



Deposited via The University of Sheffield.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/239667/>

Version: Published Version

Article:

Burchell, J., Cook, J., Thiery, H. et al. (2026) A strengths-based model for evidencing the impact of second wave prevention programs in social care. *Journal of Social Work*. ISSN: 1468-0173

<https://doi.org/10.1177/14680173261435142>

Reuse

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial (CC BY-NC) licence. This licence allows you to remix, tweak, and build upon this work non-commercially, and any new works must also acknowledge the authors and be non-commercial. You don't have to license any derivative works on the same terms. More information and the full terms of the licence here:

<https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

A strengths-based model for evidencing the impact of second wave prevention programs in social care

Journal of Social Work

1–21

© The Author(s) 2026



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/14680173261435142

journals.sagepub.com/home/jsw



Jon Burchell¹ , Joanne Cook², Harriet Thiery², Claire Hulme³,
Maureen Twiddy² and Katy Adams²

Abstract

- *Summary:* Despite growing acknowledgement of the potential for strengths-based approaches to improve individuals' well-being and create effective preventative support, their implementation is hindered by a lack of adequate theoretical conceptualization. In response, this article utilizes a series of research projects into second-wave prevention to develop a four-stage model which explains the difference strengths-based prevention makes and enables the evidencing of their outcomes and impacts.
- *Findings:* Through capturing the unique characteristics of strengths-based approaches, the model creates a framework for analysis and evaluation. It moves away from deficits-based, linear approaches toward reflecting the cyclical contexts of people's lives and the multiplicity of challenges at individual, community and service system levels which can trigger the need for support. It provides a framework for understanding how tailored support across these three levels can prevent individuals falling through the gaps of existing support and insulate them against future challenges.
- *Applications:* The strength-based model provides an innovative framework for understanding and evaluating the impact of strength-based prevention programs. This model has already been piloted in work within a number of local authorities and different types of prevention activity.

¹Sheffield University Management School, University of Sheffield, Sheffield, UK

²Hull University Business School, Hull, UK

³University of Exeter Medical School, Exeter, UK

Corresponding author:

Jon Burchell, Sheffield University Management School, University of Sheffield, Crookesmoor Road, Sheffield S10 1FL, UK.

Email: J.Burchell@sheffield.ac.uk

Keywords

Social work, strengths approaches, prevention, social care, voluntary sector, collaboration

Introduction

Strengths-based prevention approaches have been situated as a core solution to the crisis in social care and local authority services in the UK. These approaches aim to change the way individuals with care and support needs are supported by refocusing interventions away from “need” and deficits toward resources and “strengths” (Caiels et al., 2021, p. 401). The overarching aim is to improve the lives and well-being of users and carers (DHSC, 2019). Despite growing interest, the capacity of services to implement and embed prevention has been impeded by uncertainty around its efficacy. Simultaneously, the escalating crisis in social care is placing investment in prevention under significant strain (ADASS, 2022, 2023; Hewitt, 2023).

Although prevention commands broad support in principle, its conceptualization, application and evidence base are limited and inconsistent (SCIE, 2021; Tew et al., 2023). Previous studies have struggled to capture the impact of strengths-based prevention. This is largely due to a lack of clarity regarding how these strategies function and confusion regarding what types of data is required. This confusion reflects a fundamental paradox between the nature of strengths-based working and the underlying paradigm of existing evaluation tools. In essence, one is trying to examine a cyclical, strengths-based approach utilizing tools framed around a linear, deficits-based narrative. In response, this article introduces a strengths-based model (SBM) for understanding and evaluating prevention programs.

At the heart of the SBM is a recognition that an individual’s engagement with support is rarely a simple linear progression of “presenting problem-action-outcome.” Rather their experiences are far more cyclical and developmental. The model demonstrates how individuals face a complex set of challenges or “triggers” cutting across individual, community and service system levels. It is the interaction of these challenges that can “trigger” the need for support, rather than a single presenting issue. The article demonstrates how an effective analytical model must reflect the ability of strengths-based approaches, to draw on the capacity and resources at individual, community, and service system levels. By focusing across these three levels, the SBM captures how individuals are supported through a distinct set of activities enabling them to become better “insulated” against the array of challenges or “triggers” they are facing.

This article responds to three gaps in the strengths-based prevention literature. First, it addresses the inconsistency in approaches to analyzing strengths-based prevention and the underlying causes of this (Tew et al., 2019). Second, the article demonstrates how utilizing a framework focused upon presenting problems contradicts the underlying ethos of strengths-based approaches (Hammond, 2010). Consequently, we call for a paradigm shift away from linear “problem-action-solution” deficit models and toward strengths and person-centered frameworks (Verity et al., 2022). Third, the article responds to critiques which identify a failure to address neoliberal concepts of self-help and individual

responsibility by examining these approaches through a multi-level analysis focused at individual, community, and service system levels. The article highlights how the SBM provides a foundation for a consistent approach to evidencing the impact of programs adopting strengths-based practices. Consequently, we construct a framework for identifying what types of data need to be collected across the three levels to capture the outcomes/impacts that emerge (Bohnenberger, 2020).

Strengths-based prevention in social care

Social care prevention agendas are evolving, with a range of different programs emerging in the UK in recent years. However, as Tew et al. (2023, p. 1) summarize, its strategic implementation has been somewhat inconsistent, due to a lack of an accepted conceptualization of what prevention might mean. In reviewing prevention initiatives within social care in England, Tew et al. (2023, p. 5) identify two distinct phases or waves of activity. First wave activities focused predominantly around practically focused “doing to” interventions, rather than wider strategies to develop community assets. In particular, first wave strategies focused upon practical/health-related issues such as falls prevention, assistive technology and reablement (Allen & Glasby, 2013).

While first wave approaches concentrated on demand management issues, second wave activities embodied a “revisiting of the role of local services and the relationships between services, citizens and communities” (Tew et al., 2023, p. 6). Here, one can identify a focus on strengths and asset-based approaches with prevention targeting maximizing social support through closer engagement with individuals, families, and communities. Core to this have been strengths-based approaches such as local area coordination (LAC), asset-based community development and well-being/place-based hubs, marking a transition from the narrow conceptualization of demand management toward building capacity and connectivity between individuals and communities (Caiels et al., 2021; SCIE, 2021; Tew et al., 2019, 2023). The transformative potential of these approaches lies in their ability to relieve demands on statutory services, supporting people before they reach crisis and addressing complex needs.

Beyond the UK context, a similar approach has been established within youth development work through the US-based Search Institute’s Developmental Assets Approach. This framework adopts a strengths-based approach which identifies “40 positive supports and strengths” that are central to young people’s development (Search Institute, 2024). A key dimension within this framework is the balance between internal and external assets, reflecting both personal skills and the important role of external support and relationships.

While there is relative consistency regarding the expansion of strengths-based approaches, there is less clarity regarding what they entail or how they are applied. Academic reviews generally conclude that strengths-based approaches are poorly defined and lack clarity with regard to function, successful application or identified outcomes (see Thiery et al., 2023; Staudt et al., 2008; Stevens et al., 2024). Price et al. (2020, p. 12) conclude:

Strengths-based working is an inherently variable practice; it operates at the level of each individual and their interaction with others in their immediate circle and wider community. It is

perhaps best seen as an “approach” implemented (at an individual or a community level) by combining various practices rather than a neatly defined or standardised “intervention”.

While flexibility of interpretation and implementation may represent a key feature in practice, it has been something of an Achilles’ heel with regards to evaluation. Although prevention research is growing, there remains a paucity of evidence for the outcomes and impacts of strengths-based approaches (Marczak et al., 2019). The UK improvement agency, the Social Care Institute for Excellence (SCIE, 2021), reports that “formal evidence is neither extensive nor robust.” Recent studies identify ongoing limitations with the evidence base. These include: first, a lack of clarity around how to evaluate strengths-based prevention; second, the challenge of proving causality; and third, both a confusion around what and how to measure and a failure to capture social care outcomes (Allen & Glasby, 2013). These limitations are compounded by problems around inappropriate measurement tools and consequently inconsistent data collection and analysis (Caiels et al., 2021; Tew et al., 2023).

Economic evidence is identified as constituting a significant gap (Tew et al., 2023; Thiery et al., 2023). Indeed, Cook et al.’s (2024) comparative analysis of LAC as an example of strengths-based prevention, concluded that creating an economic estimate of implementation costs was restricted by missing and inconsistent data. Foot and Hopkins (2010) also highlight a range of practical challenges for evaluating strengths-based approaches, including problems regarding the nature of the “theory of change,” identifying what measures can be used to establish baselines and track inputs and outputs, and understanding how outcomes can be measured in the short and medium term. Such challenges led Caiels et al. (2021, p. 418) to suggest that assessing the empirical value of a strengths-based approach may not be possible through conventional methods.

The difficulty of capturing the outcomes and impacts from strengths-based approaches also has practical ramifications for their application across social care settings. Second wave approaches—by their very nature of being strengths-based, community embedded, and uniquely located as connectors between services, citizens, and communities—potentially offer significant benefits to social care and other statutory services. However, the lack of a strong evidence base makes it difficult to justify investment. Consequently, these approaches have struggled to become integrated into mainstream practice and strategic decision-making where the imperative for short-term savings creates barriers to investment.

Method

The SBM presented in this article is based upon a series of research projects examining different second wave prevention approaches in adult social care and poverty contexts in the UK. The UK represents a fertile area for analysis. Demand for social care services in the UK is growing quickly (IFS, 2024) and research highlights significant potential savings from preventative interventions (Hill, 2024). However, despite a plethora of innovative strengths-based approaches emerging, the proportion of councils taking a positive investment strategy declined from 44% in 2023/24 to 29% in 2024/25 (ADASS, 2024), despite the labor government’s calls for a “prevention first revolution” (Labour Party, 2024).

The initial SBM framework on which this article is based, emerged from a comparative examination of LAC across four UK locations (Cook et al., 2024, NIHR201855). It was then applied and adapted to reflect insights from two poverty prevention studies (Cook et al., 2025) and a further evaluation of three different prevention programs in one local authority setting. Across all of these studies, the research team adopted a Participatory Action Research approach (Bradbury, 2015; Hall, 2005). Central to this was the capturing and utilizing of experiential life story data from individuals who had received support. This enabled the SBM presented here to be embedded in people's experiences of strengths-based support. The experiential data was further enhanced by analysis of secondary data (both quantitative and qualitative) from the prevention programs, workshops and co-produced logic models with prevention teams and interviews with system and ward level stakeholders to capture a broad range of perspectives on the operation and impact of strengths-based prevention (see Cook et al., 2025 for further details).

Limitations of existing approaches

As highlighted earlier, the capacity to evidence the value of second wave approaches is hindered by a weak evidence base and difficulties capturing the connection between outcomes and savings to public services. Building a case for strengths-based prevention clearly requires a stronger empirical evidence base and, as Gray (2011) suggests, a move beyond descriptive case studies of success in order to capture the effectiveness of these interventions. The existing literature identifies two priorities. First, given the diversity of strengths-based approaches, research must respond to Tew et al.'s (2019) call for an urgent introduction of "a simple, robust and user-friendly approach" to assessing the outcomes. Second, given the focus on "doing with" instead of "doing to" it is vital to understand strengths-based approaches from the perspectives of individuals who draw on services, and the myriad ways these approaches affect their lives and well-being (Caiels et al., 2021).

The SBM outlined below responds to current shortcomings in existing evidence bases, addressing these within a clearly defined analytical model. In doing so, this article demonstrates how the SBM enhances our understanding of the difference strengths-based prevention can make in people's lives. The model captures the core outcomes and impacts of these forms of prevention, responding to Stevens et al.'s (2024) call for a deeper understanding of how strengths-based approaches operate in practice and their impacts.

As identified above, the initial framework for the SBM emerged from a comparative examination of LAC (Cook et al., 2024). This research identified three central issues and challenges outlined below:

- (a) No single presenting issue or problem

In-depth life story analysis highlighted how, for the majority of individuals being supported by LAC, there was rarely one single presenting issue, but rather a series of

underlying challenges. This problematized approaches that rely on “problem-action-outcome” focused measures. As the report summarizes:

it was difficult to place the problems presented by individuals into narrow categories in most cases. The problems, as defined by individuals, are spontaneous and hence one category often connects to others. (Cook et al., 2024, p. 31)

The research demonstrated how many of the activities undertaken by the LAC teams were not directly targeted at individuals’ presenting issues, with many outcomes reflecting a broader range of issues and goals. The life stories also highlighted the cyclical nature of people’s lives. This work emphasized how individuals did not experience challenges as a linear process. Instead, their experiences were far more fluid reflecting both positive and negative phases of life characterized by both improvements and setbacks. A successful outcome could also be that an individual’s position remained static, neither improving or getting worse. Overall, the findings reflected that strengths-based approaches emphasize the importance of “people’s own characteristics, the type of environment they live in, and the multiple contexts that influence their lives” (Caiels et al., 2021, p. 19; see also May et al., 2020).

(b) Working across multiple levels

A key aspect of second wave strengths-based prevention strategies is their cross-cutting work, linking individuals to the support available within their communities. As these approaches emphasize a revisioning of the relationship between public services, community and individual, a key aspect of their work focuses upon engaging across all three levels. Consequently, impacts do not always focus on individual outcomes directly but also involve increasing community capacity and connectedness, embedding strengths-based working within service systems, and creating better connections between services, communities and individuals. While these impacts ultimately provide improved outcomes for individuals, through creating more appropriate alternative sources of support, they do not easily translate into direct outcomes for the individual in the way that first wave models such as falls prevention and reablement strategies do (Tew et al., 2019).

(c) Focusing on individual strengths creates multiple strategies for support

The LAC research identified how the most positive outcomes from the program were achieved through a number of different activities being undertaken together, reflecting the holistic approach underlying strengths-based practice. The data identified interactions between system, community and individual level activities, and highlighted how underlying background issues (such as aging, trauma and health issues) influenced the mixture of activities that LAC utilized. This flexibility in the potential activities most appropriate for supporting a specific individual renders strengths-based approaches like LAC more analytically challenging than those using a preset configuration of activities (Cook et al., 2024).

While the three themes above highlight the distinctiveness of strengths-based approaches, they also represent challenges for evaluating outcomes and impacts within existing frameworks and tools. Central to this, we argue, lies a fundamental paradox in examining a cyclical, strengths-based approach utilizing tools designed for a linear, deficits-based narrative. Core to this narrative, is an implied problem to be resolved, a series of activities that are applied to address the problem, and an identifiable outcome impacting the problem being addressed. Research then focuses upon addressing this causal chain to tease out the key factors leading to a resolution of the identified problem. As Verity et al. (2022, p. 60) reflect, this:

reduces some of the evidenced complexity associated with how prevention initiatives play out, as well as how different areas of social care may conceive, commission, plan, design and deliver such programmes.

While established approaches such as qualitative comparative analysis (QCA) and randomised control trials (RCT) (see Ragin, 1999; Wolff, 2000) are effective in exploring how different activities are central to achieving targeted outcomes to a problem, they are less effective for strengths-based approaches. In these cases, multiple pathways can lead to multiple activities which are themselves negotiated between the worker and the individual they are working with (Cook et al., 2024). Strengths-based initiatives are dynamic, and the context for engagement can be as significant as the reason for the introduction or actions undertaken, something that linear approaches cannot capture.

The LAC study highlighted the broad complexity that underlies a conceptualization of “presenting issues” and the important connections between such issues and the broader context of an individual’s life. More specifically, the LAC study highlighted the complex combination of actions connected to both short- and medium-term outcomes; it concluded that it was difficult to identify specific actions that could be directly attributed to specific outcomes. Similarly, medium-term outcomes were often not in themselves directly related to specific “problems presented” but reflected broader characteristics of individual resilience. Cook et al. (2024, p. 29) conclude:

The life story data described a range of underlying (background) issues such as ageing, trauma, and long-term health conditions (mental and physical). It is likely that these influenced how Coordinators engaged with an individual and meant that multiple activities (conditions) were often utilised to support the individual to achieve their goals (person-centred approach).

These findings resonate with Verity et al.’s (2022, p. 60) reflections that traditional linear models reduce “the evidenced complexity associated with how prevention initiatives play out.” The following SBM directly addresses these gaps by moving beyond linear approaches to develop a new framework for capturing how prevention works and what outcomes and impacts it delivers. By utilizing this approach, the article argues, one can capture the impact of strengths-based practice more effectively and avoid utilizing unsuitable frameworks that serve only to limit the potential to employ strengths-based approaches (Guthrie & Blood, 2019; Stanley, 2016).

Outlining the strengths-based model

The SBM outlined below provides a foundation for capturing the impact of strengths-based prevention, by focusing on the outcomes delivered across three levels: individual; community; and the wider service system. Reflecting a strengths rather than deficits approach, the model acknowledges how activities operate across all three levels—positioning support in “the spaces in between” the public service system, the community and the individual. In this way, they create a “boundary spanning” function, building connectivity and capacity (Cook et al., 2024). By using the SBM as an explanatory framework, it is possible to better identify what types of data need to be captured at each level and the tools required to achieve this.

The model is framed around four key analytical stages or analytical elements. First, contextualizing the individual and understanding the triggers that can push people into needing support. Second, an understanding of the way in which practitioners navigate the space between the individual, the community and the service system, creating connections, building capacity and bridging the gaps in-between. Third, focusing upon the types of strengths-based support that are provided across the three levels and the ways in which these activities interact and support one another, establishing person-centered support. Finally, the fourth analytical stage considers the impact of these processes; it examines how the activities help to insulate and support individuals to respond to the triggers outlined in Stage 1.

Stage 1: Understanding the individual context and triggers into crisis

The article has highlighted the challenge posed to strengths-based approaches from analytical frameworks premised on “problem presented” as a starting point. This often results in an evaluation of strengths being framed around the response to individual deficits—a key issue that strengths-based approaches are trying to challenge. Here, strengths-based approaches draw from established concepts in public health and health promotion focused upon salutogenesis (Lindström & Eriksson, 2005), highlighting the factors that create and support human well-being rather than those that cause disease (Antonovsky, 1979; Caiels et al., 2021). DHSC (2019, p. 24) for example, discusses how strengths-based approaches explore, in a collaborative way, “the entire individual’s abilities and their circumstances rather than making the deficit the focus of the intervention.”

Stage 1 of the SBM focuses upon developing a more holistic picture of the individual’s life. Cook et al.’s (2024) LAC study utilized a life story approach to go beyond presenting issues and to explore the broader context of individual’s lives as a basis for understanding how they came to be introduced to the program. This enabled the research to capture the underlying context of the individual’s lives, their personal strengths and the challenges facing them.

The life story data demonstrated the importance of understanding presenting issues as being connected to broader life context. While presenting issues were disparate, across the LAC life stories three main contexts were discernible namely: people who were experiencing life changing issues related to aging and the transition into older age; people

living with lifelong physical and mental health conditions; and people who experienced a sudden traumatic event or a significant change in life circumstances. Our subsequent research into poverty prevention in two local authorities verified these categories as underlying contexts for the majority of individuals receiving support, adding migration as an additional life context.

The underlying contexts outlined above are overlapping and interconnected, with many people experiencing multiple challenges simultaneously. While they do not account for why these individuals were introduced to preventative services, they provide vital context regarding the circumstances individuals face and their personal challenges in managing these.

Refocusing from “presenting issues” to “triggers”

Presenting issues pose two key challenges for existing approaches. First, individuals are often having to cope with multiple interconnected issues which cannot always be addressed simultaneously, making the identification of a single, primary presenting issue challenging. Second, research has identified how presenting issues do not always reflect these broader underlying challenges. This has been identified consistently in food bank studies, for example, where food poverty often masks multiple other challenges (Hanson et al., 2023; Lee et al., 2023). The issue that eventually drives an individual to seek support is often simply the tip of the iceberg. This was strongly exemplified within the LAC study, where the specific issues that led individuals to be introduced to LAC support was often symptomatic of broader underlying challenges.

How might one move away from presenting issues but still be able to reflect and capture the challenges that lead individuals to seek support in the first place? The SBM offers an alternative approach by framing these issues as a range of pressures or “triggers.” Triggers represent a series of challenges which, when combined with the broader context of the individual’s underlying circumstances, can trigger the need for support. The SBM does not seek to identify the primary presenting issue but instead, looks to capture the range of potential triggers and understand how they interact. In combination with the life story approach it is possible to identify how a series of triggers have the potential to create a spiral into crisis.

A key critique of utilizing presenting issues, is that this type of deficits approach identifies the individual as having a problem to be solved, locating the problem at the level of the individual. While strengths-based approaches have sought to reverse this focus to create a more positive space for engagement, such approaches still face significant criticism. In particular, critics have raised concerns regarding the primacy placed upon the strengths and resilient attributes of the individual (Friedli, 2013). Daly and Westwood (2018), for example, claim that despite the emphasis within strengths-based programs on communities and social connectedness, the primary emphasis is on personal attributes such as coping abilities, resilience, and positive adaptation rather than the development of social or community resources (Foot & Hopkins, 2010). It is argued that by focusing on attributes derived from an individual’s social capabilities and personal connectedness, the strengths-based approaches ignore the socio-economic inequalities that shape ill-health,

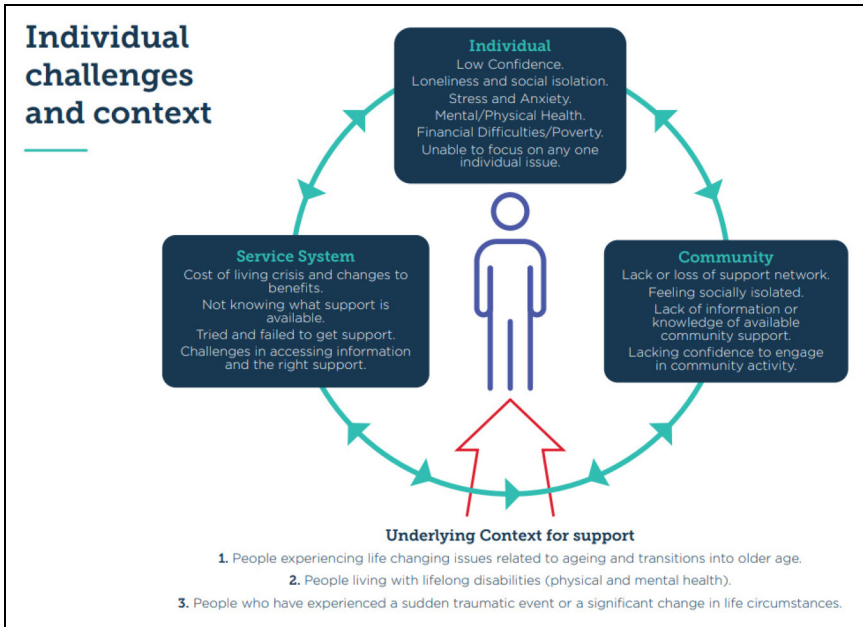


Figure 1. Individual challenges and context.

need and dependency within the UK (Daly & Westwood, 2018; Gray, 2011). While personal strengths and assets may help to make someone more resilient, the danger is that the responsibility for resilience is placed entirely upon individuals and communities, rather than focusing attention on the underlying causes of these socio-economic issues.

These are significant concerns that the SBM addresses in two ways. First by focusing on the underlying context within which individuals seek support, outlined above. Second, by developing a framework that focuses upon three interrelated levels of activity; individual, community, and service system. This enables the model to capture a more holistic picture of the interaction and connectivity between these levels, and to acknowledge the balance between the agency of the individual and the structural pressures they are confronted with (Elliott, 2021). In doing so, our approach reflects Lundberg's (2020, p. 475) assertion that "people's lives are intertwined with social structures" and that preventative interventions must address social inequalities emerging as "a result of [both] structural conditions and the individual responses to those." Similarly it reflects the claims of whole systems approaches such as Wistow et al. (2003), who argue that securing cohesive policy and practice interventions at and between individual and community level necessitates a holistic approach involving government level action. Placed within the context of the first stage of the SBM, potential triggers can be identified across all three levels.

As Figure 1 demonstrates, individuals identified a diverse range of triggers that are influential in shaping the need for support. These triggers include:

At individual level: feelings of low confidence, stress and anxiety, health issues, financial problems, nervousness about facing new situations and an inability to focus on any one individual issue.

At community level: losing existing support networks, feeling socially isolated and disconnected from their local community, a lack of awareness of what community support was available and a lack of confidence to access support.

At system level: not understanding how to access support or navigate the system, limited knowledge of what support was available, the stigma of asking for help, being turned down for support, and not being able to access the right sources.

The triggers identified above both overlap and interact. In many cases one trigger can result in others coming into play. As such their impact on an individual can be dependent upon the interaction between different triggers and the individual's personal context/challenges. Crucially, the impact of any of these triggers is not uniform and can be specific to the individual.

Stage 2: Navigating the “spaces in between”

Because people face a complex set of challenges cutting across individual, community, and service system, an effective preventative response must similarly seek to engage across all three levels. Second wave prevention reflects a changing relationship between services, communities, and citizens. Therefore, in capturing and analyzing the nature of strengths-based approaches the SBM needs to understand how these new relationships are being shaped and created.

A key strength of LAC identified by Cook et al. (2024) is its positioning in the space between the public service system, the community, and the individual, and its clearly defined commitment for coordinators to undertake development work across all three levels. The LAC model enables coordinators to devote time and resources to building trusting relationships—establishing a stronger understanding of the capacity, resources, language and ways of working across each level. Thus, coordinators create a “boundary spanning” function building connectivity both vertically and horizontally (Wallace et al., 2018). By creating time and space within their role to facilitate capacity building, LAC seeks to fill the “spaces in between” where connections often get lost.

Drawing on these capacity building processes, Stage 2 of the SBM captures how strengths-based approaches position support in the “spaces in between” the public service system, the community and the individual. In the LAC approach Coordinators fulfil this role, however, in other prevention programs this may take a different form and involve multiple actors. By undertaking these forms of boundary spanning/navigator roles, strengths-based approaches build trusting relationships and connectivity across individual, community and service system levels. While these capacity building activities are not a direct response to the problems facing individuals - and would arguably get ignored within established linear models of “problem-action-outcome”—they are intrinsic to creating the conditions and resources required to embed strengths-based practice. Figure 2 outlines these activities.

Figure 2 highlights the range of capacity/strengths-building activities utilized. These include the following:

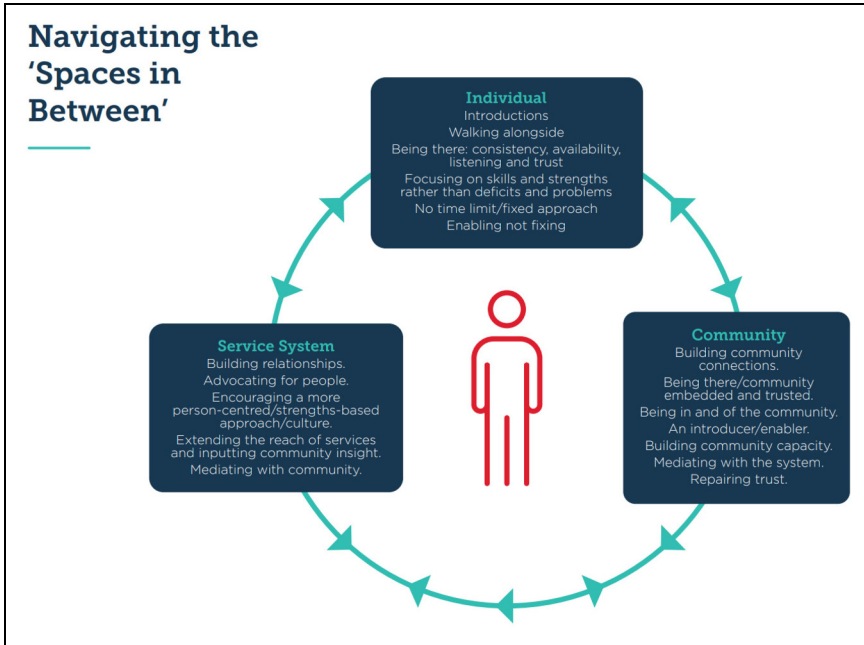


Figure 2. Navigating the 'Spaces in Between'.

At individual level: being there to provide consistency of support and an identifiable contact point, listening and building trust, enabling and supporting but not always seeking to “fix,” working without time limits and focusing on strengths not deficits.

At community level: building community connections, being embedded, trusted and “in and of the community,” building community capacity, acting as an introducer/enabler and mediating with the service system also repairing trust.

At system level: extending the reach of services, inputting community insight, advocating for individuals and encouraging a more person-centered approach, undertaking a mediating role and building relationships with other parts of the service system.

Undertaking capacity-building provides the foundations for the core activities that underpin strengths-based approaches, without which many of the direct one-to-one activities supporting individuals would not be as effective. Linear approaches are unable to capture these capacity building elements, for example, the time commitment required to build trust and establish understanding within local communities.

Stage 3: Strengths-based support

By filling the “spaces in between” and enhancing capacity to support across the three levels, strengths-based approaches seek to cover the gaps in the system. These gaps are spaces where people often get lost, resulting in individuals not receiving support

and potentially spiraling into crisis. This positionality is a core dimension of strengths-based approaches. It enables programs to draw upon a range of different activities, developing person-centered support by utilizing a mixture of resources to enable individuals to build on their strengths/respond to challenges and, where possible, to alleviate systemic constraints.

This unique interweaving and tailoring of different patterns of support to individual context again raises significant challenges for evaluative frameworks based around a linear, “problem-action-outcome” scenario. Both Foot (2012) and Caiels et al. (2021) highlight how the complexities within strengths-based prevention challenge traditional evaluative methodologies, which are designed to analyze clearly delineated interventions for a defined population. Such approaches, they argue, depend on interventions operating largely independently of context. Recent RCT guidance has sought to address some of these arguments, using program theory to inform evaluation and testing with qualitative methods, being two approaches (Skivington et al., 2021). However, prevention RCTs still adopt a problem–action–outcome model, and require a defined intervention and clarity around what has been prevented, making them incompatible with the strength-based approach.

One of the key challenges for evidencing strengths-based approaches is that they draw on a range of person-centered activities and thus do not prescribe a preset configuration of activities for achieving a particular outcome (Cook et al., 2024, p. 4). Indeed, when seeking to apply a QCA approach Cook et al. (2024, p. 29) found:

the combination of conditions that work to good effect with “this” individual, may not be successful in another case, creating a huge number of possible configurations leading to the same result, and similar configurations leading to different results.

This holistic approach is reflective of several studies (Lunt et al., 2021; Price et al., 2020) describing how strengths-based approaches combine various practices rather than utilizing a standardized intervention.

The SBM reflects the range of potential activities and actions that are utilized within strengths-based approaches and examines how their positionality enables teams to draw on activities that offer support at individual, community, and service system levels. This in turn enables research to focus on how teams’ person-centered support can strengthen an individual’s capacity to respond to challenges, connect with their local community and support them to navigate the service system as summarized in Figure 3.

The SBM emphasizes interaction and interconnectivity across the three levels, recognizing that activities in one area can have significant impacts on the ability to shape change in others. Inevitably an effective prevention strategy is likely to involve activities functioning across all three levels. While impossible to encapsulate within a single diagram, the model identifies overarching categories of activity including:

At individual level: establishing an understanding of the underlying challenges, supporting individuals to make their own choices and engage with the service system and community, identifying individual strengths and aims for the future, and being a mentor/sounding board.

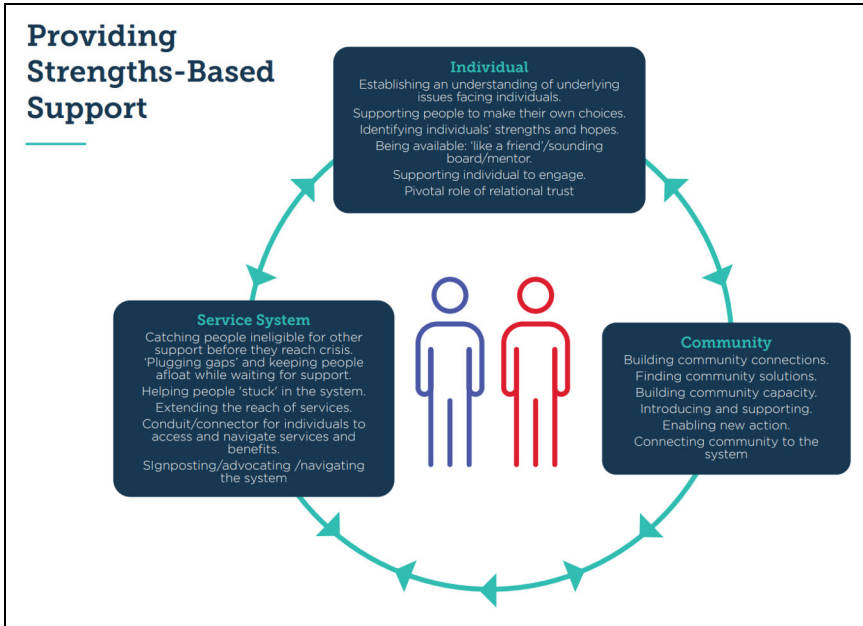


Figure 3. Providing strengths-based support.

At community level: building connections, finding community solutions, introducing and supporting community engagement, enabling new community action (including participants developing community activities/groups), peer-to-peer support and building community capacity.

At system level: catching people ineligible for other support, plugging gaps and keeping people afloat while waiting for other support, being a conduit/connector to help individuals access and navigate services, signposting and advocating for individuals.

Stage 4: Creating insulators against the triggers

One of the primary challenges of any preventative model is understanding and capturing what has been prevented and evidencing causality. This is particularly challenging when trying to analyze strengths-based approaches through conventional, linear analytical models. While more applicable to some of the time-limited and targeted first wave prevention interventions such as reablement, these models are less effective at encapsulating the impact of interventions involving ongoing support across multiple issues and levels.

Utilizing life stories, Cook et al. (2024) highlighted how individuals receiving support from LAC, while often describing their life stories as a linear chronology of events, were actually describing their experiences in a cyclical manner, recognizing a series of peaks and troughs in outlining their abilities to deal with these challenges. Discussions in this

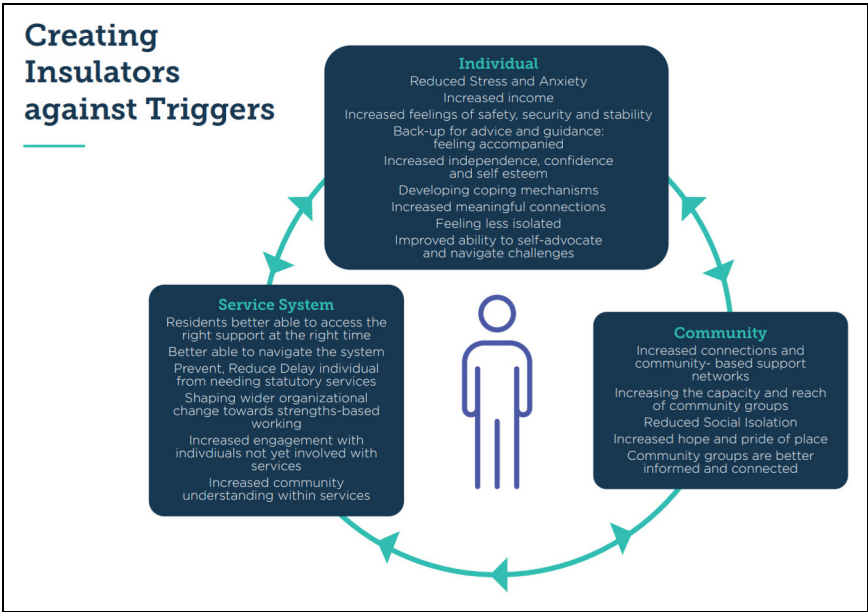


Figure 4. Creating insulators against triggers.

context focused upon the impacts, challenges, barriers, and successes individuals experience throughout their journey.

The underlying contexts and the cyclical nature of the challenges are key in framing the SBM. For example, as Stage 1 highlighted, transitioning into older age, living with a long-term disability, or experiencing a sudden and traumatic event are not situations that can in themselves be “prevented,” nor do they come with a single set of accompanying challenges to be “solved” through preventative interventions. Individuals living in these contexts will inevitably face different periods of challenge and pressure. What an evidence base needs to capture is whether and how the support that individuals receive, placed within the challenges of the broader systemic context, enables them to better respond and cope with these challenges as and when they emerge.

The SBM, therefore, places prevention in the context of the ability to utilize and build on individuals’ strengths and resources making them better “insulated” against the triggers that could push them into crisis or render them in need of additional support. However, the model does not situate this strength and resilience as being purely located within personal attributes but places it within the context of the support and challenges that exist at both community and service system levels. As reflected in Figure 4.

Figure 4 identifies a range of potential insulators across individual, community, and service system levels. These include:

At individual level: increased feelings of safety, security, stability, and feeling accompanied, increased independence, confidence, self-esteem, reduced stress, and anxiety.

Alongside improved ability to self-advocate, navigate challenges, and develop coping mechanisms.

At community level: increased connections and community-based support networks, increased capacity, knowledge and reach of community groups, reduced social isolation, community groups better informed/connected, and increased sense of pride in place.

At service system level: individuals able to access the right support at the right time, increased ease of service system navigation, increased community understanding/access, greater focus on “prevent, reduce, delay” across statutory services, increased engagement with strengths-based working principles and extended reach and insight.

The focus on insulators as key outcome measures within the SBM is important for a number of reasons. The insulators are outcomes which can be captured and measured relatively consistently, including being tracked over time. This enables evidence/evaluation processes to capture how strengths-based programs are enhancing and developing insulators across the three levels. While it is possible to capture the ways in which preventative support enhances these insulators, the SBM does not seek to measure the preventative impact of these support processes in isolation, or to suggest that they will have a consistent preventative impact for all individuals. Reflecting the holistic approach of strengths-based programs, the preventative impact of insulators only comes to light fully when set within the specific individual’s context and understood as a collective response.

Applying the SBM’s triggers and insulators approach also provides a more coherent framework for understanding how strengths-based programs impact on the cyclical challenges facing individuals. The underlying analytical focus of the SBM rests not on whether the activities undertaken have definitively “solved” the problem an individual initially presented with, preventing them from needing further support. Instead, it works from the premise that individuals will face different phases in life where the triggers they face both rise and fall in intensity. The SBM thus examines whether the prevention programs result in individuals being better placed to respond to the triggers when they arise and whether the insulators help them to “bounce back better” from challenging periods or avoid spiraling into crisis. By focusing upon the cyclical nature of individual’s lives, the SBM can capture the impact and potential economic value of programs by examining individual responses to challenges over time. It can also consider how insulators and support may need to adjust as challenges evolve and as the systemic context changes.

Limitations of the study

The discussion above outlines an alternative model for analyzing strengths-based prevention programs. While the SBM has evolved during ongoing research with a range of strengths-based prevention programs, the authors recognize that further work is required to refine this approach. More analysis is required to explore SBM application across other types of strengths-based prevention. In addition, more practitioner engagement is required to look at how data capture within local authorities can be redirected away from “problems presented” and toward triggers, insulators, and capturing capacity building activities. Ongoing work in this field by the research team suggests an enthusiasm to

engage with the SBM. A series of bespoke data processes, participant journey, case study, and cost consequence analysis tools accompanying the model are being piloted with positive outcomes (Cook et al., 2025). There is significant potential for applying econometric tools to the SBM but further application and testing is required in this area. Cook et al.'s (2024) study developed a cost-consequences framework for LAC identifying costs and consequences across individual, community and service system levels which could be developed and applied to other programs. Similarly, the model offers potential to explore the economic value of an individual's ability to "bounce back better." If a more coherent and universal approach can be developed to evidence strengths-based prevention, we may yet go some way in encouraging stronger investment and uptake of this vital practice.

Conclusion

This article presents a strengths-based model for examining second wave prevention which is more reflective of the distinctive characteristics of strengths-based practice. This model represents a significant step forward in addressing the challenges posed in identifying the outcomes and impacts of strengths-based prevention.


The SBM provides a number of key features which enables it to capture the distinctiveness of strengths-based programs and which could help to reshape how we evaluate and measure their impact. First, the model highlights the importance of examining the broader context within which individuals seek support, identifying a set of core underlying circumstances, and a series of challenges or triggers which can create a need for help. Second, it emphasizes how strengths-based programs function across three interconnected levels, individual, community, and service system, and highlights the ways in which these programs fill the "spaces in between" to build capacity and frame support. Third, it identifies a broad range of support activities and demonstrates how a mixture of these is utilized, distinctive to the individual context. Finally, it assesses outcomes and impacts through a focus on the role of insulators in creating the capacity and resources to overcome challenges. This four-stage analytical approach, it is argued, responds to the two core challenges for a strengths-based framework. Namely contributing toward a "robust and user-friendly approach" (Tew et al., 2023) for assessing outcomes, while focusing on the lived experiences of those who draw on the services and how these interventions affect their lives and well-being (Caiels et al., 2021).

By focusing upon the broader relationships between triggers and insulators and connecting this to the specific individual contexts, the SBM provides a framework more akin to the underlying values and motivations of strengths-based prevention. It avoids the pitfalls of looking at problems in isolation, while also not placing excessive emphasis upon the attributes and resilience of the individual outside of socio-economic contexts (Daly & Westwood, 2018; Gray, 2011). The SBM places these strengths in relation to both community and service system support and constraints. Subsequently, the model provides a frame for identifying where infrastructural weaknesses and system failings might hinder the ability of individuals to build such resilience, despite personal attempts to do so.

Acknowledgements

We are grateful to our local authority partners who granted us access to their programs, teams, and communities. We would like to thank all those who gave up their time to participate in the research process.

ORCID iD

Jon Burchell  <https://orcid.org/0000-0002-5142-5346>

Ethics

Ethical approval for the studies was given by the University of Hull's Research Ethics Committee.

Author contributions

Study concept and design: Jon Burchell, Joanne Cook, Maureen Twiddy, Claire. Acquisition of data: Jon Burchell, Joanne Cook, Harriet Thiery, Maureen Twiddy, Kathryn Adams. Analysis and interpretation: Jon Burchell, Joanne Cook, Harriet Thiery. Critical revision of the manuscript for important intellectual content: Jon Burchell, Joanne Cook.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The Local Area Coordination study was funded by the National Institute for Health and Care Research (NIHR). The poverty prevention work was partly funded by Hull Impact and Knowledge Exchange, with match funding from local authority partners. The research from which this article is derived is underpinned by an NIHR research grant. Grant Reference Number NIHR201855. Cook, J., Burchell, J., Twiddy, M. C., Wilberforce, M., Martin, A., Thiery, H., Ledger-Jessop, B. & Webb, E. (2024), "Bridging the Gaps in Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination", a NIHR funded project under its Research for Patient Benefit (RfPB) Programme. https://drive.google.com/file/d/1U07IvT-uhknJEtyY9f9LrqFqJ_Ejtbo8/view.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Open practices

The datasets and stimuli presented in this study are available in the Open Science Framework online repository at <https://osf.io/tkj6x/>.

References

- Allen, K., & Glasby, J. (2013). The billion dollar question': Embedding prevention in older people's services—ten 'high impact' changes. *British Journal of Social Work*, 43(5), 904–924. <https://doi.org/10.1093/bjsw/bcs024>
- Antonovsky, A. (1979). *Health, stress and coping*. Jossey-Bass.

- Association of Directors of Adult Social Services (ADASS). (2022). *ADASS spring summer survey 2022: Implementing reform report*. Association of Directors of Adult Social Services. <https://www.adass.org.uk/documents/adass-spring-survey-2022-implementing-reform-report/>
- Association of Directors of Adult Social Services (ADASS). (2023). *ADASS spring survey 2023*. Association of Directors of Adult Social Services. <https://www.adass.org.uk/documents/adass-spring-survey-2023/>
- Association of Directors of Adult Social Services (ADASS). (2024). *ADASS 2024 autumn survey*. Association of Directors of Adult Social Services. <https://www.adass.org.uk/wp-content/uploads/2024/10/ADASS-Autumn-Survey-2024-EMBARGO-0001-6-NOV.pdf>
- Bohnenberger, K. (2020). Money, vouchers, public infrastructures? A framework for sustainable welfare benefits. *Sustainability*, 12(2), 596. <https://doi.org/10.3390/su12020596>
- Bradbury, H. (2015). *The SAGE handbook of action research* (3rd ed.) SAGE.
- Caiels, J., Milne, A., & Beadle-Brown, J. (2021). Strengths-based approaches in social work and social care: Reviewing the evidence. *Journal of Long-Term Care*, 401–422. <https://doi.org/10.31389/jltc.102>
- Daly, M., & Westwood, S. (2018). Asset-based approaches, older people and social care: An analysis and critique. *Ageing and Society*, 38(6), 1087–1099. <https://doi.org/10.1017/S0144686X17000071>
- Department of Health and Social Care (DHSC). (2019). *Strengths-based approach: Practice framework and practice handbook*. <https://www.scie.org.uk/strengths-based-approaches/practice-framework-handbook/>
- Elliott, A. (2021). Structuration theories: Giddens and Bourdieu. In A. Elliott (Ed.), *Routledge handbook of social and cultural theory* (pp. 57–75). Routledge.
- Foot, J. (2012). *What makes us healthy? An asset approach in practice: Evidence, action, evaluation*. Jane Foot. <http://www.janefoot.co.uk/downloads/files/healthy%20FINAL%20FINAL.pdf>
- Foot, J., & Hopkins, T. (2010). *Glass half-full: How an asset approach can improve community health and well-being*. Improvement and Development Agency. <https://www.local.gov.uk/sites/default/files/documents/glass-half-full-how-asset-3db.pdf>
- Friedli, L. (2013). ‘What we’ve tried, hasn’t worked’: The politics of assets based public health. *Critical Public Health*, 23(2), 131–145. <https://doi.org/10.1080/09581596.2012.748882> <https://doi.org/10.1080/09581596.2012.748882>
- Gray, M. (2011). Back to basics: A critique of the strengths perspective in social work. *Families in Society: The Journal of Contemporary Social Sciences*, 92(1), 5–11. <https://doi.org/10.1606/1044-3894.4054>
- Guthrie, L., & Blood, I. (2019). *Embedding strengths-based practice: Frontline briefing*. Research in Practice for Adults. <https://www.researchinpractice.org.uk/adults/publications/2019/april/embedding-strengths-based-practice-frontline-briefing-2019/>
- Hammond, W. (2010). *Principles of strengths-based practice*. Resiliency Initiatives. <https://www.researchinpractice.org.uk/adults/publications/2019/april/embedding-strengths-based-practice-frontline-briefing-2019/>
- Hewitt, P. (2023). *The Hewitt review: An independent review of integrated care systems*. Department of Health and Social Care. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf

- Hill, A. (2024, July 23). *UK must move towards disease prevention to save economy and NHS, says expert*. <https://www.theguardian.com/society/article/2024/jul/23/pre-nhs-disease-prevention-health-checks>
- Institute for Fiscal Studies. (2024, October). *Adult social care in England: What next?* (IFIS Green Budget 2024 Report R338). <https://ifs.org.uk/sites/default/files/2024-10/Adult-Social-Care-in-England-IFS-Green-Budget-2024-R338.pdf>
- Labour Party. (2024). *Build an NHS fit for the future*. <https://labour.org.uk/wp-content/uploads/2023/05/Mission-Public-Services.pdf>
- Lee, R., Graham, P., Croft, E., & Hackett, K. (2023). Food bank practices, local development and the potential of community wealth building and universal basic services in the UK. *Local Economy*, 38(1), 22–41. <https://doi-org.hull.idm.oclc.org/10.1177/02690942231182663> <https://doi.org/10.1177/02690942231182663>
- Lindström, B., & Eriksson, M. (2005). Salutogenesis. *Journal of Epidemiology and Community Health*, 59, 440–442. <https://doi.org/10.1136/jech.2005.034777>
- Lundberg, O. (2020). Next steps in the development of the social determinants of health approach: The need for a new narrative. *Scandinavian Journal of Public Health*, 48, 473–479. <https://doi.org/10.1177/1403494819894789>
- Lunt, N., Bainbridge, L., & Rippon, S. (2021). Strengths, assets and place – The emergence of local area coordination initiatives in England and Wales. *Journal of Social Work*, 21(5), 1041–1064. <https://doi.org/10.1177/1468017320918174>
- Marczak, J., Wistow, G., & Fernandez, J. L. (2019). Evaluating social care prevention in England: Challenges and opportunities. *Journal of Long-Term Care*, 206–217. <https://doi.org/10.31389/jltc.32>
- May, J., Williams, A., Cloke, P., & Cherry, L. (2020). Still bleeding: The variegated geographies of austerity and food banking in rural England and Wales. *Journal of Rural Studies*, 79, 409–424. <https://doi.org/10.1016/j.jrurstud.2020.08.024>
- Price, A., Ahuja, L., Bramwell, C., Briscoe, S., Shaw, L., Nunns, M., O'Rourke, G., Baron, S., & Anderson, R. (2020). *Research evidence on different strengths-based approaches within adult social work: A systematic review*. National Institute for Health Research. https://www.careknowledge.com/media/48721/web_report_-_adult_social_work.pdf
- Ragin, C. (1999). Using qualitative comparative analysis to study causal complexity. *Health Services Research*, 34(5), 1225–1239.
- SCIE. (2021). *Prevention in social care*. <https://www.scie.org.uk/integrated-care/prevention-in-social-care/>
- Search Institute. (2024). *Developmental assets framework*. <https://searchinstitute.org/resources-hub/developmental-assets-framework>
- Skivington, K., Matthews, L., Simpson, S. A., Craig, P., Baird, J., Blazeby, J. M., Boyd, K. A., Craig, N., French, D. P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., & White, M. (2021). A new framework for developing and evaluating complex interventions: Update of Medical Research Council guidance. *BMJ*, 374, n2061. <https://doi.org/10.1136/bmj.n2061>
- Stanley, T. (2016). A practice framework to support the Care Act 2014. *The Journal of Adult Protection*, 18(1), 53–64. <https://doi.org/10.1108/JAP-07-2015-0020>
- Staudt, M., Howard, M., & Drake, B. (2008). The operationalization, implementation, and effectiveness of the strengths perspective. *Journal of Social Service Research*, 27(3), 1–21. https://doi.org/10.1300/J079v27n03_01

- Stevens, M., Clark, M., Carlisle, J., Brimblecombe, N., & MacGill, M. (2024). Supporting meaningful implementation and evaluation of strengths-based approaches in adult social care: A theory of change for the three conversations. *British Journal of Social Work*, *54*, 2583–2602. <https://doi.org/10.1093/bjsw/bcae055>
- Tew, J., Duggal, S., & Carr, S. (2023). How has the idea of prevention been conceptualised and progressed in adult social care in England? *Journal of Social Policy*, *54*(2), 1–19. <https://doi.org/10.1017/S0047279423000132>
- Tew, J., Duggal, S., Carr, S., Ercolani, M., Glasby, J., Kinghorn, P., Miller, R., Newbigging, K., Tanner, D., & Afentou, N. (2019). *Implementing the Care Act 2014: Building Social Resources to Prevent, Reduce or Delay Needs for Care and Support in Adult Social Care In England*. University of Birmingham.
- Thiery, H., Cook, J., Burchell, J., Wilberforce, M., Twiddy, M., Nikolova, N., Martin, A., & Hulme, C. (2023). Transforming adult social care systems? A systematic review of the costs and outcomes of local area coordination in England and Wales. *Social Sciences & Humanities Open*, *8*(1).
- Verity, F., Richards, J., Read, S., & Wallace, S. (2022). Towards a contemporary social care ‘prevention narrative’ of principled complexity: An integrative literature review. *Health and Social Care in the Community*, *30*(1), 51–66. <https://doi.org/10.1111/hsc.13429>
- Wistow, G., Waddington, E., & Godfrey, M. (2003). *Living Well in Later Life: From Prevention to Promotion*. Nuffield Institute for Health.
- Wallace, C., Farmer, J. & McCosker, A. (2018). Community boundary spanners as an addition to the health workforce to reach marginalised people: A scoping review of the literature. *Human Resources for Health*, *16*(46).
- Wolff, N. (2000). Using randomized controlled trials to evaluate socially complex services: problems, challenges and recommendations. *Journal of Mental Health Policy and Economics*, *3*(2), 97–109.