term which includes experiences at least of three of the following: homelessness, mental health problems, substance misuse, repeated offending, and domestic abuse (Manifesto for Change, 2019).

A strengths-based practice (SBP) is one that assumes the everyone possesses a wide range of strengths, skills, capacities, and aspirations (Weick et al., 1989), and the key worker's role in their relationship with service user is that of a facilitator, encouraging individuals to recognise their strengths and utilise them in the best possible way, so as to achieve their goals (Rapp, 2007).

1.2 METHODOLOGY

Five individual interviews were conducted online, via MS Teams, in late spring of 2021, with key workers experienced in providing support in a strengths-based way to people with MCN. Thematic analysis (Braun & Clarke, 2006) was used for the elicitation of themes and interpretation of the data.

1.3 ANALYSIS & DISCUSSION

Thematic analysis of data highlighted three key themes pertaining to strengths-based practice in the provision of support for people experiencing MCN within Fulfilling Lives: (a) What does good practice look like when using strengths-based approaches, revolving around co-production and sharing of power, trauma-informed practice, and building trusting relationships between practitioners and clients; (b) What is the impact of using this approach, not only on clients, but also amongst the practitioners and the rest of the services that they work with; and (c) What are the challenges and the barriers that practitioners come up against when working in a strengths and trauma informed way. Again, these difficulties also extend to the clients themselves, and other services providing support to people with experience of MCN.

1.4 KEY RECOMMENDATIONS

Some key recommendations include:

- The continuation of **advocating** for the need of strengths-based and trauma-informed approaches in the service provision for people with MCN.
- The continuation of **training** on SBP withing FL and, most importantly, with other partner organisations.
- Further **research** on the effects of SBP, by hearing the voices of clients, as well as including them in all stages of a research, according to a **Participatory Action Research** model.

2. INTRODUCTION

2.1 FULFILLING LIVES SOUTH EAST

The Fulfilling Lives South East Partnership is one of 12 across England funded by the National Lottery Community Fund to provide help and support to people experiencing Multiple and Complex Needs (MCN). It operates in Brighton & Hove, Eastbourne, and Hastings, from 2014 until July 2022, and is led by BHT Sussex. The Project has a three-fold aim: i) to “provide intensive support for people experiencing multiple disadvantage”, ii) to “involve people with lived experience of multiple disadvantage at all levels”, and iii) to “challenge and change systems that negatively affect people facing multiple disadvantage” (Manifesto for Change, 2019, p. 1). Its work is informed and directed by people with lived experience of MCN at all levels.

The term **Multiple and Complex Needs** refers to the conditions some individuals face, that impact their life and interfere with their ability to function within society (Chase, 2015). These needs usually include homelessness, mental health problems, substance misuse, offending behaviour, as well as experiences of domestic abuse (Manifesto for Change, 2019). People facing MCN are at a higher risk of experiencing violence and poverty, with the majority of them having experienced trauma not only in childhood, but also in their adult life (Chase, 2015).

One of the biggest challenges people with MCN have to face in their contact with services, is that these are designed to deal with only one problem at a time, and not in a holistic, trauma-informed way (Chase, 2015). These ineffective approaches and systems ultimately result in people not getting the appropriate help and support when they need it, thus perpetuating their problems.

2.2 A STRENGTHS-BASED APPROACH

The Fulfilling Lives Project employs a strengths or asset-based approach in its work with people experiencing MCN. It is important to note that strengths and assets are interchangeable terms in social care, used to refer either to individuals or to communities (NICE, 2019). As the term implies, a strengths-based approach is a collaborative process, in which the individual’s abilities and resources are recognised and utilised (Rapp, 2006), and it has been put forth as a response to a widely used deficits and problems-focused practice, which labels and pathologises service users (Saleebey, 2001).

“Everything you do as a helper will be based on facilitating the discovery and embellishment, exploration, and use of clients’ strengths and resources in the service of helping them achieve their goals and realise their dreams” (Saleebey, 2010, p.1)

The collaborative nature of strengths-based approaches provides service users with the opportunity to co-produce the support and services they will receive, rather than passively consume them (Morgan and Ziglio, 2007). The quality of the relationship between those providing support and those receiving it is of vital importance (Duncan and Hubble, 2000), as it will set the foundation upon which the client’s dreams and goals will be explored. But working from an asset-based perspective does not entail solely being nice and kind or ignoring problems. The practice must be guided by principles, deep dedication and commitment (Saleebey, 2006).



Rapp, Saleebey and Sullivan (2005, 2008) have proposed 6 standards to discern and evaluate if an approach is actually strengths-based:

a. **Goal orientation:** in a strengths-based approach individuals are encouraged to set goals they would like to achieve, according to their values, with the worker's help.

b. **Strengths assessment:** assessment and documentation of strengths focuses on what already works and what coping strategies the individual possesses, rather than on deficits, problems, and pathologies.

c. **Environmental resources:** individuals, families, groups, communities, all have something to offer, and the practitioner's role is to facilitate the match between the individual's goals and those natural resources.

d. **Use of explicit methods for the identification of client and environmental strengths towards goal attainment:** after the establishment of the desirable goal and the recognition of strengths, a means of utilising strengths and resources is identified, which will be different for each individual.

e. **A hope-inducing relationship:** aiming to increase the clients' hopefulness, this relationship ought to be based in acceptance, empathy, collaboration. Labeling, focusing on diagnoses, symptoms and weaknesses, and pathologizing can have a detrimental effect on clients' spirit and relationship with the worker (Deegan, 1990).

f. **Meaningful choice:** strengths informed work is client-directed, in a sense that clients are seen as experts in their own lives, holding the authority and capability to find solutions and make informed decisions. The practitioner encourages this collaborative process by explaining and expanding the clients' options and alternative courses of action.

Additionally, Saleebey (2006) proposes that a strengths-based practice (SBP) has to be guided by **collaboration**, meaning that the practitioner will be open to the individuals' knowledge and experience, while working *with* them and not *on* them (Manthey et al., 2011). Moreover, in SBP, trauma, abuse, and struggle are not only viewed as harmful and problematic, but also as **opportunities** for the development of strategies, resilience and resourcefulness (Saleebey, 2006). This belief in people's **capacity for growth and change**, in line with their aspirations, hopes and dreams (Saleebey, 2006), is what sets a strengths-based practice apart from deficit-based models, which label and further discriminate against people experiencing Multiple & Complex Needs.

2.3 THE CURRENT STUDY

This study is the result of cooperation between the University of Brighton and the Fulfilling Lives South East Partnership, and it aims to explore the use of asset-based approaches in the work with people having Multiple and Complex Needs. With the project's client-facing work coming to an end in June 2021, it seemed appropriate and necessary to evaluate the strengths and assets focus employed by FL workers when providing support to people facing MCN. It has often been found that these approaches facilitate and promote the re-engagement with society (Lindsey et al., 2000), and have been correlated with lower levels of distress and greater life satisfaction and resilience (Thompson et al., 2016).

"To bring about positive change in practice..." (Manifesto for Change, 2019, p.47)

3. METHODOLOGY

3.1 FOCUS & AIMS

The current study seeks to explore and evaluate the use of strengths and asset-based approaches used by Fulfilling Lives employees in their work with people experiencing MCN.

Aims:

- To explore what practice is identified as being strengths-based among FL employees.
- To gain insight regarding what works and what doesn't in the use of SPB with people facing MCN.
- To identify challenges and barriers faced when working in a strengths-based way with people facing MCN.
- To investigate if working in this way yields results and what those may be.
- To provide evidence for the benefits of using strengths-based approaches in working with people experiencing MCN.

3.2 PARTICIPANTS

A total of five (5) people, with experience in using asset-based approaches in their work with people facing MCN, took part in this study. They were invited to participate via a message posted to the project's Basecamp profile, as well as via emails sent out by FL's Learning and Impact team. Both the message and the email included a Participant Information Sheet, containing useful and important information about this study.

3.3 DATA COLLECTION

Data were collected through individual, semi-structured interviews that were held remotely, via MS Teams, as part of the safeguarding measures put in place for protection against Covid-19. The interviews took place in May and June 2021 and lasted about 45-60 minutes each. Audio recordings of the interviews were made.

Interviews were chosen as a method of data collection because of their potential to produce rich data and insights into people's experiences, opinions, attitudes, and feelings (May, 2011), whereas their semi-structured nature allows the researcher to "probe beyond the answers and thus enter into a dialogue with the interviewee" (May, 2011, p.134).

The questions pertained to the description of strengths-based approaches used by the participants, the challenges they faced in the use of these approaches, changes they wanted to see, as well as courses of action for the future.

3.4 DATA ANALYSIS

Interviews were transcribed verbatim and were analysed following the thematic analysis method proposed by Braun & Clarke (2006). After familiarisation with the data, initial codes were identified throughout the interview transcripts. Those codes were then grouped into overarching themes, which led to the analysis of participants' responses, in line with relevant bibliography and data regarding SBP.

4. ANALYSIS & DISCUSSION

Three overarching themes were identified after the thematic analysis of the data: (a) what constitutes **good practice in a strengths-based work approach** -and what doesn't- according to participant's experiences, (b) the **impact** this approach has on clients, the participants themselves, as well as on other services, and (c) the **difficulties and challenges** there are to employing a strengths-based approach when working with people experiencing MCN.

4.1 GOOD PRACTICE IN STRENGTHS-BASED APPROACHES

In this section, the participants' views on what constitutes a successful application of strengths-based approaches will be presented. Before that though, there will be a brief overview on what is not strengths-based, according to their experience.

4.1.1 WHAT ISN'T STRENGTHS-BASED?

Although it might seem self-explanatory and obvious, it is of value to explore briefly what participants believe is not strengths-based practice, when working with people experiencing MCN.

The most important thing that came up from participants' accounts was, that SBP is not just something one does just for the sake of it, just to be nice, or because of some moral obligation. Service users will sense when the intention is disingenuous or patronizing, and will disengage from the process. It is also not going over a checklist of things to be done,

even if those are positive, and assume that change has been achieved just because an individual has completed all the tasks that were imposed on them.

“An organization will say “we’re asset-based, we believe everybody has the potential to get a job, and if they volunteer, that will help them get a job, and rebuild their lives”. So, they would say they’re asset-based, because they believe everybody can do that. That’s not asset based. What that is, instead, is an organization imposing what it thinks a good life looks like”.

Another thing that SBP is not, is designing and implementing interventions *on* service users, without them having a say in it (Manthey et al., 2011), even though they are the ones who have the lived experience and the potential to influence the provision of services directed to them (Weick et al., 1989). This approach results in service users assuming the role of a permanent help-seeker, who cannot cope without assistance, and the social worker to assume an all-knowing, “fixer” mentality, which entails the power and control to devise interventions and solutions without the input of those afflicted (Weick et al., 1989).

“If you are a key worker, and what you have in your list to check in with somebody is, they need to pay their rent, they need to..., they didn’t..., what you’re doing there, is creating a catalogue of deficits and conversations around loss or failure. Even if you come off the back of it saying “they engaged really well with that conversation”, that is NOT asset-based working. That’s debt collection and making

sure people follow a set of rules, that are pretty arbitrary.”

4.1.2 WHAT IS STRENGTHS-BASED?

The most important aspect of a strengths-based approach to working with people with experience of MCN is **co-production**. What this means, is collaborating *with* the service user to discover and establish their needs, goals and aspirations, their strengths, resources they might possess, and which is the best way to work with them and utilise them, in order to achieve the best possible outcomes (Sullivan & Rapp, 1994). For that to happen, the key worker has to share the power with the service user, to allow for the individual’s voice to be heard and valued throughout the partnership (Rapp & Goscha, 2006), while keeping an open mind to the individual’s wisdom and knowledge regarding their life (Saleebey, 2006). In this collaborative partnership, as mentioned previously, the practitioner takes the role of facilitator in the recognition and utilisation of skills and capabilities, a process which also has to be informed by creativity, patience, trial and error, positivity, not shying away from challenges and hiccups along the way, sharing, and constant discussions and negotiations, free of blaming and prejudice.

“It’s a way of treating people, discarding any judgements that people make automatically, that takes lots of work to undo in many cases. It’s a different way of seeing people.”

According to participants, good SBP also has to be **trauma-informed**, especially when it comes to people experiencing MCN, who usually have long histories of childhood trauma and abuse

(Thomson, 2005), that sometimes continue into adulthood. This process entails knowing and understanding what the person has been through, what difficulties and trauma they have encountered in their lives, what has brought them to their current condition, as well as what strategies and resources they have utilised to cope and survive (Saleebey, 2006).

“They are incredible survivors... If you are able to look through that lens, you do change the way you work with people.”

It is important that both sides recognise that service users possess attributes that have helped them stay alive thus far and work out ways in which those can be extended to other areas of life, so that the individual will feel empowered to take steps towards independence. Although challenging, and sometimes triggering for clients, discussions around trauma can help key workers understand individuals’ behaviours, beliefs, psychosocial functioning, attachment styles, and triggers (Levenson, 2017). This, in turn, will enable practitioners to, not only devise the best course of action, but also advocate for their clients with other services, through a different, more positive perspective and narrative.

The aforementioned approaches will allow for a **relationship** to be built between the service user and the practitioner. This relationship, fundamental in SBP, should elicit feelings of hope for positive outcomes in both parties (Rapp et al., 2005), and should be based in trust, honesty, transparency, open-mindedness, acceptance and empathy (Saleebey, 2006). It requires from practitioners to attune to their clients’ needs, strengths, and capabilities, so as to support them in

recognising their unique assets, and empower them to make choices for themselves (Rapp & Goscha, 2006). Building this relationship, though, takes a lot of time, as people experiencing MCN often have difficulties in trusting other people and especially social workers. The practitioner should be patient, adaptable, flexible, see beyond difficulties along the way, and also have a small caseload, that will enable them to dedicate time and space to work on that relationship.

4.2 WHAT IS THE IMPACT OF SBP...

This section will explore the impact of employing strengths-based approaches on three levels: a) the service users, b) the workers themselves, and c) other services. It is important to note that these three levels overlap, meaning that the impact on clients also influences the impact on FL workers and other services. They are presented here separately for clarity reasons.

4.2.1 ...ON SERVICE USERS?

Perhaps the most remarkable impact SBP has on service users, is that it provides them with a different narrative and view about themselves. According to participants, service users recognise and welcome this different treatment from FL workers, although sometimes reluctantly at first, since they are used to facing stigma and discrimination in their contact with other services (Christensen, 2009). Instead, in their contact with FL, they are treated with compassion and understanding, they are made to feel as individuals, as “whole persons”, and they are given the space and support to explore choices for themselves, while being ensured that “somebody is in their corner”. This has the potential to build clients’ self-esteem, and

another story for themselves, one of strengths and skills and capabilities, which they can then share with others and challenge pre-conceptions other people might have about them. Being thus empowered, they can then feel more confident to attain their personal goals and strive for change (Saleebey, 2009).

“When I started working with them, I didn’t expect them all to be where they are now...”

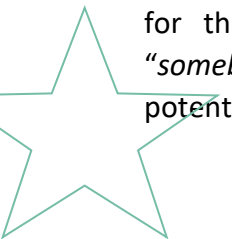
4.2.2 ...ON WORKERS THEMSELVES?

Strengths-based practice isn’t beneficial only for the service users. It seems that the people on the other end of the relationship benefit from it as well. It is already known that focusing on one’s strengths and assets promotes psychological growth and hope (Smith, 2006). What FL workers have noticed, though, is that this way of working with people also has the potential to protect them from burn-out and boost their resilience.

“Reflective practice does come in to that. As practitioners, talking to our clients about their strengths and skills, quite often helps us reflect about ours. So, it can be a mutually beneficial process.”

Instead of being constantly confronted with deficits and failure, which can bring up feelings of disappointment and disassociation with the work,

“considering someone’s strengths and assets can act as a counter balance for that, and can help you create a different



narrative about your work, as much as about for that individual.”

Participants argue that this reflection in SBP helps them improve at their work and allow themselves to learn from the clients as well, about, for example, how best to support or adapt to each one of them.

4.2.3 ...ON OTHER SERVICES?

The aforementioned impact SBP has on service users and key workers echoed through other services as well. Although still at the beginning, and with lots of work ahead, participants acknowledge that SBP is starting to gain momentum with other services as well. First of all, by using different language and focusing on strengths and positive attributes in clients' reports and risk assessments, FL workers aid in sharing the service users' different, empowering stories and narratives. This can then create a dialogue between the services, which could lead to further staff training and adoption of SBP.

Furthermore, the project's systems-change team, that actively involves people with lived experience of MCN in its activities, often offers workshops and trainings to other professionals and services who want to improve and incorporate strengths-based, trauma-informed approaches in their practice.

“That's were systemic change comes about, if we all begin to practice in a certain way, then that just becomes a benchmark.”

4.3 WHAT ARE THE CHALLENGES...

The last theme that emerged from the data analysis considers some of the reported challenges and barriers faced, when trying to work in a strengths-based way in the service provision for people experiencing MCN. These challenges will be presented with regards to (a) service users, (b) key workers, and (c) other services. As in the previous section though the challenges faced by service users echo the other two groups, as they all belong in a broader societal cycle of systems and policies which don't quite agree with a SBP, and instead favor a deficits-based model that perpetuates the marginalisation of people experiencing MCN (Harnett & Johnson, 2008).

4.3.1 ...FACED BY SERVICE USERS?

The biggest challenge that service users with MCN encounter, when faced with a strengths-based approach to their needs, is that they initially don't know how to deal with it. Because in their life and their experience with multiple services, they are not used to receiving positive affirmation about themselves, they find it hard to engage with this process, to “*absorb*”, think about and recognise their strengths and resources. Research has shown (McCollum & Trepper, 2001) that having learnt to be characterised in terms of deficits, people feel limited as to the recognition of internal and external resources. They instead internalise that they are “a list of problems” that needs to be “fixed” (Heinze, 2013; Cooley et al., 2019).

“Somebody with MCN might not have recognised in themselves or not want to, because they're at a really challenging point in their lives, so to think about their strengths or what they've done well, is quite alien for people, if they've experienced a lot of abuse and complex trauma.”

In their experience of trauma and abuse, also, this positive reinforcement, might instead mean that the other person is trying to take advantage of or trick them, or it might be connected to someone trying to be nice to them after having abused them. In this light, it seems understandable that the client will answer to the worker's effort to incite a positive outlook for themselves with surprise, avoidance or mistrust, at least in the beginning.

The antidote to that is, again, the therapeutic relationship formed between the service user and the key worker, who will have to be flexible and able to attune to the individual's

needs and find their way around obstacles. What that might look like in some cases, for example, is a more structured, task-focused approach at first, which will build up on trust and understanding, and will help the client gradually gain more confidence in themselves and control over their choices.

4.3.2 ...FACED BY WORKERS THEMSELVES?

According to participants, working from a strengths-based perspective is difficult work for a number of reasons. Maybe one of the biggest difficulties frontline staff have to deal with is that this way of working takes a lot of time. It takes time to get the clients to trust the process and engage with them, to get to know them, their past, their strengths, and their goals, and it's a process that requires a lot of patience, attention, training and reflection on behalf of the key worker. This reflective mentality is necessary to make sure that the practitioner will not fall back on familiar paths focusing on tasks and problems.

For all of that to happen, it is very important that workers have small caseloads and are not pressured with achieving a list of certain results in certain times. Unfortunately, in most services, this is rarely the case, as “relying on protocol instead of compassion becomes the norm for many service providers simply because there may be a lack of time” (Schneider et al., 2019, p. 324). This time, though, might be crucial to improving outcomes for clients (Shier et al., 2010).

“Another challenge to working in an asset-based way is large caseloads. If you have huge caseloads, you haven’t got time to build those trusting relationships, to notice strengths and build on them, and work in an asset-based way. Because you don’t know that individual very well.”

Another challenge is “going against the norm” of a well-established, deficits-focused model of service provision. Always trying to advocate and stand up for their clients, instead of giving up on them and “closing their cases”, results in the workers themselves being stigmatised and treated with prejudice.

“They thought I was mad!”

Finally, it is important to acknowledge that working from a trauma-informed perspective with people experiencing MCN can take an emotional toll on workers. Workers are required to listen to and process lots of trauma and abuse in their daily practice. It is, no doubt, challenging sitting with extremely difficult situations and trying to “keep hope”, and find the positives and the strengths for the clients and themselves, despite the adversity.

It is important to highlight the need to provide frontline staff with clinical supervision and peer support structures, where they will have the space to process their experiences within an understanding and supportive environment (Schneider et al., 2019; Killian, 2008). This will protect them from burnout and feelings of hopelessness and disassociation from their work, which will, in turn, reflect on the clients

receiving the compassion, humanity and support they need (Schneider et al., 2019).

4.3.3 ...FACED WITH OTHER SERVICES?

The biggest drawback on trying to implement SBP when working with people with MCN, is, unanimously, the contact with other services in the sector. All participants agreed that there are huge gaps in the knowledge and training of staff in other services regarding SBP. Professionals contribute to the perpetuation of stigma and deficit perceptions of people experiencing MCN, in using labeling language, focusing on problems, and ignoring personal capacities and social contexts (Healy, 2005; Zufferey, 2008).

“Some services are set up to take people on very linear journeys...”

A lot of services are set up with pre-concepted pathways, tasks, and responsibilities, and take no consideration of an individual’s needs, strengths, aspirations. Moreover, participants highlighted the gaps in holistic service provision and the need for “one-stop-shops” for this population, as services are very “stretched”, trying to deal with only one problem at a time, and with very long waiting times, that are counterproductive.



5. CONCLUDING REMARKS

The current study was designed between the University of Brighton and the Fulfilling Lives South East Partnership to evaluate the use of strengths-based approaches in the provision of services for people experiencing Multiple & Complex Needs. Techniques, impacts and challenges have been examined, and provide strong evidence for the implementation of SBP when working with this population, although the advantages of this approach might generalisable on other target groups as well. The study does not include the voices and narrative of people with lived experience of MCN, which is worth exploring in future studies. They deserve “their voices to be heard, not only by the researcher, but by society” (Williams & Stickley, 2011, p. 434).

5.1 KEY RECOMMENDATIONS

Following the findings of this study, the following recommendations are suggested to Fulfilling Lives:

- Continue to **advocate** for the need of strengths-based and trauma-informed approaches in the service provision for people with MCN.
- Continue to **provide training on SBP** not only within FL, but also to other services, by including people with lived experience in the process.
- Encourage further **research** on the impact of SBP on service users, this time by **talking directly to them** and hearing their views on the matter. It might also be worth further exploring the positive effects it has on workers as well, as it could provide more diverse evidence to support the wider uptake of SBP by other professionals.
- Explore the **use of Participatory Action Research**, which would require people with lived experience to get involved in all stages of research (design, data collection & analysis), and could be another step towards the empowerment of service users.
- Promote and share up-to-date evidence-based practices on the effects of strengths-based approaches to **gain funding and commissioning** for the implementation of similar projects.



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