

increased registrations from both lower socioeconomic backgrounds and all other SES in a similar way, therefore neither reducing nor increasing inequalities in POA registrations.

P90 IMPLEMENTATION OF STRATEGIES FOR FOSTERING STRENGTHS-BASED ADULT SOCIAL WORK IN THE UK: A SYSTEMATIC REVIEW OF RESEARCH EVIDENCE

¹Anna Price*, ¹Latika Ahuja, ¹Charlotte Bramwell, ¹Simon Briscoe, ¹Liz Shaw, ¹Michael Nunn, ²Gareth O'Rourke, ³Samantha Baron, ¹Rob Anderson. ¹HSDR Evidence Synthesis Centre, University of Exeter Medical School, Exeter, UK; ²Institute of Health Research, University of Exeter Medical School, Exeter, UK; ³Department of Social Care and Social Work, Manchester Metropolitan University, Manchester, UK

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Background A 'strengths-based approach' focusses on peoples' goals and resources rather than their problems. Social care professionals and organisations are striving to practise in a strengths-based way, especially since the Care Act of 2014. However, challenges remain in implementing strengths-based approaches into practise, and uncertainty remains about their effectiveness. This systematic review aimed to summarise research evidence on the effectiveness and the implementation of different strengths-based approaches within adult social work in the UK.

Methods We searched seven databases: MEDLINE ALL, PsycINFO, Social Policy and Practice, HMIC, CINAHL, ASSIA and the Campbell Library. Supplementary web searches were conducted. No date or language limits were used. Eligible studies were about adults (≥ 18 years) being supported or assessed by social workers; or initiatives involving adult social care teams. For the effectiveness question, outcomes could be directly related to individual outcomes or outcomes at the level of families or communities. The Cochrane Risk of Bias Tool was chosen to appraise the quality of effectiveness studies, and qualitative implementation studies were assessed using the Wallace criteria. Findings were tabulated and analysed using framework synthesis. Studies that were not synthesised were summarised descriptively.

Results Of 5,030 studies screened, none met our inclusion criteria for the effectiveness question. Fifteen qualitative or mixed methods studies met criteria for the implementation question, six were assessed as 'good quality'. Seven examined Making Safeguarding Personal (MSP) and the remaining eight studies examined Local Area Coordination, Solution Focused Therapy, Family Group Conferencing, Asset-based Community Development, Strengths-based with Relationship-based Approach, Asset-based approaches, and Motivational Interviewing. Studies on Making Safeguarding Personal (MSP), were synthesised into the following themes of implementation factors: 1) *MSP as an intervention*: seen as initially demanding but with long-term advantages. 2) *Culture and Settings*: required broad cultural changes; 'outward facing' and smaller/specialist councils tended to find this easier. 3) *Individual characteristics*: related to enhancing the knowledge, skills and confidence of practitioner and stakeholders in MSP; and service user willingness to engage. 4) *Embedding and sustaining MSP*: depended on strong leadership and active engagement at all levels. For the remaining eight studies of seven strengths-based approaches, we provide a summary of findings.

Discussion There is a lack of good quality research evidence evaluating the effectiveness or implementation of strengths-

based approaches. The synthesis revealed a wide range of factors that enabled or inhibited successful implementation of Making Safeguarding Personal. These may have wider relevance for implementation of other strengths-based models of social work practice.

P91 SENSITIVITY ANALYSES FOR UNMEASURED CONFOUNDING: RECOMMENDATIONS FOR POPULATION HEALTH RESEARCH

Anna Pearce*, Vittal Katikireddi, Alastair Leyland, Ruth Dundas. MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK

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Background Many population health research questions rely on observational data, where unmeasured confounding is a major source of bias. Sensitivity analyses for unmeasured confounding are increasingly applied, but often without sufficient consistency and transparency. We propose accessible recommendations to guide applied researchers in using two existing sensitivity analyses. 1) Bias Factor (BF), which is derived from the expected strength of associations between unmeasured confounder and exposure/outcome, based on expert knowledge and previous research. The main effect estimate (and confidence intervals, CIs) are adjusted using the BF. 2) E-value (EV), which identifies the strength of associations between unmeasured confounder and exposure/outcome required to entirely attenuate the main effect estimate (or for CIs to contain the null)

Methods We conducted a scoping review for commentaries and reviews discussing the application, strengths, and limitations of the BF and EV. We triangulated these with epidemiological guidance (e.g. STROBE) and informal discussions with quantitative researchers in applied statistics, epidemiology and social policy.

Results The BF was criticised for the potential for authors to selectively pick confounder associations that minimally impact the results. The EV removes the potential for author bias and future-proofs analyses (as knowledge of confounders advances). However, it potentially discourages authors' rigorous and transparent consideration of unmeasured confounding; and places burden upon the reader to judge whether this degree of confounding would seem feasible. Furthermore, population research typically aims to estimate an effect size (not merely the existence of an effect, which is the focus of the EV). Initial recommendations. Unmeasured confounders are identified at protocol stage. A range of exposure/outcome associations are identified for the confounder(s), from systematic reviews, high-quality individual studies, and expert opinion. At publication stage: 1) the full range of BFs are applied to the main effect size and CIs, reported in full, and the most pertinent highlighted in the discussion; 2) The EV, for the main effect and CIs, is compared with best estimates derived using the BF, observed confounders-exposure/outcome associations, and effect sizes for other important exposure/outcome risk factors; 3) The importance of the effect size after considering potential residual confounding should be assessed; 4) Results are discussed in context of other threats to bias, including measurement error among measured confounders (as applied in primary studies and systematic reviews).